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HOW I TALK WITH MY PATIENTS

BY THOMAS H. OGDEN

In this paper the author attempts to describe and illustrate how he talks with his patients. He avoids use of language that invites the patient to engage predominantly in conscious, secondary process thinking, when unconscious dimensions of thinking are what are called for. He values misunderstandings because they tend to invite conjecture, possibility, a sense of humility, in the face of the unknown and unknowable human condition. The author finds that certainty on the part of the analyst undermines the analytic process and patient's potential for psychic growth. The author discusses the ways describing, as opposed to explaining, in the analytic conversation, better facilitates the analytic process. A clinical example is provided in which the author discusses his own thought processes as he talks with one of his patients.

Keywords: Interpreting, describing, explaining, questioning, misunderstanding.

Perhaps the most important clinical questions, and the most difficult ones for me as a practicing psychoanalyst, are those not so much concerned with *what* I say to my patients, as they are with *how* I talk with my patients. In other words, my focus over the years has moved from *what I mean* to *how I mean*. Of course, the two are inseparable, but in this paper I place emphasis on the latter. I will discuss problems and possibilities spawned by the recognition that we can never know the patient's experience; the impossibility of generalizing about how we talk with patients

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given that it is incumbent upon the analyst to reinvent psychoanalysis with each patient; the analyst's approach to the patient's fear of psychic change; the way in which the analyst's "off-ness," his misunderstandings and misstatements may foster creative expression on the part of both patient and analyst; and the ways in which describing experience, as opposed to explaining it, better fosters discourse that addresses the unconscious level of what is occurring in the analysis. In the clinical work I present, I describe my own spoken and unspoken thoughts concerning *how* I talk with the patient.

Patient and analyst in every moment of their work together bump up against the fact that the immediacy of their lived experience is incommunicable. No one has described the breach between the minds of human beings as well as William James (1890):

Each of these minds [in this lecture-hall] keeps its own thoughts to itself. There is no giving or bartering between them. No thought even comes into direct *sight* of a thought in another personal consciousness than its own. Absolute insulation, irreducible pluralism, is the law ... The breaches between such thoughts [the thoughts of two different people] are the most absolute breaches in nature. [p. 226]

Thus, in talking with patients, my own experience is incommunicable; the experience of the patient, inaccessible: I can never know the experience of the patient. Words and physical expression fall far short of communicating the patient's or my own lived experience. Nonetheless, the patient and I may be able to communicate *something like* our lived experiences by re-presenting the experience. This may involve using language that is particular to each of us and to the emotional event that is occurring, for example, by means of metaphor, irony, hyperbole, rhythm, rhyme, wit, slang, syntax, and so on, as well as bodily expression such as shifts in speaking tone, volume, tempo, and quality of eye contact.

This divide between the patient's subjectivity and my own is not an impediment to be overcome; it is a space in which a dialectic of separateness and intimacy may give rise to creative expression. In the analytic setting, if communicating individual experience were somehow possible, the patient and I would be robbed of the need/opportunity to creatively

imagine the experiences of the other. Paradoxically, the parts that are missing, the parts left out of our communications open a space in which we may be able, in some way, to bridge the gap between ourselves and others. The patient's experience of *being creative* in the act of communicating is an essential part of the process of his "dreaming himself more fully into existence" (Ogden 2004, p. 858), coming into being in a way that is uniquely his own.

The impossibility of knowing the experience of another person has important implications for the way I talk with my patients. For instance, I try not to tell a patient what he or she is thinking and feeling for the simple reason that I cannot know this; instead, I try to limit myself to saying only what *I* think and feel. It is important to add that this is not a rigid rule I impose upon myself. Rather, as with almost everything having to do with talking with patients, how I talk to a patient, in every instance, hinges upon what is happening between this particular patient and me at this particular moment.

When I do speak with a patient about what I sense is happening emotionally in the session, I might say something like: "While you were talking [or during the silence], this room felt like a very empty place [or peaceful place, or confusing place, and so on]." In phrasing things in this way, I leave open the question of who is feeling the emptiness (or other feelings). Was it the patient, or I, or something the two of us have unconsciously created together (the "analytic field" [Civitaresse 2008, 2016; Ferro 2005, 2011] or the "analytic third" [Ogden 1994])? Almost always, it is all three—the patient and I as separate individuals, and our unconscious co-creations.

I have found that asking a patient questions such as, "Why have you been so silent today?" or "Why did you decide to skip yesterday's session?" invite the patient to move to the surface level of his experience, to think and speak with me in conscious, logical, sequential, chronological, cause-and-effect (secondary process) modes of thinking. So, when I find myself asking questions that invite secondary process thinking on the part of either the patient or me, I pause to wonder, What is it about the unconscious aspect of what is occurring that is frightening me?

The analyst's feeling of certainty is often tied to the idea that there exists a proper "analytic technique" derived from ideas passed down

from one generation of analysts to the next (which may be codified by particular “schools” of analytic thinking). By contrast, I think of “analytic style” as one’s own personal creation that is loosely based on existing principles of analytic practice, but more importantly is a living process that has its origins in the personality and experience of the analyst (Ogden 2007). It is essential that we not incorporate into our practice of analysis a now outmoded view that the patient’s antagonism to the analytic process frequently represents an effort to kill the analysis or kill the analyst. Such a viewpoint forecloses the analyst’s capacity to reflect upon the transference-countertransference dimensions of the patient’s “opposition” to analytic work.¹ Schafer (1980, 1983a, 1983b) has written extensively about the dangers of such a practice and the need for holding an “affirmative attitude” (1983a, p. 12), an approach that entails a compassionate, understanding response to the patient’s unconscious reasons for fighting psychic change. In my experience, a patient’s “unwillingness” or “inability” to do analytic work almost always reflects the transference-countertransference equivalent of the method he developed in infancy and childhood to protect his sanity and his very life, a method I view with respect and even admiration.

But when carried over into adulthood, the psychic techniques that helped the patient preserve his sanity and his life in infancy and childhood, may become severely limiting of the his capacity to learn from experience, to engage in mature relationships with both internal and external objects, to become himself in as full a way as he might. The patient’s experience of these limitations, and the psychic pain associated with them, are almost always the underlying forces that lead the patient to seek out help from analysis.

If an analysis has progressed to any significant degree, differences can be felt by both the patient and me between the present situation and what we imagine to be the patient’s childhood experience. First, the patient felt alone in infancy and childhood with regard to the problems he was facing—a terrifying feeling that he was trapped with people with whom genuine communication and real change were impossible (and

¹ Winnicott (1963) focuses on a type of fear of analytic work that arises from the patient’s need to protect himself from “being found before being there [before developing an identity] to be found” (p. 190).

the patient and analyst experience something like this state of affairs in the transference-countertransference relationship). But the patient may also be able to sense that in some way he is no longer as utterly alone as he once was. Secondly, the patient is no longer a child, and is in possession of psychic capacities for handling the threat to his sanity and his life that he did not have available to him as a child. These felt differences have provided an important underpinning of hope in the analyses I have conducted.

In my experience, certainty may also impinge upon the analytic process when patient and/or analyst holds the parents exclusively responsible for the patient's current emotional problems. While it may seem true to the patient and me that he was severely neglected, disparaged, sexually or violently abused by his parents, I have come to realize that it is incumbent upon me not to introduce or join the patient in "parent-blaming." By participating in this oversimplification, I collude in robbing the patient of the opportunity to experience his life in a more complex, and perhaps more humane way, which may come to include an understanding of the patient's rational and irrational sense of responsibility for the problems he experienced in childhood. The patient's painful and guilt-ridden sense of responsibility for the destructiveness of what occurred in his childhood may be kept from view by the firm belief on his part (and mine) that he was a passive victim of parental neglect or abuse.

A parent-blaming approach on the part of the analyst may so oversimplify the patient's experience of—or *inability* to experience (Winnicott 1974 [1971])—what occurred, that genuine integration of childhood experiences in all of their complexity is rendered all the more difficult. An experience with a patient with whom I worked in analysis many years ago comes to mind in this connection. As a child, he had been brutally beaten by his father. Of this I had not the slightest doubt. But it was only after a great deal of analytic work had been done that the patient became able to tell me a secret that felt unimaginably shameful to him: the "fact" that he had repeatedly provoked his father into anger to the point that he beat the patient. Only after the patient could entrust me and himself with this memory, or perhaps it was a fantasy (it made no difference in the analysis), could he come to understand that provoking his father, if indeed he did so, could only have

been an unconscious effort on his part to create the illusion that he had some control over his father's terrifying anger and violence. I said to the patient in response to his entrusting me with his secret, "If you provoked your father in the way you say you did, it was no doubt the best thing you could have done under the circumstances. I believe it saved your life to have some tiny sliver of a sense of control under those circumstances." If I had been judgmental from the outset of the analysis in the form of participating in parent-blaming, I think that the patient would have had much greater difficulty gaining access to his unconscious (or not yet experienced) unspeakably "shameful" memory/fantasy.

I have also found that a shift from *explaining* to *describing* facilitates the analytic process by freeing both the patient and me of the need to understand. "Merely" describing, as opposed to "discovering causes" for what is happening, reflects my sense of humility in the face of all that is "humanly understandable or humanly understandable" (Jarrell 1955, p. 62) in the lives of my patients and in the life of the analysis.

An example of describing instead of explaining took place in an initial analytic meeting. Earlier in my development as an analyst, if a patient in an initial meeting were to begin by telling me that she felt terrified by coming to see me, I might have asked, "What terrifies you?" or "Why are you terrified?" More recently, when a patient began by telling me she was terrified to come to see me, I said, "Of course you are." My response was what I think of as a description-in-action, that is, a description of my acceptance of her exactly as she is, that is, terrified of me, and a way of welcoming her fantasies instead of trying to dispel them by coming up with conscious, "logical," (secondary process) reasons for them or by means of reassurance. The patient was visibly surprised by what I said, which may have had something to do with her response, which surprised me: "I'm not sure I'm in the right office, but I'll stay for a while." Her response suggested that I was not what she expected, but she was now more curious than terrified, and was going "to stay for a while" to find out more about what, and with whom, she was getting herself involved.

A second example of describing rather than explaining occurred in a session several years into Mr. M's analysis. The patient said that he had begun to tell his wife a dream he had had in which their son was dead.

Before he could go into further detail, she said, "Stop, I don't want to hear any more." I said to Mr. M, "Good for her."

When I spontaneously said, "Good for her," I had in mind the idea (or perhaps more accurately, I felt) that just as the patient is all of the figures in his dreams, he is also all of the figures in his accounts of his daily life. In his story about telling his wife the dream, I viewed the patient as not only himself, but also his (interrupting) wife. I believe that the patient experienced my saying, "Good for her," as my recognizing and valuing *his act of interrupting himself*. The patient paused after I made this comment, and then said he felt relieved when she interrupted him. It seemed to me that his response was a reflection of his recognizing he had come some way in the course of the analysis in becoming able to interrupt himself when he felt the impulse to evacuate his unbearable feelings "into" others.

In neither of these examples did I explain something to the patient; instead, I offered succinct descriptions of feeling states: "Of course, you are" (what you are feeling now seems only natural) and "Good for her" (your stopping yourself from evacuating feeling is an achievement to be recognized).

A WOMAN NOT YET A GIRL

Ms. Y and I had spoken briefly by phone when she called to set up an appointment. When I opened the door to the waiting room, I was surprised to see a woman who I guessed was in her early twenties, but could have been much older or much younger. She was dressed in the accoutrements of the hippy, flower-child era. She wore an ankle-length dress that looked as if she had purchased it at a second-hand clothing store. The dress was large enough to hide almost all curvature of her body. Beaded necklaces of an assortment of lengths and colors were draped from her neck in a way that added a further layer of distraction from the shape of her body.

Upon introducing myself as Doctor Ogden, the patient responded not in words, but by staring deeply into my eyes in the way (I imagined) a shabby medium or psychic might meet the eyes of a prospective customer. Ms. Y slowly lifted herself from the waiting room chair while maintaining eye contact with me. I said, "Please come in," gesturing

toward the open door to the hallway, but by the slightest forward tilt of her head, she indicated that I should lead the way. I glanced back when I heard the patient closing the door to the waiting room, but once we were walking in the carpeted hallway between the waiting room and the consulting room, I could no longer hear her footfalls behind me. An image of Orpheus and Eurydice's journey back from the underworld went though my mind as I decided not to turn to see if she was following. On reaching the consulting room, I opened the door and stepped aside to allow Ms. Y to enter the room ahead of me. She looked back at me to ask wordlessly where she should sit, or perhaps lie on the couch. Motioning to the armchair across the room, I said, "Please have a seat."

I felt as if I were an actor in a film in which I was being asked to improvise a scene of doctor and patient sitting down to begin the first analytic session. There was an otherworldly quality that this patient seemed to work hard to sustain, but I was left with a feeling of deep sadness for this actress who seemed to be condemned to endlessly play a role in the same drama and to try to conscript people into playing the other characters in the play. (I spoke only two or three brief sentences and the patient said nothing in words during the complex scene that was evolving.)

I sat down in my chair which is positioned behind the couch and directly facing the patient's armchair. After getting settled, I looked over at Ms. Y in a way that invited her to begin. There then followed a silence sufficiently long for me to study her face. She wore no makeup and while there was no trace of dirt on her face, I imagined that she had not bathed for some time, as if she were a gypsy. While she had facial features that I found attractive, she seemed utterly devoid of male or female sexuality. She was, in that sense, lifeless and consequently a bit of a cipher.

It became apparent after the silence went on for some time that Ms. Y was not gathering her thoughts; she was waiting for me to begin. I did not allow this silence to turn into a power struggle or a psychic hole into which the patient might fall. (I very rarely let a silence at the beginning of an initial analytic session go on for more than half-a-minute or so.) I said, "It feels to me as if our meeting began some time ago."

"Please tell me what you mean," Ms. Y said in a way that seemed to turn the tables, making me the patient and her, the analyst.

I said, rather uncomfortably, "I feel as if I've met several versions of you: while we spoke on the phone, when we met in the waiting room, and while we've been sitting here in this room."

She asked, "What's surprising about that?" But before I had a chance to respond, she added, "I suppose I'm odd."

I looked at her quizzically.

"I guess I try to be unconventional. You're not the first one to find me strange."

"'Strange' isn't a word I use very much. I don't find that being judgmental helps anyone very much."

She said, "That sounds very good, but ... I've lost track of what we were talking about." Her sardonic comment about the stereotypic nature of my response—"That sounds very good"—stung me by its accuracy.

"We're talking about how you sometimes lose track of yourself."

She said with tears welling in her eyes, "I suppose. I really don't know. I don't get what I'm supposed to be doing here."

"There is no *supposed to*." As I listened to myself say this, I felt as if I was not being a real analyst and was once again just playing the role of an analyst. I did not feel like myself, which was a very disturbing feeling. I felt genuinely confused about what I was doing in this room with this patient. Once I began to regain my bearings, it occurred to me that Ms. Y not only did not know why she was sitting in this room with me, she did not know who the woman in the performance was, or whether that woman was still a girl clothed in a costume that belonged more to her mother's generation than her own.

Ms. Y said, "I'm not good at school. I never have been. I say I'm bored, but I just don't get the point of what they're doing there. I'm reading a fantasy book now. You wouldn't like it. My parents hate it. They try to get me to read their books, but they bore me to death. High literature."

I said, "And you're low literature?"

"I guess. Forget it. It's not worth talking about."

"You're not?"

"No, I'm not."

Throughout this part of the meeting I was aware that I was not asking questions about who Ms. Y was, I was describing what she was saying from a perspective that was surprising to her and began to capture her imagination, for instance, by re-casting her statement, "I've lost track of

what we're talking about" to "We're talking about how you sometimes lose track of yourself."

I liked Ms. Y. I felt at this point in the session that she had some of the trappings of a woman, but she was psychically a girl who was playing dress-up. Her chronological age was immaterial. It seemed to me that she was not entirely a "no one," "a missing soul"; I felt that there was a bit of someone there hiding in the costume, and a bit of someone who had not yet become herself in any substantial way. I could not know her experience, but I could have some sense of my experience of being with her. Part of what I had to work with consciously was a set of feelings of sadness for her along with discomfort with the feeling I was playing a role in her imprisoning theatre, a theatre in which she survived, as opposed to lived. At the very edge of my conscious awareness was my curiosity about my feeling I was Orpheus leading Eurydice, trying not to look back.

The patient startled me from my half-dreaming state when she said, "I don't know why I'm here."

I said, "How could you?" I did not respond with statements such as, "Something must have caused you to go to the trouble of coming to see me" or even, "I think you're here because you feel you need help with something." I did not want to push her to come up with conscious reasons or explanations for her behavior, which would serve only as distractions from the unconscious dimension of what was happening.

There was then a long silence. I averted my gaze, which I thought would allow Ms. Y an opportunity to either study my face or to avert her gaze, if she chose to. I could see in the periphery of my vision that she was looking at me in a way that conveyed a sense that she did not know what to make of me. She seemed to me to be like a feral animal, a scavenger without a home. The thought went through my mind, "If she is homeless, what am I going to do with her?"

"Are you afraid of me?" she asked.

I said, "No, I'm not."

"How sweet," she said.

I felt as if I had been slapped across the face—I was being shown the emotional violence Ms. Y was capable of. In the scene being played out, I was in the role of a child whose affection and wish to be liked were met with derision. I also felt that there was some justification for her derisive comment, "How sweet," in that it was not entirely true that I was not frightened of her.

I said, "You can be tough when you need to be."

"I always need to be. I told you I'm strange."

I said, "I'm strange, too."

"What do you mean?" she said, sounding more interested than she had previously let herself be.

"Just look at this place. It's in the basement of a house. I spend most of my waking hours here. You have to be strange to do that."

"I guess. Your desk is pretty neat, but I noticed when I came in that there are shreds of paper on the floor that look like they're from one of those wire-bound notebooks that school kids use. To tell you the truth, I thought that was strange, but I liked it. And you're old. That's always a little creepy to me. Sorry if I've insulted you."

"Why shouldn't you take a look at me and at the things in my office that may tell you something about who you're taking a chance on?"

She said, "You've been looking at me, trying to figure me out."

"I'd rather say that I'm trying to get to know you."

She said, "You know already, don't you?"

"So I'm a mind reader," I said.

"I've known mind readers. Really."

I said, "I don't doubt it. I know you're not here to have your mind read, but you may be here to learn how to read your own mind."

"That's a good one. Do they teach you that at shrink school?"

I gave no reply because I did not want to engage with her in that way, which I felt would only distract us from forming a more real form of relatedness. Also, I silently agreed with her that my comment sounded canned. I asked myself why I was talking in such a stilted manner with her, a manner that did not sound to me like myself.

After a pause of half-a-minute or so, she said, "I'm sorry. I'm at it again, aren't I?"

"Could be."

"My mother can read minds."

"Really."

"Not exactly. She's in my head all the time telling me what's wrong with what I'm doing. Not exactly telling. Yelling. I can't get her out of my head."

I was now better able to put into words for myself my sense that Ms. Y was showing me in the way she dressed that she and her mother were

one person, the same age, the same style of dressing, the same way of examining, the same way of thinking, the same way of talking, the same way of savaging. But, at the same time, her mother was other to her. The patient was very confused about this, as was I. She felt that her mother was in *her* head, but her head was still *not hers* at this point, which led her to feel afraid of losing herself entirely to the mother-in-her-head. These thoughts about what might be going on were by no means conclusions or explanations; they were impressions, possibilities, wonderings, feelings, descriptions (primarily of shame and loss of my ordinary sense of connection with myself). I did not ask the patient questions about the voice in her head because I was again concerned that questions of that sort would elicit conscious-level (secondary process) responses, which would steer us to the surface, away from the more primitive, undifferentiated aspects of the experience that was occurring in this moment.

I said, "Sounds like a nightmare you can't wake up from."

"She's telling me that I can't trust you."

"I'm not surprised."

"You're not afraid of her?"

"No, I'm not." I did not ask her, "Why should I be?" because, again, I was not after explanations, I was after description. At this point in the session something had changed: I was being truthful when I said that I was not afraid either of the patient or of her mother-in-her-head.

"You should be."

"Really."

"I'm teasing you." She was not only teasing me, she was flirting with me in a lovely way, in a way that reflected some of the ways she had a sense of self that she did not seem to feel was fully in her mother's possession. Her flirting did not feel perverse or theatrical; it felt to me to be a genuine expression of her female way of liking me. There was now a sparkle in her eyes that stood in marked contrast to the pseudo-hypnotizing stare with which she met me in the waiting room.

As the end of the session drew near, I asked Ms. Y if she would like to meet again.

She replied, "Are you going to be the same then as you are now?"

I said, "Yes and no. I expect you'll recognize me as the same person you met today, but I also expect something different will happen in our

meeting, which may mean you'll have to get to know me again next time, and I'll have to get to know you again." I felt that I was being verbose and again falling into formulaic speech.

"Then I'll have to call you to let you know."

Ms. Y called a week later saying, "I'd like to meet with you one more time, if that's all right with you."

I said it was all right with me.

We continued to meet on a "one time only" basis for about two months before Ms. Y asked to meet regularly. We slowly increased the frequency of meetings to four-sessions per week as the patient came to experience me less and less as someone who wished to take over her mind or join her in theatrical performances. However, such suspicions were by no means absent from the transference, anymore than feelings that I was only an "imitation analyst" were absent from the countertransference.

In this account of an analytic session, I am describing what I noticed as opposed to collecting clues with which to decipher, figure out, or arrive at an interpretation. My questions to myself were not directed at finding out "Why?" or "How come?" or "What is the cause of the patient's auditory hallucinations?" Instead I was interested in what it *feels like* to be inhabited in the way this patient was and in the strange and disturbing way in which I was talking with this patient. My observations, impressions and reveries were not in search of explanations for what was occurring; rather, they were elements I could make use of in my efforts to describe for the patient and myself who the patient was and who I was (at the ever-changing present moment of the session).

The reader will have noticed that I did not ask the patient to help me understand her experience. For example, I did not ask her to "fill in" references she made to particular experiences, such as the sound of her mother-in-her-head yelling critical comments at her. And I did not try to explain myself to the patient, and instead spoke to her in a way that I hoped would elicit in her a tolerable level of anxiety mixed with curiosity (for instance, when I said, "I'm strange too"). I should also say that my failures to speak naturally with the patient were not simply "mistakes"; they were productive expressions of my own loss of connection with myself that mirrored, but did not replicate, the patient's experience of losing track of who she was.

And most of the time I did not attempt to help Ms. Y "understand" what I was saying. My comments were often of the sort: "Really" or "I'm

not surprised” or “No, I’m not [afraid].” I sometimes tried to describe (to offer metaphors for) what I imagined the patient was experiencing, for example, when I said, “Sounds like a nightmare you can’t wake up from.” It was particularly important to include “sounds like” in talking with this patient whose mind was already occupied by (what felt to her to be) two people.

These aspects of the way I spoke with this patient reflect a strong feeling on my part that we all speak with a simultaneous wish to be understood and to be misunderstood, and that we listen to others both with the desire to understand and to misunderstand. The latter—the wish to misunderstand and be misunderstood—only in part reflects a desire not to be known, a desire to maintain an aspect of self that stands in necessary isolation (as described by Winnicott 1963). In my experience, the patient’s wish *to be misunderstood* often strives for more in the way of coming into her own in her own way than does *the wish to be understood*. The wish to be understood inherently carries a wish for closure, a wish to be recognized for who one is at present. By contrast, I find that the patient’s wish to be misunderstood involves a wish to dream herself up (as opposed to being seen by the analyst). Respecting the patient’s need for self-discovery places a demand on me not to “know too much” (Winnicott 1963, p. 189). Misunderstandings put the patient and me in a position to make use of the “off-ness” of my understanding in an effort to create renderings of her experience that neither she nor I could have anticipated—“it’s not *that*, it’s more like *this*”—a *this* that could not have been conceived of (dreamt up) without the particular “off-ness” of the understanding. I am reminded here of James Grotstein’s description (in a conversation we had more than twenty-five years ago) of a moment in his analysis with Bion. In response to one of Bion’s interpretations, Grotstein said, “I understand.” Bion impatiently responded, “Please try not to understand. If you must, meta-stand, para-stand, circum-stand, but *please* try not to understand” (Grotstein, personal communication, 1990). Understanding, from this perspective, is a rather passive mental activity compared with the act of misunderstanding and doing something with the “off-ness” of the understanding. The work of understanding carries the danger of “killing” an experience that was once alive in an analytic session. Once an experience has been “figured out,” it is

dead. Once a person is “understood,” he is no longer interesting, no longer a living, unfolding, mysterious person.

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THE UNIVERSAL ANALOGY: THE COMPLEMENTARY VISIONS OF POETRY AND PSYCHOANALYSIS

BY EUGENE J. MAHON

The “scientific” aspects of poetry and psychoanalysis are emphasized in this paper. Baudelaire believed that poetry was the most scientific discipline of all given that it alone recognized and implemented the concept of a universal analogy, by which he meant that in poetry there is no restriction on the words or images that a poet may decide to bring together as the phenomenal world is being investigated and sublimated. This is decidedly similar to Freud’s concept of free association, which suggests that if language learns to exploit primary processes and a relative, albeit temporary, contempt for secondary processes of rationality and logic, the whole of the mind, consciousness and unconsciousness can be studied scientifically. To be sure, science is being asked to redefine itself in this analogy, but a science that ignores the phenomenal world of conflict, dreams, parapraxes, symptoms et cetera and chooses to study only what can be viewed under electron microscopy, is a restrictive science indeed! Keats’s concept of negative capability is quite similar to Freud’s concept of free associations or Baudelaire’s universal analogy and all three are invoked as this paper compares and contrasts the unique, and yet quite similar, methodologies of both poetry and psychoanalysis.

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“Like a piece of ice on a hot stove, the poem must ride on its own melting.” Robert Frost’s (1970 [1939]) definition of poetry captures not only the fragility of man’s sublimations, but the fragility of human existence itself. Would it be too forced an analogy to suggest that psychoanalysis “rides on its own melting” also, in the sense that the mind in analysis, is invited to regress as the free associative process melts defense away, allows the imperial mind to see itself without defensive clothing, and recognize itself for the first time perhaps? Freud, no stranger to transience and fragility himself, saw poetry as a scientific rival: “Everywhere I turn I find the poets there ahead of me,” he declared. This paper is an attempt to compare poetry and psychoanalysis and to define what it is that poetry has that so intrigued the founder of psychoanalysis. In his book, *The Visionary Eye* (1981), Jacob Bronowski argued that science and poetry, despite their different methodologies, are basically alike in their search to understand the beauty and truth of the phenomenal world, “the force that through the green fuse drives the flower” as Dylan Thomas (1934, p. 1176) imagined it the same force that science studies or harnesses. Baudelaire went so far as to suggest that the poet’s imagination is the most scientific of all faculties since it alone comprehends the *universal analogy*, by which he meant poetry’s neglect of no facet of human existence even when it turns your stomach.

Baudelaire emphasized *correspondences* or analogies in his poetry as well as the concept of synesthesia in which perceptual differentiation can get lost and all the senses can *merge* so to speak in a new democracy of affect. Childhood, and its polymorphous magical thinking, was recoverable at will for Baudelaire. In one of his great prose poems, the allure of the crowd is emphasized: in the crowd the individual can imagine himself, not as a discrete entity, but rather as a self that can imagine itself as any member of the crowd, thereby attaining a vicarious thrill of alternate being. Differentiation is momentarily lost, but an aesthetic anonymity is gained whereby the human spirit is expanded rather than confined. In music one senses this internationalism of affect when the soul is enchanted by the universality of the musical, wordless, affective communication. Baudelaire felt this consanguinity with music even though

he had no formal training in music whatsoever. Pater's dictum that all art aspires to the condition of music could well have been Baudelaire's. In his most celebrated work, *Les Fleurs du Mal*, Baudelaire was stressing that *le mal* as the opposite of *le bon* should not be excluded from aesthetic consideration. Evil could sprout beauty just as goodness could and only a hypocrite would disagree, the human soul being such a reservoir of the instinctual as well as the sublime. In fact he addresses the preface of *Les Fleurs du Mal* to the "Hypocrite lecteur," who might deny such affinities. If the concept of universal analogy is embraced in this manner, in the brave new world of Baudelarian poetics, Freudian insight and creativity is embraced and a world of prejudice, fear, hypocrisy, and discarded prurience. Affect becomes a citizen of an expanded poetic-psychoanalytic playground in which humanistic vision is the beneficiary. Blake's "mind forged manacles" (1970 [1794], p. 507) are pried open: an expanded poetic-psychoanalytic consciousness is embraced. The seeds of the poem are everywhere (to paraphrase and expand on Seferis somewhat) but they must fall on the soil of universal analogy, so to speak, if they are to sprout ("The poem is everywhere," [1981, p. 379]).

If poetry is defined in this way, as the art that depicts the human condition in all its tragicomic splendor and squalor, employing an uncanny choice of words that alloys music, meaning and insight in a transcendent manner, isn't psychoanalysis the science that takes the immeasurables of the human condition also—its dreams, affects, thoughts, conflicts, hopes, and despairs—as its raw material, not excluding from its laboratory what cannot be seen under electron microscopy? Let us try to define these mutual disciplines poetry and psychoanalysis and compare and contrast them. Psychoanalysis exploits the relationship between analyst and analysand to explore the genetics of one individual's human relatedness from birth onwards. The genesis of love and hate, envy and jealousy, libido and aggression, conflict and resolution, is tracked even as it challenges the very fabric and durability of the relationship between the two parties of the analytic dyad itself. In other words, the pre-oedipal and oedipal, sexual, rivalrous conflicts that began in the first five years of life eventually get played out in the conflict between the analyst and analysand, not just in genetic reconstructions of memory, but in the here-and-now of intense affects currently being negotiated. Oedipus, (pre-Oedipus included in it) is very much alive in

the psychodrama that psychoanalysis kindles out of the embers of childhood. But the same could be said of poetry, which I believe explains the great affinity between poetry and psychoanalysis. Let me be clearer. Harold Bloom (1973) has argued most convincingly that all great poetry is informed by what he terms an anxiety of influence. Each generation of poets tries to imbibe, metabolize and eventually go beyond the influence of all previous generations of poets. Bloom might not agree that this is a variation on the Oedipus complex but I am going to suggest that it is. Each living poet is locked in conflict, not only with contemporary rivals, but with all great poets of the past. Bloom illustrates this point by citing the influence of Marlowe on Shakespeare, arguing that initially, in *Titus Andronicus* and *Richard III*, Shakespeare merely mimics Marlowe, whereas in *The Merchant of Venice*, Shakespeare's agon with Marlowe led him to the discovery of his own unique voice in the creation of the multi-faceted Shylock who goes beyond any Marlovian caricature with a depth of characterization Marlowe seemed incapable of. This is how the anxiety of influence works and becomes a great contribution to creativity and its developmental progression. Poetic genius sharpens its talent on the blade of influence, one could say, but is never wounded by it. Submission in the form of mimicry is not the goal of such creative influence. Something akin to identification is, an identification whose internal fermentation assimilates, metabolizes, integrates more than it accommodates. T.S. Eliot's (1920) dictum "Immature poets borrow, mature poets steal" captures the essence of this kind of aesthetic larceny at the core of Bloom's most insightful concept. But doesn't psychoanalysis preside over a very similar kind of anxiety of influence as it recreates the genetics of each child's Oedipus complex in his/her developmental years in the transference? There is something poetic about development itself and its uncanny recyclings of the unrememberables and the unforgettable of the past into the ever-present seeds of the future.

Let us review that development very briefly. Picture the poetic sweep of it, from birth to six years of age. An infant, born into the dark of its own mind without the light of internal object or self-representations to guide it, must learn how to internalize a facilitating environment that will have a profound influence on him/her. If the first three years of life engage with issues of attachment and identity, the next three years of life, more triadic than dyadic, begin to explore conflict, rivalry, peaceful

negotiation as the Oedipus complex is played with and mastered, at least relatively speaking. By age six the child's impossible rivalry with the same sex parent for sole possession of the opposite sex parent gets resolved mainly via a defensive retreat, using mostly identification, sublimation, and repression, which results eventually in an impressive infantile amnesia that seems to banish the Oedipal *sturm und drang* from the tables of consciousness. Bear with me: I have compressed so much emotional turmoil into a developmental grid of absolutely minimalist proportions, my only point being that poetry and psychoanalysis deal largely with the same kinds of anxieties of influence, the same kind of raw materials, as they cultivate their strategies out of the seeds of conflict.

Phyllis Greenacre (1957) has argued that the childhood of the artist is indeed unique in that the artist's child development does not culminate in amnesic closure as it does for most "average expectable" children. In a sense, the artist does not repress but displaces and sublimates energies that repression usually confines to the unconscious. If civilization begins with the renunciation of instinct, the artist never quite accomplishes such social hypocrisy but remains anarchic and turns his anarchic spirit into art. But doesn't the psychoanalytic method foster a similar kind of controlled anarchy? It invites regression via its fundamental rule of free association, a kind of contempt for language as rationality and communication, fostering instead a kind of anarchy of poetic primary processes over the more mundane secondary processes of logic and reason. Keats (1817) called this kind of elective poetic chaos "negative capability," Shakespeare being the quintessential master of such imaginative flourishes, but I would like to argue that the psychoanalytic method itself tries to exploit negative capability also as it invites the analysand on a psychoanalytic odyssey through the terra incognita of the unconscious, in which the analysand's forgotten love affair with a lost world of memory can be rekindled enlighteningly.

I want to suggest that there is something extremely poetic about this dynamic core that two of Freud's discoveries laid bare: the discovery of free association and the discovery of transference. Why suggest that these are poetic? If the poet's imagination is the most scientific of all faculties, since it alone comprehends "the universal analogy" (MacLeish 1961) (by which Baudelaire, as cited earlier, meant the way great poetry comprehends that everything in the universe is connected imaginatively

in the mind of man), the psychoanalytic method also suggests that a mind with the courage to free associate and let language flow and roam as it pleases will quickly find itself awash in ambiguities, contradictions, universal analogies, and all the antithetical meanings of primal words and primal affects imaginable as regression revels in anarchy and mischief. Baudelaire's universal analogy and Freud's concept of free association suggest that there is no limit to the poetic imagination or the psychoanalytic imagination unless a contrary force such as repression or critical societal prurience comes in the way of *science*. One could suggest that narrow definitions of science are repressive or restrictive also given their definitional blinkers at times. A definition of science as that which studies all phenomena but refuses to acknowledge dreams or affects as unique *phenomena* in their own right is restrictive, a restriction that Baudelaire exposes when he argues that the poet's imagination is "la plus scientifique des facultes parce que, seule, elle comprend l'analogie universelle" —*the most scientific of all faculties because it alone comprehends the universal analogy* (italics added). Baudelaire was influenced by Fourier, as he argued that a universal analogy can unite all phenomenology under the same roof, so to speak, as long as the imaginative associative process hits no critical or prejudicial obstacles along the way. The similarity between Baudelaire's universal analogizing and Freud's free associative methodology is striking and hence the great affinity and complementarity between the two disciplines.

But why do I suggest that transference is poetic? If poetry places one image beside another and invites meaning to surround and unite them, to occupy the space between the two images, so to speak, in sometimes shocking ways as Baudelaire does in his great poem "Une Charogne," (a carcass or carrion), in which the agitated physiology of putrescence, is daringly placed side by side with the activity of human sexuality itself, transference also places the image of the analyst and the images of the analysand's past experiences together confusing the two in organic, dynamic ways that could not be understood at all before Freud sighted the phenomenon of transference with his extraordinary scientific acuity. Transference is like metaphor in action: when an analysand appreciates this dynamic metaphor at play in the immediacy and confusion of emotional psychoanalytic transferential process, it is if an event as creative as

a poem itself had joined analyst and analysand in a compelling loop of unforgettably insightful experience.

It is time to turn to a poem itself to examine this affinity between psychoanalysis and poetry. Robert Frost's "Mending Wall" (1970 [1914], p. 908), which on the surface seems like a simple dialogue between two farmers, on closer scrutiny reveals a great philosophical depth as the concept of the rigid necessity for concrete walls or the more abstract walls of defense in general is challenged. The poem takes on additional irony in the current political climate as bigotry proclaims that all immigrant affects should be walled off from humanistic concerns by propaganda and bluster. As the two men go about the task of repairing stone walls after winter's ravages one man argues that "... good fences make good neighbors" while the other questions the blind tradition behind such conservative thinking. "Spring is the mischief in me" the more liberal man muses, "and I wonder if I could put a notion in his head" (the conservative farmer's head he means). "*Why* do they make good neighbours? Isn't it/Where there are cows? But here there are no cows." Slightly earlier, Frost writes, "He is all pine and I am apple orchard." The logic of entrenched defense mechanisms, traditions, slavish identifications is being challenged with a simple subtlety that eventually declares: "Something there is that doesn't love a wall,/That wants it down." The poem ends with no resolution: it is clear that blind entrenched conservatism will not yield to more rational liberal discourse. "I see him there" the liberal protagonist of the poem continues:

Bringing a stone grasped firmly by the top
In each hand, like an old-stone savage armed.
He moves in darkness as it seems to me,
Not of woods only and the shade of trees.
He will not go behind his father's saying
And he likes having thought of it so well
He says again: "Good fences make good neighbours." [p. 908]

"He will not go behind his father's saying" is a great description of the resistances to change one encounters in psychoanalysis all the time. It highlights how entrenched the identification with authority can be: what child can go behind his father's saying or thinking until development or psychoanalysis provides the reflective maturity that makes such enlightened deconstruction possible? In Seamus Heaney's poem

"Digging" (1980), a reflection on his father's and grandfather's trade of digging for a living as farmers, the poet shows how one can go behind the father's saying and yet preserve the identification with the father by becoming a writer who digs with his pen! The poem begins: "Between my finger and my thumb/The squat pen rests" (p. 3). The next lines deal with memories of his father and grandfather and their impressive spadework tilling the earth, a skill that is beyond the poet's calling. But failure in one trade can lead to triumph in another. The poem ends in sober resignation and resolution: "But I've no spade to follow men like them./Between my finger and my thumb/The squat pen rests./I'll dig with it" (p. 4) For Heaney and Frost, going behind the father's saying, the mother's too, rescues the neurotic from the "mind-forged manacles" that Blake warned about, and promotes latent genuine interiority over superficial manifest accretions.

But what is genuine latent interiority in poetry or psychoanalysis? And is this genuine inwardness what Freud thought the poets had gotten to ahead of him? Marianne Moore (1970 [1921]) tries to address this concept of the genuine, in one of her most famous poems called simply "Poetry." She begins by declaring, "she too dislikes it" but then goes on to acknowledge that:

Reading it, however, with a perfect contempt for it, one
discovers that there is in
it after all, a place for the genuine. [p. 986]

What kind of a place on earth is a place for the genuine? It would seem to reside only in the deepest contemplation that poetry and psychoanalysis both foster. If "all bad poems are sincere" (Bloom 1997), as Wilde so mischievously declared, "is the corollary necessarily true that all good poems are insincere?" Actually Bloom is misquoting Wilde slightly: "All bad poetry springs from genuine feeling" (1984, p. 1052) which poses another crucial question. Are sincerity and the genuine at all comparable in poetry or psychoanalysis. Are aesthetic criteria, slippery as language itself, impossible to pin down? At the end of the poem Marianne Moore suggests a solution. She writes:

nor till the autocrats among us can be
"literalists of
the imagination"—above

insolence and triviality and can present

for inspection, imaginary gardens with real toads in them,
shall we have
it [p. 987]

(The “it” refers to the genuine, and how to grasp it, despite its elusive nature). The poem continues:

In the meantime, if you demand on the one hand, in
defiance of their opinion—
the raw material of poetry in
all its rawness, and
that which is on the other hand,
genuine, then you are interested in poetry. [p. 987]

Marianne Moore is suggesting that the raw material of poetry in all its rawness and the “genuine” are the essential ingredients of poetry. They are not synonymous, the “raw” and the “genuine” and yet it would seem that you can’t have one without the other in poetry and certainly not in psychoanalysis either. An analysand must be willing, through a free associative process, to become “a literalist of the imagination.” S/he must be willing to express with words and affects whatever the imagination proposes. Out of such seemingly anarchic chaos the genuine must emerge. I will return to the *genesis* of the genuine later, but the point I want to stress for now is that if the “rawness” of the “id” is being mined in poetry and in psychoanalysis, genuine self possession would seem to be a property of the “ego” as well as the goal of psychoanalysis and one, if not all of the goals, of poetry also. Since it is not possible, in a restricted space, to focus on the contributions of all poets, I want to concentrate now on a poet who combines the lyricism of youth with the more discordant music of old age. William Butler Yeats continued to write poetry until his death in 1939, the wild lyrical songs of youth giving way to a more somber cadence. If the early poems were written for the violin, so to speak, the later poems were written for the cello! This is not to say that the cello could not be heard in the lyricism of youthful poems: “The Love Song of Wandering Angus” (1983 [1899], p. 59) is all “violin” as the poet vows to chase the elusive girl that emerged from a magical trout he caught with a hazel wand and a berry hooked to a

thread. He vows to pursue her despite how old with wandering he becomes as he plucks "til time and times are done/The silver apples of the moon/The golden apples of the sun." But in an earlier poem "The Stolen Child" (1983 [1889], p. 18), the cello makes an ominous appearance as a child is invited by the faeries to come away from a world that's "more full of weeping than you can understand."

In "Easter, 1916" (1983 [1916], pp. 180-182), the cello becomes even darker in timbre, given the subject matter: the handful of poets who initiated the rebellion against British Rule in Ireland were all executed. Yeats' poem penetrates deeply into the minds of the seven signatories of the republican proclamation of independence. Since it was clear that their rebellion had no chance of success and that the only immediate outcome would be their deaths by firing squad, Yeats tries to fathom the nature of their love of country and its independence which they desired so fiercely, so unrealistically, so romantically and so impractically. Yeats declares, "Too long a sacrifice/Can make a stone of the heart." He then struggles with the essence of all tragedy in a poignant query, "Was it needless death after all?" followed by another, "What if excess of love/Bewildered them till they died?"

The concept of "excess of love" raises a concept that is philosophical, poetic and psychoanalytic all at once. What is love? Is it different from love of country? Is there such a thing as political love? What could excess of love mean? If one is willing to die for the rightness of one's cause, for the political depths of one's convictions, is that excessive, sacrificial love? These harrowing questions are raised and perhaps answered at least poetically in the final lines of the poem:

I write it out in a verse—
 MacDonagh and MacBride
 And Connolly and Pearse
 Now and in time to be,
 Wherever green is worn,
 Are changed, changed utterly:
 A terrible beauty is born. [p. 182]

The concept of "terrible beauty" has profound implications for poetry and psychoanalysis. If psychoanalysis guides a solitary analysis and as s/he confronts love, hatred, life, death through a prolonged process

that is emotional, enlightening, "sea-changing" is there not a mixture of terror and beauty in the therapeutic work as it proceeds? Reading and re-reading, or should one say experiencing and re-experiencing, the poem "Easter, 1916," the terrible beauty of it is an emotional experience if the reader allows the self to *identify* with the agonizing concepts being presented.

If Yeats introduced more and more "darkness" into his poetry as life experience *aged* him, the reality of old age itself becomes a constant theme as his lyricism proceeds to take the measure of the terrible beauty of mortality itself.

In "Sailing to Byzantium" (1983 [1927], pp. 193-194), he appeals to the, "... sages standing in God's holy fire" to "gather me/Into the artifice of eternity." He proceeds in even darker tones, "Consume my heart away; sick with desire/And fastened to a dying animal/It knows not what it is ..." The appeal for the respite that death offers is jolting, especially since it comes only a few lines after the more exuberant appreciation of a life seasoned with age: "An aged man is but a paltry thing,/A tattered coat upon a stick, unless/Soul clap its hands and sing, and louder sing/For every tatter in its mortal dress." Contradiction, ambiguity, and resilience even in extremis are not being avoided in this kind of wrenching poetry.

In "The Tower" (1983 [1926], pp. 194-197), this struggle with the challenge of mortality continues, "What shall I do with this absurdity/O heart, O troubled heart—this caricature,/Decrepit age that has been tied to me/As to a dog's tail?" Old age is depicted as a mockery of the dignity of man as he is fettered with, "A sort of battered kettle at the heel" (p. 194).

Then he introduces another ironic contradiction since the poet feels that his mind is more agile than ever, that he never had a "... more/Excited, passionate, fantastical/Imagination, nor an ear and eye/That more expected the impossible—" (p. 194). Yeats continues, "Whether in public or in secret rage/As I do now against old age?" (p. 197). The mind's agility, the body's decline has to be accepted even though the rage at Nature's insistence that an inevitable debt has to be paid is hard to embrace.

But it is in "The Circus Animals' Desertion," written in 1939 (the year of his death) that the cello makes its most ominous appearance

(1983 [1939], pp. 346-348). By "circus animals" Yeats means the torrent of poetic sublimations he could muster so readily and that now must be relinquished. How can he relinquish the "masterful images" the circus animals of the imagination so constantly showered on him? As if questioning the fount of all his poetic talents, the "pure mind" that spawned them all, he arrives at an answer that sounds like a psychoanalyst describing the days' residues that dream work exploits in the creation of dreams: "A mound of refuse or the sweepings of a street,/Old kettles, old bottles, and a broken can/Old iron, old bones, old rags ..." If the poet marvels at the days' residue his imagination fashions his poetry out of, he ends the poem with a sober, mature resignation and reflection, "Now that my ladder's gone/I must lie down where all the ladders start/ In the foul rag and bone shop of the heart." What an extraordinary image Yeats ends his great poem with. A rag and bone shop refers to the Victorian practice of poor people gathering old clothes, old bones, old bric-a-brac of any kind from homes for resale value and then attempting to unload them commercially. The image conjures up the squalor of Victorian poverty but Yeats' metaphor is wrenching since this foul rag and bone shop is applied to the human heart itself. It reminds one of Lear's fall from the throne and becoming "a bare forked animal" in the existential world all must live and die in (1974, p. 1277). The human poetic heart must acknowledge the shabby existential origins all life must begin and end with. The human psychoanalytic heart has no escape either.

DISCUSSION

I have examined a few poems in depth and invoked some theoretical ideas earlier to help with the deconstruction. The concept of "negative capability" was introduced. Keats offhandedly spoke of it in a letter to his brother, dated December, 22 1817:

Several things dovetailed in my mind, and at once it struck me, what quality went to form a Man of Achievement, especially in Literature and which Shakespeare possessed so enormously—I mean Negative Capability, that is when man is capable of being in uncertainties, Mysteries, doubts, without any irritable reaching after fact and reason. [p. 60]

Bronowski (1981) has suggested that to really appreciate a poem or indeed any work of art one must be able to imagine in one's mind's eye how the artist put the whole creation together from scratch, imagine in other words the negative capability that cleared a space in logic's cluttered domain so that a poem could be born "without any irritable reaching after fact and reason" (Keats 1817, p. 60).

The collaboration between analyst and dreamer as a dream is deconstructed is certainly similar to what Bronowski had in mind: the free associations of the awakened, but baffled, dreamer do in fact pull the dream apart. If dream is compared to a work of art then dream interpretation certainly does pull the work of art (called dream) completely apart the better to understand its hidden meanings. Freud's discovery of primary processes made dream interpretation possible, and if transference is thought of as metaphor in action as I suggested earlier in the sense that the image of the analyst is being condensed and confused with parental images from the analysand's past, poetry and psychoanalysis seem to play with analogous dynamics. If we do pull poetry apart, I believe what we find are compressed meanings that bring to mind the incredible compressions Freud was confronted with when he first tackled not only the compressions of the manifest content of dreams, but of transference and symptoms as well. Freud had to intuit that there must be a mental force that compresses images in dreams to such an extent that the manifest content bears no recognizable relationship at all to the latent dream thoughts. By discovering primary processes Freud had cracked the enigma code of dreams and made access to the royal road to the unconscious possible. When Freud realized that poets were using something akin to primary processes to arrive at compressed meanings to house their deepest insights in, he must have felt as if they were inventing aesthetic dream-like products without having to work as hard as he did. Having gained entry into one magical realm did he feel shut out from another? Was this what gave him the feeling that the poets had gotten there ahead of him?

