

PROLOGUE

Interaction and the Problem of Technique

The concept of technique in psychoanalysis is generally associated with the three fundamental pillars of classical American orthodoxy: neutrality, anonymity, and abstinence. Although they have been put into practice in a wide variety of ways, these principles are generally understood as injunctions against the analyst's ill-advised participation in the analytic process. They caution restraint: remain calm and nonpartisan; stay hidden; do not gratify.

With the broad movement in the direction of a two-person, interactive view of the analytic process, these principles have fallen into disrepute. Even in the most conservative quarters, they are being radically transformed. Most of us now seem to regard the analyst as inevitably and usefully embedded in the process. Because there is nowhere to hide, gratification and the analyst's partisanship, in one form or another, are inescapable. With the fading of the classical model, the very concept of technique itself has also fallen into disrepute. The emphasis now is on interaction, enactment, spontaneity, mutuality, and authenticity; technique is associated with what is regarded as the anachronistic illusion that the analyst can remain

outside the process by maintaining a wooden, mechanical demeanor. In the current analytic milieu, the term technique itself has become almost a term of abuse. Technicians are people who clean teeth, run electrocardiogram machines, and fix computer hardware. Technique in psychoanalysis is associated with precisely the impersonal, scientific model of psychoanalytic practice many of us were trained in, found inadequate, and left behind.

But the great value of classical technique was that it helped the clinician make choices. Perhaps the most frequently asked question by beginning clinicians these days is, "How do I know what to do?" Most experienced analysts who identify themselves in one fashion or another as relational have a hard time responding with any degree of specificity to this question. When the analyst was envisioned as outside the process, it was easy to develop consistent and generally applicable guidelines for her participation. Proper technique insured replicability of good work. Now that the analyst is envisioned as embedded, to one degree or another, in the process, general guidelines are difficult to imagine. Because each analytic dyad and each situation is, in some sense, a unique configuration, we don't want to prescribe or proscribe the analyst's responses.

In the traditional approach to technique, there were clear injunctions: "Maintain the analytic frame." "Never ask questions." "Never answer questions." But these kinds of rules don't work well anymore. We assume that the analysand often sees through the analyst's posturing, and we want the analytic clinician to behave in ways that are personally authentic for him or her. Many of us now believe that *what* one does is less important than how openly what does happen is *processed* with the analysand. That is all well and good, but, still, we *do* have to decide what to do.

The analytic clinician necessarily makes clinical judgments all the time. She is constantly struggling with questions like: What *sort* of frame should be maintained? Should I express my countertransference experiences? Should I answer the analysand's inquiries? In response to such questions, most contemporary relational analysts would probably answer, "It depends." The recent analytic literature is full of inspirational examples of great success when the analyst did one thing or another, usually something contrary to the automatic

application of classical injunctions, but there is little focus on what the analyst's response depends *on*.

Throughout this book I demonstrate that current psychoanalytic concepts like interaction (or dyadic or two-person perspectives) have a long history, have been developed broadly and differently in different theoretical traditions, and are applied quite variously by contemporary analytic writers and clinicians. We will see that viewing the analytic process in interactive terms does not translate directly into a particular course of action, a particular analytic stance, a particular set of directions to the clinician about what to do.

Because classical principles of technique were so closely tied to restraints on the analyst's potential emotional and behavioral overinvolvement with the patient, the fading of these principles has been accompanied by fears that now "anything goes." Of course, there are no authors declaring that anything *should* go, but the fear is that the abandonment of technical principles like neutrality, anonymity, and abstinence will lead us down a steep and slippery slope to irresponsible, reckless abandon.

In fact, as I demonstrate in this book, psychoanalysis is practiced today with just as much discipline and responsibility as in the days when classical theory of technique served as a framework. But discipline, or technique, in contemporary psychoanalytic work operates in a different way. The emphasis is not on behaviors but on rigorous thinking, not on constraints but on self-reflective emotional involvement, not on the application of general truths but on imaginative participation. This suggests a very different sort of "technique." The discipline is not in the procedures, but in the sensibility through which the analyst participates.

Technique in contemporary psychoanalytic practice, with its wide array of participatory options, operates in a fashion similar to technique in sports like tennis, or in arts like painting or music making, where technique is not a bad word. There is a sense that one cannot practice a complex craft without absorbing and mastering technical principles and component skills. Eventually, the technique dissolves into an individual style or statement. Artists or athletes who are merely good technicians are uninspired and limited in their potential. But great artists and athletes could never get

where they are going without mastering technique.

What are the component skills that constitute good psychoanalytic technique? I suggest throughout this book that practicing psychoanalysis entails *a special kind of experiencing and thinking*. Sullivan's term participant observation provides a good start for describing the analyst's activity, but only a start, because one can be a participant observer in many different kinds of activities. The kind of participation required of the analyst is a complex blend of listening; silently responding; giving oneself over to the explicit and subtle interactional gambits offered by the patient; observing the impact on the patient of one's own ideas and emotional commitments; and giving oneself over to a range of states of mind that allow a broad array of one's own feelings and imaginings, past and present, fantastic and realistic, to come alive. The kind of observation required of the analyst is a complex form of self-reflection, with shifting foci, sometimes on the patient, sometimes on the analyst, sometimes on the patient and analyst as a unit. And the kind of hard thinking required of the analyst is grounded in her responsibility for keeping the process psychoanalytic, in which the patient's ultimate welfare is always the first priority, no matter how difficult it is at times to know precisely how to do that.

I have discussed the complex problems of teaching psychoanalysis, both didactically and in supervision, with many different analysts in many different contexts. One common view is that the best way for beginning clinicians to learn restraint is to be taught classical principles and injunctions at the start. Later on, they should be taken aside and informed that traditional principles and taboos are only guidelines and are not to be taken as absolute. Although appealing, this view seems to me to be ultimately wrongheaded and wasteful of time and energy. There is much to be learned from classical principles and concepts (I virtually always begin every course I teach with Freud), but I believe that beginning clinicians can and should grapple from the start with the ambiguity of the analytic situation and the cocreation of its meanings in the interaction of its two participants. Ultimately, rote behaviors and prohibitions are no substitute for serious thinking.

The ideas provided by psychoanalytic theories are an important component of good technique. Theories help the analyst think. They

provide ideas of interaction that offer the clinician various options to consider in the middle of the affective density that saturates the analytic situation. They suggest possibilities; they provide considerations; they are tools to disentangle complexities; they warn of dangers. It is my hope that this book, while certainly not a how-to manual, will contribute to good analytic "technique" by bringing together, explicating, and offering for consideration a variety of different ways of thinking about the interactive nature of the psychoanalytic situation.

It is fitting to recognize in this book on influence the impossibility of fully acknowledging the many influences on the development of my ideas on these matters. The contemporary psychoanalytic scene is abuzz with fresh ideas, cross-fertilization, and controversy. So much of what I read sets lines of thought going for me; remembering what comes from where is just impossible. Where I have remembered, I noted in citations. Where I have not, I beg the author's forgiveness.

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CHAPTER 1

INTRODUCTION

From Heresy to Reformation

Over the course of its century-long history, psychoanalysis has generated many different psychological understandings of the workings of the human mind. Of these, there are two understandings that are most important, most foundational to the entire psychoanalytic enterprise. The first, which we owe to Freud's earliest clinical explorations, is that the mind of an individual is extraordinarily complex, that there is much more going on in the mind of each of us than we are even dimly aware of. This is generally referred to as the discovery of the unconscious. The second, which was developed extensively in the second generation of psychoanalytic theorizing, particularly in the work of Harry Stack Sullivan and the American interpersonal school and Melanie Klein and her intellectual descendants, is that the apparent boundaries between individuals are much more permeable than they appear to be and that everyone handles threatening, disturbing fragments of mental complexity by locating and experiencing them in other people.

Analytic experience has taught us that people often employ a kind of externalization as an unconscious strategy for diverting attention

from and controlling conflictual aspects of their own experience. That which is perceived everywhere outside a person actually originates within him. Klein (1946) called this externalizing process “projective identification”; that is, we unconsciously locate a repressed segment of the ego, a sector of self, in others, whom we then struggle to control or to avoid. Harry Stack Sullivan (1956) called this externalizing process the dynamism of “specious ideals”; that is, whatever we do not want to experience in ourselves becomes something we are preoccupied with discerning and condemning in others (pp. 101–105). Thus, someone having difficulty experiencing himself as having sexual desires might very well perpetually bemoan the sinking sexual mores of our youth; someone having difficulty experiencing herself as having aggressive thoughts might join the crusade against violence in movies or even in diet. (I once heard a vegetarian describe himself as a “non-flesh-eater.”) The perception of pervasive external badness and threat generally reflects, decades of psychoanalytic experience has taught us, an inability to deal with conflictual internal processes that are difficult to accept, to come to terms with, to integrate with the rest of the personality.

Whatever contributions psychoanalysis has made to understanding group processes (beginning with Freud’s, 1921, classic study, “Group Psychology and the Analysis of the Ego”) have been based on the principle that groups often display the same dynamics that we find in individuals, but writ large. If we consider the psychoanalytic community as a group, and if we look back on the history of psychoanalytic ideas from our current vantage point, it becomes apparent that a massive process of externalization has for many decades been a central feature within the mainstream of psychoanalytic thought.