In his quarrels with his critics, Flaubert seemed to have sensed a basic weakness in their exegetical art. Flaubert complained that his critics, "don't take sufficient account of Art, of the work itself, of its style, in short of everything that constitutes beauty" (Grubrich-Simitis 1996, p. 78). To figure out psychoanalytically "everything that constitutes beauty" is a tall order indeed. I believe that Flaubert was correct in his critique of

the critics. The critic or psychoanalyst is not able to deconstruct the “everything that constitutes beauty” or “take sufficient account of art, of the work itself, of its style.” In other words there may well be a *mot juste*, as Flaubert argued, a precise word whose insertion into a poem or a novel is crucial for the aesthetic effect being sought after, but I doubt that there is an equivalent *mot juste* in the critic’s or psychoanalyst’s arsenal that could reveal so precisely just how the aesthetic effect was crafted. And yet psychoanalysis, with modest goals, can produce readings of texts that can enlighten and take their place beside all the other exegetical readings of great literature. This more modest approach has often produced interesting results. If a joke is thought of as a tiny sample of aesthetic accomplishment, a little comic poem, so to speak, Freud showed convincingly that jokes when dissected revealed a kind of joke work, a little engine of primary processes at their core similar to the aesthetic engine that dream work is driven by.

Let us look at another example of this kind of psychoanalytic sleuthing through the minutiae of a text: Shakespeare has “planted” parapraxes, slips of the tongue, in many of his plays. They are subtle and very easy to miss. But if the reader or listener does not ignore them they are most revealing. I will focus on one example only: in *Hamlet*, Act 1, Scene 2, Hamlet, brooding on his mother’s “o’er hasty marriage” within a month of her husband’s death, meaning to say “But one month dead” says in error: “That it should come to this—but two months dead—nay not so much, not two” (1974, p. 1145). He immediately corrects himself but throughout the rest of that first soliloquy Hamlet focuses angrily on the idea that it’s only been a month since his father died: “Within a month: ere yet those shoes were old with which she followed my poor father’s body like Niobe all tears” and again “Within a month ere yet the salt of most unrighteous tears had left the flushing of her galled eyes she married” (1974, p. 1145). But earlier in the soliloquy he had slipped and even though he immediately corrects himself the oedipal cat is out of the bag, so to speak if you’ll forgive me a most unforgivable metaphor. I have argued elsewhere (Mahon 1998) that this slip is most revealing since it suggests that Hamlet, at least unconsciously, had imagined his father dead even before Claudius dispatched him. The point I am stressing here is that Shakespeare obviously knew, three hundred years before Freud, that a cleverly inserted parapraxis could enhance

the subtlety of a most poetic soliloquy by introducing a sly reference in it not only to the dynamic fallibility of human memory itself but to the ubiquity of the Oedipus Complex as well.

Coleridge famously defined prose as words in their best order and poetry as the best words in their best order, but this cleverness misses the mark somewhat, or hits the nail on the thumb, so to speak. I am being unfair to Coleridge and his remarkable intellectual acuity, but I do want to suggest that surely the best words in their best order might not represent the far deeper basic emotional rhythms the greatest poetry must attempt to capture and put on display for the reader to contemplate. Virginia Woolf (1970) in a letter to Vita Sackville-West makes a similar point. At first she dismisses Flaubert's "not juste," (unfairly in my opinion) saying "Style is a very simple matter; it is all rhythm. Once you get that, you can't use the wrong words Now this is very profound, what rhythm is, and goes far deeper than words. A sight, an emotion, creates this wave in the mind, long before it makes words to fit it; and in writing One has to recapture this, and set this working (which has nothing apparently to with words) and then, as it breaks and tumbles in the mind, it makes words to fit it" (p. 247). Similarly the "genuine" that Marianne Moore refers to must surely be the authentic moment when the deep basic rhythm of the unconscious, and the conscious words that re-present it, are completely in sync, and meaning, in all its complexity and over-determination, is captured. Poetry would seem to be this basic deep musical rhythm that represents unconscious instinctual dynamics, an unconscious music set to words that seem musical in and of themselves, but also augment the profound unconscious meanings the words are trying to convey.

Marianne Moore's concept of the "genuine" in poetry is not easy to define. Even etymology seems confused about it. Etymology traces "genuine" to the Latin root "gignere," meaning to beget, the genuine and the genetic sharing a close affinity. On the other hand, the genuine can be traced to an etymological tributary from the Latin "genu," meaning knee. Since 1660 the suggestion has been entertained that "genuine" coming from "genu" refers to the father embracing and honoring his paternity by placing his child on his knee, the same child that will challenge the authority of that paternity as the Oedipus complex is creatively engaged with throughout the life cycle! This is the genuine

conflicted inwardness that makes human nature so complex, a complexity great poetry tries to capture in all its multi-faceted tragic glory.

If T. S. Eliot (1936) fled to an Anglican "still point of the turning world" (p.181) to calm his fears, W.B. Yeats continued to weather what he had called "assault and battery of the wind" ("A Prayer For My Daughter" 1983 [1921], p.189) without flight or without flinching. He knew that he must tolerate the twin ironies of aging: on the one hand he felt decrepit age tied to him as to a dog's tail, deriding him with the clanking mockery of a sort of battered kettle at his heel, while on the other he felt as if he never had a "... more/Excited, passionate, fantastical/Imagination, nor an ear and eye/That more expected the impossible." If his circus animals deserted him and he had to find cold comfort in the foul rag and bone shop of the heart he still insisted on writing about it in glorious, if embittered, stanzas of *ottava rima*. Is the foul rag and bone shop of the heart the equivalent of Freud's id, that instinctual cauldron of pre-verbal hunger, aggression, sexuality that has no morality other than the basic rhythm of its own necessity? Is that the place Freud thought the poets had gotten to ahead of him, no place at all really other than a description of his own anxiety of influence, the foul rag and bone shop of the heart that all sublimation has contended with since evolution turned animal into man.

I have concentrated on certain passages in Yeats' poetry. I have focused on small compact highly compressed lines that seem almost dreamlike in their compression. It is interesting to focus not only on the word-compression that poetry exploits, but the even more baffling dream compression or symptom compression or character compression that the psychoanalyst experiences as s/he tries to make sense of the highly compressed data that often barrages her/him throughout the analytic process. Why is *compression* so important as a poet communicates or an analysand communicates? Is it too poetic to suggest that all matter including psychological matter is as compressed as Einstein imagined with his theory $E=MC$ squared and that the hidden energy or insight contained in compressed matter is as potentially explosive as the release of atomic energy itself in Einstein's theory? If ontogeny recapitulates phylogeny, Einstein's theory suggests that ontogeny recapitulates phylogeny in the sense that primal big bang forces, harnessed in the matter of stars or fossil fuels, can be released again by nuclear fission. Although

my analogy strains credulity, I would nevertheless like to suggest that the piece of ice melting on a hot stove, releasing its energies through the metamorphosis of melting, that Frost compared to a poem's precarious verbal journey, is an example of compression/decompression in action. I believe that both processes are active in poetry and psychoanalysis all the time.

Let us look once more at compressions in poetry. Lines like "Too long a sacrifice/Can make a stone of the heart" or "Consume my heart away; sick with desire/And fastened to a dying animal/It knows not what it is" paint a compressed portrait of the human heart that is harrowing in the brutality of its truthfulness. The poet uses something akin to dream work's extraordinary compressions, displacements, condensations and symbols to create lines that soothe the human soul with beauty even as they tear it apart. A terrible beauty is born out of this most human alloy of suffering and sublimation, a terrible beauty that soothes and uplifts with an emotional honesty devoid of any need for mendacity. "The poem, the song, the play are only water, drawn from the well of the people, and it must be given back to them, in a cup of beauty, that they might drink and in drinking know themselves" (attributed to Lorca; exact source cannot be identified). The well of the people surely includes psychoanalysis also!

I would like to end with a passage from James Stephens' most poetic work modestly called *Irish Fairy Tales* (1978) despite the sheer originality of the poetic voice that animates the entire text. There is a passage in which the legendary Fionn meets a wise poet on the brink of a wild remote river. He asks the poet why do you live on the bank of a river. The poet answers:

"Because a poem is a revelation, and it is by the brink of running water that poetry is revealed to the mind."

"How long have you been here?" was the next query. "Seven years," the poet answered.

"It is a long time," said wondering Fionn.

"I would wait twice as long for a poem," said the inveterate bard. ["The Boyhood of Fionn", Chapter IX, p. 46]

This creative patience is surely what throws the bridge of affinity between poet and psychoanalyst, a patience that is rewarded when a

poem seems to leap from the brink of running water or an insight leaps from the brink of a free associative torrent to reveal itself to the evenly hovering listener. If the poets have gotten there ahead of psychoanalysis as Freud somewhat competitively lamented, the two disciplines can nevertheless share the road together, be surprised when epiphanies are sighted and find mutual wonder in their enlightened odysseys.

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Discussion of the Universal Analogy: The Complementary Visions of Poetry and Psychoanalysis by Eugene Mahon

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DISCUSSION OF THE UNIVERSAL ANALOGY: THE COMPLEMENTARY VISIONS OF POETRY AND PSYCHOANALYSIS BY EUGENE MAHON

BY THEODORE JACOBS

In this discussion of Eugene Mahon's excellent paper, I focus on his concept of inwardness, its role in society, and its expression in poetry and psychoanalysis. I also discuss Mahon's view of the psychological appeal of poetry and compare the creative processes in the poet and the analyst.

Keywords: Poetry, psychoanalysis, inwardness, imagery, rhythms.

In this rich and thoughtful paper, Eugene Mahon gives us a splendid illustration of why he is one of the finest poet-analysts in our field. His essay *is* poetry; the language, the imagery, the rhythms, and the captivating turn of a phrase are the unmistakable work of a poet's hand.

The central thesis of his paper is that both poetry and psychoanalysis share much in common, particularly a vitally important mission, the protection and nourishment of inwardness. In a society that, increasingly, promotes the three-line email, the 140 character tweet, the all too brief voicemail message, in a world where the leisurely and expansive letter, the personal essay, the stimulating exchange of ideas between friends over dinner or between student and teacher, husband and wife, are no longer regular and accustomed part of our pressured lives, poetry and psychoanalysis celebrate the neglected in contemporary society: reflection, insight, imagination, the inner world of dream and fantasy.

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Each in its own way explores the power and complexity of the unconscious mind. Both celebrate its potential for innovation, original thought, and creative flights of the imagination. Both, however, also understand its dark side—the raw aggression, the destructive impulses, the potential to wreak havoc on the world, that also lie in the province of the unconscious. Neither poetry nor psychoanalysis turns away from this dark side; rather, they seek to identify and illuminate these powerful forces and, through illuminating them, harness and channel them into expanded knowledge of the self and the world around us, into creativity and enriched personal relations.

However, to achieve these goals, both poet and analyst must descend, and help readers and patients to descend, into mysterious realms, into hidden recesses of the mind whose exposure threaten stability and stirs sleeping ghosts. The poet Anne Sexton (1985), put it simply: to reach the sources of creativity and to produce poems that are true and genuine, that speak to the heart, one must dig deep. She writes, “The only source of greatness is the writer’s ability to go down deep into the unconscious. You can call it craft, it doesn’t matter how you get there, but one has to dive down” (p. 67).

Through his analytic instrument, the analyst, too, seeks to be in touch with his unconscious. The experience of intuition, the flash of enlightening interpretation; these are like the surfacing for the poet of just the right metaphor. These processes are part of the ongoing creative activity that takes place in the minds of both poet and analyst.

As we well know, the mind yields its secrets only against much opposition. It is for that reason that modern analysis has sometimes been characterized as the analysis of resistances. We work with the fierce protections of the mind hour-by-hour, day-by-day. Knowing that the loosening of the knots that defend the mind against knowing itself too well, knowing its secrets, its passions, is a task measured in months and years, a task that, at times, seems an endless pursuit.

The poet, too, is faced with similar opposition to his efforts to dive deep. The mind fights these as well. Every poet is acquainted with his own delaying actions: the errands to perform, the computer adjustments that must be made, the important call that cannot wait. And when, finally, he sits down to write, inevitably he will encounter the

distractions, the trivial thoughts, the random images, the bits and pieces of detritus that fill his mind.

The approach to the unconscious, or, more accurately, the preconscious flow of thought and imagery that lies just beneath the surface, is never direct. Even the flash of insight that comes to analysts and poets—the right image, the sought after phrase that arises unhidden—has been prepared for by hours, days, or weeks of preparation via the slow lifting of blocks and barriers that takes place silently, out of awareness: the silent working through that is part of the creative activity of both poet and analyst.

This is what Dr. Mahon was referring to when he quoted Keats' phrase, "negative capability." This ability is absolutely necessary for both poets and analysts, for as Christopher Bollas (1987) has said, news from within comes in its own time.

Both poet and analyst must tolerate uncertainty, confusion, ambiguity, and the anxiety of not knowing what is happening with a patient or where one is in the act of creation. A supervisor of mine once put the matter directly when I appeared for supervision armed with a notebook full of detailed, obsessively recorded, process material. "You have to stop this infernal note taking," she said. "You are using it to ward off the anxiety of not knowing. You have to learn to tolerate the chaos."

Both poets and analysts have to do something else as well. They have to be able to hold in suspension contradictory ideas, contradictory images, and contradictory qualities in people without trying to make sense of the incongruities or trying to apply logic to them, efforts that may lead to premature closure. Both must let these contradictions sit in their minds until some new entity is forged out of them, until something new is born. For analysts it is a moment of clarity, of insight. For poets, a moment of creation, a bringing together of opposites that results in an original line or turn of phrase such as the startling juxtaposition that Yeats put together when contemplating the act of love making: "... But Love has pitched his mansion in The place of excrement; / For nothing can be sole or whole / That has not been rent" (2011 [1933], p. 68).

As Shakespeare said, it is by indirection that we find direction out (1951, p. 913). In analysis we understand that patients must talk at length about the figures in the landscape, about friends, relatives, spouses, co-workers, about lovers and rivals, all the while revealing

qualities in themselves, and, not infrequently, perceived qualities in their analyst, that they cannot approach directly. And poetry, too, works by indirection, by using metaphor, simile, and symbol—imagery of both the natural world and imaginary ones, to convey its message, its understanding of our minds and hearts.

In Frost's poem, "Birches," the youth who swings on the branch of a birch tree, and kicks at the air as he rises and descends, the boy who Frost calls the swinger of birches, speaks to us of longing for freedom, for a loosening of the bonds binding us to our mundane existences; speaks to our desire to reach for the stars, to ascend into the unknown but not so far as to enter the dark world, the realm of death; to fly and soar, but also to descend, to return to the known world where human love exists (1969 [1916], pp. 121-122).

And Frost's reflections on fire and ice speak to us of another fundamental problem:

Some say the world will end in fire,
 some say in ice.
From what I've tasted of desire
I hold with those who favor fire.
But ...
for destruction ice
is also great
And would suffice. [1999 (1920), p. 220, italics added]

Passion can consume. The power of desire can destroy body and soul. But to withdraw, to remain frozen and static, to protect ourselves by building walls, this also can destroy the soul.

I once heard Robert Frost speak at a meeting about this aspect of poetry, its necessary indirectness. This occurred many years ago in Vermont at a writers' conference I was attending. Frost lived just down the road from the Center where the conference took place and he was invited to say a few words to the students and faculty.

"So you want to know what poetry is?" Frost began in his folksy manner and raspy voice. "Well, I'll tell you what poetry is. It's saying one thing and meaning another." It's like what I overheard walking up here to see you people. On the way up I passed the tennis court that belongs to this place. A couple of you fellas were playing and I stopped a

moment to watch. One of you must be an Englishman because every time you hit a good shot that your opponent could not get, you called out, "sorry."

That's it, that's poetry. Say one thing, mean another (1956).

The art of the poet, as we know, however, is not only to disguise, but to reveal, to convey his insight, his epiphany, his unique take on our world. But to do this effectively, he must express his vision in concrete terms. Birch trees bowed in the snow, a road that comes to a dividing place, an orchard after apple picking.

While, as Dr. Mahon says, both poetry and psychoanalysis deal with what is fundamental in human existence—our most basic wishes, needs, urges and fears, as well as the existential questions concerning life and death—the poet's task is to employ form, structure, and style to create something that resonates with our deepest concerns, as well as being aesthetically beautiful. In form lies art; in form lies the magic of poetry. It is not primarily the subject matter that differentiates pulp fiction from great literature, or lifeless phrasing from Yeats' soaring lines. It is the form, the way the words are put together, the rhythms, the harmonies, and the art of composition that is the hallmark of great talent.

Psychoanalysis can speak of this, can describe it, but cannot really understand it in a meaningful way. This is why Freud spoke of analysis having to lay down its arms in the face of creativity. As Dr. Mahon said, we can explain certain phrases, certain slips, certain parapraxes and fantasies. But we are unable to explain the process of creation in any satisfactory way. This remains a mystery, and perhaps that adds to aura of magic and wonder that surrounds the whole question of creativity. This is a frontier yet to be crossed.

Patients often avoid the specific, knowing it is in the concrete, so-called, thing presentation in the unconscious, that Freud wrote about, that is most revealing, that conveys the patient's deepest impulses, his most basic desires. Often it remains for the analyst to supply the concrete images by interpreting, not in general terms, but in the specific ones that speak to the unconscious.

A supervisee of mine recognized that her patient's sudden anxiety attack was due to his irrational fear that a colleague who was angry with him would become physical and assault him. The analyst was about to convey her understanding in these accurate, but nonspecific, terms, when

an image came into her mind. It was of this patient's father, a butcher, who had a mean temper. When furious, he would bring his meat cleaver down on his butcher block with terrifying force. Recalling this, the analyst simply said, "You thought the cleaver was about to come down on you." The patient immediately understood the source of his fear: his memory of an enraged, castrating father, linked to a current fantasy by means of the resonant image that the analyst used. She brought past and present together in a way that spoke to the unconscious. That was a moment of poetry.

To be in touch with the inner world of a patient in this way often requires that the analyst allow his or her mind to ease back, to drift, to enter a state of reverie, to daydream. As Otto Isakower (1961) taught us, this is the way to be in touch with the preconscious messages, the preconscious imagery that is being transmitted to us by the patient. Ernst Kris (1952) called it regression in the service of the ego, identified it in artists of all kinds, and believed that attaining this state of mind was indispensable to the act of creation.

In many institutes today, the teaching of analytic technique does not include this perspective. Rather, students are taught to listen *for* the transference or to track the defensive operations of the mind. No doubt these ways of listening have merit, but they focus on the analyst's mind in a way that does not allow for the kind of open-ended listening, the evenly hovering attention that Freud spoke about and that Isakower also emphasized when he articulated the concept of the analytic instrument. That concept refers not to the analyst's mind alone, but to the temporary fusion of the minds of analyst and patient so that transmissions can flow between them. Only letting go, easing back, entering states of reverie, can accomplish that. Reaching for the transference or focusing on the defensive operations of the mind cannot do so anymore than focusing on a particular idea or concept can produce the image of a boy swinging on a tree branch, kicking at the air, a swinger of birches.

Eugene Mahon spoke movingly about Marianne Moore's poem on the subject of poetry itself and quoted her memorable line, "Imaginary gardens with real toads in them" (1970 [1921], pp. 986-987). I, too, have thought a good deal about this very line and have written about the way it resonates, both for poets and analysts. It is a line that illustrates, as well as speaks to the need in poetry—but we may add also in analysis—to

bring the experience alive through the concrete image, the specific fantasy, the detail in a dream that anchors the workings of the imagination.

I (Jacobs 2011) wrote about Moore's evocative line:

It is a wonderful definition of poetry, an art form that is forged out of, and joins, the real and the imaginary, perception and illusion, history and memory, the image and the object, gardens of the imagination with living and breathing creatures in them.

But I believe that definition speaks to us as well, to what we do. It touches on the essence of analytic work. Isn't that what it is really all about, the analytic situation, the art of analysis? Isn't that what we have come to understand, not only from the new, but from the new joined with the old? That analysis involves two real people deeply involved with one another, each experiencing and constructing the other, dealing with moments past and present, stirring memories and using those memories to recover experiences lived and created; two gardeners digging in gardens, both real and imagined. [pp. 68-82]

It is not by chance that this extraordinary poet, Marianne Moore, characterized her art in a way that resonates with us analysts. For, as Eugene Mahon has reminded us, poetry and psychoanalysis share a common language. Both reach deep into the recesses of our minds to find truths about ourselves and the world that illuminate our lives, that free us from the invisible bonds that limit and restrict our vision, and that keep us prisoners to routinized and stultifying ways of thinking and being. And both preserve and nourish that quality that is essential for the attainment of that freedom; the willingness and ability to look inward, to explore the richness and complexity of the human mind, and to engage the ghosts that dwell there. For as the poets have taught us and our own work has confirmed, it is what lies within—the struggle between warring impulses, between the forces of creation and destruction—that will determine not only the quality of our own lives, but the fate of the world as well.

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A Perilous High Wire Act: Framing Psychoanalytic Relationships With Severely Traumatized patients

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A PERILOUS HIGH WIRE ACT: FRAMING PSYCHOANALYTIC RELATIONSHIPS WITH SEVERELY TRAUMATIZED PATIENTS

BY ALAN MICHAEL KARBELNIG

Dual relationships, inappropriate self-disclosures, fee-setting irregularities, session-length extensions, and other boundary crossings punctuate this dramatic study of a psychoanalysis of an acutely traumatized patient. Describing the case from his point of view as supervisor, the author explores how overwhelming emotion, powerlessness, a wish to rescue, and a risk of ego boundary dissolution endangers psychoanalysts' clinical methodology with such patients. Self-monitoring, self-reflection, self-caring, and training helps, but working with this population, as the case example reveals, remains a difficult, even perilous endeavor.

Keywords: Trauma, framing, boundaries, training, humility.

In contrast to the relatively straightforward professional boundary processes in medicine, law, or accounting, psychoanalysts' framing behaviors are delicate, sometimes difficult, and occasionally dangerous. Practitioners of these other professions remain in their social roles, delivering medical, legal, or financial knowledge. They may care about their patients or clients; they may react to them. But metacommunication about their professional relationships is not part of the work, let alone a *crucial* part. In contrast, psychoanalysts closely attend to their actual professional relationships. They either sense or enact countertransference and transference themes while observing, reflecting, and

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commenting upon them. For psychoanalysts, the relationship *is* the vehicle for the service, and metacommunication is central.

Further, because of the intensely intimate nature of their work, psychoanalysts cannot help but react personally to their patients. Often, they become attached to them, care for them, even love them. Sometimes they worry about them; sometimes they hate them. Even clinicians devoted to one-person theories of mind still rely upon the professional interpersonal relationship as a transformational vehicle, rendering personal involvement unavoidable. Psychoanalysts have no white coat, business suit, or spreadsheets to hide behind. Referring to Freud's (1915) caution to exercise special care when conducting psychoanalyses, Coen (2018) suggests this early warning led "to too much pressure on us to stifle our needs, temptations, and feelings in work with our patients, lest they get out of hand" (p. 313). Too much pressure, indeed. And yet out of hand psychoanalysts' emotions sometimes get.

By analogy, psychoanalysts walk along a tightrope clinging to a balancing pole. One side carries the weight of professionalism in the form of such standard psychoanalytic methods as interpretation, clarification of feelings, confrontations or focused empathy; the other side holds love, care, fear, irritation, anger, or other emotional reactions to patients. All psychoanalysts walk the same high wire, balancing technical methods and personal feelings. Sometimes the high wire shimmers and shakes. These tremulous forays along the high wire become aggravated by psychoanalysts' difficult personal situations, strong emotional reactions to patients, and/or countertransference problems.

WHY EXPLORE THESE PERILOUS JOURNEYS?

Firstly, because they feature prominently in psychoanalysts' daily work. Sometimes, they include actual boundary violations, which, in turn, lead to complaints against licensed mental health professionals. Through my work as a forensic psychologist as well as a psychoanalyst, I have either psychologically evaluated, or reviewed the clinical work of, more than 100 psychotherapists who violated professional boundaries. I have observed several distinct trends. Only a few of the practitioners who slid down the proverbial slippery slope displayed signs of psychopathy. Most

of them were vulnerable human beings who found themselves emotionally overwhelmed by, generally, their personal problems. They lost their capacity to navigate through their countertransference reactions; they became incapable of properly framing their professional relationships. My anecdotal experience with these professionals who fell off the tight rope stoked my curiosity.

Secondly, my recent supervision of the last two years of a five-and-a-half-year psychoanalysis offered a particularly ripe, even frightening, example of a dangerous walk along the high wire. The colleague sought consultation from me after he had already lost his balance—a deterioration triggered by his patient's falling victim to a serious physical assault. In the months following the attack, he became overwhelmed with worry, concern, and helplessness. The ultimately failed case provides useful clinical material, specifically about the risks inherent in practicing psychoanalysis with acutely traumatized patients. The dynamics of the case also comports with the themes commonly encountered in my forensic work with mental health professionals who committed boundary violations.

In brief, I find the dynamics of walking along the high wire fascinating. Even though this investigation has significant delimitations, it will hopefully stimulate a longer, in-depth conversation. In the ensuing pages, I expand upon the extant literature, offering new insights and a few solutions. I explore how emotional reactions to acutely traumatized patients, the personal life situations of psychoanalysts, and countertransference reactions systemically interact with one another. The investigation exemplifies how, as Celenza's (1991, 1998, 2007, 2010a,b) scholarship regarding sexual countertransference reactions reveals, "the question of what accounts for the breakdown of controls can be answered only in the context of a particular case" (Celenza 1998, p. 393). In like manner, Ingram (1994) believes each psychoanalyst-patient dyad—intensely informed by the two persons as they encounter one another, multiple contextual factors, and the clinician's devotion to psychoanalytic theory—has its own unique "signature" (p. 175). The specific signature of the case I present illustrates a disastrous walk along the high wire.

The clinician approached, but did not actually become involved in, any overt sexual misconduct—differentiating it from cases focused

specifically on sexual enactments. To protect the privacy and confidentiality of the psychoanalyst, whom I call David, and his patient, Alice, I significantly altered identifying information, the sequencing of the psychoanalytic process, the nature of my supervisory relationships with him, and other details. The dynamics of the supervisory relationship warrant an entirely separate exploration but, except for a few comments, and for space considerations, I sideline that angle. Having outlined the primary themes for discussion and the nature of the case used to explore them, I turn to reviewing the concept of framing.

THE CONCEPT OF FRAMING

Expanding upon my earlier articles proposing a unifying clinical nomenclature for psychoanalysis (Karbelnig 2014, 2016b, 2018), I utilize the word *framing* to describe the process of creating the environment for psychoanalytic processes to occur. Framing extends beyond simply maintaining professional boundaries. It refers to crafting a transformational space. It calls for a unique type of psychoanalytic attitude (Schafer 1983), necessitating a special receptiveness, a unique openness. Framing, along with *presence* and *engagement*, provides cross-theoretical ways to identify psychoanalysts' professional behaviors (Karbelnig 2018). Framing ranges from the most abstract, e.g. subtle interpersonal behaviors, to the most pragmatic, e.g. degree of self-disclosure.

Defining the boundaries around psychoanalytic relationships has always been difficult, particularly because psychoanalysts lack any technology, formal procedures, or algorithmic methods that naturally create them. Physicians typically don white coats with stethoscopes draped over their shoulders when encountering their patients, naked but for an examining gown. Lawyers dress in business attire, sitting behind desks with wall-to-wall legal journals, books, and stacks of case files arrayed behind them. Psychoanalysts, in contrast, meet with patients in more of a den-like setting, deliberately inviting them into a structured interpersonal relationship fomenting personal transformation. This feature, namely the intimacy of the encounter, regardless of the asymmetry of the relationship (Aron 1996), presents great challenges for psychoanalysts—particularly in terms of how they balance themselves as they walk along the high wire.

Framing consists of essentially two distinct professional behaviors. First, psychoanalysts establish various types of boundaries that establish the professional working relationship. This extends beyond simply appropriate interpersonal boundaries. To provide a literal space and time for the psychoanalytic process to unfold, psychoanalysts maintain a professional environment and hold regular appointment times with patients. They furnish their offices in a manner that provides patients enough warmth to facilitate an intimate conversation but not one that excessively invites informality. Psychoanalysts who prefer the use of the couch would, of course, have furniture that accommodates patients' reclining.

Framing varies according to the style of each psychoanalyst and his or her devotion to one or more theories. Some of these constraints are obvious. For example, most psychoanalysts agree that engaging in dual relationships with patients violates the psychoanalytic frame. Even novice psychoanalysts understand that having coffee with patients, employing them as their personal assistants, or otherwise involving them in social roles that parallel their patient role causes confusion that hampers, if not destroys, psychoanalytic processes. Many psychoanalysts, with Gabbard (1995) among the most notable, have written extensively about boundary maintenance. Gabbard and Lester (1995) helpfully distinguish between *boundary crossings*—defined as departures from the typical professional frame that are harmless, non-exploitative, and possibly even helpful—and *boundary violations*, which, by definition, harm patients.

Second, psychoanalysts *may* utilize framing behaviors in the service of repairing previous interpersonal trauma. Depending on their theoretical preferences, they may consider caring for their patients healing. But even conservative psychoanalysts, devoted to the “Gemini twins of abstinence and neutrality” (Davies 1994, p. 156), interrupt transference enactments and interpret them. They avoid repeating the destructive interpersonal patterns patients unconsciously and habitually replicate. In other words, those psychoanalysts who disagree with the relational turn still behave in a certain way, within the confines of the psychoanalytic relationship, to effect change. They display curiosity about their patients; they attend closely to them. Since the relational turn, controversy lingers as to what extent psychoanalysts use their own subjectivities, or their own care, as part of the mutative process. Psychoanalysts may

attempt to help patients through various degrees of self-disclosure or by directly expressing caring, concern, or even love.

Framing behaviors also vary with the personal preferences of psychoanalysts. For example, and often a reflection of psychoanalysts' personal styles (Karbelnig 2016a) rather than theoretical approach, some practitioners prefer a more formal approach, valuing abstinence and neutrality. They typically structure their psychoanalytic relationships and engage their patients conservatively. One of my supervisors during my psychoanalytic training had such a style. He sat far from me. His office was sparsely decorated, "to invite negative transference," he said. Others work more informally. In my own case, I have, over time, relaxed an initial adherence to abstinence and neutrality in favor of attending more to my feelings about patients. I identified myself more with relational models, observing more closely how my own emotional reactions, as well as the vicissitudes of my personal life, impact my work. I felt liberated to receive the unique individuality of patients, and how they form unique relationships with me, with greater openness. The change affected my supervisory as well as clinical practices. While exploring the work between David and Alice, and my supervision of David, I cannot help but wonder if my more casual way of working with patients affected the psychoanalysis I supervised.

Furthermore, consideration of to what degree psychoanalysts' subjectivities figure in clinical work evolved significantly in the last half-century. Along with it, views of framing correspondingly changed. The debates surrounding degrees of, and benefits to, psychoanalysts sharing their personal or countertransference reactions to patients heated up. Previously distinct boundaries between the real relationship, the working alliance, the therapeutic alliance, and the analysis of transference and countertransference blurred. Jacobs (1990) considered psychoanalysts' using their subjectivities, as opposed to their simply offering insight, as not "mutually exclusive processes technically and theoretically worlds apart ... but, instead ... synergetic forces in treatment, in continual interaction, one paving the way for the other, each important, each contributing in essential ways to the therapeutic action of psychoanalysis" (p. 454). Boesky's (1990) proposal that countertransference enactments signal the *start* of true psychoanalytic processes rendered boundary crossings inevitable. Terms like role responsiveness (Sandler

1976), actualizations (Boesky 1982), countertransference enactments (Jacobs 1986), and modes of analytic listening (Schwaber 1986) increased awareness of how much of psychoanalysts' behaviors, verbal and nonverbal, influence their patients. Awareness of how patients influence their psychoanalysts also increased.

Reflecting on her decades studying the concept, Chused (1992) defined psychoanalytic neutrality as "a particular stance, learned over time, in which an analyst experiences the passion of the analytic situation and, at the same time, observes the passion (of both patient and analyst) dispassionately, nonjudgmentally, without condemnation" (p. 161). Her use of the word, *passion*, signifies the aforementioned sea change. Jacobs (1999) subsequent suggestion that clinical psychoanalysts' minds contain complex mixtures of countertransference, other subjective responses, and patients' projections validates the progression in the debate. He considered the professional relationship as a "creation forged out of the interplay of patient and analyst ... [becoming] an integral and inherent part of the analytic situation" (Jacobs 1999, p. 591). The case of David and Alice offers a particularly striking forged creation that emerged from such interplay.

In the 21st century, the previously heated debates over degrees of psychoanalysts' personal involvement with patients cooled. Mutually interactive features of psychoanalytic relationships gained broader acceptance. Just recently, the Boston Change Process Study Group (2018) acknowledged psychoanalysis evolved far past the idea of the clinician's neutrality, instead encompassing mutual influences between psychoanalysts and patients. They believe concepts such as transference must "encompass all levels of the embodied, intersubjective process between patient and analyst" (Boston Change Process Study Group 2018, p. 317). Mirroring the sentiment, Hirsch (2018) quips "we must become part of the problem in order to help solve it" (p. 292). As my case study reveals, David indeed became part of the problem, arguably too much of it. As a result, Alice had a chance to re-experience the rage she felt towards other abusers in her life—a potentially growth-enhancing enactment and an opportunity to vent pent-up rage. However, David's assuming the role he did in Alice's internal drama, combined with his own personal vulnerabilities, created a traumatic re-enactment that ultimately destroyed the psychoanalytic relationship.

In the final analysis, each psychoanalyst, facilitating his or her own unique version of psychoanalytic, transformational encounters due to variations in theory, personality, style, culture, and other factors, creates professional boundaries, externally (as in regular appointment times, punctuality in starting and ending sessions, or allowing contact by email or text) and internally (as in degree of expressed warmth or self-disclosure). Framing professional relationships occurs regardless of psychoanalytic models of mind or practice. Without reasonably proper framing, psychoanalytic processes cannot occur.

UNIQUE FRAMING CONCERNS IN WORK WITH SEVERELY TRAUMATIZED PATIENTS

Integrating the recent psychoanalytic literature with my experience working with traumatized patients reveals four significant themes which, in turn, influence psychoanalysts' framing behaviors. First, psychoanalysts treating these patients tend to feel overwhelmed by their patients' emotional experiences. Celenza (1998) cautions psychotherapists to brace themselves for work with this population, recommending "the capacity to tolerate the full range of affect" (p. 393). Psychoanalysts' personal difficulties exacerbate their vulnerability to feeling overwhelmed. Many scholars' work validates this phenomenon. Dobrescu (2012), for example, acknowledges how stressful events in psychoanalysts' lives—i.e., divorce, disease, losses—worsen countertransference problems; Elisse (2015) discusses the specific impact of betrayals on the countertransference; Kogan (2015) describes how countertransference experienced by a Holocaust survivor treating another resulted in a defensive collusion. Earlier, Alder (1995), Bion (1967), Giovacchini (1979), Gunderson (1984), Kernberg (1984), Masterson (1976), Rinsley (1982), Searles (1986), and others also acknowledged how psychoanalysts ideally exert greater care managing their countertransference when treating acutely distraught patients. This line of scholarship suggests that emotional overwhelm commonly accompanies work with severely traumatized patients—a phenomenon worsened by personal problems, if present, in treating psychoanalysts.

Second, psychoanalysts often feel a sense of powerlessness—an irony given how the power of the psychoanalytic role may also contaminate

countertransference (Celenza 1998, 2007). Dodes (1990) believes “powerlessness or helplessness” constitutes “the essence of psychic trauma” (p. 401). These traumas, of course, enter the psyche-somas of clinicians. Harris (2009) suggests psychoanalysts ready themselves for a “mix of powerlessness, shame, and insistent demand” (p. 7). Celenza (1991) thinks the risk sexual enactments increases during times of psychoanalytic impasse that, in turn, elicits feelings of powerlessness. In sum, the literature substantiates this second theme, namely that working with this population often causes feelings of powerlessness.

Third, psychoanalysts often feel compelled to rescue these patients—another pressure which affects framing processes. Gabbard (1995, 1997) repeatedly alludes to such wishes in his articles about countertransference. In discussing patients who, like Alice, have histories of childhood sexual abuse, Gabbard (1997) identifies psychoanalysts’ propensities “to make up for the patient’s childhood trauma by becoming the perfect parent in the present” (p. 7), a parental figure who, naturally, wishes to rescue patients. Carsky and Yeomans (2012) describe how work with traumatized patients often leads to a dyad of “the *wounded patient* and the therapist as *rescuer and protector*” (p. 88, italics in the original). They directly reference the need to rescue. The third theme, then, surrounds the wish, desire, need, or even felt-pressure to rescue these severely traumatized patients.

Fourth, work with acutely traumatized patient may elicit such distress that, in both parties, ego boundaries dissolve and, with them, psychoanalysts’ framing behaviors. Atwood and Stolorow (1984) specifically identify working with traumatized patients as potentially resulting in ego boundaries becoming fluid. In these situations, Celenza (2007) writes, “the psychoanalytic situation inextricably entangles (and potentially erotizes) love, attention, and power” (p. 298). Briefly put, psychoanalysts may become distressed enough to confuse their own needs with their patients. Elsewhere, Celenza (1998, 2010a,b) references pressures placed on psychoanalysts to relinquish the asymmetric structure of the psychoanalytic relationship. Patients want “to have the multiple roles coalesce into one” (Celenza 2010b, p. 181). She has observed psychoanalysts over-identifying with their patients, resulting in a type of ego dissolution and “a perversion of the therapeutic process by using an empathic resonance to meet the therapist’s need” (Celenza 2010, p. 66).

Such over-identifications make managing the transference and countertransference more difficult. She described a case in which a seduction “involved an unconscious attempt to circumvent the negative transference and to sustain a positive, idealizing transference easier for both parties to bear” (Celenza 1991, p. 508).

Briefly put, psychoanalysts may experience such intense empathy and over-identification that they avoid either the traumatic pain, or the pain of negative transference, by unconsciously enabling idealization processes. In the case Celenza (1991) references, the psychotherapist acted out sexually to maintain just such an idealized transference. In doing so, a form of ego dissolution, or at least loss of social-role-identification, occurred. Similarly, Carsky and Yeomans (2012) suggest psychoanalysts prepare themselves to “resist dealing with the negative transference in such a way as to become the ‘good mother’” (p. 89). If so prepared, perhaps the sexual enactment described by Celenza (1991) would not have occurred. This final theme in the literature on treating acutely traumatized patients consistently warns of a risk of ego-boundary dissolutions.

Nodding to Foucault’s (2002) work on the arbitrary, always-incomplete nature of classification systems, these four trends represent but one way to organize countertransference phenomena with this specific patient population. Certainly, emotional reactions to acutely traumatized patients, and the ways they challenge framing behaviors, could be organized into other categories. But these four themes provide a descriptive classification system supported by the relevant literature as well as common clinical experience. They lead to the following question. How should these four risks—emotional overwhelm, feelings of powerlessness, a desire to rescue, and ego dissolution—influence psychoanalysts’ framing behaviors when working with such traumatized patients?

The literature offers a variety of recommendations. If mature and experiencing few personal problems, psychoanalysts may rely upon typical defenses like humor, suppression, anticipation, and similar higher-level defense mechanisms to prepare for expected challenges. Because these patients unconsciously beg their psychoanalysts to become a “real love object” who will “heal wounds from the past” (Gabbard 1997, p. 7), clinicians ideally strive to maintain their own emotional and personal stability when working with them. They enter work with this population

prepped, readied, armed to resist the expected, strong unconscious forces. They deflect the invitation to behave like the powerful, rescuing parent and, instead, maintain their usual, equally hovering psychoanalytic stance. As I describe in the case example, David encountered significant personal stressors while treating Alice. These stressors, which challenged his maturity as well as his emotional stability, contributed to him falling from the high wire. And, Alice's psychopathology also contributed to the fall.

In terms of using self-disclosure with these traumatized patients, the specific literature reveals the same level of controversy characteristic of the topic in general. Glucksman (2010) believes disclosure of loving feelings can be useful if carefully delivered to more mature, integrated patients. But can acutely traumatized patients feel mature and integrated? Certain scholars, like Gabbard (1994, 1996), argue against any such self-disclosures while others, like Davies (1994, 1998), find them helpful. Zachrisson (2013) proposes a third concept be added to the psychoanalytic lexicon, namely the phrase boundary "stretchings," to describe "transgression of the analytic but not the ethical boundary" (p. 246). In other words, he believes, some self-disclosures, demonstrations of actual caring, and the like may violate traditional analytic but not ethical frameworks. In the case of David and Alice, many examples exist of David expressing caring self-disclosures, and even providing Alice with financial help, which constitute such stretchings. However, some of his behaviors extended well beyond how framing is typically conceptualized.

Influenced by Ringstrom's (2001, 2007, 2012) scholarship on improvisation and by the relational turn more generally, I consider work with acutely traumatized patients more art than science. Each session is unique. It requires individualized methodology depending on the dynamic status of specific patients as well as of specific psychoanalysts. In terms of framing specifically, the needs of the individual patient, as they exist in any moment in time, call for different types of presence and engagement. Some moments call for absolute empathic attunement; others for confrontation or interpretation. However, the specifics of the frame—like session times, length, and fee—ideally remain as stable as possible. Such steadiness, in and of itself, at least partially defends against the intensity of the pressure to feel overwhelmed, powerless, pulled to rescue, or at risk of losing ego or social role boundaries.

By the time David began consulting me, he had already surpassed boundary stretchings and entered the realm of actual boundary violations. If I were in his shoes, I can imagine sharing my caring, and certainly my worry (particularly during the psychogenic fugue states), like David did. However, I fear that the relaxing in my initial, more formal psychoanalytic stance may have contributed to some of the perversions in framing processes that occurred. In the case description, I discuss the degree to which David's management of the frame represents his emotional availability as opposed to the boundary violations. I also touch on the isomorphic features of the supervision, namely how my own professional evolution altered how I evaluated David's work.

My review of these four framing themes completed, I present David's five-and-a-half-year psychoanalytic treatment of Alice work in three phases: the initial two-year pre-injury period when the framing process unfolded in a typical fashion; the 18-month post-injury period marked by David beginning to lose his way; the subsequent, two-year period when the frame deteriorated, collapsed, and the psychoanalysis terminated.

I—THE PRE-INJURY PERIOD

I base my description of David's first, two-year period of his work with Alice on his retrospective narration of it. David's recollection of feeling "extremely attracted" to Alice, immediately after he met her, constitutes one of the more striking features of the first period. More than just an erotic attraction, David felt enchanted by her keen intellect. He became more intrigued as Alice described having enjoyed her married life, particularly its sexuality. David wondered how he might have been unconsciously drawn to her. He tracked how certain features of his personal life, particularly troubles in his own marriage, left him vulnerable to developing an erotic countertransference. An ambitious man, David had completed formal psychoanalytic training within four years. He was strongly devoted to work and productivity. He married young, and his wife and he had two sons. Both children were in their teenage years when David began working with Alice. He often felt fatigued and "flattened" during that first period, believing his work and family life "exhausted" him.

Alice had been referred by her prior psychoanalyst, with whom she had consulted twice a week for ten years. With his assistance, Alice completed a four-year state college, majoring in American history. She progressed into a doctoral program in the same field. Unable to find a tenure-track position in a university, Alice accepted a position as an acquisition editor for a small publishing company. She had just begun working there when she began consulting David. Her psychoanalyst referred her because he became terminally ill. Following Alice's lead, David focused initially on helping her work through her feelings regarding her previous psychoanalyst. David provided the same twice weekly, psychoanalytic psychotherapy sessions at \$150 each, like the prior psychoanalyst. Alice mourned the ending of the previous psychoanalytic work; she also pondered the status of her prior psychoanalyst. She worried she had overwhelmed him. Also, she felt angry. These complex emotional states lingered. The prior psychoanalyst died approximately one year into Alice's work with David. As the other psychoanalyst neared death, David recommended formal psychoanalysis, provided four weekly session times, and lowered his fee to \$100 per session. He felt no conscious resentment of the arrangement. Alice denied feeling guilty about it.

Several months after the prior analyst's death, Alice returned to discussing themes dominating the prior ten years of psychotherapy. She had been subjected to emotional and sexual abuse as a child. Her father, a physician, ignored his two daughters. Her mother overtly rejected Alice, favoring her younger sister. Alice's father's medical partner molested her when she was age six, and sexually assaulted her when she was 16. She coped with both traumata in silence, alone. Alice married when she was in her young 20s. Her husband abandoned the family after the birth of their only child, a daughter. An extremely intelligent man who, unlike Alice, attained a professorship, he felt Alice could not sufficiently attend to him after the birth of their daughter. They remained cordial after their relationship dissolved. He paid her fair levels of spousal and child support. Shortly after their divorce, he accepted a tenured faculty position in a European country. Alice subsequently reared her daughter on her own.

As the psychoanalysis progressed, David's initial attraction to Alice waned. He remembers becoming so deeply involved in her unconscious themes, and in their mutual work, that his erotic countertransference "moved into the background." He felt relieved. Again, he reflected on

his personal vulnerability to feeling attracted to Alice, and realized contributors other than mid-life and marital problems. David had endured significant childhood trauma himself. He felt rejected by an anxious and narcissistic mother. His devotion to his marriage, his involvement with his sons, and his ambition compensated for these narcissistic injuries. However, having endured two decades of marriage, David felt constrained by the relationship. He considered their routines “mundane”; he feared his career had “plateaued.” His sons preparing to leave for college created an emotional vacuum, increasing his personal vulnerability. While these personal life themes contributed to later difficulties in his managing the frame with Alice, he remained in good control of his countertransference during that initial period.

Through their work together, Alice learned how her childhood trauma created a propensity toward self-negation manifested by, for example, her excessively sacrificial behavior in relationships. She missed some obvious cues about her ex-husband’s limited interpersonal capabilities; she gave excessively to her daughter; she seemed attracted, in her post-marital dating life, to men who neglected her. In addition to exploring these current life themes, David brought Alice’s attention to how her self-negation manifested in the transference. For example, when Alice reported feeling sexually attracted to David, she expressed her belief that he could not possibly feel the same way towards her. She assumed he viewed her as inferior in some ways, i.e., unintelligent and “homely.” Subsequent interpretations included the possibility that Alice’s erotic transference might have developed, or intensified, to avoid dealing with the loss of the prior psychoanalytic relationship, the psychoanalyst himself, or other painful material.

Mirroring David’s psychoanalytic behavior, Alice showed sound behavioral control in that she verbalized, rather than enacted, her erotic transference. Her behavior suggested that, to use Balint’s (1979) terminology, she regressed to seeking recognition rather than “instinctual gratification” (pp. 186-187). She participated actively in the sessions, openly exploring themes from her past, present, and in the transference. As the many self-negating, masochistic motifs emerged, Alice associated to childhood memories. Sometimes she wept, mourning many painful experiences of loss, neglect, and abuse. At other times, she felt enraged. Also, and on occasion, Alice experienced episodic but intense anxiety states, re-experiencing the disintegration she felt during her early childhood.

David became equally engaged in the intense psychoanalytic process with Alice. Although he identified himself as working relationally, he often referred to middle school theorists, particularly Fairbairn (1952), whose work he admired. David particularly liked how Fairbairn (1952) compared the unconscious to dramatic themes unfolding in “a Black mass ... celebrated in the crypt” (p. 70) while another, parallel theme, manifested in consciousness. Fairbairn (1952) continues, “it becomes evident, then, that the psychotherapist is the true successor to the exorcist, and that he is concerned, not only with the ‘forgiveness of sins,’ but also with the ‘casting out of devils.’” (p. 70). In his work with Alice, David narrated how he and Alice had entered the crypt, uncovering hidden unconscious schemata. He described how certain phenomena, such as Alice’s assumption that he found her unintelligent and unattractive, represented her projection of the rejecting object component of a “dynamic structure” (Fairbairn 1952, p. 377). As he received and processed these projections, David served as “exorcist,” to use Fairbairn’s terms (1943), or as a “container” (p. 90), to use Bion’s (1962). David also explored how, consistent with psychoanalytic field theory (Baranger and Baranger 2009; Katz 2013), these projections affected both parties.

Toward the end of this initial period, David’s initial sexual/romantic fantasies about Alice transitioned into more parental ones. He imagined rearing Alice as his daughter. David felt an invitation to rescue, partially communicated unconsciously by Alice, and partially emerging from his own wish to help. He kept these images to himself, however, using them to inform his work. Meanwhile, Alice had made several positive changes: she re-entered the dating world, showing an improved capacity to evaluate romantic partners. She became firmer with her teenage daughter, ending a trend toward excessive, arguably enabling generosity towards her. She also owned her competency as an acquisition editor. Signs of a propensity toward “malignant regression” (Balint 1979, p. 186) remained absent.

COMMENTS ON THE FIRST PERIOD

In retrospect, David passed by several danger signs—the reduction in fee, the meaning of his initially intense attraction to her, its transition into a more maternal countertransference, and the effects of his own personal difficulties—with insufficient exploration within the analysis or

introspection on his part. He reported monitoring these trends. However, later developments call his self-evaluation into question. He probably could have better managed the conjoint devaluation of self in Alice, and over-valuation of self in him, e.g., the wish to rescue, as it emerged in their relationship. His description of the emergent sadomasochistic theme had a passive, matter-of-fact, feel to it. The power differential of which Celenza (2007, 2010) warns appears to have influenced this unconscious, interpersonal theme. Perhaps David could have interpreted these more intensely, at least lessening its intensity during this first period.

Existential features of David's life also served as an accelerant. Alice's intelligence, academic interests, and attitudes toward marriage and sexuality matched what he felt was missing from his personal life. Partially during this initial two-year period, and significantly during the time following Alice's injury, David's personal problems had an almost additive effect, diminishing his psychoanalytic capabilities and unsettling the psychoanalytic boundaries. Perhaps David's struggles with his marriage and his other mid-life difficulties betray a significant self-destructive streak.

However, both parties influence the psychoanalytic dance. Alice endured severe childhood trauma in the form of neglect, emotional abuse, and sexual abuse. She was unable to find work in academia, as she preferred, and her husband left her shortly after the birth of their child. The way she felt abandoned by the prior analyst, not to mention his illness and subsequent death, immensely affected her. Probably David's initial attraction to Alice blinded him to some of her vulnerability, specifically the borderline personality features which, as will soon become evident, feature significantly. Overall, and despite some serious vulnerabilities lurking in the background, the initial psychoanalytic psychotherapy, and subsequent psychoanalysis, appears to have, overtly at least, unfolded in a proper, well-bounded way. The fault lines in their work became much more apparent when Alice's condition abruptly worsened after she was attacked.

II—THE IMMEDIATE POST-INJURY PERIOD

After an annual office holiday party at a local hotel, Alice was attacked in an underground parking lot by men who robbed her and beat her,

causing injuries to her cervical spine severe enough to require surgery. The assault and its aftermath dominated the psychoanalysis for months. In addition to her physical and emotional wounds, Alice felt abandoned by her employer. Only a few of her colleagues visited or telephoned her. She obtained financial assistance from the State's Victims of Crime (VOC) program, which later helped to pay for the psychoanalysis.

Severe post-traumatic stress disorder (PTSD) symptoms emerged. Alice felt terrified. She suffered insomnia, nightmares, and intrusive recollections of the attack. She was hospitalized for treatment of a ruptured cervical disc. She remained acutely symptomatic after her discharge. Alice also developed psychogenic fugue states. While her daughter slept, she wandered around her neighborhood in an amnesic state. Worried that Alice could be raped, murdered, or otherwise harmed, David contemplated psychiatric hospitalization. Instead, he increased session frequency from four to five times a week. He also contacted the treating psycho-pharmacologist who added a major tranquilizer to Alice's medication regimen.

Alice nonetheless remained acutely distressed and unable to work. As her psychological symptoms persisted, and physical symptoms such as chronic neck pain lingered, her physicians considered her disabled on a long-term basis. This development elicited suicidal thoughts. Alice had means (medication) and plan (overdose). She lacked immediate intent. Were it not for her daughter, Alice's suicidal risk would have been severe. David successfully contained her distress, fragmentation, and suicidality. However, his countertransference intensified immediately after her injury. He felt "immersed in her pain." Between sessions, he worried about her. He, too, had trouble sleeping. He had more elaborate fantasies of helping her, specifically imagining Alice moving into a vacant room in his house. He thought of other ways he could intervene, e.g., lending her money or arranging for better medical care.

Mirroring his increased personal involvement, David's framing behaviors changed. He disclosed his concern for her. He described his feelings of powerlessness. He often extended session lengths, ending sessions 10 or 15 minutes beyond their usual stopping time. Sometimes he did so because of Alice's distress; other times he ran over because he felt unable to provide enough comfort by the time sessions ended. He called the orthopedic surgeon to ensure he understood Alice's mental fragility.

Supporting her intention to sue her employer for negligence, David referred her to attorneys. He also met with her daughter. In a phrase, David became personally overinvolved. What had been a challenging psychotherapeutic situation due to Alice's childhood trauma and his strong, initial erotic countertransference rapidly transcended into one dominated by his own experience of her pain, his intense feelings of powerlessness, and his wish to rescue her. Ego boundaries began to dissolve.

Toward the end of this second period, further stressors affected their work. Alice's financial status deteriorated. Her income plummeted from \$84,000 per year in salary to \$24,000 per year in disability benefits. She moved into a small one-bedroom apartment with her teenage daughter. The payment for the psychoanalysis was assumed by the VOC program, contributing to the context for the next and most dangerous part of David's professional behavior. VOC paid \$80 per session, and, surprisingly, authorized him to continue to provide her with five sessions per week. David accepted the fee reduction without any overt psychological reaction. However, the VOC featured a Kafkaesque bureaucracy requiring extensive documentation of sessions. The agency fell months behind in paying David. He kept this information from Alice. When she later learned of the situation, she reacted with strong emotion: she felt guilty regarding his not being compensated fairly; she felt ashamed at being a "low-fee patient." She specifically mentioned, for example, that David was earning essentially half-per-session compared to when she first consulted him.

Meanwhile, David believed he remained capable of meaningful psychoanalytic work. Concerned about his self-disclosures and how his emotional reaction echoed hers, he initiated consultations with me—a senior colleague of his—at the end of this second period. As Alice's acute reaction subsided, David helped her understand how the assault opened vulnerabilities discussed prior to the injury. For example, she wondered if she had provoked her assailants; she worried that walking to her car so late had invited the attack. Paradoxically, Alice also began to feel anger at the perpetrators and also at her employer. David helped Alice weave these emotional reactions into the tapestry of her self-understanding. They made connections between the objectification inherent

in the assault and the ways she had been objectified by her abusive father's partner and other men.

COMMENTS ON THE SECOND PERIOD

Numerous factors contributed to David feeling more overwhelmed during this phase: Alice had previously neither displayed psychogenic fugue states nor suicidality. She endured a serious assault followed by surgery, chronic pain, and disability. Also, Alice's propensities towards self-negation worsened. Particularly noteworthy are her fantasies that she bore some responsibility for the assault. David's resultant overwhelmed state—a common feature of working with trauma (Celenza 1998; Dobrescu 2012; Dodes 1990; Elisse 2015; Harris 2009; Kogan 2015; Poland 2000) contributed to his professional judgment slipping. Towards the end of this period, he reached out for weekly consultations with me—*itself* signifying his awareness of losing his way.

If some slippage in David's framing processes was evident in his first period of work with her, it became overtly problematic in this second phase. He felt more desperately called to rescue; he experienced even greater feelings of powerlessness. David showed signs of his losing his ability to maintain the asymmetry of the psychoanalytic relationship (Aron 1996). He committed boundary "stretchings" (Zachrisson 2013, p. 246) as well as crossings, e.g., discussing her condition with Alice's orthopedist and daughter. His self-disclosures became excessive, as did his identification with her, demonstrating how common countertransference themes were enacted rather than analyzed. His fragile self-image likely contributed to his improper professional behaviors. His relationship with Alice became dominated by romantic, rescuer themes. A complete destruction of the treatment process had not yet occurred, but David began to slide down the proverbial "slippery slope" (Gabbard 1995, p. 1126). His awareness of how his professional behaviors could be affecting Alice, or his own life, diminished.

Paralleling David's difficulties, Alice demonstrated significantly more severe psychopathology. Her behavior suggests the presence of borderline personality features, if not an overt personality disorder, underlying the PTSD. The psychogenic fugue states—a particularly acute form of dissociation—are particularly remarkable. David had little

reason to suspect such primitive mental functioning earlier in the treatment. She had enjoyed a ten-year, stable relationship with her prior psychotherapist; she had functioned well in prior academic and occupational settings. However, and characteristic of patients who encounter severe adult trauma layered upon early childhood injury, the attack elicited intense emotional pain and a correspondingly decline in adaptive coping behaviors.

While David seemed to entirely join Alice in her sense of victimization, the severity of her reaction offered additional information. Had she alienated coworkers in some way to prevent them from reaching out to her after the attack, suggesting broader deficits in social relating? In retrospect, David may have better served Alice by introducing more supportive, and less psychoanalytic, features to their work. Reducing the frequency of the sessions, rather than increasing them, may have better prepared Alice for subsequent events. Her financial situation had already become compromised. Perhaps David could have referred her to some form of social service, perhaps through the VOC? In many ways, she required as much the help of a more social-work-oriented treatment than a psychoanalyst. On the one hand, the increased session frequency, and the provision of the psychotropic medication, lessened the intensity and frequency of the fugue states and other PTSD symptoms. On the other hand, the guilt Alice felt at the fee reduction, and David's likely unconscious reaction to the fee reduction, created an underlying breach in the psychoanalysis. Such difficult psychoanalytic situations always seem clearer in retrospect. I too may have missed the fragility in the psychoanalytic relationship, wondering if an isomorphism—namely my caring for and wishing to rescue David—entered our supervisory relationship. David and I had just begun discussing these themes, particularly Alice's unconscious contributions to the problematic situation and his increasingly challenged sense of judgment, when matters got much worse.

PHASE III—THE FRAME COLLAPSES

The psychoanalytic frame deteriorated further when subsequent stressors affected Alice's life. Her daughter moved out, leaving her feeling abandoned by her. David felt "forced" to abruptly reduce the frequency

of the sessions. Administrators of the VOC program had monitored the psychoanalysis closely—a treatment-complicating invasion of privacy. David wrote monthly “psychotherapy reports” to VOC officials. They, in turn, noticed the improvement in Alice’s symptoms, and discontinued paying for the psychoanalysis. David formally protested, but the agency insisted on paying only for twice-weekly sessions. Alice could not afford any additional meetings.

Shortly after the reduction in session frequency, Alice regressed. The acute symptoms of the PTSD, including the fugue states, recurred. To compensate for the reduced contact, David extended the length of those bi-weekly sessions from 45 to 60 minutes—without extra compensation. He still had difficulties containing Alice’s exacerbated symptoms. She called in crisis between sessions; she again contemplated suicide although without any immediate intent. The psychotropic medication provided her with worrisome means, though. Worsening his already-problematic practice, he began extending these sessions beyond 60 minutes. Once again, David became over-identified with Alice and her pain, obsessively ruminating about her. He expressed more of his feelings of powerlessness, almost as if he sought *her* to comfort *him*.

Meanwhile, and on a pragmatic level, David experienced the VOC paperwork as burdensome. After several additional months, and in a fit of acute irritation at the VOC bureaucracy and its invasiveness, David suggested he provide Alice privately with two sessions per week at \$30 each. They discussed the potential change at length. Finally, Alice accepted the new arrangement with reluctance, knowing he was fiscally sacrificing. Her self-perception as an economically disadvantaged patient grew in intensity. Her sense of inadequacy increased. I specifically expressed concern at David abruptly reducing the fee, particularly since Alice had some resources in terms of her ex-husband’s support payments in addition to disability benefits. He listened, but told me I did not understand Alice’s situation as well as he did.

After the fee-reduction, David noticed himself feeling an even greater sense of powerlessness. For some months, he found himself feeling sleepy or drifting off into daydreams during sessions. These symptoms—likely manifestations of unconscious resentment—passed as David became more aware of his negative countertransference. However, he remained flooded with feelings of powerlessness and

emotional overwhelm. Soon, his unprofessional behaviors progressed into overt boundary violations. David told Alice he loved her. He shared details of his fantasies of taking her into his home. Striving to help with her worsening financial situation, he employed Alice to conduct literature research for a book he planned to write. He paid her \$30 an hour. The dual relationship bolstered Alice financially. However, because of her psychiatric disability, she had difficulty competently conducting, and reporting on, these literature reviews. David felt irritated at her requests for extensions of deadlines as well as at the disorganized nature of her work.

Meanwhile, two significant events occurred in David's life. He began experiencing headaches for which he consulted several physicians. He felt little reassured by a negative MRI of the brain. He consulted a neurologist who diagnosed migraine and prescribed medication. David also separated from his wife for the first time, renting an apartment. The small unit reminded him of Alice's. He too felt lonely, frightened, and abandoned. Coincidentally, Alice developed a seizure disorder, requiring an in-patient neurological evaluation, during this same period. The discharge orders included a prescription for an expensive anti-seizure medication. She went without it, regressing even further. At times, Alice became disoriented. Her already socially isolated, restricted lifestyle became more so. She became bedridden. The suicidal ideation became more prominent. She cancelled one or two of her twice-weekly appointments with David each week. They held some sessions by telephone.

Increasingly desperate to help her, and resisting my urgent recommendations to restore a proper frame, David decided to discontinue charging Alice for the treatment. He had achieved a level of financial stability, despite his newly separated status. He advised me he had the ability to provide pro-bono work; he felt an "ethical duty" to do so. He used the rationalization to counter my grave concerns about his psychoanalytic behaviors. David at least heeded my near-insistence that he obtain psychoanalytic psychotherapy for himself—specifically focusing on his countertransference.

Just as I began feeling nearly as powerless with David as he did with Alice, his acting-out with Alice reached a peak. A point came at which David feared Alice's suicide was imminent. During a phone session, he offered to give her \$400 in cash—specifically to pay for anti-seizure

medication—if she attended a session. Feeling dizzy and ill, Alice came in. Clearly conflicted, she reluctantly accepted the cash. She felt torn by loving and hateful feelings for him. David reported to me that he literally trembled as he handed her the money. He felt nauseated, disoriented. Handing over the money to Alice—a transaction reminiscent of an illicit drug deal—struck David like lightening. David realized he had exited his usual professional role, assuming instead the role of a frightened, omnipotent parent desperately attempting to rescue Alice; Alice had, in turn, unconsciously relinquished agency by becoming increasingly helpless. Unable to attend sessions, threatening suicide, and becoming functionally paralyzed, she too departed from a workable patient-of-psychoanalysis role. The perversion of the relationship became suddenly obvious to David. Of course, I felt greatly relieved by his realization.

In the weeks following the cash encounter, David's denial vanished. His near delusional, dissociated self-state gradually became integrated with his observing ego: he realized how far he had fallen off the tight-rope. He steadfastly worked to repair the framing process, and he held to this role despite Alice's intense reaction to it. He refrained from overtly reacting to her intense emotional states. Instead, he responded with focused empathy. He helped clarify her feelings. He interpreted the rescue-victim dynamic, and further explained the deeper, sadomasochistic contract. Further, David assumed full responsibility for his frame violations. He admitted his error in employing her and giving her the \$400. He apologized.

After providing several weeks of sessions at no cost to allow a transition, he resumed charging her \$30 per session on a twice-weekly basis. Next, David prepared her for monthly fee increases until she reached a rate manageable by her and equitable for him. He terminated their employer-employee relationship. Also, he refrained from any further self-disclosures of significance. He realized how his migraine headaches, and his separation from his wife, contributed to his loss of judgment. In brief, the abruptness of the assault on Alice had mixed, in an explosive way, with David's personal vulnerabilities. After his epiphany, he kept these realizations to himself, simply telling Alice, "I understand I let my own vulnerabilities interfere with our work." David worked through his own feelings of anger with his own psychoanalyst. He looked back on

the months of fee reductions, and on his employing Alice, with embarrassment. He believed he allowed himself to be exploited. Rather than act out against Alice, he channeled this negative affect into restoring the psychoanalytic frame.

Despite David's sensitivity to her, Alice's intense ambivalence at his generosity, evident when he handed her the \$400, turned to pure rage. She became furious when he stopped paying her to do literature searches for him. Whereas Alice previously had difficulty accessing the anger she felt at how she was abused as a child, at the other men who exploited her, at the men who attacked her, and at the publisher who abandoned her, her hostility emerged with fiery intensity. Many sessions consisted of Alice shouting at David, recounting the many ways he failed her. She raged at him for becoming the rescuer, for employing her, and for "firing" her. She accused David of lacking empathy for her situation: impoverished, alone, disabled.

At some points, Alice's ire gave way to sadness. She wept at the loss of experiencing David as more of a friend to her. Although she knew her work capacities had become impaired, she hated losing the collegial-like level of their relationship. By carefully listening to such concerns and displaying a more modulated warmth toward her, David helped Alice integrate these dissociated self-states. Alice's fury nonetheless overshadowed his efforts. Even though Alice admitted positive changes had occurred, she remained steadfast in her belief that her work with David had to end. Her attendance became sporadic; more sessions were held by telephone. Ultimately, Alice terminated the psychoanalytic psychotherapy.

COMMENTS ON THE THIRD PERIOD

Many traumatic changes in Alice's life, in David's, and in the psychoanalytic frame occurred during the final, tumultuous period of the analysis. In Alice's life, a combination of her daughter moving out, the stress of living alone, and her working for David increased her level of distress and instability. The employer-employee level of their relationship, despite her conscious appreciation of it, deprived her of the psychoanalytic one. Also, the VOC's abruptly reduced session frequency, requiring rapid adaptation by both parties. David also faced distinct extra-analytic

stressors, e.g. the headaches and the separation from his wife. These events adversely affected his professional judgment, causing further harm to Alice. Further, the complex bureaucracy of the VOC burdened David and also violated the sanctity of the consulting room. David's behaviors during this final period show a worsening in the unconscious, sadomasochistic themes. For example, David's spending time appealing the VOC's decision, providing services for reduced cost, and then for free, demonstrate his assuming a more prominent masochistic role. These changes suggest much more than a propensity to be more emotionally available to Alice. David certainly strived to be present, but his professional behaviors unequivocally violated the concept of the psychoanalytic frame. Also, his deep immersion in the unconscious enactment with Alice made him resistant to my frenetic efforts to intervene.

Overwhelmed by his own emotional reaction (aggravated by personal life concerns), David reacted paradoxically. Briefly, he became more distracted during sessions; he then resumed his over-involvement. He reported his fantasies about her; he reiterated his feelings of powerlessness; he even professed his love. Such self-disclosures, if properly timed and modulated (Glucksman 2010), might have proved helpful. They were not. They increased Alice's discomfort. They likely unconsciously triggered her affective (or actual) memories of her childhood sexual abuse. Her emotions vacillated between extremes. At times, she felt touched, even moved by David's level of involvement and care; at other times, she felt guilty; ultimately, she became enraged. Over time, Alice almost entirely assumed the sadistic role. Also, she had descended into such a disabled state that she became incapable of meaningfully participating in the psychoanalytic process.

David's professional behaviors also vacillated between extremes during this final period. On one level, he behaved masochistically by spending hours writing reports for the VOC, supervising Alice's work, and providing services for her at reduced cost and then no cost; on another level, David deprived her of more of his psychoanalytic presence by employing her, pulling away from her, and otherwise failing her. What had been a distinctly beneficial psychoanalytic process during the first phase devolved into a clearly counter-therapeutic one in the third and last one.

Ultimately, David fell so far from the proper boundaries of psychoanalytic relating that the frame of the psychoanalysis barely existed by the time he handed her \$400. He remained formally the psychoanalyst, and Alice, the patient, in terms of their social roles. But the number of conflicting contractual arrangements exceeds precise enumeration. They consisted, at least, of psychoanalyst-patient, employer-employee, friend-friend, and (reversing) abuser-abused. After the cash episode, with my assistance, and with the help provided by his own psychoanalyst, David realized how his feeling powerless, particularly when combined with his own personal problems, had triggered an overwhelming wish to rescue Alice. He learned a great deal about this unconscious theme and how, when combined with Alice's unconscious dynamics, his personal life stressors, and the intensive romantic attraction he initially felt to her, a perfect storm developed. He addressed his maladaptive coping mechanisms, i.e., fantasizing about taking Alice into his home, and confronted the self- and other-destructiveness of his behavior. His psychoanalyst and I helped David navigate back to a proper psychoanalytic frame.

In accordance with Sandler's (1976, 1993) observations, David observed most of his troubling professional behaviors only in retrospect. Sandler (1976) added to the transference-countertransference literature by suggesting that, rather than considering countertransference emerging entirely from within, psychoanalysts could more usefully view it "as a *compromise* between [their] own tendencies or propensities and the role-relationship which the patient is unconsciously seeking to establish" (p. 47, italics in the original). In other words, countertransference enactments such as David's towards Alice represented partially David's personality vulnerabilities and partially a perverse unconscious interpersonal contract. Sandler (1993) believes psychoanalysts respond to demands placed upon them to assume certain roles, a phenomenon he calls "role-responsiveness" (p. 1105). When remaining within reasonable limits, such play in the countertransference offers useful insights; when excessive, it creates problems like occurred in David's work with Alice. Interestingly, Sandler (1976) argues against psychoanalysts excessively accepting responsibility for inappropriate countertransference reactions, writing:

I should add that I do not find the terms “projection”, “externalization”, “projective identification” and “putting parts of oneself into the analyst” sufficient to explain and to understand the processes of dynamic interaction which occur in the transference and countertransference. It seems that a complicated system of unconscious cues, both given and received, is involved. [p. 47]

Indeed, the devolution in David and Alice’s psychoanalytic relationship represents precisely the complexities Sandler (1976, 1993) suggests. David knew, on some level, he had lost his balance even before the severity of it became self-evident in retrospect. And, a combination of their personal styles, his personal life stressors, and the pull of Alice’s unconscious created a disastrous combination. Further supporting Sandler’s (1976, 1993) ideas, David could not have anticipated that his handing over the \$400 cash payment would elicit a nearly instantaneous, abrupt change in his view of the psychoanalytic process. He awakened, as if from a trance.

The rigid, resistant configuration of Alice as sadist and David as masochist lasted for most of the last six months of the treatment. David steadily brought his presence to Alice. He listened to her detailed delinication of the ways he failed her. He absorbed her many comparisons between him and the other narcissistic figures in her life. He responded rather than reacted (Symington 1990; Wilkinson and Gabbard 1995). Despite David’s consistent, stable resumption of his professional role, and his demonstrating patience, humility, and care, Alice remained enraged until the bitter end. The last period arguably allowed some growth in terms of access to her anger. She revisited sadness at the many losses she sustained. But her anger— and the damage to the sanctuary of their psychoanalytic relationship—ultimately overshadowed David’s efforts.

CONCLUSION

In evaluating the clinical work or the mental status of psychoanalysts who lost their capacity to properly frame transformational relationships, I occasionally encounter psychoanalysts like David. Some years ago, I evaluated a female psychotherapist who—never previously identified as

a lesbian—engaged in sexual activities with a female patient. The clinician felt her patient “could not feel loved.” The therapist too had become estranged from her husband. Additionally, she suffered the loss of both of her parents in the two years prior to acting out with her patient. In another situation, a male psychoanalyst developed a neurological condition and separated from his wife, contributing to his acting out sexually with a female patient. In both cases, the clinicians were treating acutely traumatized patients. Most often, psychoanalysts like these become swept away by personal life factors adversely affecting their capacity to facilitate the unique professional relationship characteristic of psychoanalysis—in addition to managing the usual, magnetic-like pull of the countertransference and the unique stressors involved in treating victims of acute trauma.

As occurred with David, these clinicians’ reactions to trauma in their personal lives, their responses to patients, and their countertransference interacted in complex, dynamic ways, disrupting their capacity to maintain proper psychoanalytic framing behaviors. The resulting, tumultuous interpersonal themes exemplify the complicated intermixtures of psychoanalysts’ countertransference and other subjective responses to which Jacobs (1999) alludes. As they fell from the high wire, committing boundary crossings, stretchings, or violations, these psychoanalysts’ management of their psychoanalytic contracts deteriorated. Certain well-established themes encountered in work with severely traumatized patients—empathizing with patients’ pain, feeling powerless, needing to rescue, and witnessing ego boundaries dissolve—are well-established. However, these clinical phenomena, particularly when extreme or excessive, and particularly when involving troubled psychoanalysts, literally taint, infect, pollute psychoanalytic processes. The story of David’s work with Alice provides a painful illustration.

Sometimes, as occurred in their case, the psychoanalytic process is completely eclipsed by non-professional levels. Early on, and despite some warning signs evident in retrospect, David seemed in good control of the analysis. After Alice sustained the acute trauma (layered atop severe childhood trauma), he made a series of choices that contributed to the destruction of the psychoanalysis. Interestingly, many of his personal vulnerabilities, i.e., his boredom in his marriage and his feeling “exhausted,” were present during the first, two-year phase. Some other

warning signs also existed then. For example, the degree of his immediate physical attraction to Alice was significant. Perhaps, in retrospect, David missed several worrisome signs. He failed to sufficiently attend to his own personal difficulties. But nothing during that first phase pushed him to lose his judgment to the degree occurring at the end of the second phase.

That second period validates the themes the recent psychoanalytic literature reveals regarding typical problems encountered in work with acutely traumatized patients. David's personal difficulties, considered by many scholars (Celenza 1998, 2000a,b; Dobrescu 2012; Elisse 2015; Kogan 2015) as predictors of countertransference problems, had worsened. He felt powerlessness—commonly experienced in working with acutely traumatized patients (Celenza 1998, 2007; Dodes 1990; Harris 2009). At one point, David's need to distance himself from his painful emotional reactions left him fatigued and caused him to retreat into daydreaming. The common propensity to rescue noted by, Carsky and Yeomans (2012), Gabbard (1997), and others, took strong hold of him. David's efforts at helping Alice rose to such perverse levels as his employing her, treating her for free, and giving her cash. David found himself on the psychoanalytic tightrope with the balancing pole dipping perilously onto the side of his personal feeling towards Alice. Ultimately, he fell completely from the high wire.

I have seen such sudden, disastrous falls in many psychotherapists and psychoanalysts whose work I have become familiar—such as in the case of the psychotherapist and the psychoanalyst who both engaged in sexual misconduct with patients. Rather dramatic in this case, David essentially woke up from his hypnoid state when he gave Alice the cash. She seems to have felt as horrified by his bribery-like behavior, and by his depleting more of his emotional and financial resources, as he did. By the time he climbed back onto the tightrope wire, it was too late. If David deserved punishment for his boundary violations, he received it. His guilt likely facilitated his tolerance for the seething, intense fury erupting from Alice for the rest of the analysis. In any event, and as the ending of the story illustrates, David's efforts to regain control came too late. Positive transference, hope, and many other factors provide a certain plasticity in psychoanalytic relationships, allowing them to endure

vacillations in idealization and devaluation. But they all have a breaking point.

McLaughlin (1993) describes how even seasoned psychoanalysts, comfortable with their personal and professional styles, remain

liable to new twists and bendings under the impact of our work. No two of us respond alike to this forging. Years of showing and being shown, of working and searching with my fellows to see what it is that we do, have allowed me to watch them and me changing and settling, evolving and congealing, coming upon mixes of our own unique blending as our years have gone on. [p. 366]

The story of David's psychoanalytic work with Alice validates that, despite his status as well-trained and experienced clinician, the twists, bending, and meanderings of his own life, particularly when engaged with Alice's, created a situation in which he essentially lost control of his work. In a hopeful fashion, Chused and Raphling (1992) consider psychoanalytic errors as inevitable in clinical work as they are in real life. They suggest psychoanalysts explore rather than deny them. Along the same lines, Jacobs (2002) believes much of psychoanalysis consists of the working through of "impasses and stalemates that result from the development of those hard spots and dumb spots in the analyst linked to the stirrings of familiar ghosts" (p. 615). Spirits awakening make trouble, he notes, an almost prescient validation of what occurred in David's psychoanalytic relationship with Alice. The errors David made seem clear. As he strived to repair them, he explored such familiar ghosts of Alice's as him displaying the same objectification her earlier abusers had, his enabling her disability, and his paradoxically attempting to rescue her from it.

As I presented and discussed this clinical tale, I left many motifs either briefly examined or entirely ignored. Beginning with the psychoanalytic relationship itself, I lacked the space for more detailed explorations of the many changes that occurred over the five and a half years of the analysis. These include greater discussion of the impact of changes in fee, in session frequency, in changes of status from payment made by a public agency back to Alice as well as the VOC's invasiveness, the impact of the surgery on her cervical spine, the ensuing chronic pain

and disability, the development of the seizure condition (causing reduced attendance, telephone sessions, and erratic session frequency), and the involvement of the psycho-pharmacologist and other medical providers. The fact that a terminally ill psychoanalyst referred Alice to David deserves in-depth study by itself, as would the significant impact of the psychoanalysts' death. Also, I could not provide greater details of how David's struggles with his marriage, his stage of life, and his own medical condition affected the process. Nor, as I mentioned initially, did I have time to explore the specifics of my supervision of David.

Certainly, concepts such as unconscious sadomasochistic contracts, power differentials, striving to maintain the asymmetry of the psychoanalytic contract, and responding rather than reacting are helpful, even crucial, in understanding work with acutely traumatized patients. However, and ironically because psychoanalysis involves the "analyst's irreducible subjectivity" (Renik 1993, p. 562), as well as the patient's, it will always defy reduction to these and other psychoanalytic concepts. Psychoanalysis resembles performance art (Karbelnig 2014). If psychoanalysts lean too much on the technical side of the balancing pole, they objectify their patients; if they bend too far towards their personal feelings, they risk compromising the psychoanalytic processes they facilitate.

Regardless of their theoretical orientation, psychoanalysts have nothing but their fragile relationships with other human persons with which to work. Nahum (2005) refers to a "sloppiness" that "arises from the intrinsic indeterminacy of the co-creative process between two minds" (p. 693). But can human interactions be anything but sloppy? Do psychoanalysts believe they will find ways to scientifically manipulate every feature of human interaction? Of course not. Human subjectivity fits poorly into empiricist boxes. Clinicians are simply human beings working in a specific social role. Poland (2011) describes how clinical work "demands appreciation of the singularity, the particularity, the distinctiveness of each person" (p. 355-356). Psychoanalysts are anything but free from encountering the erratic, even volatile course of a human life, of a distinct personhood, not to mention the specific stressors to which they themselves are exposed when working with their arguably more vulnerable patients.

What can readers take away from this terribly painful example? Agreeing with Celenza (2007), psychoanalysts ideally begin their work

“with an awareness of the full extent of the seductive power inherent in the psychoanalytic role and its multiple constituents” (p. 299). Further, her ideas on the vicissitudes of empowerment and disempowerment, the paradox of depletion and stimulation, and the universal wish to be loved felt by both parties to psychoanalysis represent sound clinical wisdom. These common clinical phenomena become more pronounced in working with acutely traumatized patients, and still more so if practitioners face serious difficulties in their personal lives. Gabbard (1994, 1995, 1996, 1997), Celenza (1991, 1998, 2007, 2010a,b) and others recommend introspection with vigilance for vulnerabilities. It behooves psychoanalysts to ensure they attend as sufficiently to their own needs for exercise, recreation, love, play, etc., as they do to their patients’ needs.

These scholars have also suggested improved training of psychoanalysts, particularly in working with difficult populations. Training should emphasize examination of the psychoanalysts’ unresolved conflicts and unmet deficits, of their capacity for coping with challenges to their professional relationships’ asymmetry, and of their tolerance for transference reactions like rage and hate. In a similar vein, McLaughlin (1991) recommends self-reflection to assess psychoanalysts’ contributions and to “foster a more comfortable stance towards ... lapses and their transference roots” (p. 613). At least in the final phase of his work with Alice, David was highly motivated to reflect on his own contributions, felt less ashamed of his errors, and strived intensely to correct them.

In addition to these self-monitoring, self-caring, self-reflection, and training suggestions, I add another: humility. Psychoanalysts are anything but immune from feeling influenced if not outright pressured to respond to primitive needs, inviting temptations, and other highly emotionally charged conscious or unconscious demands from patients. Added to the dynamic flaws in their own personalities or the vicissitudes in their life situations, these factors sometimes dangerously combine. Some readers may judge David harshly for losing sight of the power of the combination just noted or ignoring the seriously self-destructive component of his behavior; others may consider Alice as unsuitable for psychoanalysis, as too dominated by borderline personality features to tolerate such a regression-inducing treatment. David needed help—much earlier than he received it. Inevitably, parents will mistreat children, husbands their wives, governments their constituents, and

psychoanalysts their patients. As this clinical story validated, even well meaning, well trained, and experienced psychoanalysts—even when consulting supervisors and psychoanalysts—can fall from the high wire. A humbling thought indeed, but as long as they breathe and have a pulse, psychoanalysts risk losing their footing. We would be well served by acknowledging our vulnerabilities with modesty while we monitor ourselves and continue to train in a method forever eluding mastery.

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Sliding Walls and Glimpses Of The Other In Puccini'S *Madama Butterfly*

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Age Group	Number of People
18-24	10
25-34	20
35-44	15
45-54	25

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SLIDING WALLS AND GLIMPSES OF THE OTHER IN PUCCINI'S *MADAMA BUTTERFLY*

BY STEVEN H. GOLDBERG

Walls, and the complicated ways in which they open and close, are built-up and taken down, and are employed flexibly or rigidly, constitute a central psychological metaphor in Puccini's 1904 opera, Madama Butterfly. The opera explores grievous and eventually tragic misunderstandings based on barriers of culture, gender, and social status, as well as internal defenses, splits, and dissociations. The clash of cultures between the United States and Japan, conveyed in both the drama and the music of this opera, explores the inevitability of mutual misunderstanding. Music, in its intrinsically embodied nature, bridges defensive disconnections between mind and body that limit contact with self and other.

Keywords: Boundaries, defenses, opera, music, stereotype, *Madama Butterfly*, Puccini.

Pinkerton: "... and the walls ... "

Goro: "They come and go at will, as the mood takes you ... "

Puccini, Madama Butterfly, Act 1 [Libretto, p. 47]

Japan's borders were opened by force to the West in 1853, and Puccini's *Madama Butterfly* (1904) is in part a result of European interest in all things Japanese. In the opening lines of this opera, the sliding walls of traditional Japanese design, which have sustained Japanese life for many centuries, are viewed by the westerner as "fragile as a puff of wind"

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(Libretto, p. 49). Walls, and the complicated ways in which they open and close, are built up and taken down, and are employed flexibly or rigidly, constitute a central psychological metaphor in this opera, referring to barriers between cultures, genders, and social classes. Walls as explored in this opera also refer to internal barriers of defensive repressions, splits, projections, and dissociations, as well as areas of psychic blindness that result from what is not yet, or what is only weakly, represented in the mind.

From another vantage point, walls constitute healthy and necessary boundaries that allow for the development and maintenance of a cohesive sense of self. And it is the sliding open of walls, tenuous as that often is, that affords a glimpse of an other, and provides testimony to the connectivity and porousness potentially present in all human relationships. Music itself—and nowhere more than in opera, with its synergy of libretto and music—often serves this latter function of connectivity in that its essentially embodied nature and privileged access to emotional life allows us more fully “to feel” our way into contact with self and other. “... Because the forms of human feeling are much more congruent with musical forms than with the forms of language, music can *reveal* the nature of feelings with a detail and truth that language cannot approach” (Langer 1996, *italics in original*). In its capacity to reveal and explore emotional life, music serves to bridge defensive disconnections between mind and body, idea and feeling. This bridging function exerts an impact on the audience experiencing this opera; though the events depicted occurred over a century ago, the psychological/emotional issues involving barriers to understanding of self and other may be seen as a mirror in which we see our own ongoing struggles with these basic human dilemmas.¹

RECOGNIZING THE SUBJECTIVITY OF THE OTHER

As the opera begins, Pinkerton, a handsome, testosterone driven young naval officer, self-confident to the point of being intoxicated with him-

¹ Though many implications for the psychoanalytic situation, not to mention contemporary political issues, will undoubtedly occur to the reader, I have chosen in this contribution to leave most of these connections to the experience and imagination of the reader.

self and the virtues of his culture, is posted to Nagasaki.² Japan has recently opened its walls to visitors from the West, and the West is fascinated by Japan's exotic art, clothing, and women. The young man rents a house, whose walls, in the Japanese style, are easily movable, so that the rooms and open spaces can be re-configured at will. Along with the house comes a beautiful fifteen-year-old geisha, Cio-Cio-San, better known as Butterfly, with whom he becomes increasingly enamored. He admits that he doesn't know the proportions of love or lust that fuel his romantic desire, but he is not too concerned about this, nor does he fret about the opening and closing of walls, both internal and external, because he knows that their marriage is not for real, and that soon enough he will have a "real" marriage to a suitable American woman.

The young Japanese woman is from an impoverished though honorable samurai background; her father was ordered to commit ritual suicide by the emperor, and her mother ekes out a life as best she can. For this young woman, this is the man with whom she will spend the rest of her life. She converts to his religion and embarks upon learning about his culture; her family disowns her for doing so. As the marriage ceremony is about to begin, we hear in the orchestra the death/suicide theme that will resound with devastating effect at the conclusion of the opera. The germ of this tragic tale of insensitivity and misunderstanding is foretold in its opening minutes.

Stepping back from the specifics of misrecognition between American naval officer and Japanese geisha, and viewing the opera from a more broadly psychological perspective, we might ask a number of questions. How well can we know another person or the other in ourselves? How much do we want to know about ourselves and others, especially when such knowing disrupts precious illusions and undermines firmly held projections? Is our understanding of self and other like the walls of the Japanese house that we consciously and unconsciously open and close as we wish, alternately promoting and foreclosing psychological growth? Finally, which questions can we not even register as questions, because they have not yet achieved sufficient representation in our minds? While on the one hand there is much that we don't want to know, there is at the

² A synopsis of the opera is attached as an appendix for readers insufficiently familiar with the story.

same time a fear of not knowing, which leads to oversimplified and misleading solutions, often in the nature of projections and stereotypes. These are questions that are at the emotional heart of this opera, a tragedy in which there are no full-fledged villains, and which holds up a mirror to our own capacities for misunderstanding, abuse of power, and self-serving constructions (and constrictions) of ourselves and others.

Madama Butterfly explores grievous and eventually tragic misunderstandings based upon barriers of culture, gender, wealth, and social status. The clash of cultures between the United States and Japan conveyed in both the drama and the music brings into bold relief the unavoidable differences between people and the inevitability of misunderstanding. The cruel misunderstanding and mistreatment suffered by Butterfly from within her own family and culture deepen the universality of these themes. To consistently experience the subjectivity, the individuality of the other person is one of the most difficult of psychological attainments, even under the best of circumstances. And yet, as the literary critic Lionel Trilling famously wrote, "The essence of moral life is making a willing suspension of disbelief in the selfhood of someone else" (quoted in Shengold 1995, p. 61). In this formulation, disbelief in the selfhood of the other is the default position, and psychological work and emotional growth are required to suspend it. Often it requires the presence of another mind to offer a third perspective. The extreme failure of suspending such disbelief is captured in Erik Erikson's notion of "pseudospeciation," in which the fundamental humanity of the other is radically denied and denigrated. At our best, in our relations with others, we are like Sharpless, the seasoned American consul in Nagasaki, at least raising questions about how the other person experiences the world, and relating with a certain empathy and concern for the hurt our misunderstanding might cause. At our worst, we are like Pinkerton, or in certain ways like Butterfly, either not wishing to ask, or not able to raise the questions that would matter, because they are potentially too disruptive and painful.

PINKERTON

For Pinkerton, Butterfly is all too much a product of his own fantasies and imagination, not yet a fully conceived other. She is a beautiful and alluring woman in a Japanese painting, who flutters out of the painting

and into his life, only to be possessed and enjoyed by him in the present moment. The walls that foreclose Pinkerton's understanding of the other are shut tight. For Butterfly, Pinkerton is a dream come true, a powerful and wealthy young man who can rescue her from the poverty of her childhood and the humiliations of her work. He is to be her new family, a combined father-mother-husband. Her internal barriers to understanding cloud a realistic view of her situation, while at the same time her boundaries are insufficiently stable, rendering her vulnerable to exploitation and loss of a stable sense of self.

Each character sees the reality that he/she wishes to see, and is capable of seeing, even when confronted with the wisdom of the fatherly and in many ways psychoanalyst-like Sharpless. There is an asymmetry here in that Pinkerton is involved in deliberate deception regarding his motives, while Butterfly's intentions are transparent and without artifice. And yet each is lost in his/her own subjectivity, unaware of and misunderstanding the subjectivity of the other.

Pinkerton is recognizable—both in his words and perhaps even more so in his music—as a self-confident but not entirely unlikable, somewhat immature and oblivious young man. Though not at all reflective or self-aware, he has a romantic side, as he is truly “taken” by Butterfly, whom he weaves into his fantasies of love and erotic pleasure. He is not so oblivious, however, as to be unaware, on some level, that he is exploiting her. “He does what he pleases wherever he goes” (Pinkerton, *Libretto*, p. 61). A collector of women, he is drawn to Butterfly's mystery and difference, and wants to possess it and her. Her cultural and physical difference from the women of his culture is part of her allure; such difference renders her especially suitable for stereotyping and projections of erotic fantasy. The implicit power differential fuels his sexually charged fantasies as well.

What eventually renders Pinkerton a more interesting and three-dimensional character is some opening-up of insight and psychological transformation at the end of the opera. This is manifest in his genuine guilt, remorse, and increased self-understanding, reflected both in the text and in the emotional tone of the music, which takes on an unmistakably more weighty and tormented quality. Unlike the brash and extroverted quality of his music earlier in the opera, much of his music in the final act is in a minor mode, with a plaintive quality that at times

seems to border on weeping. For example, in his final aria, he sings, "Addio fiorito asil/Farewell flowery refuge" (Libretto, p. 221). The final vocal notes of the opera are Pinkerton sobbing "Butterfly! Butterfly! Butterfly!" (Libretto, p. 235). These qualities of both music and text depict him as less emotionally walled-off both from himself and from Butterfly. He is tormented by his past behavior, and recognizes that its consequences will be permanent. "Yes, all at once I see my mistake, and I feel that I shall never be free from this torment Farewell, flowery refuge of joy and of love! I shall be tortured for ever by the sight of her sweet face" (Libretto, pp. 220-221). The wrenchingly sad resonance of Pinkerton's music in these final moments lends weight to the genuineness of his contrition and self-awareness of the damage he has wrought.

No sliding of walls can hide the damage or the inter-generational suffering set in motion by Pinkerton's actions. Though his comprehension of Butterfly remains limited, he now shows some understanding of what Sharpless had told him at the outset, that the marriage meant something entirely different to Butterfly than it did to him. "And if you think the marriage contract and her trust are only a mockery, think what you're doing. She trusts you" (Libretto, pp. 105-107). A tragic "confusion of tongues" (Ferenczi 1933) has occurred, in which Pinkerton and Butterfly have spoken vastly different languages of love and commitment. Pinkerton has crushed Butterfly's wings, and he will never be quite the same for knowing this.

A further sense of loss for Pinkerton is an intimation, at least in some productions, that the intense pleasure and excitement he experienced in his youthful affair with Butterfly is something he will never again experience in his marriage to Kate, his new American wife. From this point of view, whatever happiness he experiences in his marriage to this seemingly loving and sensitive woman will be tinged with his loss of innocence and the unhappiness connected to Butterfly's betrayal and suicide. His son will be a reminder both of what he has gained and what he has lost.

On the other hand, there is much that has not changed for Pinkerton. It is only when he learns that they have a child that he decides to see Butterfly again. There is a terrible callousness in his willingness to take their child from her, even if he is convinced that it is best for the child. (Interestingly, the fatherly Sharpless and the maternal Kate collude with him in this. While their internal walls seem more

flexible, even they go only so far in their suspension of disbelief in Butterfly's full status as a mother and as a person.) And even at the end, Pinkerton does not see clearly enough what seems inevitable- that his abandonment of Butterfly and his taking their child would not only clip her wings but would leave her without honor and reason to live.

BUTTERFLY

Early in the opera, Butterfly is characterized both as sweetly innocent and vulnerable, and as mysterious and exotic. All of these qualities are conveyed musically in her use of both real and invented Japanese folk melodies, which rely on pentatonic and modal harmonies that sound exotic to western ears. Although immensely likable and deserving of our sympathy, she is childlike (and only fifteen years old!) and naïve in many respects, and seems an easy target for exploitation. Like Pinkerton, she has a way of avoiding certain realities, swayed as she is by her immense longing and the power of her wishes, dreams, and fantasies.

There is a merger-like quality to Butterfly's love, as she seeks to re-find the parents she has lost and to repair the trauma she has suffered. She wishes for a relationship without walls, essentially without boundaries or separation, a quality captured in Balint's concept of "primary love" (Balint 1960, 1979). She idealizes and makes efforts to adopt Pinkerton's culture, but she has no real understanding of it below the surface. Those walls are not easily shifted, constituted as they are by the almost sacred nature of the transitional space of the culture into which we are born (Winnicott 1967). For several years, Butterfly is unable to face the reality of her loss, as she holds to a tenacious but fragile wait for her husband to return; "fragile" because there are a few brief and terrifying moments when reality threatens to break through her defensive barriers. She experiences herself as powerless and abandoned, and it is only the quasi-delusional belief that Pinkerton will return that sustains her. Butterfly, like Pinkerton, cannot tolerate anyone doubting the truth of her convictions, and she determinedly silences anyone who would try.

If Butterfly's difficulty in facing reality is reinforced by the ways in which her culture has limited and derogated her, Pinkerton's difficulty with reality is enhanced by the ways in which his culture has elevated and aggrandized him. Neither deserves the treatment he/she has

received (Harasemovich 2017). Each is both defined and in some sense imprisoned by the culture that they inhabit and which inhabits them.

For Butterfly, without acceptance of the reality of her loss, there is little possibility of mourning or psychological change, though she does seem to develop a certain depth through suffering, as well as fortitude in her motherly devotion to her son and her steely conviction that Pinkerton will return. It is only in the very last moments of the opera that Butterfly can no longer avoid what is real and imminent. It is the jolt of encountering Kate that leads to a deeper understanding of her situation. These are moments of genuine psychological insight and growth, involving shifting of her internal boundaries, in which she finally opens her eyes to what she could not allow herself to see earlier. She then acts with resolve and dignity, simultaneously expressing her deep love for her son and her wish for him to have a better life, her recognition that her own life is over, and both her love and her hate for Pinkerton. Her farewell to her son is one of the most heart-wrenching moments in music theatre, embodying the primal intensity of a mother's love for her child. And perhaps in fantasy she is also saying good-bye to her own infantile self, which now has no way of surviving in her own body and culture, but can live-on vicariously in the beloved son who carries a part of her.