The Heresy of Interactionism

There has been a largely unacknowledged feature at the heart of clinical psychoanalysis from its very inception, a feature that has been difficult to come to terms with, to integrate with other analytic principles; a feature that has been dealt with through externalization, so that it is detected as the telltale, sinister feature of many nonanalytic or

discredited analytic treatments. This central, largely unacknowledged feature of psychoanalysis is its fundamentally *interactive* nature. Over and over across the history of psychoanalytic ideas, theorists and clinicians who have pointed to the importance of the analyst’s participation in the analytic process, to the intersubjective nature of the analytic situation, have been isolated, as if with garlic cloves or fingers forming the sign of the cross. The debased form through which interaction is externalized and then detected in “fallen” analytic approaches is established through the incantation of the dreaded words: “suggestion,” “reassurance,” “interpersonal,” “environmentalist” and “corrective emotional experience” (see, for example, Rangel, 1982; Kohut, 1984; Rothstein, 1983; Sugarman and Wilson, 1995; and Michaels, 1996). Until very recently, and still occasionally, this externalization process has been completed with the ultimate and final dismissal: “This is not really psychoanalysis.” But, like all suppressed and projected mental content, the interactive nature of the psychoanalytic relationship keeps returning.

Consider the following clinical vignette.

Dr. Green, an experienced and skilled female analyst, has been working with Helen, a very difficult, easily bruised, quickly insulted patient for about a year. Dr. Green is also a mother, and her eight-year-old daughter is in a class that goes on trips every couple of weeks or so. The parents are strongly encouraged to go on at least one of these trips, and the analyst feels that it is important to her daughter that she go on one soon. Like that of most working parents, Dr. Green’s life is full of these conflicts. She decides that an upcoming trip a few weeks hence will be the one she will go on, and so Dr. Green notifies the patients she would normally see on that day and offers them alternative times.

All the patients accommodate to this change with no apparent problem, except Helen, who feels that she has been profoundly betrayed. Dr. Green simply cannot do this, she argues. It reflects a fundamental lack of caring for her and a professional irresponsibility to boot. Dr. Green patiently tries to explore Helen’s fantasies about the reasons for this change. The reasons do not matter, Helen insists; it is a betrayal simply on the face of it. “Can’t you imagine reasons that I would have to cancel?” Dr. Green asks, “Reasons that don’t reflect

a lack of caring or irresponsibility.” “No,” Helen insists. “It is obviously not a dire emergency, since it is planned three weeks ahead. Anything else, including medical appointments, should simply be scheduled at some other time.”

Caught off-guard and feeling defensive, Dr. Green feels that there is a characteristically imperious, self-absorbed quality to Helen’s perspective. She begins thinking in terms of primal-scene fantasies, oedipal rivalries, and so on and suggests to Helen that her intense reaction seems not commensurate with the situation. This interpretive judgment enflames Helen even more, adding insult (accusation) to injury (the clear betrayal). Luckily for Dr. Green, time is up, and she has a chance to collect herself and reconsider her approach.

Before the next session, Dr. Green took the opportunity to consult with a colleague about this situation. They discussed the year’s analytic work: this patient had been severely traumatized as a child; it had been very difficult and risky for the patient to trust the analyst at all; important ground had been gained; and it was at just this point that the canceled appointment arose.

Thinking along developmental arrest lines (a la Winnicott and Kohut), Dr. Green shifted her stance in the next session and empathized with what she took to be Helen’s experience of abandonment just at the point of increased trust and risk. This empathic response calmed the situation considerably, and this analytic couple was able to ride through the rescheduled appointment with no lasting damage. Everything seemed to be resolved, except for one problem. The stabilization of the situation allowed Dr. Green enough breathing room to reflect on these events, and she began to feel an increasing sense of bad faith on her part. The more she thought about it, the more she began to realize that Helen was right—Dr. Green had betrayed her. I do not mean “right” according to a trendy, leveling relativism, the frequently heard notion that whatever the patient feels is right within the patient’s subjective reality and therefore that all convictions have the same truth value. Dr. Green began to realize that there was something in her decision to go on that trip at that time that did have to do with Helen (along with many other factors having nothing to do with her).