As was the case with Pinkerton, the deepening of Butterfly's character is reflected in her music, which now has a greater dimensionality, emotional range, and conviction, moving among confusion, despair, fury, tenderness, and resignation, to name only a few of the many affective shadings conveyed in her singing. (In her second act aria "Un bel dia vedremo," (Libretto, p. 155) the shifting nuances of emotional experience are almost too numerous to count). This is no longer the music of a vulnerable fifteen-year-old. An abandoned wife and mother, she now accepts what is, and resolves to take her fate into her own hands. Her suicide is her last remaining remnant of power, honor, and self-determination, reflecting the development of needed internal walls that demarcate a sense of self and feeling of agency. Her turning her sword against herself embodies a phallic quality that belies her submissiveness earlier in the opera and challenges the boundaries of fixed gender stereotypes.

Why does Butterfly give up her son without more of a fight? Here, one hundred plus years after this story takes place and in an entirely

different cultural milieu, we strain our own capacities for empathy in our attempts to understand. Perhaps we can't really understand—those walls let in too little light. Perhaps that is reflected in the way in which the opera ends on an unresolved chord—that is, a chord that leaves the music, and us, hanging. Is it something like the emperor's order to her father to kill himself, an authority which must be obeyed within the hierarchical and cultural rules of that society?: "So be it. I have to obey him" (Libretto, p. 229). As a woman of that time and place, does she feel that she has any rights at all? Does her new identity as an "American" wife obligate her to insure that her son will become a proper American boy? Or at a deeper psychological level, is it an act of maternal devotion and sense of agency, agreeing (perhaps without sufficient questioning) that she has little to offer her son, while Pinkerton and Kate offer the prospect of a better life? She wants her son to remember her as a proud wife and mother, and not as a dishonored and humiliated woman singing and dancing for her supper. Perhaps submitting to Pinkerton's will is less malignant and less dishonoring than submitting to the harsh fate of her own culture and its treatment of a husbandless mother and young boy, without financial resources and disowned by her own family.

SHARPLESS

Sharpless is the third major character in this opera, representing a voice of maturity and compassion. His particular interest in the drama is that, unlike the other characters (except to some extent Suzuki, Butterfly's beloved maid) he is reflective enough to ask the difficult questions that others would not, and could not, raise. In the questions and quasi-interpretations with which he challenges Pinkerton, and in his resigned acceptance that he can only partially penetrate Pinkerton's walls, he displays a psychoanalyst-like manner. He also conveys a quasi-analytic attitude in his agonizing attempts to confront Butterfly with truths that she is unready to face.

But his walls, too, place limits on the questions he is willing to ask, the assumptions that he is willing to jeopardize or displace. Wise and experienced as he is, he retains a certain attitude of unexamined cultural hegemony, especially in accepting uncritically the idea that the boy should return to America. Partly this is a function of defensive repression and internal splitting operations that keep at bay the problems to

which he might otherwise have access. And partly it is a matter of what Steiner (1985, p. 161) has termed “turning a blind eye,” in which reality is partly or potentially known, but turned away from and ignored.

But perhaps because of his very thoughtfulness, Sharpless displays even more clearly than Pinkerton or Butterfly yet another kind of barrier in which potential questions are not yet represented, and so are unavailable for conscious reflection for reasons other than those involving internal defensive moves. These not yet represented thoughts/feelings have not yet been submitted to mental processes that would render them suitable for thinking, dreaming, and other forms of psychological work (Ogden 2012). In this state of mind, Sharpless is reminiscent of the fish in the celebrated David Foster Wallace (2005) speech who, when asked how is the water, responds, “What the hell is water?” Empathy requires awareness, both of what one does and doesn’t know. “Empathy means acknowledging a horizon of context that extends perpetually beyond what you can see...” (Jamison 2014, p. 5). Such dilemmas characterize every human relationship, not least the analyst’s struggle with each patient. For patient and analyst alike, lifelong character defenses and turning a blind eye obscure what we might otherwise know, while entrenched cultural attitudes make it difficult to notice the very water in which we psychologically swim.

Sharpless takes a fatherly interest in Butterfly; he is the only one who tries to protect her in a non self-interested way. Does he have an erotic interest in Butterfly? He does seem taken by her beauty and her vulnerable and sweetly innocent manner, but he seems respectful of the generational and cultural boundaries (another constructive sense in which walls function), and by what he recognizes as her continued devotion to Pinkerton. He may be somewhat overwhelmed by the intensity of her suffering, and while he wants to help, he may have reinforced his internal walls of self-protection that keep him at a certain distance: “This is unbearable” (Libretto, p. 211). In his evident anger at Pinkerton for the harm Pinkerton has done to Butterfly (three times in the final act he says to Pinkerton, “Didn’t I tell you”), it seems likely that he is deflecting a current of self-blame-justified or not- for not having done more to protect her. Whatever range of feelings he has seems both sublimated and responsible. And yet he, along with Pinkerton and Butterfly, is likely to be changed permanently by his immersion in the tragic unfolding of events.

WALLS THAT DIVIDE AND WALLS THAT CONNECT

The configuration of walls both divides and connects—in architecture, in interpersonal relationships, and in internal relations with oneself. Having emphasized some of the barriers which separate and lead to misrecognition and misunderstanding, I want now to underscore a theme of connectivity—a porousness and opening of walls—that I believe also pervades this opera, and which is in dynamic tension, both in text and in music, with the barriers that divide. The marriage, betrayal, and eventual suicide at the center of this opera radiate outward with a centrifugal force that deeply affects the lives of each character going forward. Even events in the more remote past have this effect: in a chilling repetition, the emperor's order that Butterfly's father commit ritual suicide affects her life in powerful ways, playing a potent role in her own suicide. For how many generations will these events continue to live on in the conscious and even more so in the unconscious minds of those that follow? This notion of connectivity is reminiscent of another “butterfly” story, this time from the annals of chaos theory: a butterfly flaps its wings in the east and a hurricane is stirred in the west. While there is much to divide the characters from each other's emotional lives, there is also a powerful interpenetration that connects the characters far beyond their conscious awareness.

Musically, the theme of walls that do or do not move, that both divide and connect, is explored in this opera in relation to the shifting boundaries that are represented in the musical rendering of time. *Madama Butterfly* has a particularly complicated relation to time, in which chronological time and psychological time are constantly juxtaposed and played with. Puccini exploits the unparalleled ability of music to represent linear as well as recursive time, and to layer simultaneously past, present, and future. In subtle but compelling ways, early musical events prefigure later ones, while later developments repeat, reflect upon, and transform the past, lending a particular richness and texture to the present. This attenuation of boundaries is true to one's lived experience of psychological time and renders particularly noticeable its non-linear and at times uncanny aspects.

The boundaries between present, past, and future are both maintained and dissolved in Puccini's use of leitmotives, or recurring musical phrases identified with a psychological experience or material event, to convey aspects of the inner worlds of his characters. This technique, derived from Wagner, allows Puccini to capture at once both the movement and evolution in time of their inner lives in the continuous musical transformations of the motivic material, as well as the recursive nature of character and the force of one's personal and familial history reflected in the musical continuities and repetitions (Goldberg 2011). Like narrative motives that appear and re-appear in clinical psychoanalysis, Puccini's musical leitmotives "take time to disclose their full potential" (Budden 2002, p. 272), and adopt different colorations depending upon context, vicissitudes of interpersonal relationship, and degree of access to previously unconscious or unrepresented material.³

Further musical examples of the shifting of time boundaries abound in this opera. In the Act 1 love duet, time both expands and contracts as boundaries involving person (sharing the same melodic phrases, at times singing in perfect unison), and time (the boundlessness of romantic bliss, the telescoping of Butterfly's development from childlike beauty to sexual bride) seems to dissolve. And even in the midst of this sensual and transporting duet, Puccini has a way of insinuating a passage of darker and more disturbing music that anticipates future suffering. This appears in a disturbing moment when Butterfly confronts Pinkerton with "They say that in other countries if a butterfly is caught by a man, she is transfixed with a pin and fastened to a board" (Libretto, p. 141). Here, in both text and music, Butterfly is foreshadowing the determined steeliness and separateness that characterize her final moments before suicide. Similarly, for Pinkerton, a poignant moment of foreshadowing of his later contrition occurs in Act 1, when he attempts, in a moment of unexpected verbal and musical tenderness, to console Butterfly after her renunciation by her family: "My child, do not weep because of the croaking of these frogs" (Libretto, p. 129). Events

³ Budden provides a cogent example: "The second fragment of 'The Lion of Echigo' [Japanese folk tune] first appears as mere descriptive *japonnerie*. Only when harmonized unequivocally in a minor key does it convey Butterfly's regret at life's tempests and the consul's despair at her credulity" (2002, p. 272, italics in original).

disconnected from each other in chronological time take-on meaningful interconnections and layerings in such musical rendering of non-linear time.

In the overnight vigil scene in Act 2, one has a sense in the music of time slowing down almost to a standstill, with Butterfly waiting, longing, and hoping. Musical themes from the Act 1 love duet come and go, as Butterfly recalls the past, and in some sense re-lives the past and longs for the future in the present of her waking dream. And in her suicide, which echoes her father's suicide many years before, there is a sense of time as recursive and non-linear. Music from the same love duet also returns for Pinkerton in the closing moments of the opera, but now with a darker and more somber cast. Musical transformation of the earlier material reflects, both for Pinkerton and Butterfly, a new and more integrated understanding of what occurred between them, an instance of musical *après coup*.

Themes of connectivity and the tension between what connects and what divides are also conveyed musically in the use of pentatonic scales and melodies from Japanese folk songs, mostly heard in Butterfly's music, and which inflect the essentially western character of the musical exposition. Again quoting Budden:

The Japanese folk-element adds a fresh colour to the Puccinian spectrum. [Connection] Be it noted, however, that the native melodies are heard strictly through Western ears and their expressive possibilities exploited accordingly. [Division] The character of the original texts bears no relation to the use Puccini makes of them. In this way they become fully integrated into the language of the score instead of remaining extraneous patches on it. [2002, p. 243]

The notion of "hearing through Western ears" resonates with the opera's theme of the other seen and experienced through the only sometimes movable barriers of one's own eyes and ears. This is a musical version of what Edward Said (1978) has termed "Orientalism." One might also say that this is a musical version of perhaps the most challenging problem faced by the psychoanalyst in trying to achieve optimal receptivity to the patient's unique language.⁴

⁴ Puccini may be lauded for studying Japanese musical idioms and making a serious effort to question ethnic and cultural differences in his work as a musician. Like

The orchestral writing throughout the opera provides far more than an evocative accompaniment for the voices. Rather, particularly in its use of recurring musical phrases, it constitutes an “orchestral register of experience” (Goldberg 2011) that amplifies, comments upon, and adds layering and associations to the unfolding of both character and story. As previously mentioned, the use of these Wagnerian leitmotives looks both backward and forward in time, as well as inward into shadings of emotions and ideas of which the characters may not be consciously aware. An additional quality of the orchestral writing is the way in which it moves back and forth between more harmonic and contrapuntal accompaniment of the singers, and instrumental doubling of the vocal line in which two (or more) separate sonorities double the same note. At times there is a sense of a near merger between singers and orchestra, at other times, which are not infrequent, the orchestra either plays extended passages alone, or the orchestral accompaniment all but stops as we hear one voice alone, in its utter emotional nakedness.

In the final moments of *Madama Butterfly*, there are several occasions when the sung music, at least in some performances,⁵ becomes close to a human scream or sob, in which the power of the primal emotion seems to burst the boundaries of what can be contained in music. Two examples are Butterfly’s good-bye to her son, and Pinkerton’s cry of “Butterfly, Butterfly, Butterfly” in the final moments. Just as words, in their organizing function, often lose contact with the actual qualities of lived experience which are better conveyed in music, these are moments

Sharpless, he is willing to ask at least certain questions. On the other hand, I by no means assume that Puccini was at all times consciously representing these themes in his music, much of which would have been unconscious. In addition, Puccini had other, more purely musical reasons for his interest in Asian music in that, like other composers of his time, he was searching for unfamiliar harmonies and novel sounds to broaden his musical palette (Muller 2018).

⁵ While the musical score of the opera is a constant, the realization of the music by the individual artist makes a great deal of difference in the impact and effects on the listener. In an additional manifestation of the interrelationship between walls that divide and walls that open, the musician must interpret and perform the music in his/her own way, rendering it his/her own, depending upon abilities, training, individuality of voice quality, etc. At the same time, the performer must re-dream, or re-compose Puccini’s musical dream in the moment of performance, all the while interacting with the other musicians in their own re-dreaming of the music, in what amounts to a highly complex artistic co-creation.

when we become aware that music, too, has its own organizing quality that struggles at times to convey the disordered and primal quality of certain emotional experiences. When melody shades into a scream or a cry, we are made aware of this boundary.

A final tension that I wish to discuss between what connects and what divides is reflected in the complicated relationship between words and music in this (or any) opera. The overall relationship is one of synergy; each modality going beyond what the other alone is capable of conveying. And yet that very synergy also demarcates some of the essential differences between words and music: "Where words leave off, music begins" (attributed to the German poet Heinrich Heine). Or as famously expressed by Wagner:

Wait until you hear the work with the music; that will make everything plain to you, in terms, however, not of words, which are a clumsy tool created by human reflection, but of feeling; for music, which comes from the foundations, not the surface, of man and things, is capable of a thousand shades of suggestion that are beyond the capacity of words. [Newman 1949, p. 231]

For the characters in the opera as for the audience, the emotionally evocative quality of the music facilitates connection, or re-connection between mind/idea and body/feeling. Understanding of self, like understanding of other, is based on an embodied quality of experience, in which one feels oneself into another (or another aspect of self). Such experience is an important element of Trilling's willing suspension of disbelief in the reality of the other. When Pinkerton describes Butterfly as a figure in a painting, he has lost contact with her as an embodied, and hence real, person. Tragically it is only when he witnesses her suicide that she is more fully returned to her embodied form as a full human being. Music, in its intrinsically embodied nature, serves to re-connect some of those defensive separations of mind and body that lead to grievous misunderstandings of self and other that underlie untold human suffering.

APPENDIX⁶

Japan, early 20th century. Lieutenant B.F. Pinkerton of the U.S. Navy arrives in Nagasaki for a tour of duty and rents a typical Japanese style house. Along with the house comes a fifteen year old geisha wife and her trusted servant, Suzuki. Cio-Cio-San, also known as Butterfly, is from a noble but impoverished family; her father had been ordered by the emperor to commit ritual suicide. Pinkerton is unsure whether his feelings for Butterfly are love or whim, but he marries her in a Japanese wedding ceremony, knowing that in his mind this “marriage” is temporary and that he will have a “real” marriage to an American woman on his return to the U.S. The American consul to Nagasaki, Sharpless, warns him that the girl’s view of the marriage is quite different from that of Pinkerton, but the marriage ritual proceeds, as a result of which Butterfly is denounced and disinherited by her family. A long love duet with considerable passion on both sides leads to consummation of the marriage.

When his tour of duty ends, Pinkerton departs for the United States. Butterfly is convinced that he has not deserted her. Pinkerton, however, has no intention of returning. Three years have passed, and unbeknownst to Butterfly, Pinkerton has married Kate, an American woman, in a “real” marriage. He sends a letter to Sharpless, making clear that, although he will be arriving in Japan for a visit, he has remarried and will not be returning to Butterfly. Sharpless attempts to read the letter to Butterfly, but she remains convinced that Pinkerton will return to her and reveals to Sharpless the existence of a little boy, the product of her marriage to Pinkerton. Sharpless is so moved by the existence of the child and so distraught at Butterfly’s pain and denial that he is unable to read the letter to her. He promises, however, to convey to Pinkerton the existence of his son.

At this point, it becomes clear to Butterfly that Pinkerton’s ship is entering the harbor, and she, Suzuki, and the boy settle into an overnight vigil awaiting him. The next day, Sharpless and Pinkerton arrive at Butterfly’s house, along with Kate. They encounter Suzuki, who agrees to tell Butterfly that Pinkerton has arrived, along with his new wife. Pinkerton becomes overcome with guilt, recalling his time with Butterfly in this house, and he leaves the scene. Butterfly appears, sees Kate, and quickly realizes what has happened. She agrees to give up the child, but only on the condition that Pinkerton himself return for him.

Sending everyone away, Butterfly takes out the sword with which her father had committed suicide, choosing to die with honor rather than live in shame. When

⁶ Adapted from synopsis online from Metropolitan Opera.

the boy unexpectedly bursts in, she hides the sword and utters her good-bye. She then blindfolds him and stabs herself, as Pinkerton returns and screams out her name in a moment of abject horror.

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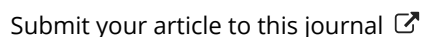
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Countertransference and Psychoanalytic Technique

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COUNTERTRANSFERENCE AND PSYCHOANALYTIC TECHNIQUE

BY SANDER M. ABEND

This paper examines the evolution of the concept of countertransference, with particular emphasis on its relationship to psychoanalytic technique. Freud's original idea that countertransference means unconscious interference with an analyst's ability to understand patients has been broadened during the past forty years: current usage often includes all of the emotional reactions of the analyst at work. Some factors that have contributed to this shift are the introduction of the structural hypothesis, the impact of Kleinian and interpersonal schools on the theory of technique, the effect of analysts' experience in working with more severely ill patients, and the diffuse consequences of certain recent cultural and intellectual trends. The benefits as well as some potential disadvantages in this shift toward a more inclusive conceptualization are discussed.

Keywords: Trauma, framing, boundaries, training, humility.

The term countertransference, originally introduced by Freud in 1910 to designate interferences with the analyst's optimal functioning that are caused by residual pathological elements in his or her own psychological makeup, has in the last several decades gradually undergone a radical change of meaning. By way of illustration of the shift, countertransference has recently been quite plausibly, if somewhat tentatively defined by Slakter (1987) as a term that now denotes "all those reactions of the analyst to the patient that may help or hinder treatment" (p. 3). It will

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be my purpose to trace the steps in this evolution, indicating some of the controversy that has marked its progress. I shall also outline some factors that help to account for the change, and offer an assessment of its implications for psychoanalytic technique. My interest is less in definition than in identifying the factors that have shaped the present state of affairs, and in the complex issues that influence and are influenced by its emerging outline.

Freud wrote relatively little on the subject of countertransference. Here is an abbreviated version of his first remarks about it (1910):

We have become aware of 'the counter-transference', which arises in [the analyst] as a result of the patient's influence on his unconscious feelings, and we are almost inclined to insist that he shall recognize this counter-transference in himself and overcome it... we have noticed that no psycho-analyst goes further than his own complexes and internal resistances permit ... [pp. 144-145]

Bear in mind that at this period in Freud's theoretical and technical development, his view of the analyst's role and activities was significantly less refined than what evolved later on as a result of his further experience. His initial remarks about countertransference are, however, fully consistent with the ideas expressed in the early papers on technique. In the first of these, published only two years later, Freud (1912) describes the importance of the physician's adopting an attitude of "evenly suspended attention," rather than conscious concentration, and, using the famous analogy of the telephone (pp. 115-116), he says that the analyst "must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient." It is reasonable to assume that he believed that the essential work of the analyst was first to recognize and then to interpret to patients those aspects of their unconscious mental life that could be seen to contribute to their psychopathology.

Freud had already discovered the momentous significance of transference phenomena as a source of data, as resistance, and as a battleground for the therapeutic engagement. His clinical experience led him to advocate the value of the mirror-like stance and of the principle of abstinence. These technical precepts were designed to facilitate the clear expression of the patient's complexes—we would say conflicts—in the

transference, so that the relevant unconscious material could most readily be identified by the analyst and interpreted to the patient. Analysts' familiarity with their own unconscious and the implicit lowering of their own resistances that must accompany such self-awareness were essential to their therapeutic effectiveness.

Thus, countertransferences were first conceptualized by Freud simply as those undesirable distorting influences that limited an analyst's ability to understand his or her patients' unconscious minds with accuracy and sensitivity. Freud cautioned would-be analysts against an excess of therapeutic zeal, as he did against attempting to exert either educational or moral influence on patients, but there is no indication in what he wrote at the time that he considered that analysts' possible failure to maintain the analytic posture he recommended might be a consequence of their countertransferences, although that is an assumption many of us today would take for granted. As far as I can tell, Freud thought of countertransferences exclusively as blockages to accurate listening to and understanding of the manifestations of the unconscious in patients' productions. Nothing he ever wrote on the subject later on suggests he substantially revised that formulation, although he did come to see that analysts would find it harder than he first imagined to maintain optimal self-awareness, and might need periodic reanalysis (1937) to assist them in doing so.

One factor that I believe should be regarded as an essential, albeit indirect antecedent of the alteration of our view of countertransference is the introduction of the structural theory. Even though it took a decade or more for its revolutionary impact to be absorbed into the theory of technique (Fenichel, 1938; A. Freud, 1936), the ground was irreversibly changed with the publication of *The Ego and the Id* in 1923. That monograph and its sequel, *Inhibitions, Symptoms and Anxiety* (1926), laid the foundation for a more accurate understanding of what is really meant by technical neutrality, as well as for the subsequent development of the systematic analysis of unconscious elements of defense and of superego contributions to intrapsychic conflicts. The seeds were planted for the growth of ego psychology and its eventual advancement of our understanding of the complexities of unconscious mental functioning. Though it would take all of thirty years, or perhaps even longer, to be acknowledged, the intellectual nucleus was put in place for a revised,

improved conceptual grasp of the relationship between normality and pathology, of character traits and symptom formation, of adaptation, sublimation, object relationships, and psychic development. The view that Freud held at the outset of his research that neurosis is a sequestered area of abnormality in an otherwise healthy personality, which held us in its appealing grip for so long, would eventually have to yield to the more realistic assessment of the complex and variable functioning of the psychic apparatus, in analyst and patient alike, that holds sway today. The explicit application of this fundamental reshaping of our views to our way of regarding countertransference, however, was a long time in coming.

A second factor that came to play a role in altering the meaning of countertransference was a consequence of the controversies that soon arose over Freud's theoretical position and technical principles. Ferenczi's (1921) advocacy of an active technique was merely the earliest of what seems like an endless series of challenges to Freud's opinion that the analyst should not seek to influence the patient's neurosis except through the medium of interpretation. However, the only mention of countertransference in the book Ferenczi and Rank wrote together (1924), when the technical debate with Freud was already in full swing, referred to the possibility that analysts' narcissistic countertransferences might encourage patients to flatter them and/or to suppress criticisms of them. This is entirely consistent with the narrowly focused view of countertransference proffered by Freud. It would be left to subsequent challengers of Freudian theory and technique to explicitly modify the understanding of countertransference.

In Europe and later in South America the followers of Melanie Klein, in particular, and others, like the British middle school, who were stimulated by her work, pressed for a broader, revised concept of countertransference. Meanwhile, in this country, Harry Stack Sullivan and his adherents, and subsequently all the schools of interpersonal and humanistic psychoanalysis, were also calling with increasing vigor for a new way of thinking about analysts' emotional reactions to their patients. A very few earlier papers, like one by the Balints in 1939, anticipate this emerging change, but most summaries of the countertransference debate pinpoint three papers, one by Winnicott which appeared in 1949, another by Paula Heimann, published in 1950, and the third by Margaret Little

(1951), which came out a year later, as bringing the issue of countertransference to the forefront of theoretical attention. Heimann's is the most succinct statement of the new view, defining countertransference as "all the feelings which the analyst experiences towards his patient" (p. 81) and later stating, "My thesis is that the analyst's emotional response to his patient within the analytic situation represents one of the most important tools for his work. The analyst's countertransference is an instrument of research into the patient's unconscious" (p. 81). She goes on, "Our basic assumption is that the analyst's unconscious understands that of his patient. This rapport on the deep level comes to the surface in the form of feelings which the analyst notices in response to his patient, in his 'counter-transference'" (p. 82). Finally, she expresses the idea that the analyst's countertransference is not only part and parcel of the analytic relationship, but it is "the patient's creation, it is a part of the patient's personality" (p. 83). It did not take very long for sides to be drawn up and theoretical passions to be unleashed.

Suddenly the journals were flooded with articles elaborating the contending positions. Since the push to expand and revise the definition of countertransference was powered by clinical theories that sought to revise the traditional Freudian view of analysis and its technique, one's attitude toward the proposed revisions was directly correlated with one's theoretical convictions. A. Reich (1951, 1960, 1966), in a series of papers, and Fliess (1953) articulately argued the classical position. Kleinians like Heimann (1950), Little (1951, 1957), and Racker (1953, 1957), and Americans in favor of revision, like Tower (1956) and Gitelson (1952), elaborated the new views. I will not summarize this intellectual conflict; those who are interested will find Slakter's chapter on the history of the countertransference concept (1987, pp. 7-39) an excellent introduction. It does bear notice that in the debate of the early 'fifties the classical position is no longer as narrowly defined as was Freud's original approach. Reich (1951), for example, says, "Countertransference thus comprises the effects of the analyst's own unconscious needs and conflicts on his understanding and technique" (p. 138). In other words, more than just certain blind spots and distortions could be regarded as countertransference; for example, the analyst's character structure might disadvantageously influence her or his attitude toward some or all patients, or even toward the work of analysis

itself. However, Reich, Fliess, and those who agreed with them are all adamant in their insistence that countertransference effects spring from the analyst's unconscious reactions, and constitute interferences to proper analytic functioning. They vigorously dispute the redefinition of countertransference as comprising all of the analyst's affective responses to patients, as well as the entire technical emphasis derived from it.

Probably because of the centrality of the concepts of projective identification and introjection in their clinical theory, and the consequent emphasis they place on how one individual can be made to feel something by another, the Kleinians in particular developed the revised view of countertransference as a therapeutic tool. Racker (1953) goes so far as to propose that a countertransference neurosis comes into being in each analytic case. The Kleinians were not alone in their theoretical challenge; what Slakter (1987) labels the interactional approach broadly describes a shift in the interpretation of the basic nature of the psychoanalytic interchange that transcends narrow doctrinal differences. Many emergent trends can be grouped under the general rubric of interactional, all the way from the various interpersonal schools, through what have lately become known as object relations theories, and perhaps self psychology and certain developmental approaches. One might well include in this category some shifts in analytic theory and technique that are still considered within the range of mainstream analysis, especially those that emphasize a more participatory, interactive style of analyzing, or the role of the analyst as a new object, one who actively promotes growth and development in his or her patients.

I shall take up these issues again further along, but first I should like to complete my enumeration of the major factors that I believe have played a role in the revision of the theoretical view of countertransference.

A third such factor was the effort to apply psychoanalytic technique to the treatment of borderline, severely narcissistic, and psychotic individuals. Winnicott's (1949) influential article on countertransference stressed the difficult emotional demands of working with very sick patients. Searles (1986), Savage (1985), Kernberg (1965), Kohut (1968, 1971), and others with much clinical experience with more disturbed patients all emphasize that the analyst must attend to his or her countertransference reactions as a prime feature of the treatment endeavor.

Special problems of understanding these patients were thought likely to surface regularly in the form of characteristic varieties of countertransference reactions. To quote Kernberg (1965):

When dealing with borderline or severely regressed patients, as contrasted to those presenting symptomatic neuroses and many character disorders, the therapist tends to experience rather soon in the treatment intensive emotional reactions having more to do with the patient's premature, intense and chaotic transference, and with the therapist's capacity to withstand psychological stress and anxiety, than with any particular, specific problem of the therapist's past. [p. 43]

In suggesting one additional factor that I believe to have been influential in the modification of our understanding of countertransference, I will, with some trepidation, step outside the safe arena of the study of our professional literature. I claim no special qualifications for interpreting sociocultural or philosophical trends, and it seems to me that even those whose field of expertise it is are often overmatched by the task of objectively evaluating the trends of the times they live in. Nevertheless, I am struck by the fact that the active revisionary debate on the subject of countertransference emerged in the immediate post-World War II period, and its resolution in favor of modification has come about in the last two decades or so. Other historical calamities have doubtless often had an important impact on the subsequent attitudes and behavior of society. Perhaps precisely because I have lived through the period in question, I am personally impressed by the fact that in the forty-odd years since that particular world cataclysm ended, a profound sense of disillusionment and de-idealization of traditional authority and its motivations has characterized much of our social and intellectual climate. On the political, religious, societal, and scientific fronts, dissent, even derision, has led to questioning and modifying long-established aspects of many institutionalized cultural arrangements, and previously accepted authority structures have often gone from being automatically respected to being just as automatically suspected. It is not my purpose to comment either on the progressive or the regressive effects of the many changes that have taken place in areas outside of our own professional concerns, but I do propose that this cynical, skeptical, and actively

revisionist atmosphere is an important part of the intellectual and emotional background against which what has evolved in psychoanalysis during this period has to be examined. Many analysts seem to regard the recently modified view of countertransference as less elitist and rigidly authoritarian in spirit than the classical interpretation it has supplanted, and they hail the revised conceptualization as seeming to be more democratic and humanistic. Slakter, if I read him correctly, takes this position, and in that respect he is representative of a sizable segment of our profession. I think it is possible that the broad and diffuse cultural shift I have described may have contributed to the readiness of so many analysts to accept the expansion of the countertransference concept.

Freud and his followers assumed the mantle of authority and expertise that was an unquestioned accompaniment of the physician's role in those days. If anything, their sense of having discovered a special new world of knowledge, hidden from even their most educated peers, must have strengthened their sense of conviction and authority. Furthermore, this assumption of special certitude appears to have been merely divided, rather than diluted, by the squabbling and theoretical schisms that soon emerged. Quite aside from the differences among them regarding theories of the mechanism of therapeutic action of psychoanalysis, or their views of analytic technique, the early psychoanalysts all thought of themselves as conducting analyses, as interpreters of the hidden unconscious meanings of patients' communications, and implicitly, if not explicitly, as the judges of what was realistic or unrealistic, normal or pathological. That version of an expert stance, long under assault from the interpersonal schools, has by now been all but battered into indefensible disrepute amongst even the most classical and conservative elements of psychoanalysis. But once again I am getting ahead of myself; I shall have to take up the relationship of expertise to authority a little later on, when I discuss the current state of affairs.

To return to the definitional turmoil about countertransference that flowered in the early 'fifties, it soon reached such a pitch that instead of revisionist versus traditional positions, a confused fragmentation of meanings took center stage. Orr (1954) wrote a thorough review article in which he summarized the situation neatly in the following statement:

Discussion of the technical handling of countertransference inevitably varies with differences in definition of the concept itself. Is countertransference simply the analyst's response to the patient's transference, and does this mean his conscious response, his unconscious response or both? Or does it mean the analyst's transference reactions to the patient, whether to his transference, to other attributes of the patient or to the patient as a whole? Or does countertransference include all attitudes and feelings of the analyst toward the patient whatever they are and whatever may give rise to them? [pp. 657-658]

While certain aspects of this confusing difference of opinion and interpretation persist to this day, I think one would be justified in making the following general statements about the present situation. One is that analysts of various persuasions have, as a result of this concentration of attention on countertransference, made many sharp and increasingly more sophisticated observations about different varieties of countertransference pitfalls. I shall try to illustrate some of these in a moment. Another is that our present understanding of the development of the mental apparatus, and how we view the way it functions, renders obsolete some of the distinctions that troubled analysts when Orr wrote his summation of the issues. Third, while the fact may not yet be accepted in all quarters, the definitional debate has for all practical purposes been settled by consensual usage, if not by logical persuasion. Countertransference is now spoken of by most analysts in something like the sense of Slakter's suggestion for a broad, revised meaning; those of us who still prefer to hold to some version of the original, more restricted definition of countertransference as unconscious interferences with analyzing capability are in an ever-shrinking minority.

The first of these statements is the easiest to document, as refinement of our understanding of how countertransference could influence technique was already in evidence even during the period of great controversy of the early fifties. One may recall that Reich (1951), while defending the classic view of countertransference as solely an interference with analyzing, broadens her interpretation of it to include its effects on the analyst's technique, as well as on his or her understanding. She describes and illustrates defensive countertransferences in which

the analyst is unable to recognize intolerable material, much the way Freud originally used the term, but she also describes impulse-gratifying countertransferences, of which an extreme example would be when the analyst falls in love with the patient. Moreover, the absorption of ego psychology into theory and technique is reflected in her identification of countertransferences resulting from character problems of the analyst, such as a tendency to be overconciliatory as a way of dealing with guilt, or the frequent projection of one's own problems onto patients. Closely related are situations in which analysts' technique might be affected by a narcissistic need to be a great healer, or where a residual propensity toward intellectualization to deal with doubts might be reflected in an excessively discursive, explanatory, or educational style.

Racker (1953), whose idea of a countertransference neurosis was never widely adopted even by his Kleinian colleagues, nevertheless drew attention to the difference between countertransferences based on the analyst's resonances with some aspects of the patient, and those countertransferences when the analyst responds emotionally in accordance with the patient's treatment of the analyst as a projected internal object, that is to say, as an imago of one of the patient's past relationships. The latter variety he called "complementary countertransferences" and the former type, "concordant countertransferences." While the terminology and the metapsychological assumptions from which it is derived are less congenial to analysts of other theoretical persuasions, Racker's observation and depiction of different forms of countertransference demonstrate that increased clinical acuity characterized both sides of the theoretical debate.

Improvement of our understanding of various manifestations of countertransference has continued to the present day. A comprehensive survey of that continuing growth would require a long review article of its own. Mention of a few more recent contributions will suffice to indicate that lively interest in the subject continues. Arlow (1985) enumerates varieties of technical interferences that spring from analysts' fixed identifications with patients, from blind spots, and from enactments of unconscious responses to patients' fantasies or to aspects of the analytic situation itself. Blum (1986) calls attention to analysts' irrational reactions to the work of analysis itself, as well as to aspects of the patient, and to the impact that events in the analyst's life may have on

countertransference potentials. I too have written about the latter topic (Abend, 1982, 1986). Sandler (1976) is representative of many analysts who have tried to look more closely at how analysts unconsciously respond to patients' needs for them to be and act a certain way, a phenomenon for which he suggests the term "role responsiveness." Porder's (1987) explication of projective identification in more traditional metapsychological language links it to a specific countertransference response in which the analyst is made by the patient to feel what the patient must have felt as a child at the hands of one or more of its caretakers. And Jacobs (1986) has demonstrated that even aspects of psychoanalytic technique thought to be of unquestioned merit, such as attentive listening, may be subtly drawn into the domain of countertransference enactments.

It would not be quite accurate to say that there is now complete agreement among analysts about the obsolescence of distinctions that were formerly drawn between analysts' reactions to the real personality and behavior of the patient, as opposed to the patient's transference, or about the corresponding distinctions between the patient's reactions to the real personality and behavior of the analyst and those reactions determined by the patient's past. However, it is widely recognized that Brenner's observations and theoretical contributions (1976, 1982, 1985), tracing the ubiquity and permanence of the influence of infantile instinctual conflict on psychic functioning, have come to provide a strong challenge to such previously unquestioned distinctions. Normal and abnormal, realistic and unrealistic, adaptation and defense, activity and acting out, conscious and unconscious, transference and real relationship, countertransference and analytic empathy, are no longer seen in many quarters as denotations of easily and comfortably distinguishable classes of mental activity. To be sure, these distinctions do exist at the pragmatic level, and are sometimes of the greatest importance for analytic technique, not to say for the conduct of life itself. But Brenner and those influenced by his viewpoint make it clear that the polarities I have mentioned have boundaries that are fluid rather than fixed. The compromise formations that affect the clinical data that analysts need to categorize, as well as those that are involved in the analysts' exercise of judgment, are all subject to fluctuations. Therefore, the clinical distinctions analysts reach are inevitably subjective, individualistic, variable,

and hence far from perfectly reliable. This is so even among colleagues of comparable training and theoretical convictions, and even in those practitioners, or perhaps one should say in those analyses, where the highest standards of quality work and satisfactory results are present.

As to Brenner's view of the countertransference issue, it may be summarized in this way: The choice of analysis as a profession, and one's mode of functioning in its practice, like all else in mental life, can best be viewed as the expression of one's compromise formations, some of which are regarded as normal, others as pathological. In analytic functioning normal compromise formations are those which are advantageous to analyzing one's patients, pathological ones are those which are disadvantageous. Since each of us remains to a considerable degree vulnerable to the reappearance of less favorable compromise formations because of the impact on us of the unique and variable quality of each analysand's material, as well as of circumstances in our personal lives, disadvantageous countertransferences are unavoidable. They are as omnipresent as the advantageous ones that comprise our effective working armamentarium. Some of these problematic countertransferences are self-limited, others yield to self-analysis, while more severe and lasting ones might require the help of further analytic attention.

In light of this, many of us today believe that it is not so important as it once seemed to attempt to distinguish countertransference reactions to patients' transferences from those to other aspects of their behavior and character. It makes even less sense to suggest that analysts' emotional reactions to patients are ever simply realistic, or for that matter, merely accurate responses to the patient's material, wholly unaffected by the analysts' own past and particular psychic makeup. Arriving at practical and quantitative evaluations of the complex sources and nature of the analyst's emotional reactions are tasks integral to the work. How well one does that is a direct measure of one's professional skill, all other factors aside. However, it should be noted that while analysts may still hold different definitions of countertransference, absolutism about analysts' mental activities while engaged in analyzing patients is no longer tenable on intellectual grounds, regardless of one's theoretical preferences.

My third general statement to the effect that the controversy about broadening the meaning of the term countertransference has been irreversibly settled is a matter of opinion, but I offer in evidence the following

observations. None of the many attempts at making a specific, delimited definition of countertransference seems to have achieved wide acceptance or, for that matter, to evoke much interest anymore. Even those who prefer to retain the idea of countertransference as signifying only unconscious interference with analytic functioning would certainly agree that attention to its forms and manifestations increases understanding of what patients bring to the analytic situation. Observing one's own countertransference reactions is so much an accepted part of analytic technique today that even our most articulate and forceful advocates of a classical analytic approach routinely include some reference to it in case reports, clinical papers, and discussions. One gifted analyst, who is also an unusually evocative writer, has even given us an entire volume in which a vivid and compelling picture of the interplay between his own psychic processes and the patient's material is the subject of his "self inquiry" (Gardner 1983). Case reports that do not include some allusion to the analysts' countertransference seem almost old-fashioned. Countertransference can be said to have emerged from its former place in the dark, burdened by connotations of sin and shame, into the bright light of revelation. Acknowledgment of its impact has become a mark of one's analytic professionalism.

The passionate quarrels about definition and technique in respect to countertransference that I have recalled to your attention have subsided, but an assessment of the subsequent evolution and present status of our conceptualization of countertransference reveals ramifications that extend in several important directions, as I shall try to demonstrate.

Despite all the progress that has been made since Freud set forth his early theories about psychoanalysis and its technical implementation at the beginning of the century, we are still puzzled and intrigued by the mysterious processes by means of which analysts understand the unconscious meaning of their patient's productions, and still hard pressed to give a good account of how we arrive at our judgments about what is accurate, useful, and objective in our formulations of it. Surely, every practicing analyst has had many experiences that remind him of Freud's telephone analogy, but we are not very comfortable with mystical explanations of unconscious communication. Fliess's (1942) early effort to explain the analyst's working processes in classical metapsychological terms is still frequently cited, usually by reference to his concept of "trial identifications." The recent burgeoning of a substantial literature on

empathy and on modes of analytic listening testifies to our continuing search for better understanding, but it is evident that "empathic listening" has already evolved into yet another one of those conceptual thickets within which fierce doctrinal battles are being fought.

The attention that has been paid to varieties of countertransference responses, and to how these can be detected and utilized, has surely added immeasurably to our clinical sophistication, as even my brief summary of illustrative examples makes clear. Analysts' awareness of how we arrive at our clinical conjectures is also greater than it was before, but I do not think that any analyst, of whatever theoretical persuasion, would contend that his or her reformulation of countertransference and its employment provides us with a ready guide to distinguishing correct from incorrect readings of patients' data. Just how to transform countertransference into empathy and understanding, or how to distinguish the hindering from the helpful emotional reactions to patients continues to be the quintessential skill, even perhaps the ultimate test of the gifted analytic clinician.

I do think we are justified in saying that it has been helpful to us in our work, and in our discussions, to make countertransference a respectable subject for study. An exclusive connotation of countertransference as error resulting from analysts' own difficulties emphasizes it as a source of shame and guilt, and encourages defensiveness and polemics. Insofar as any specific instance of countertransference involves the exposure of an analyst's infantile residua, the potential for discomfort still persists; but the creation of an institutionalized dedication to acknowledging the unavoidability of countertransference, and of routinely examining how it may be incorporated into one's working habitus in a useful way, seems to have gradually had a beneficial effect, encouraging greater honesty, acceptance, and probably an improvement in clinical skills.

It has become fashionable to caricature the authoritative posture of early analysts as antiquated, unscientific, and prone to destructive misuse. No doubt, in the hands of authoritarian individuals, those prone to overestimation of their own correctness or those excessively gratified by the sense of being expert or superior to others, the analyst's role was open to distortion and misapplication. I believe that this is no less true today than in Freud's time and that that kind of characterological problem makes for bad analysts and bad analyses, irrespective of the theories that inform such an individual's technique.

However, it would be entirely contrary to what analysis has taught us about the human psyche to think that authoritarianism is the sole pitfall of which analysts must be leery. It is hardly necessary to dwell on the familiar knowledge that an analyst's characterological need to be kind, or therapeutic, or understanding, empathic, and accepting, is not necessarily always or exclusively beneficial to his or her patients. All of those qualities may be part of advantageous compromise formations, and hence of qualifications to do analytic work, but like any compromise formation, they can assume disadvantageous forms as well. Countertransference potentials are as infinitely varied as the mind. There is no analysis in which issues concerning patients' attitudes and fantasies about authority, expertise, and equality, or assertions of and denials of real and imaginary differences, do not play an important role. Every analyst has to deal with those clinical problems, and if his or her theoretical preference or predominant character structure (the two may well be interrelated, but that is another matter, and not a simple one either) bias him or her in one direction or another, his or her analytic capability will be compromised accordingly.

The analyst is in a privileged position vis-à-vis his or her patient precisely because he or she has training, experience, and greater, if not perfect objectivity. His or her status as a dedicated professional means precisely that he or she has special expertise to place at patients' disposal. If the old joke about analysis being the only business where the customer is always wrong is out of date, is it any improvement on the climate it derides to substitute for it an atmosphere of false egalitarianism? Modesty, caution, and compassion are not incompatible with expertise, or with the exercise of appropriate authority in a professional setting. Any theoretical position that asserts otherwise is, from an analytic perspective, tendentiously naïve.

The question of what form or forms the helpful emotional reactions of the analyst may take also becomes involved in doctrinal, as well as technical issues. The original Kleinian proposition that analysts' emotional reactions to patients can become an important source of increased understanding of patients' material has become accepted in all quarters. The conscious exercise of self-analytic activities is now universally utilized as means of gathering data about patients, and of formulating interventions. We now also recognize that hindering

countertransferences can operate in ways other than by producing blind spots or misunderstandings. Problems like characterological moralizing or excessive therapeutic zeal influence analyses in a fashion that goes beyond their effects on the way interventions are formulated and delivered. Some current theoretical positions suggest that there may also be helpful countertransference attitudes that have an effect in ways other than influencing one's ability to understand and interpret a patient's analytic communications. I have in mind, for example, the idea that analysts can provide a more intentionally supportive, or nurturing, or holding emotional climate for some or all analysands.

Technical arguments about what kinds of activity are permissible in analysis have always been with us in some form or other. At the present time there is an active focus of theoretical and technical dispute about certain un verbalized and un verbalizable aspects of the emotional interaction between analyst and patient. Are these integral parts of the analytic experience? Can they be formulated systematically for some classes of patient, or perhaps even for all patients? Should the analyst conceive of his or her therapeutic role as including these nonverbal dimensions or not? Where one stands on these questions necessarily involves this new, expanded view of countertransference, and directly influences one's judgment about what is helpful and what is hindering in the countertransference climate. What one analyst may regard as a benevolent countertransference attitude essential for the proper treatment of certain patients suffering from developmental defects that require something beyond interpretation, another will regard as a disadvantageous countertransference bias that substitutes surrogate parenting for legitimate analysis.

I can only add my personal assessment that the task of deciding exactly how an analyst arrives at judgments about what is (or what ought to be) transpiring between a patient and him or herself, about what unconscious content lies below the surface of the analytic material, and about what of significance is buried in the analysand's past is made no easier by placing special emphasis on the role of intuitive understanding of un verbalized interactions between analyst and patient. The further one departs from verbal material, the more one relies on one's emotional responses to nonverbal dimensions of the interaction with patients, the more difficult the challenge of verification seems to become.

I would like to conclude with a brief comment about trendiness. The revolution in attitude toward countertransference has apparently brought about a full swing of the pendulum, so that demonstrating one's awareness of it has become an almost obligatory aspect of presenting one's professional bona fides, regardless of one's theoretical preference. I have expressed my opinion of some positive consequences of this shift, and I have tried to show that the current attitude toward countertransference is also subject to less favorable applications, of which hidden value judgments, such as those about authority issues and other inequalities, are examples. Other forms of countertransference distortion, blind spots, and enactments may also spring from the newer view of countertransference, perhaps in somewhat unfamiliar guises. One may even wonder whether the pendulum of interest in countertransference has perhaps swung too far. As one analyst, less than enthusiastic about what seemed to him to be an excessive dwelling on countertransference reactions during a clinical discussion among colleagues, remarked in jest. "Countertransference has become analysts' rationalization for indulging themselves in their own self-absorption."

Progress generally has its price, and the change in the meaning of countertransference is no exception. Its real benefits include a better understanding of how we work and of patients' material, more realistic assessments of the multiplicity of factors that affect the analytic climate, and a greater sensitivity to certain subtle errors of technique. Improved standards are, in part, a consequence of this development in psychoanalysis. At the same time, the extended meaning and utilization of countertransference is no panacea, since it carries with it no sure new formula for distinguishing the helpful from the hindering reactions to patients. It certainly has not freed us from doctrinal disagreement. Nothing about the subject of countertransference has ever been easy, just as not much about psychoanalytic technique has ever been self-evident. The revision of our ideas about countertransference, while welcome and useful in many respects, has not changed those difficult fundamental truths.

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The Person in the Analyst's Chair: A Dialogue With Abend' "Countertransference and Psychoanalytic Technique"

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THE PERSON IN THE ANALYST'S CHAIR: A DIALOGUE WITH ABEND'S "COUNTERTRANSFERENCE AND PSYCHOANALYTIC TECHNIQUE"

BY LEE GROSSMAN

Sander Abend's classic paper "Countertransference and Psychoanalytic Technique" can be read as both a historical review of ideas about countertransference, and an example of a historical moment in the ongoing evolution of thinking about the use of the analyst's self. The view of the analyst's participation in the process has moved from observer, to actor in the transference-countertransference, to the present-day interest in the role of the analyst's actual character in a unique relationship. With respect to the latter, Abend has invited a reconsideration of the assumption that one's theoretical position accurately reflects one's clinical work.

Keywords: Abend, countertransference, analyst's character, transference, enactment, mainstream.

Sander Abend has been contributing to the growth and development of psychoanalysis for over half a century. Yet at first glance, his elegant (1989) paper "Countertransference and Psychoanalytic Technique"¹ is an unlikely choice to be designated a "neglected classic." Most such papers introduce a concept or a way of thinking that is immediately

All quotes from Abend's "Countertransference and Psychoanalytic Technique" paper take their pagination from the original 1989 publication.

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¹ Except where otherwise specified, all references are to this paper.

valuable and useful, perhaps even easily nameable (consider “inexact interpretation,” “principle of multiple function,” “widening scope”). The concept then becomes so much a part of our thinking that we lose sight of its origins. Among Abend’s works, his 1979 paper, “Unconscious Fantasy and Theories of Cure” fits the bill.

By contrast, this paper is a survey of the evolution of a concept, countertransference, about which he offered no catchphrase, nor any radical new ideas. But the paper is at once a masterful recounting of analytic history and a representative of a historical moment, and should be read as both. The paper stands witness to some of the larger changes happening in the analytic world in the 1980s. I believe Abend’s historical position with respect to them is what gives the paper its classic status. With this paper Abend, the clearest spokesman for what he calls “mainstream analysis” (p. 380), marked the end of the mainstream and anticipated the theoretical pluralism of the present day.

The paper, nominally about the changing meaning of countertransference, both describes and exemplifies the ongoing evolution of thinking about the use of the analyst’s self, beginning with Freud’s (1912) image of the analyst turning his unconscious as a receptive organ toward the patient’s transmitting unconscious. In Abend’s historical survey of the 1950s, the role of the self-as-analyst took the form of the countertransference debate. In the decade leading up to the paper, the discussion most often took the form of the psychoanalytic process, especially the analyst’s action within it.

In this discussion I will suggest that the contemporary version of the topic is the role of the analyst’s character in the process. I will briefly review aspects of Abend’s paper, in both its content and its historical context. I will comment on the shift in emphasis away from thinking of analyzing the patient’s narrative, and toward thinking of analyzing shared action. I will then turn to the increasingly serious consideration of the role of the analyst’s character in his or her work. In closing I will return briefly to the countertransference argument itself, and offer a personal view which, whatever its shortcomings, has two advantages that Abend did not have: first, it has the benefit of Abend’s review, and second, it has almost thirty more years of hindsight to draw on.

THE ANALYST AS CATALYST: CONTEXT AND CONSEQUENCES OF THE DEBATE

Abend described very clearly how in the space of three years (1949-1951) Winnicott, Heimann, and Racker articulated views of using what they called the countertransference in analysis. He also recounted the reaction against their redefinition among mainstream analysts. The arguments for each position were thoughtful and well reasoned, if heated – except that the dismissiveness of each group toward the other meant that neither took up the fundamental assumptions underlying the differences between the positions. Discussions of how and why the models of the mind and its development differed, and how they overlapped, were scarce.

In the 1960s, some British Kleinians began to visit (and in some cases, join) the Los Angeles Psychoanalytic Society and Institute. Discussions there between the Kleinians and the Freudians were typically uncivil and often stormy, to the point that the American Psychoanalytic Association felt compelled to intervene. Arguments would end in a kind of stalemate, with the Kleinians saying they worked with sicker patients, while privately they would imply that the Freudians were dealing with trivial problems. The Freudians would say they demanded more of their patients, while privately dismissing the Kleinians as not doing analysis.² In extreme cases, some analysts privately called their opponents psychopaths (Reeder 2004, p. 181).

Boesky (2008) called this the “era of the hegemony of structural theory” (p. xi). Not only did the mainstream group of analysts, centered mainly in the U.S., dismiss the British Kleinians and middle group, they largely ignored what would come to be known as the relational perspective in America, whose institutes were barred from participation in the American and International Psychoanalytic Associations. Within the American, Stone’s (e.g., 1961) humanistic concerns were attacked and/or dismissed by mainstream analysts (see, e.g., Brenner 1979). The work of Hans Loewald (1952, 1960), whose thinking offered a substantial integration of Freudian, object relations, developmental and relational

² Janet Malcolm’s (1982) pseudonymous New York mainstream analyst Aaron Green refers to the “Kleinian heresy” (p. 135).

theories, was largely ignored by the mainstream, as well as by the British schools.

What Abend showed is that, remarkably enough, something useful to all came from the countertransference argument: "The original Kleinian proposition that analysts' emotional reactions to patients can be a source of increased understanding of patients' material has become accepted in all quarters" (p. 391). "... . Increased clinical acuity characterized both sides of the theoretical debate. Improvement of our understanding of various manifestations of countertransference has continued to the present day" (p. 385). And perhaps more important, "... it has been helpful to us in our work, and in our discussions, to make countertransference a respectable subject for study The creation of an institutionalized dedication to acknowledging the unavoidability of countertransference ... seems to have gradually had a beneficial effect, encouraging greater honesty, acceptance, and probably an improvement in clinical skills" (p. 389).

Considering the theoretical territoriality that characterizes our field to the present day, this is good news indeed. It is my impression that the greater honesty that Abend attributed to the countertransference debate has led to greater openness about theoretical premises, a greater willingness to show our actual clinical work, and our continuing interest in the psychoanalytic process, to which Abend contributed in this paper.³ I believe Abend is among the first from within the narrowly defined mainstream to acknowledge this shift in mainstream thinking.

It is worth noting that the two sides of the original countertransference debate share the assumption that the analyst is ideally a catalyst – that is, the analyst's presence makes things happen without the analyst "contaminating" the process. In the American view, countertransference is contamination; in the British version, countertransference is something received entirely from the patient, without the analyst putting anything of him or herself into the mix.

The assumption, not completely unquestioned but also not thoroughly studied before the 1980's, was the idea that the analyst, even as "participant-observer" (Boesky 1988; Sullivan 1953), could somehow be

³ A year after this paper, Abend (1990) contributed an article on the psychoanalytic process to a special issue of this journal – under his editorship.

bracketed out of consideration of the patient's world. The countertransference debate of the '50s did not challenge this assumption, but laid it bare for Abend's generation to reconsider it.

A second assumption, which Abend began to question in the context of the countertransference debate, is that the analyst's theoretical position describes the analyst's clinical work. I will pursue these in turn, as the analyst *acting* and the analyst *being*.

THE ANALYST ACTING: WHAT DO WE MEAN BY TECHNIQUE?

Many years ago I proposed a panel to the Program Committee of the American Psychoanalytic Association's meeting, to be called "Modes of Influence in Analysis." The first reaction to the proposal was by a highly respected analyst who said, "We don't influence our patients" (1993, Personal Communication). This reflexive response captures something of the tenor of the times of Abend's paper, at least within institutes of the American. It is consistent with Abend's acceptance of what he cited as "Freud's opinion that the analyst should not seek to influence the patient's neurosis except through the medium of interpretation" (p. 377).

Abend also pointed out on the same page that Freud's early view of neurosis was as a circumscribed illness within an otherwise healthy personality; perhaps that is why Freud felt free to influence the *patient* – as distinct from the patient's *neurosis* – in a variety of non-interpretive ways, e.g., by exploiting rather than interpreting the "unobjectionable" transference (1912, p. 105) or by reassuring the patient of his good opinion (1909, p. 178). On the other hand, Lipton (1977), in a paper that I would also call a neglected classic, made the observation that Freud's technique in the "Rat Man" case did not contradict his emphasis on interpretation precisely because Freud did not think of his non-interpretive activity as technical interventions. Lipton argued that there is no evidence that Freud's technique ever changed after the 1909 case (I think Abend would disagree). Lipton went on to point out that Ernst Kris's (1951) reading of the Rat Man case effectively (and in Lipton's view, incorrectly) redefined the meaning of technique from the analyst's *purposes* to the analyst's *behavior* (Lipton, p. 258).

From circa 1950 until the time of Abend's paper, the American Psychoanalytic Association was synonymous with mainstream analysis in the United States. The prevailing view of technique of that group was that the analyst was to *do nothing* but interpret (note the emphasis on the analyst's behavior, rather than purpose);⁴ presumably, being silent and listening respectfully were oddly equated with doing nothing. An important aspect of this view is captured in an old joke:

A kind-hearted farmer wanted to train his very stubborn mule, but he was troubled by the aversive techniques that were in vogue. Then he saw an ad from a mule trainer who used "affection training." He hired the man, who confirmed that he used only affection in his work. Then the trainer picked up a length of 2x4 lumber and slammed the mule on the side of the head. The farmer was horrified, and cried, "What are you doing?" The trainer replied, "First you have to get their attention."

If technique is defined in terms of behavior, then every theory of technique will have its 2x4s – those necessary but undocumented ways to position both participants to enable the giving and receiving of interpretations. Like the mule trainer, we just don't count those actions as part of our technique. This allows us, for example, to treat being silent as if it is doing nothing. It also allows us to read any instance of the analyst's "doing something" as a countertransference interference – or at best, as a "parameter" to be analyzed subsequently.⁵ As Lipton argued, this was not Freud's view, since Freud's idea of technique referred to the analyst's purpose, rather than behavior.

I suspect that this general approach worked well enough for a long time because it was supported by case selection. Freud, after all, saw analysis as a treatment for neurosis. The structural model helped clarify the concept of neurosis in terms of intrapsychic conflict involving a relatively

⁴ The awkwardness of this position led Eissler (1953) to try to buy the analyst a little breathing room with his formulation of "parameters" (p. 110).

⁵ In a vein similar to the "2x4" story, Greenberg (1981) wrote, "Surely Brenner must do something to convince his patients that he is worth talking to . . . but he is not about to tell us what that is, because no activity of the analyst beyond interpretation fits into his theory . . ." (p. 245).

“intact” ego (i.e., one that is not prone to severe regression), and the mainstream became known as ego psychology.⁶ I believe most, if not all, of the institutes of the American had committees to assess “analyzability” of potential cases for training. A narrow view of who was suitable for analysis may have inadvertently selected for patients were able to adapt to their analysts’ idiosyncrasies and make good use of them,⁷ and as I suggested earlier, I imagine every analyst has an armamentarium of atheoretical *2x4s*. But by the mid-’50s the scope of indications for analysis had widened to include more non-neurotic conditions (Stone 1954).

Abend noted that experience from the treatment of sicker patients, especially by the Kleinians, helped to kindle the interest in using countertransference as information about patients. He mentioned in passing that their theoretical focus on projective identification and introjection probably led to their “emphasis on how one individual can be made to feel something by another” (p. 380). I think this formulation probably reverses cause and effect. It seems more likely to me that the clinical experience of being “made to feel something” by the more disturbed patients (including children) they were treating led the Kleinians to formulate a theory that included a revision in the understanding of countertransference – and also of projective identification (see, for example, Malin and Grotstein 1966). This restatement would fit better with the passage from Kernberg that Abend quoted a page earlier, describing the intense experience of the analyst with regressed patients.

More important for my purpose is Abend’s observation that the Kleinians were interested, circa 1950, in the question of “how one individual can be made to feel something by another.” If we consider the broader meaning of that question (beyond the specifics of defining countertransference), we are now in the realm of how people influence each other. I imagine that raising this issue revealed more plainly than before the assumption that the patient’s and analyst’s minds followed different sets of rules. Although not tackled directly in the early countertransference debates, the need to get rid of that contradiction has

⁶ David Rapaport, one of the architects of ego psychology, dismissed the views of Klein and her followers as “id mythology” (1958).

⁷ It may be that the inability of children to make those adaptations might have contributed to the insistence in some circles that child analysis wasn’t analysis.

reshaped contemporary explorations of the psychoanalytic process. At the time, neither the mainstream view that countertransference was the analyst's problem, nor the view originating in the Kleinian tradition and promoted by Heimann and Joseph that virtually everything the analyst experienced was something created by the patient, addressed the role of mutual interaction as something to be analyzed.

Again in the narrower context of the countertransference discussion, Abend cited the work of Jacobs (1986) on enactment, which reminded us that we are always doing something besides exchanging verbal signifiers. At the same time Betty Joseph (1985), writing from a Kleinian perspective, called our attention to transference as "how [the patient] is using the analyst, alongside and beyond what he is saying" (p. 447). Despite her view of transference, Joseph seems to have accepted the view of countertransference as the patient's creation – a version of the analyst as catalyst. Earlier in the decade Gill (1983), Greenberg (1981), and Hoffman (1983) had published critiques of the concept of neutrality that helped refine the role of the analyst's activity and personhood in the analytic process. Over time we have seen the evolution of the text to be analyzed as, first, the patient's narrative (as Freud might have analyzed a dream); second, the patient's action, including speech as action ("here is what I think you are doing with me"); and finally, the interaction ("here is what I think we have been doing"). Attention to all three keeps us from ruling out potentially valuable information and experience.

One of the legacies of the countertransference debate was expanding our clinical data to include the possibility of attending to the interaction in a way that enriches our work immeasurably. The shift of emphasis that was taking place in the 1980s was leading away from the idea that the analyst might inadvertently depart from analysis and enact something, and toward the view that we need to attend to the fact that patient and analyst are *always* enacting something together (Renik 1993, p. 556).

The idea of "enactment," or transference-countertransference action, was not a brand new idea, but it seems to have needed rediscovery and reemphasis. Boesky (1982, 1990), the mainstream editor of the *Quarterly* who preceded Abend, revisited it in the '80s. What was novel, at least for the mainstream, was the emphasis on the analyst's

participation in action – for example, in Boesky's (1990)⁸ position that "*the manifest form of a resistance is even sometimes unconsciously negotiated by both patient and analyst*" (p. 572, italics in original).

As to Abend's direct contributions to that discussion: for the most part, they took the appropriate form of questions and uncertainties. "... . We are still puzzled and intrigued by the mysterious processes by means of which analysts understand the meaning of their patients' unconscious productions, and still hard pressed to give a good account of how we arrive at our judgments ..." (p. 388). Toward the end of the paper he wrote:

At the present time there is an active focus of theoretical and technical dispute about certain un verbalized and un verbalizable aspects of the emotional interaction between analyst and patient. Are these integral parts of the analytic experience? Can they be formulated systematically for some classes of patient, or perhaps even for all patients? Should the analyst conceive of his or her therapeutic role as including these nonverbal dimensions or not? [p. 391]

To Abend's question about the role of the un verbalized in analysis, I would agree with Loewald's (1979) observation that whether we address those silent processes is a clinical judgment. It may be the case that, with some neurotic patients, the atmosphere of safety, of caring engagement, of respect, of privacy, "go without saying" until a relatively encapsulated departure emerges and can be addressed. But with other (especially non-neurotic) patients, we may not be able to take any of those features for granted. We may have to give them our explicit attention right from the beginning. We may have to use who we are to help shape or reshape the structures that the structural model describes. We do not act as "surrogate parents" (p. 392) but we attend to work that we usually do without noticing – work that is not parenting, but has something in common with parenting (Loewald 1960).

It is not my goal to describe such work in this venue. Rather, it is to point out that such ideas, seen even in 1989 as departures from the mainstream, have begun to be incorporated more generally into analytic

⁸ I tend to think that this paper and the Abend paper under discussion marked the end of the mainstream.

thinking in recent years. The variety of approaches to what we might call the two-person problem has contributed to theoretical pluralism. But the idea that structure building may be an integral part of analytic process seems to be following an arc of accommodation similar to the one that Abend described for useful attention to countertransference.

THE ANALYST BEING: CHARACTER AND TECHNIQUE

In making the point that the analyst's character and psychological makeup determine what the analyst hears and does, Abend wrote, "The clinical distinctions analysts reach are inevitably subjective, individualistic, variable This is so *even among colleagues of comparable training and theoretical convictions* ... " (p. 386, italics added).

Abend arrived at this proposition via Brenner's formulation that all mental life, whether in the patient or the analyst, consists of compromise formations that may be useful, problematic or indifferent. But the implication of the quoted observation goes much further. It suggests that analysts are more accurately grouped by their psychological makeup than by their theoretical allegiances (Grossman 2014), even allowing that individual psychology determines group affiliations.

Consider one such sorting of analysts by character. We might call them the scientists and the artists.⁹ Some analysts ("scientists") place a strong emphasis on propositional evidence, on cognitive validation; to borrow terms from laboratory testing (and mix a metaphor), their view of analysis might be said to be high in specificity in considering what issues to take up with patients. Others ("artists") place a strong emphasis on feeling reactions, on affective validation; their view might be said to be high in sensitivity.

Abend wrote, "The further one departs from verbal material, the more one relies on one's emotional responses to nonverbal dimensions of the interactions with patients, the more difficult the challenge of verification seems to become" (p. 392). This is undoubtedly true – although

⁹ Ogden (2001) comments on a similar division (p. 321).

the question of “verification” has not been settled for verbal interactions either.¹⁰

For the scientists, Abend’s statement is an implicit condemnation of the artists’ willingness to settle for the “unverifiable” affective data (low specificity); for the artists, the statement is an implicit condemnation of the scientists’ willingness to limit themselves to what is cognitively verifiable (low sensitivity). One might guess that the scientists would incline toward a narrower definition of analysis, the artists to a wider one; that the artists would be more inclined to work with sicker patients, the scientists to work with healthier (“intact”) ones. Analysis requires its practitioners to be both artists and scientists, but an individual analyst will be more one or the other.

As Abend pointed out, the insistence that one is infallible, which he discussed as a proneness to authoritarianism, is a danger regardless of one’s position; it “makes for bad analysts, and bad analyses, *irrespective of the theories that inform such an individual’s technique*” (p. 390, emphasis added). This is another affirmation of the principle that a *character trait*, authoritarianism, is a more important descriptor of an analyst than is a theoretical affiliation. Although character considerations inevitably influence theorizing and theoretical affiliation, character traits extend across theoretical lines. It is my impression that they are more reflective of what the analyst actually does than are espoused theories.

I have elaborated these ideas elsewhere (Grossman 2014) and will not repeat them here. I would point out though how the primacy of character over theory seems to be a common intuition among analysts, even though it is rarely addressed.¹¹ Consider how we make referrals. I mentioned the controversy between Brenner and Stone above. They were both, by Abend’s definition, mainstream analysts, and members of the New York Society. Yet their temperamental differences are obvious. Malcolm (1982) describes Brenner as an “intransigent purist,” “aseptic,” “hard-line” (p. 4), “austere,” “icy” (p. 45). She describes Stone as “humanistic,” “of manifest good will” (p. 42), “humane,” flexible” (p. 44).

¹⁰ Abend noted his discomfort with “mystical explanations of unconscious communication” (p. 388). I find the idea of using words to convey meaning from one mind to another every bit as mysterious.

¹¹ An exception is Kantrowitz’s (1995) work on the patient-analyst match.

When considering what the patient needs, I believe a referring analyst thinks first not about the treating analyst's theoretical allegiance, but about what kind of person he or she is (and what kind of couple the patient and analyst will be together). Even pairs of collaborators are separable by character types, despite their shared theoretical outlooks. With a specific patient in mind, many referrers would have a clear choice between co-authors Arlow and Brenner, or between Calef and Weinschel, or between Greenberg and Mitchell.

Pursuing this realization should put theoretical loyalties in a new context. Analysts can be sorted more accurately according to how they actually work, as demonstrated above all by what kind of people they are. I believe this is implied by Poland's (2002) adage, "Technique is attitude actualized" (p. 807). Attitudes are not always encoded in theories; it is possible to be an impatient self-psychologist or a stingy intersubjectivist, an active ego psychologist or a generous Kleinian. Theories can be examined for the clinical problems they were invented to solve,¹² and that new honesty that Abend described can lead us to a view that, to paraphrase Sullivan, we are all more simply analytic than otherwise.

COUNTERTRANSFERENCE: ONE CONTEMPORARY VIEW

In light of the above considerations, I will not resist the urge to return briefly to the specifics of the countertransference debate. I am of course standing on Abend's shoulders, which allows me to see almost another thirty years beyond his paper.

Abend's paper traced the evolution of the idea of countertransference from Freud's limited use as an obstacle to listening, through the rise of using countertransference as information about the patient. He concluded with the observation of the general acceptance and enriching effect of attending to the analyst's reactions to the patient, as noted above. He also commented that, although there are still (circa 1989) arguments about the term, common usage has settled *de facto* on the definition of countertransference as all of the analyst's reactions to the

¹² Much of Lawrence Friedman's illustrious career has been dedicated to this question. See, for example, Friedman (1988).

patient (p. 383). He did not seem happy with that outcome, and neither are those of us who have continued the discussion (see, for example, Grossman 1996; Renik 1993; Wilson 2013).

Today I think Heimann's position may retain the most influence internationally; yet Abend's synopsis (p. 378) shows readily why it is problematic. If countertransference consists of all feelings the analyst has toward the patient, and it is the patient's creation, and patients' and analysts' minds follow the same rules, why do we not conclude that all feelings the patient has toward the analyst are the analyst's creation? Or (as I suspect) have we held onto the term in order to gain a measure of safe distance from the patient, through the implication that the mind of the analyst is governed by different principles than that of the patient?

This conjecture runs counter to Abend's tentative inclusion of a social egalitarian trend as contributing to the revision of thinking about countertransference (p. 381). Neither Heimann's Kleinian position nor A. Reich's "classical" position would be construed as egalitarian; each sees only one participant as having a "countertransference."

I realized while rereading Abend's paper that one obvious question went unaddressed: Why did Freud choose to name obstacles to listening "countertransference"? Loewald (1986) wrote, "The word countertransference indicates that it is a *transferential* phenomenon" (p. 277, italics in original). As far as I can tell, Freud did not take up the issue; nowhere in his discussion of countertransference does the word transference appear. But does the term countertransference itself make any sense if it is not related to transference?

At this point in our evolution I think the following statements should be relatively non-controversial. First, as Abend noted, we must account for the fact that the psychology that governs human nature applies to both patient and analyst. Second, what we call "transference" is a complex inference that involves unconscious expectations of what other people will be like; indeed, without it we might be unprepared to make contact with others at all (Loewald 1960). Third, there is no interaction that is free of unconscious motives (or as Abend and Brenner would prefer, that is not a compromise formation), and therefore there is no interaction that is free of transference.

With these three propositions in mind, it would seem that only two options make logical sense. One alternative (my choice) is to drop the term countertransference because it is superfluous and misleading. If

Abend's observation of the common parlance definition is correct, we should replace the phrase "my countertransference was ..." with "I felt ...". The analyst's imposition of his or her unconscious needs and expectations upon the patient should be called the analyst's transference (Grossman 1996; McLaughlin 1981). And obstacles to analytic listening should be called obstacles to analytic listening, without having to make an *a priori* judgment as to their sources. Abend quoted A. Reich: "Countertransference thus comprises the effects of the analyst's own unconscious needs on his understanding and technique" (p. 379). Since that is manifested in the interaction (i.e., understanding *of the patient*; technique of interacting *with the patient*), how does that differ from the analyst's transference?

If there is value in distinguishing between transference to the analyst, and countertransference as the analyst's reaction to that transference (perhaps as is implied in receiving or rejecting the patient's projective identifications), the other alternative is to retain the term – with the understanding that we must also consider the patient's countertransference to the analyst. This usage is Loewald's (1986) suggestion.

CONCLUDING REMARKS

In this appreciation of Abend's neglected classic, I have tried to show how, beyond its value as a historical review of the evolution of the concept of countertransference, it stands at what might be a pivot point of analytic discourse. It may be the last document to have a legitimate claim to representing a "mainstream" in psychoanalysis. Its subject, the countertransference debate, carried within it two of the trends that helped define the departure from the mainstream, both of which exemplify the role of the self of the analyst in the analytic process: a renewed emphasis on the analyst's unavoidable (in my view, nonstop) noninterpretive action, and an increased attention paid to the irreducible role of the analyst's character on his or her work. Most simply put, our theories are struggling openly now with ways to account for the analyst always acting, and the analyst always being who he or she is. Both of these factors enriched the discussions of the analytic process that took place with renewed vigor during the decade of the '80s, with Abend in the chair.

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DECONSTRUCTING COUNTERTRANSFERENCE

BY LAWRENCE J. BROWN

Abend's (1989) paper, "Countertransference and Psychoanalytic Technique," is a status report on the concept of countertransference in all its various usages at that time which argues for a "big tent" approach to countertransference that includes a wide variety of subjective experiences the analyst encounters. The author argues that while Abend's approach has helped to "normalize" the analyst's emotional reactions to the analysand, this approach gives short shrift to the important variations in the analyst's subjective experience of the analysand. The author explores the different kinds of subjective experiences evoked in the clinician that have been typically grouped under the big tent approach to countertransference. A clinical vignette is offered to illustrate these points.

Keywords: Countertransference, Freud, Bion, Field Theory, reverie.

Hinduism is typically seen as a polytheistic religion because it is said to endorse 33 million different gods (Mishra 2017). It is true that depending upon where one lives in India or other Hindu countries there may be many local gods that are worshipped, a fact that gives credence to this argument. However, there is another widely accepted viewpoint that

All quotes from Abend's "Countertransference and Psychoanalytic Technique" paper take their pagination from the original 1989 publication.

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Hinduism is monotheistic: that each of these gods is a representation of a single spiritual entity, which is necessary because the unknowable core from which each is derived is impossible for the common man to comprehend. Therefore, from this other perspective, Hinduism ought to be considered a *henotheistic* religion; that is, monotheistic at its center, but with a multitude of manifestations emanating from that etheral essence.

I was reminded of this notion of henotheism while reading Sander Abend's classic (1989) paper, "Countertransference and Psychoanalytic Technique," which is a sort of status report on the concept of countertransference in all its various usages at that time. The paper begins with Abend quoting Slatker (1987) that the contemporary view of countertransference comprises "all those reactions of the analyst to the patient that may help or hinder treatment" (p. 3), which strikes me as henotheistic; a single concept embracing a multitude of experiences. If one were to study Hinduism simply as a monotheistic religion, one would miss all the subtleties and color of the local gods; similarly, I believe that this big tent approach to countertransference gives short shrift to the important variations in the analyst's subjective experience of the analysand. Thus, my aim in this contribution is to deconstruct the wider conception of countertransference and consider the variety of ways the analyst is affected by the patient.

CLASSICAL VIEWS OF COUNTER- TRANSFERENCE AND THE SEEDS OF INTERSUBJECTIVITY

Freud (1905) was aware of the powerful emotions evoked in psychoanalytic work when he commented that, "No one who, like me, conjures up the most evil of those half-tamed demons that inhabit the human breast and seeks to wrestle with them, can expect to come through the struggle unscathed" (p. 109). A few years later, Freud (1910) sharpened his understanding of the underlying dynamics by which the "half-tamed demons" were evoked when he introduced the idea of countertransference and defined it as the analyst's *unconscious neurotic* reaction to the patient's *infantile neurosis*, which the hyphen between "counter" and "transference" emphasizes. In contemporary analytic technique, most

practitioners pay careful attention to their subjective experiences in the clinical hour, especially to one's passing thoughts, subtle somatic perturbations, "wild" thoughts (Bion 1997), etc., which we call countertransference.¹ In my view something is lost when we include the ordinary private musings of the clinician with Freud's emphasis on countertransference as a neurotic reaction in the analyst evoked by the unconscious encounter with the analysand's infantile neurosis.

In other writings (Brown 2010, 2011a, 2011b, 2011c, 2016, in press) I've suggested that implicit in Freud's first comments about countertransference is the beginning of an intersubjective model in which an element of the analysand's psyche unconsciously evokes a powerful and related emotional experience in the analyst that is equally unconscious. This implicit unconscious connection has a direct bearing on clinical process since, "no psychoanalyst goes further than his own complexes and internal resistances permit" (Freud 1910, p. 145). Continued analytic progress, therefore, depends on the clinician's on going monitoring of his psychic experiences for "blips" in his analytic stance that may suggest an undetected countertransference reaction. In addition, this brief statement also implies that the analyst's personal growth may be impeded by his unanalyzed "complexes and resistances." Thus, Freud was fully aware of the necessity for the psychoanalyst to understand his own tendencies to resist awareness of particular issues and the deleterious effect these scotomas have on the analytic work. It was for this reason that analytic training began to require the analyst to have a personal analysis, which became codified in 1920 when Max Eitington founded the Berlin Psychoanalytic Institute.²

Freud's attitude toward countertransference, however, was complex: though seeing it as potentially injurious to the treatment when the

¹ I will use the spelling of "counter-transference" with a hyphen to denote the classical Freudian perspective.

² Hence, the three-part aspects of contemporary analytic training (personal analysis, treating patients under supervision and seminars) are known as the "Eitington model." Balint (1954) noted that Eitington may have had the first, though informal, "training analysis" with Freud. In a letter (22 October, 1909) to Ferenczi, Freud commented that, "Eitington is here. Twice weekly, after dinner, he comes with me for a walk and has his analysis during it."

analyst was blind to it, he also suggested that one's emotional reactions could be of benefit to the analysis. In "Recommendations to Physicians Practicing Psychoanalysis," Freud (1912) advised the analyst to "use his unconscious ... as an instrument of the analysis" (p. 116), though he did not instruct us as to how this is achieved. In the same paper, he introduced the notions of the patient's *free associations* and its analogue in the analyst's *evenly suspended*³ *attention* and considered these as two sides of one coin. Though we can see in these quotes the seeds of what later will become an intersubjective perspective:

Freud and his contemporaries only explored the impact of the analysand's unconscious upon that of the clinician, leaving aside the effect of the analyst's unconscious upon the patient. In connecting the subjective emotions of the analyst and patient, Freud may have been suggesting that the therapist can use his unconscious "as an instrument of the analysis" by paying attention to his countertransference feelings. [Brown 2011c, p. 81]

Freud is often faulted for having advocated that the analyst should remain opaque and manifest the surgeon's dispassionate attitude of "emotional coldness" (Freud 1912, p. 115). However, it is important to note that these first psychoanalysts struggled with the heat generated by the transference-countertransference matrix and I suspect that the goal of "emotional coldness" was likely a fantasied state aimed at cooling down the necessary, but searing emotions in the analytic consulting room. In a letter to Binswanger (1913) Freud acknowledged the inherent challenges in handling one's counter-transference, saying that it was a problem that is "among the most intricate in psycho-analysis" (20 February, p. 112). Yet, the clinician must express "spontaneous affect, but measured out consciously at times ... but never from one's own unconscious" (p. 112). Here again, Freud is giving us a glimpse into his struggles to remain emotionally present, yet measured; using our unconscious as an instrument of the analysis but mindful of how our unseen complexes may curtail our judgment.

³ The German word for "suspended" has been defined differently by some analysts as "swaying" (Hoffer 2015), which suggests attention that moves with the patient rather than "hovering" or "suspending" above the analysand.

COUNTERTRANSFERENCE AS AN “INSTRUMENT OF RESEARCH” INTO THE PATIENT

In this section, we move away from the more restrictive use of countertransference with its mainly negative connotations to a consideration of its usefulness in understanding the analysand's unconscious. In my opinion, the work of Theodor Reik is an important bridge from the classical view of countertransference to its usage, as Freud suggested, as an “instrument of the analysis.” Theodor Reik, a twenty-two-year-old doctoral student, sent Freud his dissertation, a psychoanalytic study of Flaubert, and they met in 1910 at Freud's suggestion. Reik wanted to study psychoanalysis and was planning to go to medical school, but Freud dissuaded him and instead encouraged continuing his work on applied psychoanalysis. He also arranged for the young man to start an analysis with Karl Abraham in Berlin where he obtained full analytic training, including work with patients in psychoanalysis.⁴ Reik was known for the creative application of his intuitive processes, which appeared rooted in Freud's comment that, “everyone possesses in his own unconscious an instrument with which he can interpret the utterances of the unconscious in other people” (Freud 1913, p. 320). Reik (1933) urged the practicing analyst “to trust ourselves to the unconscious ... [and] allow ourselves to be surprised ... and to surrender ... without resistance to the guidance of the unconscious” (p. 328), and that “intellect is a completely unsuitable instrument for the investigation of the unconscious mental processes” (Reik, p. 331).

Although Reik had tremendous confidence in his intuitive talents, he lacked a theoretical tool with which to explain how his intuitions, sponsored by the patient's unconscious contents, came alive in his mind; a gap in understanding that was filled by Melanie Klein's (1946) concept of *projective identification*. This was an extension of Freud's (1894) idea of projection in which an individual attributes to another person an unwanted aspect of himself, thereby alleviating the projector's anxiety. Klein viewed projective identification as a *phantasied primitive defense*

⁴ Reik had a family at the time that he would be unable support if he went to Berlin and Freud offered financial assistance to support Reik's training.

mechanism in which the object becomes completely taken over *in the patient's mind* with the projection, which is usually a part-object; thus, the analysand unconsciously believes that the analyst has literally been taken over by, and is equivalent to, the projected element. Many of Klein's colleagues asserted that projective identification was the mechanism by which countertransference feelings were created in the clinician; however, Klein vigorously opposed this idea and instead held to Freud's original assertion that these feelings were the analyst's neurotic reaction to the patient's projections. She clung to this opinion throughout her career and said, "The only thing I have learned from my countertransference is about myself and not about the patient" (Klein and Steiner 2017). Nevertheless, Klein expanded our understanding of countertransference beyond Freud's original idea to include the impact on the analyst's experience of the patient's unconscious phantasy, primitive modes of thinking and distortions in the patient's reality testing.

Paula Heimann, Klein's close friend and former analysand, championed the role of projective identification in the *creation* of countertransference, positing that it was "an instrument of research into the patient's unconscious" (1950, p. 81) and that it was "the patient's creation, it is part of the patient's personality" (1950, p. 83). Heimann was arguing that since countertransference was created through the patient's projective identification the clinician's evoked emotions were, in essence, a sampling of what the patient found too painful to acknowledge in himself. Though she did not connect her ideas with Freud's (1912) recommendation that the analyst use his unconscious "as an instrument of the analysis," it seems to me that she was seeing countertransference as the means by which the analyst could use his unconscious to better understand the analysand. It is also important to note that Heimann's first analyst (prior to Klein) was Theodor Reik and Rolnik (2008) argues that her emphasis on using one's countertransference as a means of understanding the patient derived from both Reik's suggestion "to trust ourselves to the unconscious" in addition to Klein's formulation of projective identification. It is sadly unfortunate that Heimann's advocacy of using one's countertransference created considerable tension between her and Klein and contributed to their ultimate falling out.

Prior to Klein's (1946) proposal of projective identification as an unconscious strategy of offloading painful experiences *into* the patient's

inner representation of the analyst, Wilfred Bion (1940), writing about his experiences in World War I, had described the psychological component of an enemy's attack that consisted of

a projection into the individual's mind, in order not only to disrupt his or her defenses and psychic organization, but also to elicit specific disabling phantasies – based on early infantile situations – and to encourage the victim into a role that is advantageous to the one making the attack. [Mawson 2014, p. 3]

Bion (1958) later described this kind of projective identification as *evacuative* in that the aim is to unburden one's psyche into the mind of another person; i.e., to often violently “colonize” (Schafer 1997) the other and undermine their capacity to think. However, growing out of Bion's work with groups in the 1940s, he (Bion 1948) described projective processes that evoked empathic countertransference reactions in him, which he later (Bion 1958) termed *communicative projective identification* which aims to evoke in the recipient a feeling analogous to that which has been projected.

Abend cites three important factors that contributed to changes in the classical view on countertransference as an impediment to treatment. The first of these was Freud's (1923, 1926) introduction of the *structural theory*, ego psychology, and the clinical innovations of technical neutrality and intrapsychic conflict. These advances, Abend asserts, in our understanding of psychic functioning apply equally to the analyst and to the patient: both are subject to anxieties and defenses and each contain neurotic components in their respective psyches. He states, “The explicit application of this fundamental reshaping of our views to our way of regarding countertransference, however, was a long time in coming” (p. 377). This comment, while accurate, leaves out the role that ego psychology played in curtailing the use of countertransference as an instrument of the analysis. The predominant ego psychological opinion about using one's countertransference to better understand the analysand was generally considered too intuitive and “unscientific” (Brown 2011a; Lothane 2006); thus, insuring that changes were indeed “a long time in coming” (Abend, op cit).

A second factor, according to Abend, in altering classical opinions about the value of countertransference came from challenges,

beginning in the 1920's, to Freud's seemingly rigid stance that the analyst's private feelings evoked by the analysand ought to remain a private affair. I say "seemingly" because, as elaborated above, I believe Freud's attitudes toward the analyst's subjective experiences were much more flexible than he was given credit, such as his advice to use one's unconscious as an instrument of the analysis. Abend, in further elaborating this 'second factor' goes on to cite the "Many emergent trends [that] can be grouped under the general rubric of interactional" (p. 380), though these trends are mainly mentioned and not explored in much detail.

A third factor discussed by Abend in broadening our understanding of countertransference, and one not given sufficient attention in my opinion, is "the effort to apply psychoanalytic technique to the treatment of borderline, severely narcissistic, and psychotic individuals" (p. 380). Though not mentioned by Abend, the efforts to treat such patients began in earnest in the United Kingdom in the 1940s with the collaborative work of Segal, Rosenfeld, and Bion, each of whom were directly influenced by Melanie Klein's concept of projective identification and its variants. Abend importantly refers to Kernberg's (1965) differentiation of ordinary and abnormal countertransference, a paper that normalized even intense emotions in the analyst that were not a "specific problem of the therapist's past" (p. 43). It should also be mentioned that Kernberg's important and groundbreaking publications at that time were developed from the findings of the long-term study of hospitalized and outpatient borderline individuals treated at the Menninger Foundation (1972). In my opinion, Kernberg's (1965) paper had a huge positive effect on American analysts, especially members of the American Psychoanalytic Association, giving "permission" to value all types of subjective experiences as potentially valuable information. Abend notes this attitudinal shift: "those of us who still prefer to hold to some version of the original, more restricted definition of countertransference as unconscious interferences with analyzing capability are in an ever-shrinking minority" (p. 383).

Beginning in the 1980s, Theodore Jacobs (1983) and others (e.g., Boesky 1990) added another dimension to the analyst's use of his unconscious as a tool in the analysis by focusing on the ways in which the analysand drew the therapist into *enactments*. With this focus on

engagements in action between the analyst and patient, the clinician was charged to attend to the subtle ways in which the patient's unconscious was manifested behaviorally in addition to the usual technique of addressing verbally encoded material (i.e., dreams, associations, etc.). Jacobs asserted that not uncommonly the analyst identifies with an internal object of the patient, which may represent a figure in the analyst's inner world or a split-off piece of himself. In this situation, personages from the analysand's representational world (Sandler and Rosenblatt 1962) may activate analogous presences in the analyst's mind. Thus, a situation arises in which patient and clinician are similarly affected, but equally unconscious of this fact. Consequently, the unconscious material is enacted rather than remembered as Freud (1914) described. In this regard, Jacobs furthered our technical understanding of the use of the analyst's countertransference—in this instance, our propensity toward enactment—as an instrument of research into the analysand's unconscious.

In this segment I have chosen to discuss only a few of the many valuable contributions to using one's countertransference as an instrument of research into the patient's unconscious contents. The underlying assumption common to all these authors is that the ultimate goal was to make conscious the patient's unconscious and that interest in the unconscious processes occurring in the analyst took a back seat to those of the analysand. In a statement that foreshadowed much contemporary focus, Reik (1937) called our attention to “the reciprocal illumination of unconscious happenings” (p. 132) in each member of the analytic dyad and, like Freud, viewed the psychic processes in the patient and therapist as more alike than different. However, even as it grew more apparent that countertransference and transference typically developed in tandem, the means by which these phenomena developed remained mysterious and awaited further discoveries.

COUNTERTRANSFERENCE AS UNCONSCIOUS WORK

I begin this section with a quote from Freud that seems to anticipate much of what is considered “contemporary” psychoanalysis:

he [the analyst] must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient ... so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations. [Freud 1912, pp. 115-116]

Abend views this quote by Freud to mean “that the essential work of the analyst was first to recognize and then to interpret” (p. 375) the patient's unconscious neurotic struggles. While this is surely an accurate statement on one level of the analytic engagement, I find Freud's observation to be impressively heuristic. This quote describes a complex process, wholly unconscious, that involves a “transmitting unconscious” which sends a message to a “receptive organ,” thereby enabling the “doctor's unconscious” to “reconstruct that [the patient's] unconscious” from the unconscious “derivatives” which determine the patient's free associations. This observation, now more than 100 years old, contains all the ingredients of what we today call *unconscious work* (Ogden 2003, 2004, 2007), which is central to our current understanding of countertransference. But what is the nature of this “work,” how does the unconscious “transmit,” what does Freud mean by a “receptive organ,” and how does the analyst's mind “reconstruct” the patient's unconscious?

In an earlier contribution (Brown 2011a), I stated that projective identification is the means by which unconscious communication is achieved; however, we may ask, “What is projected through this unconscious communication?” The answer to this question depends on whom we are asking: for Klein, part-objects from the remnants of the infantile psyche become lodged in the patient's intrapsychic experience of the analyst, thereby distorting, sometimes greatly, the patient's view of the analyst. As analytic attention increasingly focused on the effect of projective identification on the therapist, Racker (1968) delineated how patients may project aspects of themselves into the analyst that evoked a *concordant countertransference* in which the clinician empathically felt the analysand's feelings. In addition, Racker proposed a *complementary countertransference* that was created through the projection of an internal object of the patient that gave the analyst an emotional sampling of the analysand's experience of a parental figure. With this type of

countertransference, the therapist may find himself drawn into an enactment in which he plays the role of the analysand's internal father to the patient's obstreperous child. In Bion's terminology, these countertransferences are enabled through the activity of what he called communicative projective identification. Finally, most contemporary analysts view the contents of what is projected as an *affective experience* that derives from the variety of "projectiles" impacting the analyst's receptive unconscious.

Freud's idea of a "receptive organ" awaiting a projection is a fascinating and highly suggestive concept that seems to have two functions: first, to receive/take in the analysand's projections and, second, "from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations" (1912, p. 116). What is the nature of this "receptive organ" and how does it reconstruct the patient's projections from which the free associations emanate? We may call this process *unconscious work*, but naming it brings us no closer to understanding how this work is achieved, which is related to a consideration of the function of dreaming. In this regard, the receptive organ that unconsciously gives meaning to the projection it has received does so through a process analogous to dreaming. Put simply, the analyst is "dreaming the analysis as it is taking place" (Bion 1992), an assertion that requires further explanation of Bion's (1962, 1992) elaboration of Freud's (1900) theory of dreaming.

Freud introduced the term *dream-work* to describe how the unconscious wish, pressuring for expression in consciousness yet barred by the *censor*, was disguised in order to allow a partial expression in consciousness. It was dream-work which offered a *representation* of the censored wish by creating a symbol that could later be decoded to reach the unconscious wish contained within it. Bion did not take issue with Freud's dream theory but instead expanded upon it by broadening dream-work to include the notion that we are always dreaming, while awake and asleep. His elaboration of Freud's dream-work evolved into the concept of *alpha function* as the structure responsible for transforming unconscious (or unrepresented) material into thoughts suitable for unconscious communication and dream formation. Thus, when the analyst receives a projective identification into his "receptive organ" (Freud's term) and submits it to unconscious work, he is, in Bionian

argot, engaging alpha function to transform and give meaning to the patient's unconscious communication.⁵

Bion (1962) linked the unconscious work of alpha function with the early mother/infant relationship in which the baby projected into its mother experiences too powerful for its immature alpha function to handle. As shorthand, he referred to the mother as the *container* and the infant's projection as the *contained* that she transforms into a psychically manageable event for the infant to take in. Bion calls this unconscious work in which the mother engages *reverie*, defined as, "the *receptor organ* for the infant's harvest of self-sensation gained by its conscious" (1962, p. 116, italics in the original). I think it is important that Bion has used Freud's term of a "receptive organ," and surely not by accident. He thereby links Freud's idea of the receiving unconscious to a structure established in earlier infancy (the container) that makes sense of the infant's (or patient's) projections (the contained) through maternal reverie. In Bionian terms, the analyst's receptivity to, tolerance of, and capacity to transform the patient's often difficult to bear projections is a central feature of the analytic process and dealing with one's countertransferences (in the general sense) is of the utmost importance. The notions of container/contained, alpha function, reverie and dreaming (in Bionian terms) have had a profound impact on clinical technique and the contemporary analyst's attitude toward his subjective reactions to the analysand.

Bion's perspectives led to a delineation of specific kinds of subjective reactions in the analyst that are usually grouped under the general heading of "countertransference," which, as I have been arguing, mutes the important differences between these distinct varieties. For example, in keeping with our current emphasis on the importance of the analyst's subjectivity, candidates in supervisions will report their "countertransference," lumping a mix of different emotional experiences under this umbrella. My response is to inquire about these in detail (assuming the candidate is comfortable with this): is what the candidate reports a countertransference in Freud's original usage (neurotic

⁵ I think that when Freud (1913) said, "everyone possesses in his own unconscious an instrument with which he can interpret the utterances of the unconscious in other people" (p. 320), he was anticipating what Bion calls alpha function.

reaction to the patient's infantile neurosis) or perhaps instead a signal that his unconscious has received a "projectile" from the analysand that aims to inform him (through communicative projective identification) of experiences too difficult for the patient to bear on his own? Regarding the subjective difference between experiencing empathy through communicative projective identification and true countertransference, Bion (1952) states that in the latter:

The analyst feels he is being manipulated so as to be playing a part, no matter how difficult to recognize, in someone else's phantasy ... [and experiences] a temporary loss of insight, a sense of experiencing strong feelings and at the same time a belief that their existence is quite adequately justified by the objective situation ... [*Collected Writings*, Vol. 14, p. 213]

Bion (1970) also speaks of thoughts looking for a thinker to think them that relates directly to his theory of container/contained in which the patient projects into the analyst an unformulated/unrepresented experience with the expectation that the clinician will transform it into a "thinkable" thought. In this situation, it as though the analysand is saying, "I'm feeling something painful and don't know what it is, could you please taste it for me and let me know what you think?" I don't think any of these categories are seen in pure form and instead there are mixtures of these various elements in most clinical situations (see clinical vignette below).

COUNTERTRANSFERENCE AND FIELD THEORY

Thus far in this paper I have been largely addressing countertransference, its interaction with the patient's transference and the mutual ways in which these two phenomena are intersubjectively connected. Over the last couple of decades there has been a burgeoning interest in what has been called *analytic field theory*, which examines the emotional milieu that arises from this intersubjective encounter. A central ingredient is the evolution of a "third presence" that is neither the analyst nor the patient but an entity deriving from their interaction – like a child born to two parents which bears the lineage of each parent but is a psychic

presence of its own. The concept of a field theory owes its origin to the Gestalt theory of Max Wertheimer and became well known with the publication of Lewin's (1935) *A Dynamic Theory of Personality* which offered a view of the personality as developing within a *field* of multiple vectors—the individual's endowment, the impact of parental input, the cultural zeitgeist – and that one's personality is a unique entity that is greater than the sum of its constituent parts. Subsequently, J. F. Brown (1936) published *Psychology and the Social Order*, which attempted an integration of Lewin, Marx, and Freud.⁶ Eric Trist (1985) gave a copy of this book to officers at the Northfield Military Hospital at the outset of World War II, which so impressed them that the Directorate of Psychiatry in the War Office recommended that all psychiatrists read the book. As chance would have it, John Rickman, Bion's analyst prior to World War II, and Bion were psychiatrists at the Northfield hospital and Rickman read Brown's book in 1939 (King 2003). Bion and Rickman subsequently began to work together and founded the so-called *Northfield Experiments* that emphasized the potential healing power of a group experience with other wounded officers.⁷ These experiments ultimately led to the development of the *therapeutic community* and also to Bion's (1961) work on *therapeutic groups*.

I have focused in some detail on this piece of the history of analytic field theory because it is not well known nor written about, except for Conci (2011), and Bion's writings on groups are central to current views on field theory. In his first published paper,⁸ Bion (1940) began to develop the idea of what he would later call a *shared phantasy* between group members that evolved into the concept of *basic assumptions*⁹ (Bion 1961) that may appear in the therapeutic group when the work of the

⁶ Karl Menninger (1937) said in a review "that all psychoanalysts should read [the book] ... as an antidote to the extreme individualism" (p. 132) of psychoanalytic practice.

⁷ Rickman told Trist of a document he wrote with Bion that outlined a plan for a therapeutic community; however, Trist said the document could not be found (Trist 1985).

⁸ Bion, W. (1940) "The "War of Nerves": Civilian Reaction, Morale and Prophylaxis." In E. Miller & H. Crichton-Miller (Eds) *The Neuroses in War*. London: Macmillan, pp. 180-200. Also in CW 4: 5-21.