She realized that she had begun to feel extremely crowded by Helen and fearful of her demandingness. Dr. Green felt uncomfort-

ably responsible for Helen; she wished she could be the good analyst/mother that the patient longed for and felt entitled to. But she felt, understandably, that she would never be able to be that. She felt gratified by the recent successes of their work, but fearful of the increased expectations that went along with that success. She was struggling, out of awareness, with various claims on her and with her own conflicts about responding to those claims. There was, therefore, an element of satisfaction in scheduling the trip at this point. She realized retrospectively that it was as if she were telling Helen that the latter was not, in fact, her real daughter; she had another daughter, a real daughter, to whom she would grant priority. She was, perhaps more significantly, also demonstrating this priority to herself. So, while Helen’s conviction that Dr. Green’s actions constituted a betrayal and abandonment of her was not the simple, singular truth, neither was it simply wrong and a transference distortion.¹

Is this moment in this treatment representative of analytic work in general? Any honest presentation of clinical material becomes an easy target for critics, not operating in the heat of the moment, to point to technical lapses, overinvolvement, another, more “correct” interpretation that could have been delivered, and so on. But at heart, I believe that each critic knows that his or her work with each analytic patient contains the same stresses, the same interactive complexity, the same challenges found here.

If analytic work is deeply engaged, the patient always gets under

1. Inderbitzen and Levy (1994) point to what they consider to be a logical inconsistency, a paradox, in the position of authors like Hoffman and me, who have emphasized an interactional perspective. (It is a little difficult to respond to their critique since they cite one work of mine as published in 1992 with the title of a book that was published in 1988 and offer small quotes with no page references.) They seem to find it contradictory that I argue that analyst (or anyone else) has no legitimate claim to an objective reality, unmediated through his own subjectivity and theoretical framework, while at the same time emphasizing the importance of the analyst’s real contributions to the transference. The terms *real* and *reality* are being used in two different senses: the first refers to an impossible, unique, objective rendering of interpersonal events, and the second to actual interactions and reciprocal influence, the nature of which can be described only through some interpretive framework. There is neither contradiction nor paradox here.

the analyst's skin. (For a recent study of analysts' deeply personal impact on their analysts, see Kantrowitz, 1996.) As Heinrich Racker (1968) demonstrated more than 30 years ago, a patient's dynamics inevitably resonate with the analyst's dynamics; the patient's struggles with universal, human conflicts resurrect the analyst's struggles with those same conflicts; the patient's internal world becomes tangled up with the analyst's internal world; and the therapeutic action is located in the dyadic, interactive field that they constitute together. As Lawrence Friedman (1988) has put it,

If treatment as written about seems so discursive and intellectual and neat and cool, perhaps treatment as it happens really works on the basis of what every psychotherapist feels daily: personal push and pull; nameless, theory-less, shapeless, swarming interaction (p. 12).

The challenge for every analytic pair is to find a way for the analyst to establish a different sort of presence in the analytic situation, preferring neither remote interpretations nor unconditionally empathic acceptance. In the dyad in question, Dr. Green needs to be able to find a way to get the patient interested in the impact of her demands on others and the way it destroys virtually all her important relationships. To find a voice to speak about these issues in a way the patient can hear, Dr. Green has to struggle through her own conflicts over responsibility and fear, her desire to repair and her guilt about disappointing, the part of herself that is deeply needful and longing, and her conflicts between career and motherhood.

Interpretations are central to the therapeutic action, but it is not the content of the interpretations alone that is crucial. It is the voice in which they are spoken, the countertransferential context that makes it possible for the patient's characteristic patterns of integrating relationships with others to be stretched and enriched. To find the right voice, the analyst has to recognize which conflictual features of her own internal world have been activated in the interaction with the patient, to struggle through her own internal conflicts to arrive at a position in which she may be able to interest the patient in recognizing and struggling with her own (the patient's) conflictual participation. This makes the work, inevitably, deeply personal and deeply interpersonal.

Scientific Objectivity, Negative Identity, and Boundaries

The conceptual tools that psychoanalytic theory has had available for understanding the interactive heart of clinical work have, until recently, been woefully inadequate. This is largely because it has seemed very important to think about the analytic process precisely in a noninteractive way. There are several important historical reasons for this commitment.

First, in the world in which Freud fought to establish psychoanalysis as a new discipline, it was essential to present psychoanalytic theory and therapy as a science among other sciences. Like many progressive intellectuals of his day, Freud saw human understanding as falling into two broad classifications: science and religion. The latter, in Freud's view, was pervaded by fantasy and illusion. Beliefs were generated and adhered to because they were appealing to the believer. Science, Freud and his contemporaries thought, was different. Science operates according to rationality and reality. Scientific beliefs describe the world as it really is, regardless of what is appealing or frightening to the believer.

Scientific disciplines of Freud's day were based on the strict separation between the subject matter of scientific study and the detached, scientific observer studying that subject matter. If psychoanalysis was to be a science, it was necessary for the analyst to remain outside the field of study, the patient's mind. Hence, the psychoanalytic situation, Freud believed, is composed of the mind of one person being studied objectively by a detached observer.