⁹ The three basic assumptions are *dependency*, *fight-flight* and *pairing*.

group has been disturbed. Each basic assumption is an unconscious phantasy arising amongst the group members and is a gestalt in the sense that this phantasy is composed of emotional elements from each individual, yet has a life of its own. Consequently, once formed, the basic assumption phantasy colors the emotional milieu that is subsequently experienced by each participant in accord with his or her individual personality. For example, when a *paired* basic assumption is active a shared phantasy emerges in the group that two members (possibly including the analyst) might engage in some form of intercourse that would deliver a savior to rescue the group from its current distress. Though the Barangers (1961/2008) are generally credited with introducing the idea of a *shared unconscious phantasy*, M. Baranger (1993), referring to Bion's (1952) work on groups and the existence of an unconscious phantasy in the group, stated that "This is what we mean by the basic unconscious fantasy in the field of the analytic situation" (p. 17).

Seen through the lens of field theory, our understanding of countertransference (in the general sense) is greatly broadened. Just as the Barangers' shared unconscious phantasy of the field is formed from the interacting psyches of patient and analyst, so countertransference is viewed as an epiphenomenon of the intersubjectively constructed field. Ogden (2003) argues that when an analyst has a reverie it is not important to ask, "Whose idea was it?" since that experience is born of the analytic field of the moment and therefore owes its lineage to the unconscious psychic mating of the analyst and analysand. Most important is that an unconscious mood has taken hold in the session and that the therapist and patient are actively transforming that affective milieu through their individual alpha functions. I (Brown 2016, in press) have proposed the idea of *spontaneous unconscious constructions* that form instantaneously and are pathways that represent the unconscious emotions permeating the analytic field of the moment. These "constructions" include reveries, countertransference dreams, spontaneously appearing jokes and what Ferro (2009) and Civitarese (2013) call *characters in the field*. Such phenomena are unconsciously jerry rigged in the clinical moment and are in vivo transformations (Bion 1965) of the core emotional situation permeating the intersubjective field, which are living phenomena born from the communicating alpha functions of the

analyst and patient actively engaged in unconsciously giving representation to their shared emotional experience.

In summary, this deconstruction of phenomena, often grouped together generically as “countertransference,” reveals numerous subjective occurrences that the analyst may experience. These include, but are not limited to, the clinician’s unconscious neurotic reaction to the analysand’s infantile neurosis; emotional reactions evoked in the analyst by the patient’s violent or communicative projective identification which may be used as an instrument of “research” into the patient’s unconscious workings; a pressure induced in the therapist that pulls him/her into a behavioral enactment that is prefigured by contact with an internal object in the analysand and its analogue in the analyst’s psychic make-up; the evocation in the clinician via projective identification of an emotional projectile too painful for the patient to bear and which searches for a “receptive organ” in the analyst to do the unconscious work (dreaming) of representation the sender is incapable of doing on his/her own; and the appearance of spontaneous unconscious structures (reveries, quips, night dreams about the patient, characters in the field) that are living phenomena born from the analytic “intercourse” in the immediacy of the clinical hour that gives rise to offspring independent of the analyst and patient, but configured from their psychic genetics. These subjective experiences in the analyst are rarely seen in pure form and typically occur mixed with other varieties. Indeed, they may go unnoticed or are dismissed as irrelevant, but if the clinician can train him/herself to pay attention to these subtle happenings one will find a treasure chest of valuable clinical material at hand.

CLINICAL VIGNETTE

Ethan, a young man in his twenties, had begun for the first time an ever-deepening romantic relationship with Rachel. He often struggled with the wish to end their courtship, especially at junctures that led to further intimacy. She, too, had her own set of anxieties, but the couple persevered and was on the path to a genuinely loving connection. Ethan began one session as he often did by relating some incident with his girlfriend that stirred his uncertainty about their growing involvement. Perhaps it was the time to back away as he had done in previous relationships? Yet

our work together revealed his significant anxieties and we attempted to sort out some sense of the “actual” Rachel from his perceptions of her, now a familiar theme that felt repetitive to both of us. I noticed that I had slipped into a visual reverie of various danger signs one might see on a descending mountain road with hairpin turns and so I said to Ethan, “I think it feels like your relationship is going down a road with many road signs warning of danger, like sharp curves, steep descent” and, to my surprise, I added the word, “*peligro*” (the Spanish word for “danger”), which he and Rachel were not heeding.

At this point a smile suddenly beamed across his face and he sat forward in his chair: “I can’t believe what you just said, it reminded me of a dream from the other night that’s so much like the metaphor you just used, almost identical—that’s weird.” He continued:

Rachel and I were driving in a sort of road repair truck – she was driving – and we had to stop every few feet to put down these cones to tell people to drive carefully. As we moved down the road we came to the end of it and there was a sign with a big ‘X’ across it to indicate the end of the road. But she kept driving and we ended up in a very shallow puddle that was getting deeper as more water was flowing in. Suddenly there was a huge wave that covered everything and that was the dream. Scary.

He said the idea of a “road repair truck” felt heartening; that, despite his anxiety about the deepening intimacy, he and Rachel were having honest conversations. It seemed to me that his focus on the reparative aspect of the dream, while certainly relevant, also moved away from the frightening emotions of the dream at which point I became aware of unconsciously using the word, *pilegro*, in my interpretation to Ethan.

I do not speak Spanish, but have traveled to South America on many occasions, and I wondered why the word *pilegro* came to mind at that moment in my reverie. This question immediately brought to mind the Yungas Road in Bolivia, also known as “The Road of Death” and reputed to be the most dangerous in the world, which descends nearly 12,000 feet from the cool highlands to the Amazonian rainforest.¹⁰ I recalled

¹⁰ From 200 to 300 drivers and cyclists perished on this road each year until it was modernized in 2006.

that I had fantasized driving that road while planning a vacation in Bolivia years ago, but came to my senses when confronted with the dangerous reality. I felt anxiety in the session as this memory came to me and, importantly, my association to death and catastrophe signaled that both Ethan and I were sharing fear of a deadly plunge: he submerged in a “huge wave that covered everything” and I plummeting down from “the road of death.” Realizing the magnitude of fear that my reverie and its associations strongly suggested, I interpreted that “the road repair truck surely is a comforting image, but your dream goes on, crosses a forbidden barrier and then a huge wave covered everything; you’re frightened in the dream.” Ethan responded with silence and looked worried, then said he was thinking of women he feared he had hurt in the past and was now worried that he could hurt Rachel even more than the others because their deeper intimacy made them both more vulnerable.

Ethan’s anxiety about hurting women brought to mind that I had seen him in psychotherapy for about two years during latency when he was six years old because of intense anxieties and anger that centered around feelings of loss: his father’s successful bout with past cancer, heightened by the reality of a neighbor woman struggling with cancer. As a result of the neighbor’s illness, Ethan, an only child, had to “share” his mother with the woman’s son. He appeared to tolerate this situation until the boy’s mother returned home at which point Ethan became defiant and angry toward his mother, saying that he will sing “Ding Dong, The Witch is Dead” when his mother died. I also recalled that shortly after his birth his mother nearly died from a major bleed and that his play in the sessions often consisted of whipping Barbie dolls while gleefully laughing and holding his genitals. At that point, I reminded him of this history, which we had spoken about previously, that helped to deepen both his and my experience of Ethan’s anxieties in the present and what brought him to see me fifteen years earlier.

DISCUSSION

As with many young men and women in their 20s, from a bird’s eye view this session is fairly typical: a young couple engaged in a deepening relationship with each other, their careers, and the challenges of entering adulthood. In Ethan’s case, he was engaged in a treatment that he found

increasingly meaningful to him. However, a close-up examination of this session offers a more nuanced view of the often subtle, nearly imperceptible, interactions occurring in this hour. Ethan began the hour speaking of his growing involvement with Rachel and the anxiety that evoked in him. An insightful man, he was able to appreciate that the actual Rachel was likely different from his perceptions of her which was an important realization that allowed him to get more deeply involved emotionally with his girlfriend. Nevertheless, after some lengthy period of analyzing his anxieties about a deeper relationship (with Rachel, me and his developing career), this topic began to feel somewhat repetitive to Ethan and me.

In the session, I suddenly I became aware of a visual reverie that appeared unbidden of danger signs that one sees on descending mountain roads. I have come to regard such reveries as the product of communicative projective identification that also is, as Bion has commented, "A thought looking for a thinker." What was Ethan asking me to think or feel for him that was too dangerous for him to think on his own? My inclusion of the Spanish word, *peligro*, among the danger signs, also coming to mind unbidden, surprised me as I said it. Interestingly, Ethan responded immediately to my interpretation, based on my reverie, with a broad smile and found it "weird" that the metaphor I used (the road signs indicating danger) reminded him of his dream. It is always fascinating, even uncanny, that the analyst and patient end up nearly thinking the same thoughts and it strikes me that our mutual associations were a pathway to conjointly representing danger associated with getting more deeply involved. In my opinion, this is the essence of what we call the psychoanalytic process: two psyches giving birth to an idea. Put another way, my reverie and Ethan's dream were both products of an intersubjective analytic field created from features of his anxieties and those of mine emerging in the session.

The more unconscious levels of the danger associated with getting in too deeply were revealed in Ethan's dream of a shallow puddle that was suddenly flooded by a huge wave and in the Spanish word *pilegro* coming to my mind. Of all the possible words and metaphors that could represent danger, I wondered why this particular word emerged in my reverie and the Yungas Road, associated with plunging to one's death, immediately came to mind. I think this representation is a perfect example of unconscious work choosing, as it were, the most appropriate word to capture the emotions suffusing the unconscious field crafted

from Ethan's and my shared experience in the moment. As I (Brown 2016, in press) have described, this shared unconscious intersubjective field (Barangers' "shared unconscious phantasy of the couple" or Bion's "basic assumption") is an emotional experience arising from the intersection of aspects from the analyst's and the patient's internal world. This shared unconscious emotional experience is a *condensation* of analogous elements in the analysand and the clinician that represent the operative emotion of the moment, like a painter choosing various colors to create a particular mood, and form instantaneously in the clinical hour. Thus, an unconscious sense of danger and fears of "taking the plunge" dominated the session that Ethan and I both "dreamed" (gave representation) through our respective associations. I have suggested the term "spontaneous unconscious constructions" to describe those phenomena (reveries, humorous quips, dreams of one's patient, "characters in the field"), appearing unbidden in the analyst's or patient's mind, by which aspects of the patient and the analyst have instantaneously cohered around an emotional core to represent those affects in the immediacy of the therapy session.

Taken from another perspective, my reverie and its association with the Yungas Road served an important interpretive function: it stood for the anxiety of "taking the plunge," yet also gave expression to the terror associated with that step. When I emphasized the degree of Ethan's intense anxiety about deepening the relationship with Rachel, he began to speak about his worries of having injured women in the past. Ethan's association of his current anxiety with having injured women in the past triggered my recollections of his early history and the previous treatment when he was a latency age boy, thereby giving him a more complete understanding of his struggles in the present and their connection to his earlier anxieties in childhood. (I should add that while writing this paper I recalled a memory from early childhood of being on my father's shoulders at the top of the Statue of Liberty and a strong, dizzying fear of plummeting to the ground below. In retrospect, this terror at the Statue of Liberty must have been a substrate of my conscious fear in the session of plunging off the Yungas Road. In this regard, it seems likely that some portion of my anxiety derived from "my neurotic reaction to the patient's infantile neurosis" and constituted counter-transference in the classical Freudian definition.)

CONCLUSION

In conclusion, the broader definition of countertransference has been immeasurably helpful in attuning the practicing analyst to the important use of attending to the one's subjective experiences during analysis. This "big tent" approach has been a vital element in the evolution of contemporary analytic work that no longer considers countertransference as a negative factor in treatment. However, the downside to this change of view is that we have paid insufficient attention to the wide varieties of subjective experience a therapist may encounter when we group these generically as "countertransference." As I have endeavored to demonstrate, it is vitally important to our clinical theory and practice to remain aware of the broad richness of experience we meet each day and not to mute these in generalities.

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Countertransference Changes as a Herald of the Relational Turn

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COUNTERTRANSFERENCE CHANGES AS A HERALD OF THE RELATIONAL TURN

BY ALICE SOHN

Changes in countertransference, as observed in a 1989 paper by Abend, are reconsidered as early signifiers of the relational revolution that overtook psychoanalysis in the 1990s. Alterations in the way we think about the provenance of countertransference, analytic objectivity, and analytic authority are explored. The losses inherent in these changes, many of which Abend warned of, are examined, with special attention to the loss of interiority entailed by the relational movement. Finally, the continued use of the term countertransference is discussed.

Keywords: Countertransference, objectivity, authority, interiority, egalitarianism.

For an analyst trained in the new millennium, revisiting this paper in 2017 is both a cultural experience and a testimony to how much psychoanalysis has changed in the last thirty years. The latter is apparent in the way Abend approaches his primary topic, countertransference. Although he appears to limit himself to this topic, you can almost see him, in his explanation of analytic and cultural factors contributing to changes in the analytic topography, straining at something greater. That something emerged in the following decade, in the form of intersubjectivity and relational thought. This paper responds not only to transformative ideas of countertransference, but also to the evolving landscape of psychoanalysis itself. It is an early warning shot of the impending

All quotes from Abend's "Countertransference and Psychoanalytic Technique" paper take their pagination from the original 1989 publication.

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relational revolution, in which psychoanalysis was reconfigured by intersubjectivity, field theory, and two-person approaches.

By 1989, the debate about countertransference was at least fifty years old and, in many quarters, settled. In fact, the interpretation, disclosure, and discussion of countertransference ultimately became so ubiquitous to our theories and practice that countertransference is an inherent part of almost every clinical paper or presentation, and, as a result, hardly ever an independent subject. In concert with new frameworks at our disposal to understand it, such as the analytic third (Ogden 1994), analytic field (Barranger 2008), and enactment (Jacobs 1986), countertransference has been elevated from a cautionary Freudian side note, to an integral part of our clinical formulations. This was almost, if not already, the case in 1989.

Abend's arguments against the contemporary view of countertransference address the overall culture of psychoanalysis as much as they do countertransference, itself: the plausibility of "holding" treatments, the engagement of more primitive psychic states, egalitarianism. These ideas are in conflict with the bastions of ego psychology, such as those highlighted by Abend—objectivity, interiority, authority—replacing them instead with relational thought. This provides the sense that Abend was quarreling not only with countertransference definitions, but also with the very meaning of psychoanalysis, as it shifted from orthodoxy to relationalism. This is why Abend's arguments focus on concepts, such as egalitarianism and authority, that are more accurately linked to the relational revolution than they are to countertransference itself.

Of course, in 1989 this relational storm had not yet descended, so Abend's ability to critique it was limited to the subtle signs, the shifting winds, and novel animal behavior he discerned. This paper, and others like it from its era, took potshots at the small corners of the coming intersubjective and relational revolution as they were becoming visible. Some papers attacked the replacement of abstinence in favor of more active approaches. Others took issue with analyst self-disclosure. Looking backward, 1989 looks like an abeyant hour in the history of psychoanalysis. The constructivists and relationalists were building momentum and even some standard-bearers of ego analysis, like Merton Gill (1982), were surprisingly converted by the persuasions of the new relational thought. The relational revolution was germinating below the

surface of mainstream psychoanalysis, although it was still more a disruption than a movement in its own right.

Although the toehold of orthodoxy was slipping, North-American psychoanalysis was still a one-person enterprise and the patient and analyst of 1989 were still officially discrete psychic entities, with separate intrapsychic conflicts and dynamics. The terms required to coalesce the disruption into a movement, words like matrix and mutuality, phrases like unformulated experience and analytic field, were as yet unnamed in North America and, in fact, not yet fully conceptualized. It would take several years for the lexicon of intersubjectivity to emerge in the mainstream of psychoanalysis. This made it difficult for writers like Abend to articulate complaints about the subtle changes apparent in 1989. But soon after the publication of Abend's paper, a new vocabulary did emerge, and with it, both the movement it described as well as its critics.

In 1989, Abend was a vague Paul Revere, sounding an alarm that *something* is coming, wistful not only for the original or intrapsychic version of countertransference, but for these other trappings of ego psychoanalysis that he recognized as endangered. This is why he addressed countertransference in the context of the overall slackening—egalitarianism, regressive states, non-verbal communication—of the principles of ego psychology. His plea was largely unmet, as countertransference is almost exclusively used to describe a relational or interactional experience in the analytic situation. But that may not be the most interesting aspect of the paper. Instead, it remains important as a bellwether for the changes overtaking psychoanalysis more generally.

PROVENANCE OF COUNTERTRANSFERENCE

Abend spends the bulk of his time in this paper explicating the history of countertransference, beginning of with Freud's pithy advice on the topic. He hits his stride with an abbreviated play-by-play of an earlier analytic revolution, the one demarcating the ego psychology from the object relational position on countertransference. This dispute was a significant straightaway on the road to psychoanalysis' engagement of earlier and

more primitive pathologies, allowing the analyst an aperture to the as yet inarticulable. This is because phenomena such as projective identification and countertransference rely upon our willingness to embrace that which is not directly observable. In this way, this older countertransference schism seems like a step toward what we now recognize as the modern, two-person approach.

Interestingly, although this change brought the analyst into the analysis in a novel way—as an appliance of the analysand's transference—it did not yet beckon the two-person approach. True, our understanding of the analyst's experience was transformed. Countertransference, once an aspect of the analyst, became, in the mid-century, object relational school, an extension of the analysand. In other words, the analyst's subjectivity was actually minimized, rendering her less human, more oracle. But analysis was as yet untouched by constructivism: psychopathology continued to be objectively recognized and authoritatively interpreted for at least another half century. And, attitudes toward objectivity and authority, which disturbed Abend by 1989, were not impacted.

Nevertheless, redefining countertransference in this way constituted an enormous modification to the way we conceptualized analysis, and was a blow to the orthodoxy Abend endeavored to protect. Altering the genesis of countertransference—by locating its source within the analysand rather than the analyst—necessarily moves the goal post of analysis from making the unconscious, conscious; toward formulating and verbalizing the unformulated or unarticulated. The analyst becomes a tool in giving shape to that which the patient is unable describe.

Further, this formulation challenges the primacy of the Oedipal conflict as the analytic grail. The use of countertransference as a key in deciphering the analysand's transference circumstances admits earlier phases of development and developmental pathology to the analytic task. The theater of analysis was thus expanded, Oedipus no longer the only star of the show.

In the United States, however, and among the ego psychologists who predominated Abend's milieu, countertransference continued to reflect the intrapsychic thinking of the era for some time longer. Girded by the austerity of American analysis in the middle of the last century, which prized abstinence and neutrality, the general loosening of analytic standards that concerned Abend in 1989 was kept at bay for some time.

Oedipus was preserved as an analytic meridian, as were ideas about maintaining objectivity, authority, and interiority.

Eventually, though, and notwithstanding Abend's cautions, original notions of countertransference were all but abandoned at the toll plaza of the new millennium. Given that the original definition of countertransference may be the more relational one, it is interesting to consider how it might have ripened to maturity if welcomed into the intersubjective era. Foundational to it is the idea that the analyst has reactions, affects, and weaknesses that are her own intrapsychic experiences, based on her own transferences. This actually affirms the analyst's humanity, accounts for her susceptibility, history, and circumstances. The Freudian attitude toward countertransference phenomena may not have been forgiving, but it acknowledged the analyst as an individual.

The idea that each moment of the analytic encounter is a valuable codex of the dynamics of the analytic dyad, which in turn sheds light on the analysand's transference configurations, has been incalculably meaningful to the analytic project. A total reliance, however, on relational or intersubjective definitions of countertransference, sidelines other important types of experiences that we as analysts may have. The contribution of the analyst's own interiority, the distinct and discrete intrapsychic stamp each analyst leaves on the collaborative encounter, is discounted and overlooked. Changing ideas about countertransference, like any changes to the original tracts of psychoanalysis, constitute a giving up or giving in that Abend would have objected to. That aside, the wholesale adoption of the new version of countertransference doesn't get us any closer to grappling with what countertransference should make us consider: the twinned problem of our own weaknesses and vulnerabilities, and how they impact and even drive the analytic encounter.

Perhaps that is exactly the problem Abend struggled to warn us of in 1989: the experiences we, as analysts, may have, are no longer our own. The countertransferential affects, the distraction, anger, and desire, are no longer exclusively ours to contend with. They belong to the patient, the dyad, the field, as well. And while this is undeniably true, there are other truths, including those to do with the analyst's separate, private, interior mind.

WHAT HAVE WE LOST?

Interiority

What I am suggesting is that the so-called “relational turn” runs the risk of generating a new kind of imbalance in our theory, this time weighting the interpersonal at the expense of the intrapsychic. In thirty years time, we have almost forgotten the original use of countertransference. Retaining the possibility of a unitary, intrapsychic experience can be useful. The hash of multiple, colliding, interfacing subjectivities of modern practice can make it easy to avoid our responsibility to work out our own occlusions.

All of these changes amount to a loss of interiority, both our patients’ and our own. Abend’s critique of countertransference alterations did not quite go this far, probably because it was impossible to imagine at the time. But, the changes he warned us of turned out to be tantamount to an abrasion of the intrapsychic. This seems paradoxical, because analyst participation, both allowing and taking responsibility for the analyst’s subjectivity, has been an explicit value of the relational turn, beginning with changing notions of countertransference. In some theories, this even includes the impact of the analyst as a real person. However, this is usually in interaction, in relation. Less attention is given to intrinsic psychical features of the analyst, areas of special vulnerability or patterns of thought or behavior that exist not only in a particular analytic dyad but in the analyst in general, in a way that warrants consideration.

And, as much as intersubjectivity offers relief from the strangulating paradigm of doer-done to, it can have the unintended consequence of letting the analyst off the hook. Modern psychoanalysis preaches interest over evaluation, but it is still worthwhile to address our own shortcomings when we become aware of them. The stance of curiosity and exploration of our countertransference and of enactments has done much to diminish the shame associated with the routine difficulties of practice, but it has also provided a sometimes too accepting attitude toward non-optimal behavior. Somewhere between yesteryear’s command to return to analysis and contemporary theory’s contextualizing of analytic error must lie an opportunity to fruitfully struggle with the internal and intrapsychic, if only for the purpose of elaborating the relational.

Objectivity

Changes in countertransference are only part of what Abend took up in 1989. His paper was also a forum to engage alterations to the general culture of psychoanalysis, and he objected to some countertransference-adjacent aspects of contemporary psychoanalysis, such as shifting ideas about objectivity and authority. These aspects of the way we think about and practice psychoanalysis were markers of the move toward intersubjectivity and relational schools of thought. However advancing these changes have been, they are not without their compromises.

Abend predicted, quite correctly as it turns out, that changing notions of countertransference would not improve the objectivity or accuracy of our interpretations. He noted that a new version of countertransference would carry with it “no sure formula for distinguishing the helpful from hindering reactions to patients” (p.393). He continued, arguing that the new definition of countertransference relied too heavily on non-verbal and pre-verbal, un-articulated and inarticulable data: “The further one departs from verbal material, the more one relies on one’s emotional responses to non-verbal dimensions of the interaction with patients, the more difficult the challenge of verification seems to become” (p. 392).

Despite noting that the use of countertransference “continues to be the quintessential skill, even perhaps the ultimate test of the gifted analytic clinician” (p.389), Abend, like most analysts of the positivist generation and classical persuasion, found a certain comfort in the objectivity promised by technique that seems implausible through the lens of modern psychoanalysis. Instead, the revisionist definition of countertransference offers—perhaps—more data about an analysis, but without any contract of accuracy or objectivity.

But Abend’s roots are in a tradition derived from Freud’s desire for psychoanalysis to be a natural science with demonstrable evidence, objectively prescribed techniques, and accredited cures (Freud 1895). Of course, this was only part of the story. Freud himself noted that his case reports read more like short stories than psychiatric reports (Freud 1893). Unfortunately, that did nothing to stop the perpetuation of the historic fallacy of reliable scientific data in psychoanalysis. The nature of transference always rendered analytic “data” specious at best. And,

despite being the “talking cure,” psychoanalysis has never accepted the spoken word at face value.

Instead, psychoanalysis has always assumed that there is more to the mind than what is said, and more to what is said than what was consciously intended. Defenses like denial and reaction formation, illnesses like conversion disorder, concepts like parapraxes and reversals, all presume a symbolic and unverifiable meaning concealed by manifest material. Unformulated, unmentalized, and unarticulated are novel catchphrases in a canon that has always cherished the non-linear and non-verbal.

Now, we have abandoned the striving toward objective certainty as an impossibility, a vestige of traditional psychoanalysis’ positivism and original scientism. I consider this a revelation, rather than an alteration, the exposure of facts that have been present all along, even if this was not the version of the story that ego analysis promulgated. This doesn’t trouble me the way it did Abend. In fact, I’ve hardly known another way. But in our contempt for objectivity, we render psychoanalysis as a banana peel on which the analyst has perpetually slipped, leaving her in a state of constant disequilibrium. From the standpoint of an analyst who never knew it, that type of certainty can sometimes seem attractive.

Authority

Like objectivity, analytic authority is not necessarily vital to theories of countertransference, although it is vital to the way we conceptualize the analytic encounter and indeed, the way we think about the individual and the mind. Since the time of Abend’s writing, authority has become dissociated from skill and experience, maligned as a form of superiority and married to more traditional analytic approaches. This is unfortunate, because analytic authority can be nothing more than the exercise of knowledge, an analyst doing her job. Culturally and in psychoanalysis, however, it has become associated with hierarchy and abuse. He described the wholesale sidelining of authority as a “false egalitarianism” (p.390) and objected to the conflation of empathy and egalitarianism that found most arguments against analytic authority.

Steiner (2016) describes this prejudice as it has evolved in modern psychoanalysis when he notes that relativist and collaborative theories are considered compassionate and kind, whereas those that rely upon

more traditional ideas such as objective knowledge and analytic authority are deemed ungenerous, withholding, or intrusive. Certainly, we can comfortably bid farewell to the caricature of the domineering analyst to which Abend refers. But it is analysts who are supercilious or kind, not theories. Abend addressed this, writing that, “the kind of characterological problem that makes for bad analysts and bad analyses, exist irrespective of the theories that inform such an individual’s technique” (p. 389). Abend pointed this out in 1989, but the prejudice that more gratifying theories make for “nicer” analysts seems to have persisted despite the fact a successful analysis is driven, at least in part, by our knowledge and ability to utilize it.

This bias is explicitly at odd with other aspects of two-person thought, especially with the idea that everyone participates. If the analyst is a true and participating subjective other, then it stands to reason that she will also be subject to the same vicissitudes of feeling. Whether and however these vicissitudes are managed and expressed may be in part a matter of theoretical orientation, but any honest scrutiny of practice would reveal that we achieve our theoretical standard less frequently than would be ideal.

While the relational approach has enlarged the aperture into the analyst’s own experience, it has also in some cases demanded an analyst approaching sainthood (Slochower 2017), intuitive, self-sacrificing, parental, and forgiving in each interaction. This is obviously an unachievable standard. Believing we can achieve it through theoretical orientation is a false security can actually make us less alert and available to counter transference reactions.

Our authority in the consulting room may be mutually constructed, partial, and subject to our conscious and unconscious misuse. But it is also true that, in a counterphobic response to the difficulties of classical praxis, we can be “too anxious to relinquish our authority and relocate it within the analytic matrix” (Slochower 2017, p. 290). The dissociation of professional knowledge, sometimes lionized in modern psychoanalysis, can be tantamount to a lapse in authenticity (Civitarese 2016), exactly the type of false egalitarianism Abend forecast thirty years ago.

This seemingly benign reorientation is harmful to psychoanalysis because it dodges the very kind of tension that the analyst must be willing to embrace. In order to practice with integrity, we must embrace both our knowledge and our lack of knowledge. We must be willing to

try to attain objectivity and subjectivity, both of which are required to do good analytic work (Steiner 2016).

Further, even if we believe that authority in the clinical encounter is theoretically and practically impossible, an analyst must on occasion have access to the fantasy that she has something definitive to offer. Our expertise is what separates us from supportive psychotherapies and other types of counseling, and it is what our patients seek out when they come to see us. Without a compelling belief that we know something more than our own or our patients' projections—that our countertransference can tell us something about ourselves, that clinical experience, training, and exposure to theory and technique count—we lack the authority to proceed with analysands, especially in the face of rupture or impasse.

This can be particularly vexing for new analysts, trained primarily in intersubjective theories, lacking a foundation in traditional thought and the value of the intrapsychic (Slochower 2017). Interpretation can be discouraged for its authoritarian imposition and impingement on the other (Davies 2016; Katz 2016). This leaves us reluctant, and without theoretical footing, to insist on our authority, however loosely held and gently wielded. Younger analysts are taught to feel apologetic about our authority; guilty over the expertise we have accrued in what can be lengthy and arduous training and guilty about this privilege of knowledge (Davies 2016). This is considered democratic or collaborative, a sharing of the "blame." But these *a priori* stances lack the nuance integral to psychoanalysis and are not necessarily a favor to our analysands.

Sometimes analysis requires the analyst to introduce the analysand to aspects of her personality of which she would prefer to remain unaware (Davies 2016). It is not always possible to non-frictively acquaint people with their habitual ways of engineering dissatisfaction and discord. And, it is not always useful to contextualize our observations in a mutually constructed analytic sphere. Some of what will be salubrious for the patient will have nothing to do with the analyst or analytic matrix. Analytic tact, and, more recently, holding techniques, can be useful, but imposing the myth of a lubricated analytic experience deprives analysands of the knowledge, professional skill, and experience we bring to the analytic encounter and creates an impossible standard of which analysts can only fall short.

WHY CONTINUE TO USE THE TERM COUNTERTRANSFERENCE?

Given our devotion to the revisionist version of countertransference, we might wonder why we continue to use the term countertransference at all. In the new analytic world, predicted by Abend and brought to life by turn-of-the-century psychoanalysis, the notion of “counter” transference seems antiquated. This is not to say that the analyst’s reactions are unimportant—far from it. In fact, as Abend notes, the victory of the revisionists repositioned countertransference at the analytic fore. The analyst’s responses, affects, and interactive participation have become vital to both formulation and praxis.

Instead, it is the notion that countertransference is elicited in response to or “against” the patient’s transference that seems outmoded in the context of our current theoretical preferences. This language is more consistent with earlier, bellicose formulations of psychoanalysis in which analyst and patient, or analyst and psychopathology, were positioned against one another in a battle of wills.

The notion that the term countertransference may be imprecise is not new. It has been tugging at the hem of psychoanalysis nearly since the beginning. It is a natural extension of ideas regarding the analyst’s participation, evident early on in Ferenczi’s experiments with mutual analysis and Racker’s idea that analysis is not an encounter between a well analyst and a sick patient. Even Charles Brenner, keeper of the orthodox flame and mentor to Abend, suggested that there is no meaningful dichotomy between transference and countertransference (1951). Abend himself acknowledged this several years after this paper, writing that the distinction between patient and analyst has been diminished (2002). This levels the consulting room and patient and analyst transference in a way that obviates the necessity of separate terms.

So, why does the terminology persist? As the postmodern era wrought the changes between analyst and analysand described above, it may be more difficult for us to be certain of our role. The lanterns of abstinence and neutrality, which guided generations of analysts through the dark territories of the mind, are dim from disuse. The couch, which emphasizes and enhances the formal nature of the analytic encounter and distinct roles of analyst and analysand, is, for many, optional. The

once taboo analyst self-disclosure is considered by many an important way to introduce the patient to the analyst's subjectivity (Aron 1991). Theories of enactment and impasse allow us to engage with our patients in spontaneous, but potentially impulsive or self-indulgent ways.

Thirty years ago, analysts struggled to be more known to their patients. Today, we struggle with relativism, a diffusion of role and boundaries, and the distinction of figure from ground. Maintaining the prefix of countertransference returns us to our analytic roots, reminds us of our ancestral responsibilities. It is a way to remind us that, even if our transferences are extant just like the patient's, we are in the consulting room for a difference purpose (Aron 1992). Our countertransference is different from our patients' transference not because of superiority or causality. It is different because in the analytic moment, we are there for a different reason and in a different role. As much as we may always be ourselves, we are not, as analysts, there for ourselves.

The word countertransference, even if it is no longer theoretically accurate, is a small but effective reminder of the responsibility that we cannot always execute perfectly, or even well, or with full conscious awareness. We could capitulate the trend of politicizing nomenclature and invent a more congenial, less loaded term. Or we could retain our original terminology and allow it to remind us of the bygone eras of psychoanalysis, which still have something to offer us.

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STRUCTURED AND ORGANIC MODELS OF COUNTERTRANSFERENCE

BY CHARLES SPEZZANO

Abend's paper is a gift for any author wanting a summary of where conflict theory (sometimes called "classical theory" by those who don't embrace it, much to the annoyance of those who do and hear, in the word classical, the innuendo of old and outdated) stood on the question of countertransference thirty years ago, to be used as a launching pad from which to discuss developments in how we have been writing about it since then. His writing is clear and unambiguous (or as unambiguous as one could hope for, in the face of continued confusion/debate about such fundamental topics as the therapeutic action of psychoanalysis or how the mind works—especially unconsciously). Since then, the literature on countertransference wrestled with the problem that, while having a certain feeling at a specific moment can be treated as a fact, analysts, as is also true for patients, must interpret that feeling; and then analysts must make clinical choices about how to use their interpretations of their countertransference emotional experiences, and must also make clinical choices about how to respond to analysands' interpretative readings of their analysts.

All quotes from Abend's "Countertransference and Psychoanalytic Technique" paper take their pagination from the original 1989 publication.

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Keywords: Transference, countertransference, affect, Abend.

“Feelings are the few things which analysts have the luxury of being able to regard as facts.”

—Bion 1976.

DISCUSSION OF SANDER ABEND’S PAPER

Most of the literature on countertransference published in the last three decades is powered by the growing agreement that analysts, like everyone else, experience affects in response to patients; that, even if the way analysts process communications from analysands is theoretically informed, it is also always idiosyncratic and unpredictable; that, although affects tell us something about our immediate experience, the meanings we assign to them and the explanations we create for their appearance are interpretations, so that whether it is the analyst or the patient, or both, who become aware of the analyst’s emotional state, each can only speculate about the origins and meanings of that state; finally, the explanation that any patients create for their emotional reaction to the analyst’s countertransference-imbued communications and behaviors is also an idiosyncratic narrative. In other words, that one has experienced an emotion can be treated as a fact, but, in addition to being felt, emotions compel us to tell stories about why we feel the way we feel, and these stories are interpretations, not facts. One’s emotional state does not carry with it the truth, the whole truth and nothing but the truth about what is happening in any interpersonal field. Conversely, an analyst answering an explicit or implicit question from the analysand about, for example, “Why would you have said that about me; I didn’t like it; it made me feel bad” with “My understanding you in the way that I just did is merely due to how your personal psychology has materialized in our work” leaves out the emotional foundation of the analyst’s thoughts about the analysand—making “I’m just showing you what I can see about you, but you can’t see” akin to stopping a tennis match and asking how it came to be that the ball, at that moment, landed where it landed. Simplistically, one could say: “It landed where the player who hit it, hit it,” only to hear then: “But what else could she

have done, given where the other player had placed her shot,” and so on, back to the start of the game, at least. Similarly, the multi-determined and multi-dimensional nature of affects and how we interpret them is reflected in the literature on countertransference, as analysts struggle to balance their own and patients’ conflicting emotional experiences and interpretations of them.

STRUGGLES IN WRITING THIS PAPER

One complicating feature I found in the literature about countertransference (in which there are case illustrations) is an implicit (sometimes explicit) claim that the author’s conceptualization of countertransference (and implementation of that conceptualization) was the best (if not only) way that the author could have helped that analysand (or facilitated that analytic process). Similarly, no papers I found contained reports from an analyst who had tried different theories of countertransference and so could compare her/his successes or problems with each. In addition, with some regularity when arguments made by authors are challenged, even if an argument is made in an article that emphasizes intersubjectivity and the associated indeterminacy of meaning (anything written by anyone is open to unexpected readings), authors frequently complain that critiques are invalid because the critic found meanings and implications, which the author hadn’t intended—with the result that there are few appearances of a “third” (see below) in such dialogues.

ABEND’S UNDERSTANDING OF COUNTERTRANSFERENCE THEORIZING CIRCA 1986

Having reviewed previous writings on the subject, from various theoretical perspectives, Abend concluded that most analysts had moved away from “the more restricted definition of countertransference as unconscious interference with analyzing capability” and toward a view that is “more democratic and humanistic” (p. 382). However, he qualified this assertion with:

It would not be quite accurate to say that there is now complete agreement among analysts about the obsolescence of distinctions that were formerly drawn between analysts' reactions to the real personality and behavior of the patient, as opposed to the patient's transference, or about the corresponding distinctions between the patient's reactions to the real personality and behavior of the analyst and those reactions determined by the patient's past. [pp. 384-385]

AFFECT AND WHAT TO DO WITH IT

As the paper unfolds, Abend frequently adds the adjective "emotional" before "reactions." This is critical, I believe. Throughout a century of theorizing about transference and countertransference, the central role of affect has been implicitly, if not explicitly, acknowledged universally. In fact, the terms are, arguably, interchangeable, that is, both begin as a feeling and then turn into a narrative, which is, invariably, a partially "honest" and partially "defensive" attempt to explain the feeling. Many critical questions (about which there is still much controversy) derive from the affective origins of countertransference.

There is little argument, if any, with the fact that analysts experience a variety of affects, with varying intensity, and that when we talk about being aware of, and using, countertransference, we usually mean being aware of, and treating as informative, our emotions. The arguments that have persisted for the three decades since Abend wrote his essay are about what those feelings mean (about the analyst, the patient, and the relationship they have created), how those feelings are best incorporated into what we say to patients (interpretive content), and how we say it (tact and timing, etc.), with the latter often more impactful to patients (unconscious affective communication).

Baranger and Baranger (2008) asserted that the analytic couple generates shared unconscious phantasies, and that these phantasies cannot be understood as determined by either of their "instinctual impulses" (p. 806). Rather, it is "something radically different from what each of them is separately" (p. 806). For Ferro (2009), if the analyst can experience feelings that complement what the analysand feels, then new characters for the analysand's narratives will materialize in reverie. Yet,

as Peterson (2002) wrote, there is no version of such transformational, jointly created narratives easily embraced by both: "The meanings of communications between analyst and analysand are replete with alternative interpretations and ambiguity. *Interpersonal meaning* is inherently indeterminate, and so too is intrapsychic meaning. Indeterminacy of meaning, in fact, is an intrinsic feature of all psychic experience" (p. 1017, italics added).

Because of this, the literature on countertransference now seems consistent in agreeing that affect is central and what any of us make of any emotion is a hypothesis. So, by 1997, Stern could write confidently, "We are reminded once again that the content of the analyst's awareness, like the patient's, is conditional, dependent on the real and illusory participants in the field" (p. 193). If we add to this, Gabbard's (1995) argument that an acceptance of the ubiquity of countertransference is the new common ground of psychoanalysis, then we have the general agreement summed up by Hirsch (1998) when he wrote that the analyst inevitably becomes "irrationally lost within the transference-countertransference matrix" (p. 96).

However, there remains disagreement about what that implies clinically. When Carnochan (2000) took up this issue, he treated what to do with one's emotions as a moral decision defined by two poles. One pole he describes this way: "The task of analysis, then, is to reveal the constructional nature of perception to the analysand so that new modes of experience can develop" (p. 363). This seems to me to be close to the traditional notion that patients in analysis will develop a "hermeneutics of suspicion" (Ricoeur 1970) regarding what they think is going on in any private or interpersonal experience. In other words, they will see the indeterminate, unconscious, idiosyncratic, and dreamlike aspects of their emotional experiences and their stories about their emotional experiences. From this perspective, analysts (like analysands) can say, "I just felt emotion X," but must include "perhaps" or "maybe" when adding the clause beginning with "because." Neither can control the other with attitudes such as, "I will have nothing more to do with you until you say what I want, until you apologize" (Carnochan 2000, p. 365).

Carnochan describes the other pole this way: "While it may be a kind of tyranny to demand that the analyst always see things from the analysand's point of view, it remains *conceivable* that it *might* be a useful

and therapeutic form of tyranny. Although it may be difficult to sustain, *if it is helpful* to the analysand in making critical therapeutic changes, then it seems that the analyst should accept this form of subjugation as part of his role" (p. 363, italics added). Here, the analyst is hesitantly tasked not only with affirming any claims on the part of the analysand to know the analyst's countertransference emotions, but also with affirming the analysand's narrative about the origins and meanings of those perceived emotions (thereby willingly not using, interpretively, whatever ideas analysts have about what their countertransferences mean). In addition, the analyst must speculate about "if it is helpful to the analysand in making critical therapeutic changes" – a speculation, which itself, cannot escape its own "why is the analyst thinking that way now?" contingency.

The irresolvable contradictoriness (or dialectics) of these poles underlies many debates about countertransference that have appeared in our literature during the last 30 years. One particularly thorny issue is foregrounded when patients experience bad feelings, hold the analyst responsible and want their narrative of the disturbing affect to be accepted, which then creates a clinical choice for the analyst. Greenberg (1995) pointed out that not every patient receives or uses an apology with the gratitude, relief, and a sense of being understood that are sometimes treated as self-evident outcomes of taking responsibility for the patient feeling wronged. Benjamin's (2004) contrary argument, using Steiner (1993) as her counterpoint, is that a third is created by patient and analyst reflecting together on what happens, and also by the analyst taking responsibility for any clinical event that the patient describes as a hurt or an "injury" (Benjamin 2009, p. 458) and feels was due to some fault or flaw in the analyst or the analyst's way of doing analysis – believing that patients experience this as containing. Steiner (1993) by contrast, had worried that what Benjamin would later describe as taking responsibility will be experienced by the analysand as "a confession which simply makes the patient anxious" and is, therefore, not inherently better than "a denial, which the patient sees as defensive and false" (p. 145). Arguably, one could say that while Steiner shows an intersubjective understanding of what's happening, Benjamin also acts on her understanding, and, thus, it becomes inevitable that if one wants to argue with either, the argument will be about what Steiner doesn't do or

what Benjamin does. Such an argument took place between Benjamin (2009a, 2009b) and Sedlak (2009). Benjamin (2009a) had presented a clinical illustration of her taking-responsibility theory, a case in which she was treating a woman who often denigrated herself:

I wondered aloud if she would carry this propensity to denigrate herself into the relation with her own children. Hannah exclaimed: "That was Draconian!" but immediately redoubled her effort to save her and me from facing the inevitable, by explaining in an especially rational tone (simulating insight again) that I must have done this with intent as I am a relational analyst. I suggested she ought not to let me off the hook so readily and apologized for my sharpness.

As Hannah and I began to break down what happened, I admitted my difficulty in listening to her turn herself into a shameful failure once again. Next session, she was able to express her sense of being unfairly attacked by me, and was then able to formulate that while she appeared to be wallowing in deep shame at being the stupid mother she was actually identifying with the attacking teenager ('the one doing the beating'), the one who despises the mother and sees her as pathetically inadequate. This helped me to realize and acknowledge how my enactment came from my unformulated identification with the mother who was being attacked, my reactive (rather than deliberately dramatic and marked) counterpart role in the complementary relation.

Sedlak (2009) argued with Benjamin: "A different perspective would be to see the patient as caught up in a sado-masochistic pattern in which she is both the beater and the beaten" (pp. 453-454). Following this, he asserts:

From this perspective the analyst is not just a hapless bystander as the patient beats herself up; she is the victim. After you finally snap, you underline the need as the analyst to acknowledge your lapse, hence you apologise for your sharpness and then you suggest that the patient should not let you off the hook. Would not another way of looking at the

situation be that your sharpness was an unmediated (albeit understandable) response to having your work and achievements as analyst/mother yet again murdered? You argue that acknowledging your sharpness and your shame about it shows that the analyst can change and hence transforms the analytic process into one of mutual listening. I think I agree with you but not in a very agreeable way! I think it does indeed transform the analytical process and may make it a not so analytical process (in that it may require you to scotomize the main dynamic).

Benjamin responded: "My argument is that in many cases we need to openly create consensual validation of moments of injury that we cause by playing our part, because this allows the dissociated painful affect into the room" (p. 458). This exchange is typical of the ongoing debate about countertransference, in that it involves: the patient as interpreter of the analyst's motivations and the emotions from which they spring; the analyst being willing to self-analyze publicly, rather than privately; and the analyst-author basing her clinical choice on a theory of affect, in this case one in which a dissociated affect is theorized to be more likely to materialize in a useful way in the analytic process if the analyst agrees (the situation in which the analyst might think "I wasn't being Draconian or attacking" was not discussed directly in the papers I read) with the patient's explanation for her (the patient's) emotional reaction.

THE RELATIONAL TURN

There is no way to describe the evolution of thinking about countertransference over the last three decades without taking account of the influence of Stephen Mitchell (1988, 1993, 1997). For this essay, I take the liberty of summing it up this way: at any moment in an analysis, the answer to the question, "Why is what is happening now, happening now?" is always, "The analyst and analysand brought it about together." If the patient reports a feeling about any aspect of the analysis, the analyst can never leave herself completely out of the equation. The way in which Mitchell implemented this point of view is exquisitely balanced in a way that might not be obvious from some of the allusions to his work

in our literature. Some features of his position: (1) It's not all here-and-now. The emotion of the moment is not the same as a chronic feeling state about the analyst. For example, about one patient, he wrote, "Undoubtedly, a central feature of the countertransference was *preset* in the particular piece of my reputation that she had happened across" (1993, p. 215, italics added). (2) It's helpful to say to the patient what meaning you, as the analyst, are ascribing to your feelings, which meaning you suspect has influenced how you have been relating to the patient: "After considerable discussion of these aspects of her thoughts and fantasies" (about her sense that he had taken away from her control over what was most important to discuss in the previous session), "I told her about my experience of the previous session ... I was not aware of feeling any special sense of urgency in getting her to speak" about what he felt had been a resistance on her part to coming to that session (p. 219). (3) Ask the patient to help you figure out the origins of your countertransference: "I asked her about what she felt might have motivated my insistence on pursuing these areas" (p. 219).

Working from one type of relational perspective in a book-length case presentation, Shoshani (2009) gives the following example of using the countertransference: the analysand regularly confronts him with complaints and concerns about "the therapeutic contract" (p. 12) and often reacts with "anger and distress" (p. 13) to Shoshani's responses and interpretations. Shoshani tells the analysand about what he, as the analyst, experiences in the countertransference (and in so doing, asks the analysand to take some responsibility): "I tell him he treats me like a medical instrument and not like a person and that, as a result, I begin to feel that way about myself" (p. 15). This comes close to a problem that is occasionally identified in the literature, and which might be more often reported in consultations and case conferences: patients who don't simply complain or express anger at the analyst, but become verbally abusive (e.g. racial, ethnic, or sexual-orientation insults, and other ad hominem attacks). This brings us full circle to Abend's caveat (cited above) that "distinctions that were formerly drawn between analysts' reactions to the real personality and behavior of the patient, as opposed to the patient's transference" still cause analysts to decide where they draw that line. Of course, patients, in the literature on countertransference, are also often reported to be responding with disappointment,

frustration and anger at what they view (in our language) as countertransference enactments. However, as Ivey (2008) argued, we don't even have a consensus about the specifics of countertransference enactments: "While the existence of enactments, minimally defined as the analyst's inadvertent actualization of the patient's transference fantasies, is widely accepted, controversies regarding the specific scope, nature, prevalence, relationship to countertransference experience, impact on the analytic process, role played by the analyst's subjectivity, and the correct handling of enactments abound" (p. 19).

What seems critical to me in this debate is Benjamin's question, "Why assume"? She highlights a lingering problem in our collective wrestling with countertransference: both her position and Steiner's are, of course, based on assumptions. The problem, as I see it, is that, in scientific arguments, we often learn about the flaws in the author's theory from the author. In fact, it seems to be a virtual requirement for scientists to point out the limits of their own theorizing. That rarely happens in psychoanalytic writing. I assume, as reader, that the author arguing for one or another position, in a debate such as this, has been working clinically from their perspective and so would be in the best position to also show examples of their way of working having backfired, or, at least, point to flaws or weaknesses in their own theory. In the absence of this, it is almost always an analyst of one persuasion trying to get analysts of other persuasions to see the error of their theorizing.

So, the two main developments I found, with regard to theorizing about countertransference since 1989 are: (1) a virtually universal acceptance of the fact that all of us are having emotional experiences all the time, emotional experiences that influence our thoughts about ourselves, our patients and the analytic process; and (2) continued controversy and disagreement about how to use any awareness we have, as analysts, of our emotions. Shoshani chooses to emphasize his patient's responsibility in creating an analyst who constantly disturbs, frustrates, and disappoints him. Benjamin takes full responsibility and apologizes. Both Steiner and Mitchell hold themselves and the patients co-responsible for tensions and bad feelings in the analysis. There might be a trichotomy, including Kohut's (1979) argument in "The Two Analyses of Mr. Z," in which he suggested that when a patient is angry at the analyst, some permutation of, "Of course, it hurts when one is not given

what one assumes to be one's due" (p. 5) is appropriate. He lets the patient know that he can understand the rage without (at least, explicitly) taking sole responsibility for it or suggesting that analysts should try to give analysands whatever they demand as their *due*.

UNDERPINNINGS OF THE POLARIZED POSITIONS ON COUNTERTRANSFERENCE

One way to depict the assumptions underlying the poles of the continuum of positions on countertransference would be this: one position starts with the notion of the patient as an adult, who is oedipally conflicted, but who will also have regressed moments or regressed periods of analysis, when earlier conflicts and traumas predominate; whereas other analysts start with the notion that the so-called baby (preverbal and limited to experiencing and acting out emotions, rather than thinking about them) part of the patient must be addressed first and then the analytic process will rest on a solid foundation, equating, in a sense, the evolution of a good analytic process with infant to adult development.

If one starts with an infant metaphor then, as with a parent and an infant, the infant is always right; that is, an infant who becomes upset during some parent-infant interaction almost automatically evokes (in the good enough parent) an immediate "I'm sorry. What am I doing to upset you?" and "How can I relieve your upset?" As a child develops, good enough parents are usually depicted as expecting (hoping) for their children to develop more resilience in the face of slights, frustrations, and hurts. Here is how Etchegoyen (1991) addressed this issue: "The analyst will always tend to use tact in interpreting, as Ferenczi taught us, but he should never remain tied to what the analysand is going to feel, because the analysand is free to feel what he pleases, and the analyst's task consists precisely in analyzing this experience, not in avoiding it" (p. 278).

Showing the seemingly inevitable conflict about how interpretive authority should be distributed between patient and analyst, Mitchell, despite how he handled the patient referred to above in his 1993, book, *Hope and Dread*, argued that we haven't given sufficient weight to the likelihood that patients might hear interpretations as "attacks, seductions, pleadings, abandonments" (p. 212). If analysts believe that for an analysis to have its best chance of being successful, "the patient must cede some authority to

the analyst's interpretive understanding," then, Mitchell asserts, "I find such a criterion very dubious; it seems to me that it demands from the patient a deference that cannot possibly be wholly genuine" (p. 212).

To Abend, in 1989, however, Brenner's (1985) "everything that enters consciousness is a compromise formation" went at least part of the way toward a theoretical compromise that would lead analysts to temper the attitude Mitchell thinks is counter-productive with a tentativeness that might be expressed by opening an interpretation with "perhaps" or "what do you think of this possibility." Greenberg (1992) can be read as elaborating one aspect of this inherently human uncertainty: "Transference can be optimally creative only when the patient can be playful with it—only, that is, when he can experience any particular reaction as reflecting but one part of a vast range of possibilities" (p. 239). Ideally, then, analyst and analysand would find the fact that they have different ideas about the same clinical event as more interesting and important than which one is right. Ideally, but in the real world of clinical interactions, Mitchell argued, analysands' attacks on analysts' understanding can "deprive the analyst of the comfort, the faith that enabled him to do the work, the belief that understanding is possible and that it matters" (Mitchell 1993, p. 913).

Green (as quoted in Clancier and Kalamnovitch 1987) highlights another source of the seemingly irresolvable debates about countertransference, by suggesting that how analysis works remains something of a mystery: "I would stress that the crucial question of psychoanalysis remains: how is it that by means of speech we change something in the structure of the subject, whereas what we change does not belong to the field of speech?" (p. 121). Perhaps this mysteriousness accounts, as well as any one explanation, for the variety of positions on countertransference. The mysteriousness is manifested in the terms that have been foregrounded in the last three decades, such as Bion's O and many authors' "the third." The latter is basically a more dramatic (perhaps anthropomorphized) version of Kurt Lewin's (1935) field theory, which can be summed up as, "the whole is greater than the sum of its parts." In our case, the whole is the relationship/dialogue (both verbal and unconscious affective communication) created from the verbal and emotional transference-countertransference communications—and participation in this whole will leave both participants changed.

This theory could be viewed as the psychoanalytic version of a notion often credited to Dunne (1972, pp. ix-x) who wrote about *passing over and coming back* to describe a chapter in the journey of famous spiritual leaders: "Ghandi" was "a man who passes over by sympathetic understanding from his own religion to other religions and comes back again with new insight to his own." In psychoanalysis, as just one example, Ogden (2004) theorized that out of the interaction of the unconscious of the analyst and the unconscious of the analysand, a new unconscious is formed. Through projective identification, the subjectivities of each are "*are subjugated to a co-created third subject of analysis*" (p. 167, italics added). Then, the subjectivities of analyst and analysand, communicated through transference and countertransference (projective identification and counter-projective identification), are superseded by "*by means of mutual recognition of analyst and analysand as separate subjects and a reappropriation of their (transformed) individual subjectivities*" (p. 167, italics added).

Mitchell pushed past this mysterious process (the analyst's interpretive understanding of how the patient's mind works unconsciously) that changes the emotional life of the analysand, by arguing that it is a moot point: "Understanding does not provide much solace for, among other things, real loss, grief over lost opportunities, irreconcilable conflicts, and, ultimately, death" (p. 213). Given the general agreement among analysts about the centrality of affect in the countertransference, it would seem that Mitchell is implicitly affirming this and, further, he is implicitly dichotomizing affect and understanding; because if understanding (often materializing in psychoanalysis through an interpretation) does not provide solace for anything, then, assuming, as Etchegoyen does not, that the providing of that affective solace is a psychoanalytic goal, then, for Mitchell, "affirmation through continued presence is the only solution" (p. 214). Then countertransference is best used as a guide to providing solace. As we saw earlier, to further complicate matters, it was clearly important to Mitchell that his patient understood something about herself.

HERE AND NOW

One trend, which Abend saw had already come over the theoretical-clinical horizon, is that "here-and-now" theory has taken center stage in

understanding the transference-countertransference situation. It heavily leans on an assumption: affect can only be usefully understood as a response to the experience of the moment. So, an analysand's distress in reaction to an analyst's intervention cannot usefully be understood as based on memories (repressed or dissociated). They can only be understood as based on the analysand's emotional reaction to the analyst (even if, one assumes, that there is some plausible connection between why the analysand reacts that way and affect-imbued memories).

Of course, there also is a hidden assumption in the theories covered by Abend's paper: sometimes (perhaps often) the patient's affective state of the moment only makes sense if it is viewed as a variation on the ways children feel in an analogous situation—and so the analyst's countertransference emotional reactions to the patient are, in part (at least, we have traditionally thought this played some role), reactions to feeling like a character from the patient's long-existing unconscious fantasies.

ORGANIC VS. STRUCTURED

It seems plausible to see, in the literature on countertransference, a tension between analysis as a consciously structured (in significant part, at least) event versus analysis as an organic process. From the former perspective, the analyst and the analysand have pre-structured roles: the analyst listens and interpretively shares (thoughts, reveries, daydream products) that the analyst thinks might be useful to the analytic process and to the analysand's self-understanding (which, from this perspective, is believed to have emotional-transformative potential). This is thought to provide the analysand with a unique experience that catalyzes self-reflection, previously unavailable recollections, and a restructuring of the analysand's unconscious, emotion-generating organization. From the latter perspective, the two are participant-observers who discover/create building blocks of a new psychic environment, each piece impossible to understand as having existed prior to that moment in the dynamic analyst-analysand interaction. As they then observe and experience what they have created, they continue to augment it and, hopefully, it will eventually constitute a new psychic environment in which the analysand will then live, as a new character among other new characters.

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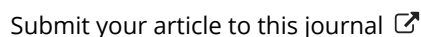
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Countertransference and Psychoanalytic Technique: A Response

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COUNTERTRANSFERENCE AND PSYCHOANALYTIC TECHNIQUE: A RESPONSE

SANDER M. ABEND

The designation of my 1989 paper on Countertransference as a "Neglected Classic" by *The Psychoanalytic Quarterly* certainly took me by surprise. I am now retired from clinical practice, although not from the psychoanalytic literature, or from frequent discussions with colleagues. That said, it has been at least a couple of decades since I last looked at that particular essay myself. I chose to read the various commentaries before daring to re-read it, and I was thus somewhat apprehensive that I might find it disappointingly dated. With a certain degree of relief, I must say that that turned out not to be the case.

I will not respond specifically to each of the writers who addressed my paper, especially since they all, to some extent, pursued issues connected to the overall theme in somewhat individual and rather different ways. I do, however, appreciate that some of them explicitly chose to credit me for having focused some attention on the then burgeoning alterations in the *Zeitgeist* of our field. I shall have a bit more to say about that issue later on, but first a word or two on the topic of countertransference, to which the paper was originally directed.

As I recall, my writing of it was stimulated by a personal conversation with Dr. Slakter, who hoped I would enthusiastically endorse his recent work on recounting and applauding the broadening interpretation of the meaning of the term countertransference. I was not prepared to do so, although I did acknowledge the by then evident popular success of that assessment of the situation. I had not been an active participant in the lengthy debates between so-called "mainstream" Freudian thinkers who objected to the change in the definition of countertransference, and those analysts who presented and endorsed the expansion of the

meaning of the term countertransference, and especially who also proposed altering the employment of it in their versions of psychoanalytic technique.

My brief introduction to the paper I wrote summarizes the purposes I had in mind in doing so. First off, to examine the history of the evolution of the concept of countertransference, including an acknowledgment of its significantly broadened, if less precise definition. More important than this review, I was interested in examining the profoundly significant differences which emerged in the question of how various psychoanalysts came to regard and utilize that altered understanding of countertransference in practicing their preferred ideas about psychoanalytic technique. I also noted some factors which I thought contributed to complex changes in different psychoanalysts' convictions about their roles in their daily psychoanalytic encounters, especially in regard to authority, expertise, objectivity, reality testing, and verification of clinical opinions. I concluded that while different theoretical positions were surely very important factors in determining the specifics of every psychoanalysts' opinion about the utilization of countertransference in doing the actual psychoanalytic work, the profound complexity it involves, and especially the omnipresent quality of uncertainty the attended to clinical judgments, were still very much with us (and still are today, by the way), irrespective of one's theoretical preferences and loyalties.

I must say that my present re-evaluation of my ideas and thinking about those matters remain substantially unchanged, despite the variations in evaluation of these important and interesting questions presented by the current discussants. Perhaps even more importantly, I am not at all prepared to concede that psychoanalytic theory and technique centered on the clarification of various unconscious conflicts of early origin has been either discredited or fully and gainfully replaced by any of the alternate theoretic approaches described by some discussants of my paper, or those who agree with them. I also retain a high degree of skepticism about the specifics of the many propositions concerning the precise developmental significance of very early, pre-verbal childhood experiences, as differentiated from the more readily examinable significance of verbalized data. I do, however, agree that the question of

verification applies to all versions of our theories, verbal and non-verbal dimensions alike.

I have long believed that the notable impact on so many practitioners by certain dynamic, charismatic theorists who present their own favorite formulas for theory and clinical practice, is attributable in large measure to the quality of troublesome uncertainty which does prevail, to a greater or lesser degree, during each clinical hour we conduct, among all honest individuals who choose to do this fascinating, demanding work of psychoanalysis. If only adhering to any such proposed methodology, new or old and familiar, could truly do away with practitioners' uneasiness about the clinical situations with which they must regularly deal, it would indeed be very appealing. I personally continue to favor what is now called Modern or Contemporary Conflict Theory, but I do not assume that this preference will do away with the omnipresent questions about certainty and verification that inhabit our daily work.

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Vamik Volkan As A Psychoanalytic Ambassador Of Peace—A Film Essay and More: *Vamik'S Room*, A Documentary. Director and Producer, Molly Catelloe

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VAMIK VOLKAN AS A PSYCHOANALYTIC
AMBASSADOR OF PEACE—A FILM ESSAY AND
MORE: *VAMIK'S ROOM*, A DOCUMENTARY.
DIRECTOR AND PRODUCER,
MOLLY CATELLOE

MARTIN A. SILVERMAN

Keywords: Diplomacy, group psychology, genocide,
Holocaust, xenophobia.

Vamik Volkan is truly *un homme extraordinaire*! He is a psychiatrist, a psychoanalyst, the author of more than fifty books and hundreds of articles and book chapters, a renowned and beloved teacher and supervisor, and, perhaps above all, a determined ambassador of peace in our strife-torn world. He has written about such clinical topics as primitive internalized object relations; the treatment of borderline, psychotic, and seriously depressed persons; the analysis of a man suffering from trans-generational transmission of war trauma; loss and grief; sibling relationships. He has written a textbook of psychoanalytic treatment. He is the co-author of psycho-biographies of Kemal Ataturk and of Richard Nixon. He has authored or co-authored numerous books on ethnic pride and killing in the name of ethnic identity; the use and misuse of religion; blind trust in seemingly strong but dangerous leaders at times of national anxiety and uncertainty; large group identity; and perennial group mourning. In 2002, he retired as Emeritus Professor of Psychiatry

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"Vamik's Room," A Documentary. Director and Producer, Molly Castelloe, 2016.

at the University of Virginia and as Emeritus Training and Supervising Analyst at the Washington Psychoanalytic Institute. He currently is a Senior Erik Erikson Scholar at the Austen Riggs Center in Stockbridge, Massachusetts.

Molly Castelloe has been immersed for some time in the arts and in the film world. She became so impressed with Vamik Volkan after she met him that she interviewed him at length and produced *Vamik's Room*, a documentary film about his efforts at brokering peace on our planet. The film won the 2016 Gradiiva Award. It focuses on Volkan's efforts to use psychoanalytic knowledge to reduce tensions between destructively warring factions around the world and to try to bring them back together again. Her own background, growing up in the American South and then moving to the North, with painful awareness of the tension and conflict that exists between these two parts of our country, has played a role in motivating her to create this film. She also underwent a long, personal analysis in which the impact upon her of intense strife between competing forces in her family of origin became illuminated. Her Freudian analyst suddenly and unexpectedly sickened and died. Coming upon Vamik Volkan, and seizing upon the opportunity to memorialize him for all time, helped her to fill the void created within her by the unexpected, abrupt loss of her valued analyst. (Recently, she has become a candidate at an analytic institute.)

Volkan was born in Lefkosa, Cyprus in 1932. He came to the United States as a twenty-five-year-old. When military strife between Greek and Turkish forces broke out in Cyprus in 1960, he was directly affected by it when a close friend of his was killed during the fighting. Volkan's family members escaped death but only barely. The film begins with his recalling having watched a report on TV of the hostilities in Cyprus. He was startled to see his mother and sister on the television screen. They were fleeing, with a look of terror on their faces, from bullets being fired at one other by Greek and Turkish combatants. Volkan became increasingly interested in exploring and understanding the psychological forces that have propelled social groups into hatred, mortal combat, and into a thirst to engage in bestiality and genocidal destruction of other groups. This has occurred over and over in the course of human existence and it continues to take place in various parts of the world.

His Turkish roots no doubt have contributed to his preoccupation with group psychology and, in particular, with the way in which charismatic strong men, to serve their own purposes, have been able to tap into the combination of *current* fear and insecurity and *age-old* simmering resentment over major loss and injury to pride and prominence in the past. They do this, he asserts, in order to kindle latent or overt bigotry and xenophobia so that it will burst into open conflagration, whip up murderous hatred toward others, and incite one group of people to carry out horrible crimes against another group designated to be their superordinate, common arch-enemy. Volkan grew up between two world wars that caused terrible human suffering and took an enormous toll in human life. Included was the genocide carried out by Turkish soldiers, commanded by the Young Turks who had taken over in Turkey, which claimed the lives of a million and a half Christian Armenians, and the Holocaust inflicted upon six and a half million Jews and a good number of others by the Nazis and their followers which began less than two decades later.

Neil Ascherson (2018), in a review essay of a newly published, complete version of Franz Werfel's *The Forty Days of Musa Dagh*, translated by Geoffrey Dunlop and revised by James Reidel, comments (as others have done before him) on a direct connection between the genocide of Armenians in Turkey in 1915 and the Holocaust which the Nazis subsequently launched against European Jews and other targets of their murderous rage. Werfel's historical novel was originally published in an abbreviated form, in German, in 1933. At that time, Adolph Hitler was gaining political control in Germany. Hitler was greatly encouraged by the absence of an outcry from the rest of the world about what the Turks had done to the Armenians. To quote Ascherson:

When Werfel's novel was published, Hitler was beginning to consolidate his power within Germany and to isolate the Jews. Prophetically, Werfel has Enver ask: "Would you consider it so cruel if, for the sake of victory, all dangerous elements in the population were simply to be herded together and sent packing into distant, uninhabited territory? ... There can be no peace ... between human beings and plague germs" It would be six years before Hitler would ask his cronies: "After all, who talks today about the extermination of the

Armenians?” But nobody in Germany in 1933 could fail to pick up Werfel’s scarcely hidden allusion to a coming doom for Europe’s Jews, or to recognize in Enver’s “plague germ” image the language of Nazi propaganda. [p. 29]

In *Vamik’s Room*, Castelloe follows Vamik Volkan as he carries out a forty-year journey in which he tries to bring peace to areas in which enmity between groups of people has erupted into murderous rage that either has led to terrible consequences or is seriously threatening to do so. He has facilitated the opening of dialog between hostile factions in various parts of the world. He has gone, as a free-lance ambassador, to war zones, refugee camps, and severely traumatized areas where there has been so much mutual hatred and mistrust that constructive communication has not been possible. He has served as (the first) Itzhak Rabin Fellow contributing to an effort to establish dialog and mutual understanding between Arabs and Israelis in the Middle East. He has gone to Estonia, Albania, Croatia, post-Soviet Georgia, and South Africa, as well as meeting with Russians and Americans who were hoping to establish a dialog that might help reduce the dangerous tensions existing between these two, competitive and mutually distrustful Nuclear Powers. He has been nominated five times for a Nobel Peace Prize and was one of the founders, in 2008, of the International Dialogue Initiative (IDI), of which he currently is Emeritus President.

In his approach to international conflict, Volkan views things through the eyes and with the mind of a psychoanalyst. He has become exquisitely aware that people, in addition to being individuals with individual identities, also come together, through their language, music, cuisine, customs, and, significantly, their historical and cultural heritage, to create a collective, large group identity. The latter binds them together in useful ways, but it also can dispose them, under certain circumstances, to erupt into dangerous, xenophobic hatred and hostility toward other groups.

He focuses upon one dimension in particular as being of central importance to understanding how the combination of pain, fear, and venomous hostility toward a particular group of others, at times, can lead to terrible consequences. He emphasizes how unscrupulous strong men can reach far back to a collective “chosen trauma” to fan flames of

hatred that they can exploit to propel themselves into power. He cites the Christian loss of Constantinople in 1453, the Islamic loss of their Caliphate in 1924, Russian memory of the Tatar invasion centuries ago, and the Christian loss of the 1389 Battle of Kosovo to Islamic Ottomans as cases in point. Anyone trying to assist in efforts at pacification in areas where this has occurred, he indicates, has to be familiar with this phenomenon. In the film, *Vamik's Room*, he wryly observes that, if diplomacy is like a basketball game, an historical trauma can be "like a barrel of olive oil spilled on the court."

Early in Castelloe's documentary, Volkan speaks with her about the way in which "the sense of sameness of being one" tends all too often to combine with "banding together against others" in the formation and perpetuation of a group identity. The others are dehumanized and demonized in the process. I found myself reminded, as I watched this part of the film, that the word "barbarian," which bears the modern connotation of being primitive, uncivilized, inhumanly animalistic, and ferocious, was actually coined in ancient Rome merely to refer to "others," that is, to any group that was not Roman. I recalled that in fact it was the Romans who tricked, mistreated, betrayed, and starved the "Barbarians" that fomented the rebellion that eventually brought down the Roman Empire rather than the other way around.

We are taken, in *Vamik's Room*, to Estonia, where the Soviets, during the Second World War, had tried to redefine the country by filling it with people from Russia. By the war's end, every third person in Estonia was Russian and, in some places, fully half the population was Russian. After a while, legislation was passed that required everyone to speak Estonian. For the Russian children, this proved to be quite doable. They were able to comply rather quickly. Their parents, however, found it very difficult or even impossible to do it. The children not only had to communicate for their parents but they also had to mediate between the Estonian and Russian components of Estonian society that were hostile to one another. It was the children who were able to some extent to guide these opposing factions toward becoming able to "speak the same language." It occurred to me when I watched the film that Volkan is suggesting that this can serve as a paradigm for a kind of communication-promoting diplomacy of peace aimed at calling a halt to tribal warfare.

Volkan moves on to focus at length on what took place in Serbia when Slobodan Milosovic, in 1990, resurrected latent but intense anger over something which had occurred centuries earlier. He did it to kindle and fan flames of hatred for the other which he could utilize to gain power as an avenging, presumably strong leader, one who promised to recover what was lost and rebuild the group pride and self-esteem which long ago had been crumpled and deflated. After Yugoslavia was dismantled, Milosovic tapped into a thirst for revenge over the loss of the 1389 battle of Kosovo that had taken place six hundred years earlier but which remained a thorn in the side of the Serbians as *a large group trauma*, which they had never forgotten. He whipped up vengeful hatred to a pitch high enough to generate the popular (especially military) support he needed to launch a vicious genocidal attack upon the Muslim population of Bosnia of monumental proportions.

At a later point in the film, Volkan examines the personal background that seemed to him to have propelled Milosevic to embrace Death rather than Life as the central force of individual and collective existence. Milosevic had had a very traumatic childhood, during which all the people who cared for him died and left him; his mother, father, and an uncle who cared for him all committed suicide. Although Volkan acknowledges that he is being speculative and perhaps overly simplistic, he hypothesizes that Slobodan, the traumatized child, grew up into a man who needed and wanted to surround himself with dead people!

The film shifts at this point away from events that took place in Europe to what took place in the United States when terrorists, on September 11, 2001, flew hijacked airplanes into the World Trade Center in a suicidal-homicidal mission. It led to the launching of a vengeful, retaliatory attack upon the regime in Iraq that went on to have terrible, unforeseen consequences. The film then whisks us into disturbing clips of suffering in Estonia and in the Auschwitz death camp, so as to highlight a striking contrast between the helplessness and hopelessness that prevailed in those European locations and the rapid, intense response of post-9/11 America to the terrorist attack which had been carried out against it. Volkan addresses the significance of this difference as he addresses variations in "group mourning," which he views as highly important. He distinguishes between mental memorials inside the collective, group mind which, even for centuries, can fester

dangerously and such palpably solid stone and concrete monuments as the Lincoln Memorial, the Vietnam War Memorial, and the World War II Orphans Network in the United States, and the Holocaust Memorials, and Museums around the world. This second category can serve, he points out, to usefully *capture and contain* the grief, suffering, and wish for vengeance that might otherwise reside as a purulent emotional abscess within the collective group mind.

Perhaps I am being overly pessimistic, but it seems to me that Vamik Volkan might be engaging in wishful thinking. Isn't the United States still undergoing gut-wrenching, post-Civil War racial tension, and emotional conflict? Doesn't the humiliation felt by Americans about having gone down in defeat in Viet Nam still lurk dangerously within a significantly large segment of the population? Wasn't that an element in determining the outcome of the most recent, national elections in this country? Doesn't anti-Semitism still erupt in ugly ways in various parts of the world? Isn't the Middle East a locus of dangerous hatred and hostility that threaten to ignite an outbreak not only of war, but also of nuclear conflagration? Isn't right wing Nationalism re-emerging in Europe and America after decades of relatively peaceful unification and togetherness?

On the other hand, perhaps this *is* the point he is trying to make. The world continues to be filled with danger. In many areas of the world there are seismic rumblings that signal the existence of superheated magma from the past that threatens to roil and boil and explode into a volcanic eruption at the present time. There continues to be a need for the kind of psychoanalytically informed, diplomatic efforts that Vamik Volkan and his colleagues have been making. It may not be possible to clear every political basketball court of the oil that has been strewn over its surface, but doesn't it make sense to try to do so where a glimmer of hope can be seen?

In the film, Volkan takes us to post-Apartheid South Africa and to Northern Ireland, where he joined with other members of the International Dialogue Initiative as they made an effort to apply psychoanalytic understanding of group phenomena to the prevention of what happened in Serbia/Croatia from occurring in those two areas. He also, in connection with problems involving American race relations, thinks back to Erik Erikson's ideas about the human animal, in which he

“fantasizes” us as apes who are capable of inserting a yellow feather into our hair and banding together against those who put a white feather into their hair. He wonders if we might yet be capable of leaving the past and recognizing that skin color actually means very little in distinguishing differences among human beings.

The film brings its viewers to the Republic of Georgia after the collapse of the Soviet Union. Russian pain and fury over the loss of international power and prestige collided with the upsurge of Georgian seething resentment over years of oppressive Soviet rule and newly reborn nationalistic fervor. We join with him as Volkan visits and establishes dialog with a group of displaced persons in Abkhazia who had been forced from their homes during the enormously destructive civil war that had broken out in Georgia in 1989-1990 between Georgian nationalist forces and forces favorable to Russian culture and Russian influence. As was more recently to occur in Ukraine when Vladimir Putin, who has bitterly expressed his opinion that dissolution of the Soviet Union was a huge geopolitical mistake, Russia gave material and military support to the pro-Russian faction. Leading the anti-Russian faction was a leader, Zviat Gensakardia, who fanned the flames of hatred not only toward Russia, as Georgia's recent oppressor, but even to the Russian language. “Georgia is only for Georgians,” he declared. All non-Georgian ethnic groups suffered. Hundreds of thousands of people became displaced persons. Hostilities produced widespread destruction and hardship in the newly autonomous republic. In the film, the camera brings us into the Abkhazia region of its capital, Tbilisi, which had become a scene of such utter devastation that what we see is reminiscent of the way Berlin looked in 1945, after the Second World War had just come to an end. Instead of buildings, we see ruins—pieces and fragments of walls with little or no contents inside them.

When Vamik Volkan and his team arrived in the Abkhazia refugee camp, he searched for someone in a position of authority with whom he might establish the beginnings of a dialog. He discovered that there was only one working telephone in the whole area that had escaped the ravages of war. This yellow telephone was in the possession of a man and wife, Mammur and Lali Kachavar, two intellectuals who had come from families of writers and philosophers. They were living in a small apartment within the shambles of what was left of a former Soviet luxury hotel

that had been all but totally destroyed. Getting up to their little apartment, by climbing the bits and pieces of staircase that were still more or less traversable, was itself an adventure. But Vamik had found the leader(s) he sought. Over the next two years, during which Volkan travelled periodically to Tbilisi, they worked together to create meaningful dialog among the warring factions within the Republic of Georgia. They somehow found room for him in their cramped quarters when he came to stay with them. During those two years, they expressed gratitude to Vamik for helping them rebuild their lives and those of displaced persons who otherwise were likely to build resentment, hatred, and a longing for revenge within themselves, by lovingly building a beautiful room ("in that garbage dump," as Volkan puts it) in which he could reside whenever he would be there. This was "Volkan's Room!"

As the film comes to an end, we accompany Vamik Volkan as he returns to Cyprus and walks, nostalgically but nonetheless sadly, through the area in which he had grown up as a child. We join with him as he communes again with the structures, the dark earth, the bushes and shrubs, and the trees, with their forbiddingly thick and gnarled trunks, which had stubbornly survived the carnage, the destructiveness, and all the suffering and privation which warfare between Turks and Greeks had wrought in that beautiful island. It is quite evident to viewers of the film that Vamik experiences great pleasure as he recalls what life had been like for him as a child, but deep sadness that, because of what happened, it can never again be that way. Centuries of group rivalry, conflict, resentment, and hatred erupted into armed conflict that tore his paradise asunder and, at least for him, has changed it forever. Whatever he might do for others in the world, he can never recover what *he* has lost. He too has to know how to mourn!

A number of years ago, Adam Michnik, a member of a panel on Negotiation that was held at Columbia University in its Trilling Lecture series, spoke about his experience in Poland during and after World War II. As a Jew, he barely escaped with his life after Nazi troops invaded and occupied Poland. After the war, he got into trouble again, when he voiced opposition against the Communist regime that took over. He was imprisoned for a total of six years. The leaders of the regime eventually recognized that the Soviet Union was headed for collapse and that they were at risk. They began to speak with him (and with other leaders of

the burgeoning Solidarity movement, of which he was a staunch supporter) regularly, even as they kept him in prison. He hated them, and they hated him, he said. *But they talked!*¹

When the Soviet Union was dissolved, Poland's reaction was the calmest and most uneventful of all the satellite nations that became independent of Soviet rule. They made the transition to independence much more smoothly than did the other Eastern European nations that were freed from Russian control. They did so, Michnik said, because the dialog that was established between the parties that needed to work together when independence came enabled them to do so despite the intense, mutual hostility which had prevailed before then. Michnick emphasized that for negotiation to be successful, two things are necessary. One is the establishment of effective communication. The other, he said, is that *both sides* have to feel that they have gotten something. I expect that Vamik Volkan is in agreement with this.

A psychoanalyst who watches *Vamik's Room*, has read some of his books and articles, or has attended any of his workshops on international group dynamics, has to wonder whether our profession as a whole is doing enough to utilize our understanding of human nature in such a way as to help people around the world. Sigmund Freud, who established our profession, delved into far more than individual psychology. He was interested in all three dimensions of our bio-psycho-social makeup. He hoped that psychoanalysis could be a *general psychology* and that it might contribute to improving the human condition in multiple ways. As Bruno Bettelheim (1953) has observed, he was much more a philosopher than a physician. He speculated about group processes and the collective mind from very early on. His 1907 paper, "Obsessive Actions and Religious Practices," and two longer works, "Leonardo Da

¹ As described in Wikipedia, the Communist regime in Poland, on one side, in response to the wave of factory strikes that broke out, and the Solidarity movement on the other, led by Lech Walesa, that organized them politically, agreed in September, 1988, to hold "Round Table" talks. These talks, led by Walesa on one side and by the Minister of Internal Affairs, Czesław Kiszczak, on the other, began in September, 1988, and continued through April 5, 1989. Adam Michnik, after a time, joined the talks. In 1989, he founded the *Gazeta Wyborcza*, the first free daily newspaper in Eastern Europe after the dissolution of the Soviet Union, to support Solidarity in the first free elections that then took place. He was elected as a member of the Polish parliament in those elections (and he spent years thereafter as a newspaper editor).

Vinci and a Memory of His Childhood" (1910) and "Totem and Taboo" (1913) attest to this.

The fundamentals of Vamik Volkan's ideas about large group mentality and the exploitation of large group fear and uncertainty by charismatic, unscrupulous leaders who offer the illusion of benevolent strength and power are contained in Freud's very important work, "Group Psychology and the Analysis of the Ego" (1921). Freud observes in it that while we are functioning as self-absorbed and self-interested individuals we also are herd, or more precisely, horde animals that congregate for mutual benefit and protection into psycho-socially organized small hunting-gathering groups, families, clans, tribes, city-states, and nations. He examines the relationship between individual and group psychology which, he concludes, are not separate from one another but are so intrinsically interconnected and interwoven that although they may seem to be different, from one perspective, actually are one.

He asserts that the individual minds of the members of a social group unite so as to create a collective, group mind which in turn powerfully shapes and influences the minds of its constituents. In the horde mentality that prevails within the group, the collective mind serves a valuable function in that it unites and reinforces the controlling and containing function of conscience, morality, and willingness to sacrifice a degree of individual expression and individual gain, allowing the members of the group to live and work together collaboratively and in relative harmony. When there is relative peace and plenty, this can work quite well.

Danger is always present, however. Instinctual pressures, individual variations, and external conditions constitute ever-looming threats to order and stability. Individuals within the group, especially under conditions of stress, are subject to suggestion, coercion, and control exerted by the leaders that assume the role of a centrally organizing minority that holds sway over the majority within the group and over the group mentality that develops within it. For millennia, a father-like figure has tended to gravitate toward the top of the ruling minority. When he has been sensitive to the needs of the group and has been able to effectively regulate both his own and his subjects' disruptively acquisitive and aggressive impulses, relative contentment and order prevail within the group. When the leader or leaders are cruel, despotic, and/or flagrantly

exploitative rather than serving the needs of the members of the group, there will be unrest.

A forceful leader, especially at times of threat or exigency, is able to take command of the collective mind in such a way as to take over, control, and, in extreme circumstances, replace the consciences of the individual members of the group. Freud observes that when he does so, the strongman promises that they will benefit from submission to (outwardly benevolent) dictatorship. He has the power, however, to go far beyond that. He can exploit his power over them in order to assume massive control, in exchange for which he is able to compensate the members of the group for the loss of their individual freedom by removing the restraints which individual conscience or superego structures has exerted upon their actions. He thereby grants permission for collective, group-sanctioned release of sexual and (especially) aggressive, destructive urges, and impulses which had been held in check via suppression and repression. Destructive and, often, unbridled sexual impulses become directed toward another group or groups that serve as a super-ordinate, common enemy, while the strongman who has taken over becomes an object of adulation and identification. Freud focuses on the way this is observable within the socially constructed entities of Church and Army, both in peacetime and in war.

In "The Future of an Illusion" (1927), Freud returns to the topic of the relationship that exists between the ruling minority that uses power and coercion to influence the ambivalent, restlessly reluctant majority to submit to the regulations it imposes upon individual ambition and desire in favor of the good of the whole, as defined by the leaders who have taken charge, as a submissive but restive majority. In "Civilization and its Discontents" (1930), as well as in "Moses and Monotheism" (1938), he speculates further about the reciprocal relationship between the individual mind and the group mind which emerges when humans gather into masses, a group mind that then develops an independent life of its own. He emphasizes that a group superego develops which competes with and at times can totally submerge and replace the individual superegos of the group's members.

In these papers, Freud depicted civilization as consisting of a small minority imposing order upon the majority by various means, including the commandeering and utilization of a state or state-preferred religion

as a vehicle for controlling the populace. He was so troubled by the lengthy record, in the course of human civilization, of the use of religion to justify oppression of and the commission of atrocities against selected populations that he hoped that religion eventually might be replaced within societal organizations by scientific rationality as a means of imposing external rules of order and morality upon their restive members.

Freud's writings on culture are accorded recognition in the course of analytic training, but they do not generally receive anything like the attention given to his writings on the understanding and treatment of individual patients, which is the central focus of clinical psychoanalytic activity. The main focus by far in psychoanalytic work is on individual psychology and the psychodynamic treatment of individuals. A relatively small number of analysts do couple therapy or group therapy. A smaller number apply psychoanalytic understanding to the area of industrial psychology. Child analysts work with parents, and some work with whole families. The proponents of Psychoanalytic Field Theory have been expanding our horizon so that we might pay far more attention to the social dimension of the bio-psycho-social nature of human existence (Silverman 2017a, 2017b) in our clinical work with patients than we have been doing. A good number of analysts have offered their services to schools or to the courts, have worked with disadvantaged populations, or have lent their assistance in matters involving individuals who have become the center of international disputes, but the kind of application of psychoanalytic understanding to large group issues on a national and international scale which Vamik Volkan and his cohorts in the IDI have done is unique.²

I recently watched a play, *Back Channel* (2014), written by Joseph Vitale, about unofficial communication back and forth between President John F. Kennedy of the United States and Premier Nikita Krushchev of the Soviet Union during the Cuban Missile Crisis of 1962.

² There are a number of people who, although they are not psychoanalysts, have drawn heavily upon psychoanalytic understanding as they focus on issues that are international in scope. Robert J. Lifton, for example, a psychiatrist who was not psychoanalytically trained but worked closely with Erik Erikson, with whom he collaborated in contributing to the establishment of Psychohistory. He wrote highly acclaimed books about and campaigned intensely against genocide, despotic dictatorship, large-scale mind control, war, and the horrors of nuclear conflict.

The back channel (there may actually have been more than one) played a major role in averting a devastating Nuclear Holocaust from being visited upon the world. At that moment in history, the ideological distrust and enmity between American Capitalism and Soviet Communism was so intense that the American and Soviet regimes were not on speaking terms. There was no means of establishing rapid, direct communication between the two nuclear superpowers.

Meeting regularly at a D.C. restaurant, John Scali, an American newspaperman, and Alexander Feklisov, a Russian spy who at that time headed the KGB office in Washington, D.C., acted as unofficial spokesmen for Kennedy's and Krushchev's war rooms, each of which was divided dangerously between hawks who advocated military action and doves who favored diplomatic negotiation. Scali and Feklisov distrusted one another, with good reason, and they periodically hurled serious threats or lost their tempers as they talked—but they kept on talking! Eventually, an outbreak of nuclear warfare was averted, barely an instant before the zero hour! Without this channel of communication, through which each party achieved a major concession—Krushchev observed the blockade and removed the missiles and nuclear warheads from Cuba and Kennedy guaranteed that Cuba would not again be invaded and that the American nuclear missiles in Turkey would quietly be withdrawn—in a way that neither would be intolerably humiliated, the civilized world might very well have come to an end. It was through *talking* that nuclear Armageddon was averted—it was only after the Cuban Missile Crisis that a hotline was installed that would allow instant and direct communication between the White House and the Kremlin at times of crisis.

Following an observation made by Bertha Pappenheim (known to the world as *Anna O.*), psychoanalysis has been termed the *talking cure*. We know a great deal about empathy, reading and understanding people, and *resolving conflicts through the medium of talking with one another*. It makes sense for psychoanalysts like Vamik Volkan to use that knowledge to move beyond the psychoanalytic consulting room in an effort to help small and large groups to resolve their differences and bring destructive bellicosity to a halt. Shouldn't more of us be doing that?

The documentary film, *Vamik's Room*, which Molly Castelloe has directed and produced, carries an inspirational admonition for

psychoanalysts to give thought to what we might do to help relieve human suffering and promote human well-being beyond the confines of our consulting rooms. As such, it is a very welcome contribution to our profession. It currently is being considered for presentation at International Film Festivals, so it is not available for public viewing. When it does become available again to psychoanalytic and other professional groups interested in making use of it, I warmly recommend that they do so. It is very well worth watching and thinking about.

The film can be obtained in three ways: via PEP; through the film's website, www.vaniksroom.com; or by contacting Molly Castelloe at msc214@nyu.edu.

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Greening of Psychoanalysis: André Green's New Paradagim in Contemporary Theory and Practice

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BOOK REVIEWS

GREENING OF PSYCHOANALYSIS: ANDRÉ GREEN'S NEW PARADIGM IN CONTEMPORARY THEORY AND PRACTICE.

By Rosine Perelberg and Gregorio Kohon. London: Karnac, 2017.
192 pp.

This book is a somewhat expanded version of a day's celebration for Andre Green held in London by the British Psychoanalytic Society in September 2015 three years after Green's death in 2012 at the age of 84. All the speakers had the good fortune of having met Green so that reminiscences of their contact with him made the conference proceeding more personal. Half of the contributors were from the British Psychoanalytic Society. This is a testimony of the close relationship Green established with his colleagues from across the channel. The title of the conference was, "The Greening of Psychoanalysis." This title is a pun on Green's name: Green is able to integrate quite successfully the concepts of multiple thinkers from both French (e.g., Lacan) and British contributors (Winnicott and Bion). This "process of arborescence with the concepts undergoing organic growth and forming an ever-expanding whole 'is the essence of the Greening of psychoanalysis'" (Foreword, p. xxii).

The conference illustrates Green's considerable influence on the expansion of psychoanalytic theory and practice to be able to deal with what is commonly referred to as the non-neurotic patients. These patients require rather substantial changes in what is considered classical analytic technique. Rather than castration anxiety, these patients suffer from the alternation between separation anxiety and intrusion anxiety. Green's genius consists in the fact that in contrast to many post-Freudian groups such as the ego psychologists or the Kleinians or the Lacanians he was not invested in founding a new school or acquiring disciples, but instead he started from the clinical end to see what he could change or add whilst keeping a strong alliance to Freud's basic tenets.

Abstinence has to be a more benevolent type; countertransference is more of a factor in elucidating the patients' projective identifications.

This book is particularly welcome since many of Green's contributions are written in a dense style requiring much effort to bring to light the evolution of his thinking. In a 35-page introduction, Perelberg (who also contributed a second essay on negative hallucinations) offers one of the best summaries I have encountered, trying to encapsulate the scope of Green's contribution to our field. That chapter alone would make owning the book a worthwhile endeavor for anyone trying to master Green's often dense, hard to follow sentences and ideas. Perelberg outlines some of challenges encountered by Green in working with a group of patients, "who cannot be understood in terms of a psychic apparatus that is full of representations in the model of the first neurotics treated by Freud in the first two phases of his work" (p. 1). For our purposes it does not really matter that some of these patients did indeed suffer also from non-neurotic pathology.

Processes of discharge are the only available mechanism to evacuate unbearable tensions which cannot be properly metabolized and are often experienced as unmanageable affects. The need to evacuate without any understanding is connected to the concept of repetition compulsion, based on action bypassing psychic reality. This leads to the core of one of Green's central contributions—the role of the negative in the human psyche. The "absence of representation typical of the residue in the psychic apparatus of early trauma leads Green to connect the Death drive with human destructiveness and the concept of the negative—blank spaces without representation" (p.2) which substitute for the absence of possible meaning. Lacan, who influenced Green, studied the key role of absence and its nature. "Absence has an intermediate status: presence intrusion and loss. Excess of presence is intrusion, excess of absence is loss" (p. 6). This loss is total and devoid of any possibility of representation. Green refers to decathexis to describe the total destruction of an object representation in these patients.

Because the concept of the negative is so central to Green's thinking, it makes sense that three of the remaining chapters are devoted to it. Perelberg who wrote the introduction contributes a second essay on negative hallucinations and the framing structure. This essay centers on the successful treatment of a young woman, who sometimes functions

on a psychotic level, marked during the analysis in which she experiences vivid hallucinations. In the United States, such patients might not so readily be put on the couch and treated this way because of the fear of the regressive pull of the psychotic part of their personality. In this case, however, the analyst is unperturbed by the emergence of primitive material and is able to contain it in a way the primary object could not. One important consequence of this “Greening” approach is that, in contrast to the more neurotic patient, formal aspect of the patient’s experience rather than their content occupies center stage. This way of working is clearly influenced by the thinking of Winnicott and Bion both of whom were central to the ideas of Green.

The following chapter illustrates the value of Green’s thinking on the role of the negative as applied to a case of hypochondriasis which, “runs in terror from the abyss of the real, hijacks the Imaginary for its own anxious purposes and resists the transformation of presentation into representation” (p. 76). The author, Sekoff, obviously influenced by Lacan, distinguishes amongst pathological body states between hypochondriacal retreat and psychosomatic collapse. The former is a stable, more neurotic worry. There is a gap between perceptions of the body and those of thought. Sekoff suggests that “hypochondria is, above all else, an unconscious strategy of containment whose aim is to ensure that the subject will not enter the pulse of the world principally because they dare not ‘*fall prey to unbidden and unwanted transformations*’” (p. 78, italics in the original). These transformations include the passage of time death and abandonment by the other. A brief case history illustrates the way the author interprets clinical material.

The value of Green’s contribution of the negative is well illustrated by its applicability to understanding certain cultural phenomena outside clinical work. Green wrote a number of works on applied analysis including on literature and tragedy. Gregorio Kohon studies the sculptures of Eduardo Chillida, a Basque artist who died in 2002. His large sculptures, often placed on high hills or near the ocean, exemplify the role of empty space—what is not there. In the case of his work, “Peine del Viento (Comb of the Wind)” the piece is placed in a space that was already there, infused by the presence of waves implying “there and not there” and both past and present. There is timelessness to this piece in the position it occupies and yet this does not mean that it can exist outside time or be transcended by it and

ever-changing, forcing the viewer to complete what is not there (p. 95). "What seemed to be missing in the sculptures is what "*creates*" the space bringing forward what does not belong to the actual physical structure" (p. 93).

The following chapter examines Green's vast knowledge of Greek tragedy. It is a pity that many of his essays on the topic were never translated into English. In contrast to those writers who simply paste analytic concepts onto literature, Green does not impose Freud's ideas in a mechanical way. He also analyzes each myth and the different ways in which unconscious desire of aggression and sexual content are portrayed and defended against. Green points out that though the myth of Oedipus is one of the foundation stones of the analytic edifice, the actual play, which so fascinated Freud, only offers a partial analysis of the myth. For example, it does not include the negative oedipal situation. Green then goes on to show in a masterful way that the story of Theseus does in fact include many of the missing elements. To give just one example: on the return from his encounter with the minotaur, the boat carrying Theseus back was to show a white sail if he were alive, and if he were dead, a black sail. Apparently Theseus "forgot" to change the sail and when his father Aegeus saw the black sail he committed suicide. Theseus then ascended the throne having in fact been responsible for his father's death. Also, when Theseus decides to go to Athens, his mother Aetha pleads with him not to leave her, but he is adamant to go to his father. Green sees this as an example of the negative Oedipal myth.

The next chapter is a partial version of an interview Green had with Urribari, describing his intellectual journey, including the evolution of his stormy relationship with Lacan and substituting instead his leaning on the contributions of Bion and Winnicott as a countermeasure to leaving Lacan behind. Green's first book was on affects in psychoanalysis, a definite critique of Lacan who minimized their roles.

The last chapter, also written by Urrubari, summarizes the newness of Green. Because Urrubari was one of Green's closest collaborators participating in the conception and edition of each of his books, he is able to sketch out Green's intellectual journey from the inside, giving us a detailed account of the unfolding of Green's ideas as though he were speaking as Green's other. This allows him to emphasize the importance of certain terms dear to Green, which were never fully explicated before.

For example, the use of the word “contemporary,” rather than simply denoting an adjective the reader might gloss over, becomes for Green “an important contribution to the foundation of a new contemporary paradigm: a new Freudian matrix, pluralist, extended and complex” (p.134). Green’s ambition is to create new contemporary psychoanalysis. The key components in this new version is the emphasis on form rather than content, on the key role given to representation and its vicissitudes, on the role of action, and on the importance given to the frame as a matrix for symbolization.

Perhaps Green’s clearest clinical contribution is to clarify the opposition between what he calls the dream model versus the action model. The dream model is exemplified by the classical technique where symbolization and representation flow into one another. The action model on the other hand bypasses language and originates in the drive which, instead of leading to representation, has to be evacuated, and “terror replaces the projects of symbolization and representation” (p. 146). “The framing structures a space for representations flooded by evacuative and/or unbinding and disinvestment processes. The unrepresentable, therefore, bursts in on the analytic scene and puts a halt to both free association and free floating attention” (p. 146). More attention is paid to the intersubjective rather than the intrapsychic. A new structure has to be created to permit internalization and the creation of a thinking apparatus. Here, Green is very close to Bion. Meaning has to be co-created. For Green, this becomes dependent on what he calls “*the analysts’ internal frame.*” This becomes a preconscious matrix for representation. The analyst’s position varies from moment to moment between that of an oedipal father, a mother container and a narcissistic double. As a consequence much more psychic work is required with these patients than is the case with more neurotic patients.