Whether or not it is still useful to regard psychoanalysis as a science proper (as opposed, for example, to a hermeneutic discipline) has recently become a hotly debated question. But even if one wants to regard psychoanalysis as a science, the implications of that claim today are very different from the implications in Freud's time (see Mayer, 1985). Contemporary philosophers of science regard the scientist/observer as more or less embedded in, and partially constructing, his understandings of the objects he is studying. The scientist/observer himself has now become part of the field of study. And whether or not one prefers to regard psychoanalysis as a science, it is

now generally agreed on that there is no way for one person to study the mind of another without taking both minds and their interactive effects on each other into account. Of course, Freud cannot be faulted for assuming, like most others in his day, that science provides an objective, unedited access to reality. As Hans Loewald (1974) put it:

Freud does not appear to have recognized that the objective reality of science is itself a sort of reality organized (although not created in a solipsistic sense) by the human mind and does not necessarily manifest the culmination of mental development or represent any absolute standard of truth, as he assumed [p. 364].

A second important reason for the powerful commitment, both conscious and unconscious, to suppress the interactive nature of the analytic relationship was that psychoanalysis was born of hypnotism. Just as persons develop counteridentifications with their parents to make room for a new, personal self, it was crucial for psychoanalysis to differentiate itself from its ancestor, hypnotism, and its reliance on the personal power and influence of the therapist.

The hypnotist cures through suggestion; the analyst cures through interpretation. Where hypnotism added influence, psychoanalysis removed historical influences; where hypnotism directed and shaped, psychoanalysis liberated and released. In Freud's (1905) compelling analogy, hypnotism operates like painting, adding pigment to canvas, whereas psychoanalysis operates like sculpture, removing unwanted material to reveal forms that had always existed beneath.

One of Freud's great teachers and heroes was Charcot, the brilliant, highly influential, and theatrical neurologist at the Salpêtrière in Paris, with whom Freud studied prior to his first psychoanalytic publications with Joseph Breuer. Freud admired Charcot's daring explorations, through the use of hypnotism, into the symptomatology of hysteria, and he named one of his children after his mentor. It is worth noting that by the time of his death in 1893, the same year of Freud's first specifically psychoanalytic publications, Charcot was widely discredited, and the charge was none other than "suggestion." It was discovered that the women patients whom Charcot used to

demonstrate the flamboyant symptoms of *grande hysteria* had been coached prior to their performances. The symptoms that seemed to emerge spontaneously were, retrospectively, revealed to have been, at least in part, planted in the patients' minds through the doctor's suggestive influence.

Perhaps Charcot's fate served, for Freud, as a cautionary tale.² The problem of influence is at the heart of the struggles psychoanalysis has had with coming to terms with the centrality of the analyst's participation. Psychoanalysis has always placed fundamental value on guarding the patient's autonomy and self-direction throughout the analytic process. The use the patient makes of analytic exploration must, ultimately, be up to the patient. The use of hypnotism as a counteridentification has been comforting in this regard. It has allowed analysts to feel that their very methodology, unlike hypnotism, protects their patients from the problem of influence. It is as if the analysts' sitting behind the analytic couch rendered the patients invisible, much as the helmet Athena gave to Perseus made it possible for him to battle Medusa unseen. Analytic authors and clinicians who emphasize the interactive nature of the analytic relationship must quickly and necessarily confront the problem of influence, and, as we shall see in subsequent chapters, it is a bedeviling problem indeed. This is why these authors have quickly and summarily been branded "nonanalytic" and have been accused of practicing the black art of "suggestion." To acknowledge the two-person, interactive nature of the analytic relationship is to undermine the counteridentification with hypnotism through which psychoanalysis as a discipline was born.

The third important historical reason for the traditional psychoanalytic commitment to a noninteractive understanding of the nature of the psychoanalytic relationship is one that analytic clinicians and writers have come to appreciate only recently. The psychoanalytic process is, by its very nature, so intensely interactional that it poses grave dangers to the constructive constraints of the analyst's participation. From the days of its inception to the present, psychoanalytic clinicians have struggled with the intense passions aroused by the analytic

2. I am grateful to Lewis Aron (personal communication) for alerting me to the circumstances of Charcot's fate and its possible relevance to Freud.

situation, and appropriate boundaries between analyst and patient have not infrequently been crossed.

Freud noted privately early on, in a warning to Jung, who was having complex problems in an analytic/romantic relationship with Sebina Spielrein³ that intense sexual and romantic feelings in the countertransference are inevitable.