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Intersubjectivity In Psychoanalysis

Adrienne Harris

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INTERSUBJECTIVITY IN PSYCHOANALYSIS. By Lewis Kirshner.
London and New York: Routledge, 2017. 160 pp.

Reading Lewis Kirshner's new book *Intersubjectivity in Psychoanalysis*, and now writing this review, has been a task filled with pleasure and engagement. At the same time, the book has made demands on this reader to think hard about the issues at stake in revisiting and reviving a focus on semiotics for psychoanalysis. I read this book over about a three-month period, reading, thinking, talking with students, and being with patients, and found the issues raised by Kirshner both demanding and compelling.

Kirshner undertakes this project in a way that is deeply convincing. I think the book's ethos is very much in the spirit of many intersubjective projects going back to the 1970s with Winnicott and Green, and going forward to the contemporary movements, which depend on thinking in a two-person situation. To move the focus into the social and cultural field that Kirshner places it, this project is connected, in particular, to the very expansive body of work that looks at forms of social, sexual, and racial identifications as these are constituted in families, in individuals, and in the world. What is to me the heart of this project is Kirshner's determination to keep a focus on the interpersonal, socio-cultural registers, *and* on the unconscious. We do not lose the body or the world or the unconscious in his analytic project. I think very strongly this is a direction underway and much needed in psychoanalysis at this historical moment.

I am certainly convinced by Kirshner's presentation that semiotics—a focus on signs, on language as culture and individual practice, and on the many especially for those who had to leave needs a strong and visible place among our theoretical and clinical tools. I am convinced of this even as we are, in North American psychoanalysis, I would say, just beginning to really absorb the complexity of representation. From various authors Anzieu, the Botellas, Levine, Reed, and Scarfone and others, we are encouraged to notice when symbolization collapses, the gaps in

processing which nonetheless are not necessarily gaps in registration or in experience.¹

Kirshner grounds his understanding of intersubjectivity in philosophy, in psychoanalysis (particularly Lacanian theory), and in linguistics. Throughout, he insists that we think of “signs,” the heart of the semiotic project, as always phenomena exchanged between subjects. He gives a great quote from Pierce, “A sign is something which stands to somebody for something in some respect or capacity.”²

In this way, Kirshner creates a particular social and cultural landscape in which signs function, and always that function includes the encounter of persons. It is not that there is no place for private speech, for internal events, and monologues. The analytic encounter is always a site of exchange. It is this conviction that makes Kirshner wary of the more canonical forms of interpretation in psychoanalysis and more intrigued by the effects and outcomes of all the many forms of sign-exchange within analytic sessions.

So I take the appearance of this book as a highly sophisticated interlocutor for the current work on unrepresented, or unsymbolizable experience, which is highly functional in our emotional, social and unconscious lives. I would see this also in contemporary field theory,³ where one sees an interest in theories of the unconscious in which layers and a spectrum of structures is more useful than a simple polarity of conscious and unconscious.⁴

¹ See Anzieu, D. (2016). *The Skin-Ego: A New Translation By Naomi Segal*. New York: Routledge; Botella, C. & Botella, S. (2005). *The Work of Psychic Figurability: Mental States without Representation*. London: Routledge; Botella, C. (2014). On Remembering: The Notion of Memory without Recollection. *Int. J. Psychoanal.*, 95:911–936; Levine, Howard B., Reed, Gail S. & Scarfone, D. (eds). (2013). *Unrepresented States and the Construction of Meaning*. London: Karnac.

² Pierce, C. S. (1931). *Collected Papers of Charles Sanders Peirce*. Charles Hartshorne & Paul Weiss, eds. Cambridge, MA: Harvard Univ. Press., p. 228.

³ See Civitarese, G. (2016). *Trust and the Unconscious in Psychoanalysis*. London: Routledge; Ferro, A. (2002). *Seeds of Illness, Seeds of Recovery: The Genesis of Suffering and the Role of Psychoanalysis*. London: Karnac; Lombardi, R. (2017). *Body-Mind Dissociation in Psychoanalysis: Development after Bion*. London: Taylor and Francis.

⁴ Matte Blanco, I. (1975). *The Unconscious as Infinite Sets: An Essay in Bi-Logic*. London: Karnac.

I would want to encourage every serious analyst, regardless of orientation, to read this book. Kirshner's deep and intricate treatment of semiotics in psychoanalysis is demanding of his readers. His grounding in linguistics and philosophy, his attention and use of Lacanian theory requires careful attention. It was wonderful to follow Kirshner as he walks us through the complex professional grids in which forms of phenomenology emerge. This matrix: Hegel, Merleau-Ponty, Husserl, and even Heidegger, within the European context develop a focus on experience, agency and intention. Kirshner also takes us into the complex debates about alienation and splitting, the characterization of the encounter with the other as a mark of desire, joining, or alienation. He manages to hold a dialectic between the strangeness of the other and the importance of the reflecting other's presence.

The North American context for this work comes from C.S. Pierce. I would add James and American pragmatism, particularly as important influences on the relational movement.⁵ In turning his attention to the post-structuralist movements, some of whom were not kindly disposed towards psychoanalysis, he is concerned that as intersubjectivity evolves, we not lose the power of the unconscious. Kirshner speaks of the *doubleness* of the unconscious, between body and mind, between symbol and other. I was particularly interested in his reading of the power Ricoeur found in American psychoanalysis (from Kohut). I think this is particularly important to Kirshner in this book as he is powerfully drawn to three central concepts: the power of empathy, recognition, and responsiveness in the exchange between subjects. He makes an interesting link between Ricoeur and Levinas, a link not always developed.

I think this book will have a very rich life as a teaching document, giving teacher and students a careful extensive examination of how speech, language structure, and sign system must be kept carefully in mind, even as we attend to affect states, and to object relations internal or external.

Perhaps, inevitably, since it involves my own interests, I found the chapter on intersubjectivity in North America the least useful or

⁵ Mitchell, S. A. & Harris, A. (2004). What's American about American psychoanalysis? *Psychoanal. Dial.*, 14(2):165-191.

developed. Certainly the interpersonal tradition⁶ founds itself on Sullivan, with a more mixed and ambivalent relation to Ferenczi⁷ and to the attachment theory focus on early childhood. The ideas about technique and countertransference are more complex and differentiated among the American intersubjective groups than Kirshner suggests. And it must also be said that these theories are also (as Kirshner notes elsewhere in the book), always on the move. One of tragedies of Steven Mitchell's early death is that it came at a moment when he was returning to and turning towards Loewald and to an interest in the origins of intersubjectivity, as always intertwined with the intrapsychic. The ideas of Loewald⁸ that interested Mitchell were his concept of primary density and his sense that interiority and exteriority co-create each other.⁹

Sometimes, I would question whether Kirshner is describing disagreements, or rather differences, in the particular idiom of an analyst, an analysand, or an analytic pair. Some of his clinical examples distinguishing between reverie and semiotic analysis don't seem quite to be doing that. Reverie will take any analyst over many different kinds of material from dream images, from body states, to word use, or to transference. We need semiotics but we don't need to expel or exile a variety of other tools of analytic work.

I sometimes wished for more attention to the playful, sonorous, libidinal elements in speech, perhaps more audible to psychoanalysts in child work. Using Pierce's taxonomy of indexical and iconic, Kirshner does bring this aspect of language use into his thinking and his clinical ideas, but symbolization carries a heavy load in this book.

In a recent presentation, Corbett described a lovely piece of analytic work with a child in which the analyst was cast into the role of a dog, first

⁶ Stern, D. & Hirsch, I. (2017). *The Interpersonal Perspective in Psychoanalysis, 1960s–1990s: Rethinking Transference and Countertransference*. New York: Routledge.

⁷ See: Ferenczi, S. (1929). The unwelcome child and his death-instinct. *Int. J. Psychoanal.*, 10:125–129; Ferenczi, S. (1932/1949). Confusion of tongues between the adults and the child. *Int. J. Psychoanal.*, 30:225–230.

⁸ See: Loewald, H. (1980). *Papers on Psychoanalysis*. New Haven, CT: Yale Univ. Press.

⁹ Mitchell, S. (2000). *Relationality: From Attachment to Subjectivity*. London: Taylor and Francis.

barking, then lying down, and finally dying, and then reviving.¹⁰ The process was to be repeated throughout the hour. The use of aggression and destructiveness cast through the serious play in the session was clearly mutative for both participants. Here, semiotic process draws on sound, on embodiment, on semantics, and the symbolic structure of play.

I also found myself wondering about whether certain patients don't lean on speech and language use for complex emotional business and that this aspect of their presentation is deeply implicated in their history. A patient in analysis has a very distinct and personal style of speech, word usage, and metaphor; I am struck by this from the very beginning of the treatment. It's a way of speaking and working with words that I find very agreeable. It is sometimes playful, sometimes provocative, scholarly, but not pedantic. The analysand uses a distinctive idiom to be sure.

For a long time, I registered this without having very much of an idea of a particular meaning or agenda (conscious or unconscious). Over quite a long time, it emerged that this mode of speech was likely very tied to a crucial figure in this man's relational life, a figure lost early and tragically and someone very inadequately mourned in the surrounding family. It came to both the analysand and to me that this way of using words and communicating carried a secret tie to the missing figure in his life—hidden in plain sight once we could notice it. A relational tie was preserved but under the radar of various scrutinizing and emotionally dominating figures in his life.

Kirshner's book takes a turn, at the end, that was both surprising and perhaps inevitable. The painstaking work of delineating the case for semiotics, and for intersubjectivity as a semiotic practice, occupies him intensely in this book. And he is deliberate in making space for a concern with affects. There I would wish for more attention to neo-Bionian field theories and to remembering that Bion founds a theory of thinking as an emergent process from the experience of emotional exchange.¹¹ Laplanche makes a minor appearance, yet I think his work on enigmatic transmission, a work in which the complex exchange of messages is

¹⁰ Corbett, K. (2017). "Transit: Playing the Other" Friday, October 13th. Psychology and The Other Conference, Boston, MA.

¹¹ See: Bion, W. (1962). *Learning from Experience*. London: Tavistock; Bion, W. (1970). *Attention and Interpretation*. London: Tavistock.

central to the development of sexuality and the unconscious, has a place in this intersubjective tradition.¹²

The book ends with a turn to ethics. This is perhaps surprising in a book so devoted to theory and to analytic technique and to interdisciplinarity. But the signs are all there: the interest in Benjamin's seminal work on recognition,¹³ on Aron's ideas of the demands on the analyst,¹⁴ even within conceptions of mutuality and exchange, the attention to Ricoeur.¹⁵ Kirshner concludes his book with a turn to the demands of training and thus on the demands of analytic work itself. The core of training would need, he suggests, to include a focus on empathy, recognition, and responsiveness. He has made a case throughout the book as to why these social and unconscious and conscious processes are present potentially in any semiotic exchange. I think this is an intriguing way to imagine how training within an intersubjective model requires some different foci than most of our training. We relegate ethics to the margins of our educative work with the next generations. What would it mean to make these intersubjective processes more central to what and how we learned?

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¹² See: Laplanche, J. (1999). *Essays on Otherness*. London: Routledge.

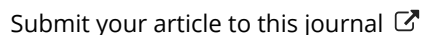
¹³ See: Benjamin, J. (1988). *The Bonds of Love: Psychoanalysis, Feminism, and the Problem of Domination*. New York: Pantheon; Benjamin, J. (2004). Beyond doer and done to: an intersubjective view of thirdness. *Psychoanal. Q.*, 73:5-46.

¹⁴ See: Aron, L. (1996). *A Meeting of Minds: Mutuality in Psychoanalysis*. Hillsdale, NJ: The Analytic Press.

¹⁵ Ricoeur, P. (1990/1992). *Oneself as Another (Soi-même comme un autre)*, trans. Kathleen Blamey. Chicago: Univ. of Chicago Press.

Fred Busch

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AN ANALYTIC JOURNEY: FROM THE ART OF ARCHERY TO THE
ART OF PSYCHOANALYSIS. By Marilia Aisenstein.

London: Karnac, 2017. 250 pp.

Marilia Aisenstein, a central figure in French psychoanalysis, and the Paris Psychosomatic School, has written a gem of a book. It is a master class in how Freud's thinking enriches us, while opening new pathways for thinking about certain patients (psychosomatic), and those who seem to have little or no imaginative thinking. Along with all one can learn from this book, what sets it apart is that it is a pleasure to read due to Dr. Aisenstein's clear thinking, the beauty of her language, and her use of metaphor.

As the title suggests, the book is a selection of Dr. Aisenstein's papers from 1992 to the present. These include papers on: the history of psychoanalysis in Paris and the Paris Psychosomatic School; psychoanalytic technique with an emphasis on working with patients with psychosomatic disorders that add insight into working with patients who cannot think their thoughts; what it means to become a psychoanalyst; the development of sexual identity, and other contributions. It is filled with clinical examples that demonstrate her humanity, and the efficacy of her theoretical positions.

The heart of Dr. Aisenstein's clinical perspective, and most edifying, is her view that thinking is "rooted in the drive" (p. 49), especially Freud's dual drive theory from *Beyond the Pleasure Principle*.¹ Her thinking this way is evident throughout the book, and time after time one sees how a true Freud scholar can, in a few pages, show the history of an idea. In addition, Dr. Aisenstein emphasizes the importance of bringing buried affect associated with traumatic memories to preconscious awareness.

The shift of accent from representation to affect has considerable clinical implications. Indeed, with certain patients, including (though not exclusively) somatic patients, the entire work of analysis will now be centered on gaining access to affects and on their metabolisation. [p. 60]

¹ Freud, S. (1920). *Beyond the Pleasure Principle*. S.E. XVIII: 7-66.

This doesn't mean that Dr. Aisenstein eschews representations, as indicated by the following: "Putting things into words or language necessarily involves an activity of representation—a fundamental activity of the human mind and the basis of Freudian theory" (p. 75). Further, in her view, work within the transference is central to the working through process.

Some of the most important papers in this collection focus on Dr. Aisenstein's clinical work with psychosomatic patients. In the limited space of this review I can't do justice to the complexity of the thinking that goes into her clinical approach, nor can I demonstrate the depth of her clinical work. What I can say, however, is that reading her case examples I felt in the presence of a master clinician, very much alive to the transference and countertransference feelings swirling throughout a session, with an unerring ear for putting into words something essential about the patient, near enough to the patient's preconscious that it can be taken in.

In the early 1950's a group of French analysts (Marty, de M'uzan, Fain and David)² began to work with and think about the treatment of psychosomatic patients. At the time the predominant theory was that the organ affected had symbolic meaning (e.g., asthma was a result of the lungs weeping). The French group came to the revolutionary idea that it was the *type of thinking* that characterized these patients, no matter what organ was effected. They were also struck by "the absence of both any demand or anxiety in these patients, and noticed that most of those who were hospitalized seemed 'sensible, rational, and unemotional'—as if their affective lives were either frozen or repressed" (p. 10).³ Dr. Aisenstein along with Smadja⁴ now think of these patients as having "mechanical functioning" where they are excellent reporters of what they perceive. This may be understood as a defense against internal disturbance and disorder" (p. 108). Also, characteristic of these patients is *essential depression*, which is seen in their lack of desire. They feel tired,

² While this group was important in Dr. Aisenstein's development as a psychoanalyst, she was also influenced by the work of André Green.

³ I have found Marty's description of these patient's thinking as concrete, and closer to action, extremely useful also in work with patients who aren't psychosomatic. See Busch, F. (2014). *Creating a Psychoanalytic Mind*. London: Routledge.

⁴ Smadja, C. (2001). *La vie opératoire*. Paris: Press Universitaires de France.

don't want anything, don't complain, and seem elsewhere. Rather than seeing this type of patient as being regressed, Aisenstein points out they are *unable to regress*: "the protective superego is replaced by the tyrannical ego-ideal. When regression is impossible it is replaced by disorganization" (p. 108).⁵

I found it fascinating that, while many of the patients Aisenstein describes are like those described by the post-Bionians, her methods are different. Aisenstein privileges putting things into "word and thing presentations," while some post-Bionians see the analyst's reverie *by itself as curative*.⁶ Dr. Aisenstein also highlights the importance of unconscious affect transformed into anxiety that in the transference/countertransference may give it the status of true affect. Further she believes absolute silence is out of the question with these patients, and her methods are sometimes supportive within a psychoanalytic framework. The reader will find many other useful comparisons between the two perspectives. For example, it is interesting to compare Dr. Aisenstein's approach in cases where she describes the *art of conversation* with Ogden's approach he calls *talking as dreaming*.⁷

Aisenstein's "Letter from Paris" (pp. 3-10) presents a fascinating account of Lacan's 1954 expulsion from the Paris Psychoanalytic Society (SPP) and its lingering effects on psychoanalysis in France. One senses her empathy for those immediately affected by Lacan's departure when she says, "It must be understood that the split of 1953, which was experienced by the analytic community as an earthquake, was terribly painful and harrowing," especially for those who had to leave their analysis with Lacan. It seems clear that Aisenstein has worked through the Lacan experience as she is able to separate the man and some of his method, from his ideas, many of which she finds valuable. It is dizzying to read about all the splits amongst the Lacanian groups after Lacan left the SPP and formed his own Institute (EFP), which was not recognized by the International Psychoanalytic

⁵ Analysts of a certain time will recognize this as similar to Ernst Kris' concept of *regression in the service of the ego*, which he pointed to as central to creativity. (See Kris, E. (1936). The psychology of caricature. *Int. J. Psychoanal.*, 17:285-303.)

⁶ Busch, F. (2018). Searching for the analyst's reverie. *Int. J. Psychoanal.* In press.

⁷ Ogden, T. H. (2007). On talking-as-dreaming. *Int. J. Psychoanal.*, 88(3):575-589.

Association (IPA). In 1963, a group left Lacan's group to form their own Institute, the French Psychoanalytic Association (APF), receiving immediate recognition by the IPA. Another group left the EPF, considering itself not Lacanian and not a member of IPA, and still another group then left that group and became a member of the IPA. The ostensible reason for Lacan being forced to leave the SPP was his belief in variable length sessions, and his idea that "a session could be shortened and ended when important material emerged. The interruption would then acquire the value of an interpretation" (p. 4).⁸ There was a figurative wall between the Paris Institutes until the early 1990's, when the thaw began. It was when Dr. Aisenstein was President of SPP that she agreed to meet with the other Paris groups to discuss clinical methods. These meetings, with different members, have continued to the present.

I was intrigued by the subtitle of this book, *From the Art of Archery to the Art of Psychoanalysis*, so I began my reading with the second chapter of this same title. Doing the same would reward the reader, as one is immediately caught up in the beauty of Aisenstein's language, and the aptness of her metaphorical use of the training and thinking of the Japanese master archer. While I could never have expressed it so well, I found the following fit with my own experience of becoming and being an analyst. She writes:

The specificity of our art, is it not, in this infinite becoming, a training that takes place through us and within us, and lasts forever? And one where all knowledge is a recreation,

⁸ It's been my impression that while theoretical differences are often cited for the main reason of splits within an Institute, it is strong personalities in competition that often play an important role. Thus, we learn from Aisenstein that at the time of the split, Sasha Nacht was the President of SPP, and an analysand of Lacan's analyst, Rudolph Loewenstein. I've also wondered if the antipathy of French psychoanalysis towards Ego Psychology had something to do with personal feelings about Loewenstein. To follow this thought, Loewenstein wrote numerous articles on the preconscious in the 1950's, and how the preconscious was a bridge to the unconscious in psychoanalytic treatment. (See Loewenstein, R. (1972). Ego autonomy and psychoanalytic technique. *Psychoanal. Q.*, 41:1-22.) In Green's influential article on the significance of the preconscious in psychoanalytic treatment, there is no reference to Loewenstein. (See Green, A. (1974). Surface analysis, deep analysis (the role of the preconscious in psychoanalytical technique). *Int. Rev. Psychoanal.*, 1:415-423.)

recognized retrospectively. It seems to me that here, too, a pre-existent disposition, not spiritual but psychic, is necessary. Analytic meaning is not acquired, one comes across it whenever it emerges; but it does not suffice either to make an “artist of psychoanalysis”. In my view to become a psychoanalyst, passion is also necessary: a passion for mental functioning. [p. 12]

I would invite every analyst to study this book closely. It is a book psychoanalysts from all perspectives could learn from. All will have some quibbles with Dr. Aisenstein, but my own experience was that they seemed unimportant given how much I thought about and learned from Dr. Aisenstein’s work. I would like to end with a quote that I believe captures the essence of what psychoanalytic treatment is ultimately about, the significance of what we can provide for our patients, and the depth of understanding a psychoanalyst must have to express herself this way:

Analysis is uncompromising in relation to other therapies because it alone aims ... at aiding our patients to become, or to become again, the principal agents in their own history and thought. Am I too bold in insisting that this is the sole inalienable freedom a human being possesses? [p. 36]

FRED BUSCH (CHESTNUT HILL, MA)

WHAT ARE PERVERSIONS? SEXUALITY, ETHICS, PSYCHOANALYSIS.

By Sergio Benvenuto. London: Karnac, 2016. 210 pp.

(Translated from Italian).

The topic of the perversions has been a gift to psychoanalytic writing! Generations of analysts have imagined ongoing dialogue with Freud and his followers; they have formulated extraordinarily interesting, innovative, and imaginative theories of perversion, and theories that to this day keep generating new refinements. My sense is that, in the last few decades, analysts’ experiences of transferences and counter-transferences, clinical blind alleys, and failed and foiled treatments have generated

Bennett Simon

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Age Group	Number of People
18-24	10
25-34	20
35-44	15
45-54	25

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richer and deeper formulations. Simultaneously, political and social developments around sexuality, (e.g., removing homosexuality from the DSM list of “paraphilias,” and not labeling it as a mental disorder) have enhanced an awareness of both the role of analysts’ own political and social biases, and of the limits of our understanding and abilities to treat.

Accordingly, in terms of encompassing what is known and what is not known, I rate Benvenuto’s *What are Perversions?* as good as it gets in recent psychoanalytic writing on perversions. The author manages to deal with the unfolding history and array of psychoanalytic formulations, to propose some of his own useful elaborations, and, at the same time, conveys some awareness of the incompleteness of our understanding.

At the outset, he makes an attempt to explain and exemplify why he persists in using “perversion,” and provides a brief exploration of the history of efforts to evade and offer improvements of the term. (He opts to use the term “pervert,” which several authors eschew). Attempts to use other terms, such as “paraphilias,” or “neo-sexualities,” do not remove the complications—clinical, social, theoretical and ethical—inherent in the term. He also addresses the problem of “the list” of “the perversions.” The complications include finding an agreed upon definition for the term “perversion,” as well as considering who gets to define that list. The “list” has traditionally included: fetishism, voyeurism, masochism, pedophilia, sadism, frotterism (groping), cross-dressing and, more recently in the DSM 5, “other specified paraphilic disorders,” (p. xv). We know that there have been shifts over the past century and that, as we are writing, there are more to come.

Benvenuto usefully surveys and reviews the theories, the clinical orientations, what he terms “the metapsychologies of cure” (pp. 125-129) of different analytic schools and simultaneously express doubts that any of these theories adequately explains the cure, (and, by implication, the genesis of the condition to be cured).

I think that what counts in analysis is not the content of any interpretations In practice analysts obtain effects no matter what their metapsychological reference. The modifications produced are not the effects of the conceptual content of

one's interpretations. They ... are not hermeneutic effects. [He refers briefly to the substantial body of research aiming to describe the real agents of change.] To question pure practice—setting aside, at least provisionally the metapsychologies—is an enormous but indispensable task. That he undertakes that task at all outweighs, to my mind, the fact that, he does not fully succeed in the task. [p. 127, underlining in the original]

This “suspension of belief” in one’s favorite theory illustrates what I find admirable and most useful in the book, and I will try to succinctly present other such examples. I will then go on to state some of my objections and disagreements with Benvenuto.

We find here a good survey and overview of the history of theories of and clinical approaches to perversion. He is aware of the tension between talking of “perverse” aspects of relationships, and “perversions”—the former running the risk of totally blurring the boundary of “perversion” because there are so many aspects of relationships and behaviors in people who do not have any of the formed or named perversions that can be called “perverse.” The latter risks reifying and unduly simplifying a complex problem of definition. He is aware of and attuned to historical fluctuation in how sexual behaviors are categorized, the role of political, social and culture-specific biases. The title promises “Ethics” and indeed Benvenuto devotes attention to ethical aspects of the dynamics of the perversions. He argues forcibly that the perversions constitute a denial of reality; especially the reality of the “Other,” (Lacan) or of the other person in the relationship and that this constitutes an ethical issue. Moreover, he tries to tackle the question of the ethical aspects of the psychoanalytic method, in general, as exemplified in psychoanalytic clinical approaches to the perversions.¹ I resonate with his salutary questioning, a skepticism about any psychoanalytic proposition that has reached the status of widely accepted and tenaciously held. This *sometimes* includes his own propositions (see below, my discussion of Benevenuto’s pronouncements).

¹ Blass, R. (2003). On Ethical Issues at the foundation of the debate on the goals of psychoanalysis. *Int. J. Psychoanal.*, 84:929-943.

There is a layered discussion of masochism, (that tortured topic!) that runs throughout the book, and its extended appendix. The discussion recurrently attempts to analyze the pervasive and shifting “strategies” characterizing masochism that reverse and attempt to undpower relationships and disguise or “sweeten” the strategies with sexual excitement.

His section on “The Perverse Tragedy” (pp. 49-52) I find quite evocative. As previous psychoanalytic authors have done, he couples the ancient literary/theater problem of the pleasure particular to watching tragedy with the psychoanalytic problem of how pain and self-abasement can be so conjoined with sexual excitement and deep satisfaction.² That he does not fully solve either puts him in some very distinguished company over several millennia.

His final chapter, “Weaning from Perversion?”—the question of psychoanalytic treatment, and what constitutes “cure” is impressive, though it bypasses some important questions about the listening mode of the analyst.³ Can the analyst really reverence a more open ended “reading” of the patient’s story, a reading that is beyond judgmental, is counter-traditional, and is informed but not constrained by authoritative analytic theorizing? Can the analyst “imagine”—and accept—that the nature of sexual imagination encompasses what might be called “normal” and what might be called a perversion, and that the boundaries between the two realms are quite porous and that this state of affairs is “natural?” Can an analyst live with the tension between an “ethical” view of how a patient with a sadistic sexual practice regards the other person and an appreciation of the place of the sadist’s ecstatic sexual experience? Benvenuto’s discussion (pp. 125-136) of what has to be “cured” is epitomized in his characterization of perversion:

Perversion is the medication for a pain of which the pervert has lost all memory but which is still a pain that demands the

² See Benevenuto’s remarks on Aristotle, p. 49.

³ See for example, Corbett, K. (2013). Shifting sexual cultures, the potential space of online relations, and the promise of psychoanalytic listening. *J. Amer. Psychoanal. Assn.*, 61:25-44.; Dimen, M. (2001). Perversion is us? eight notes. *Psychoanal. Dial.*, 11:825-860; Harris, A. (2005). *Gender as Soft Assembly*. Hillsdale, NJ: Analytic Press.; Saketopoulo, A. (2014). To suffer pleasure: the shattering of the ego as the psychic labor of perverse sexuality. *Studies in Gender and Sexuality*, 15:254-268; Stein, R. (1998) The poignant, the excessive and the enigmatic in sexuality. *Int. J. Psychoanal.*, 79:253-268; Stoller, R. (1991). “The Term Perversion.” In *Perversions and Near-Perversions in Clinical Practice*, ed. G. Fogel and W. Myers. Yale Univ. Press, New Haven, pp. 36-56.

perverse act in order to carry on medicating itself. These subjects who suffer—and thus stand against this world of disillusion—fail in their erotic life in so far as it does not agree with the other's desire. Hence, the ethical and aesthetical divergence from the other. [p. 132]

Mourning and weaning are the images that Benvenuto invokes to capture the nature of the process of giving up the “medication” afforded by the enactments encoded in the perversion. He appends a theory of the analyst's investment in the work of analysis (a theory that unfortunately suffers from the language of pronouncement): e.g., practicing analysis is a self-cure for the analyst:

... something similar to the patient who gives up “perverse enjoyment” (sc. The entailed narcissistic obliteration of the other person as a subject in his/her own right.) [analysts] ... often are also former narcissists or perverts etc. who seek a cure through caring about other people's narcissism. And by taking care of others, they open up to them the prospect of caring for others, of abandoning their narcissism. ... Thus analysis is not just a psychotherapeutic technique ... analysis is above all an ethical cure that aims at caring for the other. [p. 136]

In discussing (pp. 113-116, 121-123) an analysand treated by Masud Khan, (dubbed by Khan as “the Subjected Beauty”) a woman with masochistic repetitions involving degradation and humiliation administered by a “Master” linked with extreme sexual excitement, Benvenuto writes of analysis as a perversion: “Analysis stands halfway between a perverse relationship and a marriage.” Benvenuto argues that analysts “prescribe”—as if a “Master,” the analyst imposes rules and conditions on the patient and the patient develops strategies to oppose/yield to the power of the analyst. The analyst, in this view, is an imposter of neutrality and non-intervention and the patient must call out this imposture. “Patients thus resist the analyst just as they tend to resist all forms of power. They are all too aware of the imposture of power” (p. 123).

Benvenuto's formulations in this last statement usefully overlap with other authors (and my own more limited experience) of the transference-countertransference binds that analysts working with patients with

perversions frequently encounter and need to struggle with. Compare, for example, Arnold Goldberg's description of his session with a patient who cross-dresses. He brings in a photo of himself in women's clothing and says to his analyst, "Don't I look beautiful!" Goldberg thinks he looks ridiculous and like the overweight forty-year-old man the patient is. Goldberg feels torn between the need to bend himself into a pretzel and accept/admire/collude with the patient or to bluntly tell the patient what he really thinks. Goldberg's formulation of the interchange and the reactions of both participants, illustrates a recurrent feature of psychoanalytic writing on perversion: a clinical interchange is assumed to be a reflection of, or a derivative of, a reenactment of a crucial piece of the patient's developmental history.⁴ An aspect of that formulation is captured by Benvenuto's account of "imposture," a crucial element in the world-view of the patient with a perversion.

At the same time, Khan's and Benvenuto's description of the analyst as a "Master," a sadistic master exerting power, is quite different from a more widely cited and more benign view of the analytic setting: i.e., a description of analysis as a game with rules, like tennis. Both parties agree to the rules of the game: the white lines, the sequence of serving, the method of scoring, etc. The therapeutic contract is something shared, not a power play by one party over the other.

The account and formulation presented by Khan and elaborated by Benvenuto might well capture something valid in their own clinical experience, but we are left with the question: are such "binds" and the issue of "imposture," fake-neutrality, qualitatively or quantitatively unique to the treatment of perversions, or whether there are many analytic situations (and diagnoses) where such issues may similarly be the crux of the analysis?

Then there are aspects of the book that I find not entirely to my liking, some of which overlap with Benvenuto's own critique of the psychoanalytic engagement with the field of perversion. My principle—and reflexive—objection to this treatise is the way the author, himself often accurately critical of easy generalizations in the field, makes his own generalizations that I call "pronouncements," reflecting biases perhaps both personal and

⁴ Goldberg, A. (1995). *The Problem of Perversion: The View from Self Psychology*. New Haven: Yale Univ. Press.

cultural; he is an Italian commenting occasionally on American biases and I am an American with my own biases.⁵ Several examples:

In my experience, I have found that the more women are socially emancipated, the more they enjoy the masochistic delight of being insulted while having sex. Is this humiliation of women only a spicy condiment of sexual love, or is something essential about coitus involved? *Many acknowledge* that there is no fun in bed if sex does not mimic an SM relationship. Is this playing the roles of “shatterer” and “shattered” the real, even tacit, background to the relationship between a woman and a man? [p. 109, emphasis added]

How many are “many acknowledge”? Or, after providing a vignette of a woman who “could only obtain authentic pleasure from intercourse if she imagined that the man penetrating her was in turn being anally penetrated by another man ... ” Benvenuto proceeds to explain that:

... perhaps cases of this kind ... can give us an idea of why women are less inclined to sexual perversions (and more inclined to hysteria). *Just as the pervert obtains pleasure from reliving obliquely a traumatic experience of betrayal, so does every woman in her sexual experiences that we label as normal.* It is as if the young female experienced a triple trauma: her mother “betrays” her with a man, her beloved father “betrays” her with a woman, and what’s more, she has to suffer the “insult” of coitus passively. It is as if behind every real act of coitus the woman risks reliving this triple defeat, while succeeding in turning it into an opportunity for enjoyment—just like in the perversions. [pp. 110-111, emphasis added]

Such pronouncements, vague characterizations of what is or is not factual, touch on more general problems of sampling inherent in the psychoanalytic “data-base,” as well as in the area of perversions specifically. By contrast, Robert Stoller did what few other analysts have done, and interviewed, outside of a clinical setting, large numbers of people with a variety of sexual practices and histories. He thus provided a kind

⁵ Since the book is translated from an Italian edition (see pp. ix-x), it is possible that some of what I find disconcerting may be an artifact of translation.

of data base a) of people with perversions who might be quite different from those coming for analysis and b) people with an array of idiosyncratic practices that might not neatly fit into analytic diagnoses.⁶

I wish that Benvenuto had added to his discussion of Masud Khan's case report a caveat about the veracity of the report! Here is a report of a treatment by Khan, an analyst who was alleged (in print, and by "the grapevine") to be recurrently exploiting and abusing patients, and in at least one case sexually abusing a patient (and, by rumor, arrested in several European cities for shoplifting).⁷ One published account, by a former male patient of Khan, described Khan, in effect, as a sadistic Master. Can we then trust Khan's case report of "the Subjected Beauty" that Benvenuto cites? Here we find Khan's formulation of this woman's perversion, a need to have a sadistic Master, when what might well be at issue is something perverse in the analyst.

In closing, reflecting on both my praise and criticism of the book, I realize that the author has successfully engaged, perhaps even ensnared, this reader in dialogue and argument—a salutary outcome in our field. Overall, Benvenuto's text is an important and thoughtful contribution to what is still a very puzzling field.

BENNETT SIMON (JAMAICA PLAIN, MA)

⁶ Kahr, B. (2008). *Who's Been Sleeping in Your Head? The Secret World of Sexual Fantasy*. New York: Basic Books.

⁷ See Godley, Wynne. Feb. 2001. *London Review of Books*, 23, Number. 4, pp. 3-7.

On the Couch: A Repressed History of the Analytic Couch from Plato to Freud

Aaron H. Esman

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ON THE COUCH: A REPRESSED HISTORY OF THE ANALYTIC COUCH FROM PLATO TO FREUD. By Nathan Kravis. Boston, MA: MIT Press, 2017. 224 pp.

On the Couch is in many ways a unique book in the psychoanalytic realm, given its rich and elegant illustrations, its scholarly review of classical history and literature, its detailed survey of ancient furniture and design, its concise yet penetrating history of visual art, and, finally, its critical appraisal of the role of the subject problem—the position of the couch in analytic practice.

As is well known, it was Freud himself who set the pattern in his technical progression. As Kravis puts it, “Freud’s use of the couch was the one constant feature in his journey from hypnosis and suggestion to psychoanalysis” (p. 129). The book carefully traces (richly illustrated) the progression from Freud’s lavish décor to the more austere design that characterizes the style of most contemporary practitioners today.

In his final chapter, Kravis spells out the moral and the practical issues that tend to influence those who think about the matter. “It is,” he concludes, “a cultural object with too long and complicated a genealogy for any single generation or community of analysts to be able to brand it” (p. 153).

In sum, *On the Couch* is a unique and, in many ways, exceptional book, offering for the reader a richly informative, superbly written and beautifully illustrated study of an essential but rather neglected issue in both the history of psychoanalysis and its current—and somewhat conflictual—situation.

As a note: The attentive reader will doubtless find in the Introduction this reviewer’s name in the list of Dr. Kravis’ colleagues. I can only assure him of the objective, if enthusiastic, nature of this review.

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Cold War Freud: Psychoanalysis in an Age of Catastrophes

Elliot Jurist

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COLD WAR FREUD: PSYCHOANALYSIS IN AN AGE OF CATASTROPHES. By Dagmar Herzog. Cambridge, UK: Cambridge University Press, 2017. pp.

The history of psychoanalysis is bound to look and feel differently depending upon who is telling the story. Are psychoanalysts more open to engaging with non-psychoanalysts about how they are seen? And should we imagine that being receptive to others might have an impact on our self-understanding (and possibly the future of the field)? Dagmar Herzog's *Cold War Freud* presents a strong justification for the value of heeding the view from outside, and succeeds admirably in highlighting both positive and negative aspects of psychoanalysis in the post-war era.

Herzog's cultural history of psychoanalysis spans its "heyday," roughly from the 40s to the 80s (p. 1), paying particular attention to the "golden age" in the United States from 1949-1969 (p. 5). It also follows global vicissitudes: as psychoanalysis declined in prominence in the United States, it became more highly valued in Western Europe and Latin America (p. 7). Herzog flags some general themes throughout her study: "desire, violence and relations of power" (p. 11), and focuses on the views of a range of different theorists—some familiar, some obscure—like Karen Horney, Robert Stoller, Kurt Eissler, Alexander and Margarete Mitscherlich, Gilles Deleuze and Félix Guatarri, Ernst Morgenthaler, Goldy Parin-Matthèy, and Paul Parin. While Herzog wishes to defend progressive and radical versions of psychoanalysis, she avoids partisanship and remains a fair-minded and generous reader. At the core of her perspective is the claim that psychoanalysis has both "normative-conservative and socially critical implications" (p. 2) and, thus, that it ought to be construed as "iridescent" (p. 15).

Cold War Freud begins with the emergence of the ideal of keeping psychoanalysis at a distance from the external world—Part I is entitled "Leaving the World Outside." This was part of a strategic effort articulated by Ernest Jones at the International Psychoanalytic Association meeting in Zurich in 1949, the first such gathering in a decade. This posture is understandable in the aftermath of World War II, and it is not

hard to muster empathy for the dissociative response to the Holocaust that was widespread at that moment in time. Psychoanalysts in the United States wanted to fit in, and not to be burdened by foreignness in the U.S. Herzog traces how psychoanalysis evolved to become more tolerant of religion, to become, as she puts it, “Christianized” (p. 22).

Greater tolerance of religion led to a reconsideration of the role of sexuality in human life. Herzog notes the originality of Horney’s contribution on sexuality, not just gender, in suggesting that what seems sexual can have non-sexual motivation, and she notes the envy that was aroused when Horney’s writing was taken up across the social sciences. Yet, psychoanalysis remained suspect: it came under fire from religious leaders like Bishop Fulton Sheen who attacked psychoanalysis for being obsessed with sex, which elicited a response from Karl Menninger who disputed this view. Herzog brilliantly captures the delicacy of Menninger’s position: “We *are* about sex (against Horney). We are *not* about sex (against Sheen)” (p. 47). Moreover, Herzog traces this tricky position as it contends with the growing public interest in sexuality after the Kinsey Report: “Sex was both the topic analysts thought they were the expert on *and* they were deeply anxious about being too strongly associated with it” (p. 64, *italics in the original*). Polymorphous perversity became eclipsed by conventionality concerning sex, and the desire for greater respectability pushed psychoanalysis to relegate homosexuality into the category of psychopathology. More and more, psychoanalysis became a “normative and normalizing enterprise” (p. 36), subsequently falling behind the mainstream curve, as homophobia and misogyny sealed its fate in the late 60s. Herzog lauds Robert Stoller as an exception: not only anti-misogynist and anti-homophobic, but a pro-sex feminist and pro-gay analyst who sensitively regarded painful experience as underlying perversion and bravely acknowledged that “we are all perverts” (p. 79).

In Part II, Herzog turns to examine “Nazism’s Legacies.” She approaches the topic of trauma through a fascinating discussion about the struggle over reparations, with West German doctors charged to evaluate the legitimacy of the claims, and, incredibly enough, to challenge the notion that being in a concentration camp could cause trauma. Other West German doctors were more sympathetic to the victims—for example, identifying the notion of a “concentration camp

syndrome" (p. 104). A key development occurred with the contribution of Kurt Eissler who published an article in German in 1963, entitled "The Murder of How Many of One's Children Must One Be Able to Survive Asymptotically in Order to be Deemed to Have a Normal Constitution?" and a second article in 1967, "Perverted Psychiatry?" in the *American Journal of Psychiatry*. Herzog argues that Eissler's articles had a significant impact on subsequent debates, particularly in warning against countertransference bias on the part of the evaluators. Herzog clearly admires Eissler, as he represents an example of a psychoanalytic intervention in the world, rather than a retreat from it. This image of Eissler counterbalances the image that we associate with him as the guardian and protector of the legacy of Freud.

On the subject of trauma, Herzog suggests that it was the Vietnam War that helped to rekindle the memory of the Holocaust, and to give fresh impetus to acknowledging the trauma. This is a valuable insight, and one that confirms how Herzog's approach to history is itself influenced by psychoanalysis. Herzog gives credit to psychoanalysts like Robert Jay Lifton and Chaim Shatan for conceptualizing trauma, creating it as the diagnostic category (post-traumatic stress disorder), and pushing it to be recognized by the DSM (which they succeeded in accomplishing). Ultimately, Herzog argues and expresses concern about how trauma was transformed into a personal, rather than social and political phenomenon. In support of this, she cites the work of David Becker, a German psychologist who has had vast international experience, in particular, citing his protest against the "amoralization of trauma" (p. 113). As I see it, that connotation of trauma has been shaped by the DSM becoming more descriptive, and by the increasing emphasis on a neurobiological perspective. Understanding trauma in non-social or political terms is not a direction that Lifton, Shatan, or many other psychoanalysts have favored. Indeed, Shatan's concern about how military culture constricts male gender roles, duly noted by Herzog, was and remains prescient in the U.S.

Herzog adds to her focus on the reception of psychoanalysis in Germany, first by describing the enormous importance of Konrad Lorenz's work, which implicitly helped to relieve Germans' conscience by maintaining that human aggression was natural, insofar as we belong to the animal world. The psychoanalyst Alexander Mitscherlich

responded to this by insisting that humans could be cruel in a way that animals are not, and that cruelty could be particularly vicious when supported collectively. Although he was ambivalent about whether aggression is innate, Mitscherlich is a key figure in advancing a “secular moral political language” for psychoanalysis, and for fostering it to attain “greater social prestige” (p. 128). The Mitscherlichs’ notion that Germans had an “inability to mourn” raised a controversy, propelling more open reflection on the Nazi past.

Part III introduces us to “Radical Freud,” Herzog’s own idiosyncratic take on later developments during the Cold War. Herzog enthusiastically presents Deleuze and Guattari’s *Anti-Oedipus*, and stresses the impact it continues to have on a number of different fields, like queer studies, disability rights, antiracist and postcolonial analyses, and arguments about virtual reality, and the expansion of technology. She argues that the book should be considered as deeply psychoanalytic, rather than anti-psychoanalytic. Herzog values the insistence on heeding context, that capitalism renders us to be perpetual “desiring machines,” embracing our own oppression. Herzog does not try to address our current social and political climate, but she makes several points that are too germane to ignore. For example, in acknowledging the influence of Wilhelm Reich on Deleuze and Guattari, Herzog stresses the appeal of fascism as rebellious, and not simply reactionary. She also observes that Deleuze and Guattari emphasize the symbiosis and complicity of the two superpowers during the Cold War (p. 165). Regardless of one’s politics, studying the Cold War is bound to evoke ample appreciation of the psychoanalytic notion of the return of the repressed.

Herzog admires Deleuze and Guattari’s defense of a version of psychoanalysis that refuses to regulate desire. Their “schizo-analysis” has the virtue of insisting on incorporating context as determining identity, and, in her view, is less an endorsement of madness than it is an affirmation of the craziness that belongs to the world. Herzog values Deleuze and Guattari as making an ethical stance, which refuses to displace colonialism (and the struggle against it) from our awareness. Societies, not just individuals, can be psychotic. Guattari was a student of Lacan, and the latter’s spirit can be discerned in the rejection of the prospect of an integrated identity and the inescapability of misrecognition and miscommunication between self and others. While Herzog succeeds in spotlighting

the abiding relevance of Deleuze and Guattari's ideas, she focuses less on the extent to which their book belongs to the particular feverish moment of May 1968 in France, and how distant that moment in time currently seems.

Another example of radical psychoanalysis, "ethnopsychanalysis," a term coined by the anthropologist and psychoanalyst, George Devereux, is the subject of the last chapter. Herzog focuses on the work of Fritz Morgenthaler and his colleagues, Paul and Goldy Parin-Matth  y. Herzog discusses their studies of the Dogon in Mali (just emerging from colonial rule) as representing an effort to listen to the other, and also to consider the implications for Western self-understanding. One of their books takes its title from a subject that they interviewed: *White People Think Too Much*. Morgenthaler was a Swiss psychoanalysis whose psychoanalytic views were hardly extreme: defending ego psychology, affirming drives, and intrapsychic life. Politically, he was more anarchist than socialist. Part of his agenda was to try to loosen the constraints of the psychoanalytic world, for example, by welcoming lay analysts.

Morgenthaler made a key distinction between the sexual, which he saw as a vital force, and sexuality, which is adjudicated by society. Herzog cites Morgenthaler as the first European psychoanalyst to declare that homosexuality was not in and of itself pathological (p. 205). His work was taken up in Germany by sexuality researchers, who were more receptive to psychoanalysis—a contrast to the US, where sexuality researchers tended to distance themselves from psychoanalysis (p. 205). As a historian, Herzog is primarily concerned with doing justice to Morgenthaler and the Parins' ideas. However, she is partial to their liberationist hopes and downplays the romanticizing of the other that characterizes their thinking. Moreover, Morgenthaler's contribution to technique remains rather elusive and questionable in this account. Herzog locates this contribution in terms of the notion that there are "different kinds of egos" (p. 191). She also reports his perplexing assertion that psychoanalysts cannot change people, only seduce them (p. 207). Such a claim, that is clearly meant to be provocative, cries out for further explication.

Ultimately, Herzog undertakes a journey that spans the rise and fall of psychoanalysis. She specifies failures and missed opportunities but also germs of truth and living potential for profound and useful social

critique. In the Afterword, Herzog invokes the historian Joan Scott who affirms the value of psychoanalysis “as a critical reading practice for history” (p. 219). Reading this book will challenge psychoanalysts’ understanding of the history of their field, as it complicates the self-understanding that is likely to find at most psychoanalytic institutes. This strikes me as salutary and hopeful for reconciling differences between how psychoanalysts see themselves and how they are seen.

The book has many virtues, but it does fall short in dealing with issues about psychoanalysis and science, a part of the legacy of ego psychology, and an importance piece of the story concerning the loss of status. Admittedly, the issues about psychoanalysis and science are complex. One the one hand, psychoanalysis has not been sufficiently committed to scientific methodology, which became more apparent once psychopharmacology and other, new modalities of therapy arrived on the scene. On the other hand, a history of psychoanalysis during the Cold War era ought to take account of the research that was done, especially how developmental theory and research influenced psychoanalytic self-understanding and practice. This covers a wide variety of knowledge, ranging from the attention to the early relationship between infant and caregiver—attachment—to lifespan development. Given Herzog’s sympathy toward psychoanalysts who have tried to incorporate social and cultural dimensions, the omission of Erik Erikson during the Cold War era is surprising.

Herzog has written a profound and probing narrative about psychoanalysis that will be informative to psychoanalysts, not to mention historians, and anyone interested in the culture of the Cold War era. The book is inspiring to read, and prompts me us to wonder about psychoanalysis in the post-Cold War era, that is, as we grapple with the reality that the Cold War is not as over as we might have thought.

ELLIOT JURIST (NEW YORK, NY)