Such experiences, though painful, are necessary and hard to avoid. Without them we cannot really know life and what we are dealing with. I myself have never been taken in quite so badly, but I have come very close to it a number of times and had a *narrow escape*. I believe that only grim necessities weighing on my work, and the fact that I was 10 years older than yourself when I came to PA have saved me from similar experiences. But no lasting harm is done. They help us to develop the thick skin we need to dominate “counter transference,” which is after all a permanent problem for us; they teach us to displace our own affects to best advantage. They are a “blessing in disguise.” The way these women manage to charm us with every conceivable psychic perfection until they have attained their purpose is one of nature’s greatest spectacles. Once that has been done or the contrary has become a certainty, the constellation changes amazingly [letter of 7 January, 1909, McGuire, 1974, pp. 230–231].

This communication from Freud is interesting on two counts. First, he had come to regard passionate countertransference involvements as a matter of course and, perhaps, inevitable. Second, although he regarded these as transformable into constructive learning experiences for analysts, he seems not to have been at all concerned about the consequences for patients.

A later, equally remarkable letter from Freud to Jung concerned another patient, Frau C, whom Freud had been describing to Jung for years as “my chief tormenter.”⁴ Frau C, who complained bitterly

3. See Kerr (1993) for a fascinating and insightful discussion of this relationship and its larger historical implications for psychoanalysis.

4. See Kerr (1993, p. 391) for an account of the exchange between Freud and Jung about his patient and its role in the collapse of their relationship. I am indebted to Steven Cooper (personal communication) for pointing out this piece of the Freud–Jung correspondence to me.

about Freud’s “remote and uncaring” attitude toward her, consulted Pfister and Jung for advice and solace. Freud scolded Jung gently:

I gather that neither of you has yet acquired the necessary objectivity in your practice, that you still get involved, giving a good deal of yourselves and expecting the patient to give something in return. Permit me, speaking as the venerable old master, to say that this technique is invariably ill-advised and that it is best to remain reserved and purely receptive. We must never let our poor neurotics drive us crazy. I believe an article on ‘counter-transference’ is sorely needed; of course we could not publish it, we should have to circulate copies among ourselves [Letter of 31 December, McGuire, 1974, pp. 475–476].

It has taken many years for such contributions to surface, and their full implications are just beginning to be worked out.

In their ground-breaking exploration, Jody Messler Davies and Mary Gail Frawley (1994) have demonstrated the ways in which powerful memories and anguished features of early childhood relationships inevitably emerge in the intensity of feelings and reenactments in both the transference and the countertransference. And in an important recent book, the first honest and direct effort to address this subject, Glen Gabbard and Eva Lester (1995) argue that the history of psychoanalysis is studded with transgressions stemming from overinvolvement by the analyst.

In both of these recent, important studies, the point is made that the traditional theory of psychoanalytic technique, with its emphasis on the analyst’s neutral, detached noninvolvement, seems designed to deny, through fiat, the complex, constructive/destructive potentials of the analyst’s participation in work with traumatized patients. Rather than dealing with these issues head-on, traditional psychoanalytic theorizing, by declaring the analytic situation a one-person field, rendered them invisible. Transgressions of professional boundaries that became public could then be regarded as pathological aberrations, to be hushed over; and individual analysts generally dealt with their own passions toward patients secretly and privately, often with a great sense of shame (Abend, 1986). Or, worse, such experiences with “these women” patients whom Freud referred to were dissociated,

projected, and then pathologized through the diagnostic conclusion that the patient was particularly seductive and disturbed. From our current perspective, this partially projective use of interpretation resulted in a particular kind of boundary violation because the analyst, unconscious of his own participation, was making devastating charges against the patient masked as medical diagnosis. As the grip of this commitment to silence and denial has weakened in recent years, it has become increasingly possible to speak and write about just how difficult and anguished the analytic engagement can be for both patient and analyst.

It is a commonplace in analytic work with individuals that suppressed feelings and thoughts are much more powerful and dangerous than those same feelings and thoughts after they have been brought to light and confronted. The boundary problem at the heart of clinical psychoanalysis has suffered from the suppression generated by the noninteractive framework in which the analytic process has been understood.

Thus, the denial of the interactive features of the analytic process has served many important purposes: it has upheld the 19th-century philosophy of science principles Freud was bound by; it has sustained the counteridentification to hypnotism around which psychoanalysis defined itself early on as a discipline; and it has allowed analytic clinicians to preserve the illusion that it is possible to avoid the tangled emotional mess that emerges in the analytic relationship as the process engages the patient's deepest, most central issues.

The Myth of the Generic Analyst

The central device through which an appreciation of the interactive nature of the analytic process has been avoided throughout the history of psychoanalytic ideas is the myth of the generic analyst. If the analytic process is to free the patient's previously repressed material through interpretation, the personal characteristics, subjectivity, and idiosyncrasies of the analyst must not matter. The ideals of neutrality, abstinence, and anonymity—pillars of classical technique—reinforce this myth by making it seem possible for the analyst not to be really

present and visible. These principles then came to operate very much as Sullivan's (1956) "specious ideals"; it is the nonanalytic therapists who become visible and make themselves known, not real analysts. The ideal of the generic analyst, armed with Perseus' helmet, made it possible to think of good analytic technique as "standard," that is, as rendering the personal characteristics and dynamics of the analyst invisible.

Many years ago I consulted with a woman who was extremely bitter about a six-year analysis she had undergone but from which she felt she had derived little. She complained about the analyst's withholding stance, about his telling her nothing about what he thought or felt and turning all questions back onto the patient with the rationale that doing so kept the analysis purely on the patient's experience. This woman told me that she had become very focused on her analyst's squeaky chair, which, she decided (probably with some degree of accuracy), betrayed discomfort on the analyst's part. The patient used the squeaks to guide her productions (either associations or silences), sometimes changing what she was doing when a squeak occurred or, alternatively, defiantly continuing. She had never told the analyst about the squeaks because she was convinced that the analyst would either have oiled the chair or held himself even more stiffly. These wasted years of analytic stand-off seemed both ironic and tragic: the analyst was apparently convinced that he was protecting the patient's autonomy by not interacting, while that very denial created a secret, bizarre interaction that likely included some actual features of what the analyst thought and felt, expressed in an unintended fashion.

I have come to think of this piece of a single analysis as paradigmatic of the problems generated for classical psychoanalysis by the denial of interaction. If awareness of the presence of the analyst as person is suppressed, the analyst's participation cannot be eliminated but only driven underground. It emerged as the squeaks of this particular analyst's chair, and the patient's relationship to those squeaks were given voice only in her second analysis. In a broader sense, the history of psychoanalysis has been laced through with squeaks, and it is only in the recent engagement of the phenomenon of interaction in the analytic relationship that those squeaks are now being heard and deciphered.

Counterideal: The “Corrective Emotional Experience”

Myths and ideals are often sustained through the creation of counterideals, and the most persistent counterideal in psychoanalytic history, the perpetual villain in the piece whenever orthodoxy is defended, is the concept of the “corrective emotional experience,” introduced, to his eternal perfidy, by Franz Alexander (Alexander and French, 1946). Merton Gill (1994) noted that “the term corrective emotional experience ... has long been considered with scorn by most psychoanalysts” (p. 107). And Lawrence Friedman (1988) suggests that “the ‘bad’ example of Franz Alexander, with his ‘corrective emotional experience,’ is held up as a warning to theorists who talk about nonconceptual, discursive, noninterpretational elements in therapy” (p. 521).⁵

Alexander’s discredited concept was introduced in the 1950s in the context of his concern with clinical efficacy and expediency. This problem by no means originated with Alexander. In the 1920s Sandor Ferenczi and Otto Rank became concerned with the increasing time analysis seemed to take. (Little did they imagine how much analyses would become extended in later decades.) Surely there must be a way to speed up the process, to make interpretations more effective, more quickly. Ferenczi and Rank (1924) emphasized the importance of the repetition of the patient’s early conflicts in the present analytic relationship. They argued for a more active role for the analyst in addition to his or her interpretive function. And in their later writings, both Rank and Ferenczi explored more interventionist models of the analyst’s participation (Aron, 1996, chapter 6). What if the analyst assumes a more encouraging, validating approach to the development of the patient’s will and creativity (Rank’s “Will

5. Attacks on Kohut in the early 1980s illustrate this use of Alexander’s concept for the purposes of dismissal: “There are no longer unconscious conflicts to be understood and an analytic stance to reach them, but a corrective emotional experience - not called that - to bring the patient up again as he was not brought up before” (Rangell, 1982, p. 863).

“Many colleagues, including this author, suggest that despite his disavowal, Kohut is increasingly advocating a variety of a corrective emotional experience” (Rothstein, 1983, p. 24).

therapy”)? What if the patient was prohibited from any gratifications to force his conflicts to an earlier boiling point (Ferenczi’s “active” technique)? What if the analyst were to gratify the patient, to some extent, to undo effects of early deprivation and trauma (Ferenczi’s relaxation technique)? In due time, partly because of their emphasis on interactive features of the analytic relationship, Ferenczi and Rank were both condemned to the psychoanalytic Gulag, the world of not-psychoanalysis.

Alexander’s contributions⁶ were aimed at similar clinical innovation. He argued that analysis works not just because of the intellectual value of the analyst’s interpretations but because patients find, in the analytic situation, a different sort of experience in response to their deepest desires than they encountered in their childhood. Because this is such a central feature of the therapeutic impact of the analytic process, Alexander argued, the analyst should go about providing it more knowingly and deliberately than the principles of “neutrality” and “abstinence” implied. Alexander recommended that the analyst actively address the patient’s need for an emotional experience with a different sort of object than the original pathogenic parent, which he thought the analyst could provide by correct diagnosis and a kind of analytic role playing.

Wallerstein (1990) has provided a fascinating account of the crisis for American psychoanalysis generated by Alexander’s position, the threat it seemed to pose of splitting the American psychoanalytic community apart, and the two panels of the American Psychoanalytic Association that were convened to expose and condemn Alexander’s heresy as “outside the realm of analysis proper” (p. 296). Alexander was dismissed as offering a manipulative interactionism, his technical innovations branded with the curse of “suggestion.” By using Alexander as a foil, “classical” psychoanalytic technique was reshaped and reaffirmed as the unique standard methodology for several decades to come. Psychoanalysis and proper analytic technique were

6. It is fascinating to note that Alexander was one of the most vociferous critics of Ferenczi’s experiments with analytic technique, despite his own adoption of Ferenczi’s concerns and many of his innovative strategies not too many years later. The criticism of authors emphasizing the interactive features of the analytic relationship often serves purposes of projective disclaimer.

preserved as noninteractional and nonsuggestive, as offering a unique situation within which the inner dynamics of the patient simply emerge in their pure form, uncontaminated by external influence.

The problem with the debate about Alexander's "corrective emotional experience" has always been that the term has conflated two distinctly different dimensions of Alexander's position. The first dimension was descriptive: Alexander understood the analytic process as affective and interactive. The patient's emotional experience and its historical constraints are entwined with the analyst's affective participation. Character change is facilitated not only through insight generated by interpretation but also through affectively charged interaction. The second dimension was prescriptive: Alexander recommended a specific technique for providing the deepest emotional corrective, a custom-designed posturing opposite to the emotional style of the parents.

Alexander's technique was rightly challenged and criticized as contrived and manipulative. But in the antiheretical fervor that characterized the response to his work, two deeper issues were missed. They were understood neither by Alexander nor by his critics, but are possible for us to see from our current historical vantage point.

First, the analyst's interpretive activity and a deeply affective interaction are not alternatives but often are different ways of describing the same event. Interpretations are always personally expressive of the analyst's own subjectivity (Aron, 1996); they are never the application of some abstract knowledge from a generic analyst, but are always an action by a particular sort of new object, different from early parental objects. Interpretations are never merely informational events; they are always relational events; they transform relationships (Mitchell, 1988; Oremland, 1991; Gill, 1994; Greenberg, 1996). Conversely, actions and interactions always contain implicit interpretative statements and concepts (Ogden, 1994). They reflect presuppositions and ideas. Interactions are never devoid of conceptual content; they open up or close off different avenues of understanding. We do not have to choose between interpretations and corrective emotional experiences; they go together. The traditional notion that interpretation is a nonaction, simply generating insight and therefore free of suggestive influence, is an illusion. Rather, our choice is among different forms of

participation and the interpretive understandings and emotional experiences they offer.

Second, while the call for analytic posturing was surely contrived and grandiose, Alexander was not alone in his grandiosity. Alexander thought he could diagnose the problem and determine an emotionally corrective position; to our contemporary ears, this entails a stunning oversimplification of the complexity of the patient's conflicts and their meanings on different developmental levels. Those who dismissed Alexander, however, thought they could provide, for all analysands, a purely neutral position; this diagnostic claim entails an equally stunning oversimplification of the very different meanings that an analyst's stance can have to different patients. The analyst may think she is being neutral, yet the patient may plausibly experience the analyst's activity as seductive, withholding, sadistic, and so on. In Merton Gill's (1994) final book, he pointed to the crucial distinction between intended and unintended features of the analyst's participation. The analyst's activity and nonactivity have all sorts of impact on the patient and vice versa. What makes any particular analytic intervention manipulative is an intentional action, the impact of which remains unexplored and unspoken. It is not the content of what the analyst does, Gill argued, that makes his or her participation analytic; it is the curiosity and openness to explore the impact of one's participation. In this sense, Gill wrote, the deliberate, laconic style of the sort recommended by Charles Brenner (1969) (and Gill [1954] himself in the 1950s, as one of Alexander's most incisive critics) manipulates the transference in just the same manner Alexander was accused of using.

Brenner's conceptualization of the situation implies a gratification-frustration index whereby the patient may respond to the analyst's stance with either gratification or frustration. His position suggests that the safe thing to do is to frustrate. . . . I would argue that he thereby violates the central psychoanalytic tenet that one should not manipulate the transference. . . . Deliberate frustration without the intention to analyze it is a manipulation. And how can one be sure of what the effect of an interpersonal manipulation will be? [Gill, 1994, p. 46].

Neutrality, defined not in concrete behavioral terms or with respect to the analyst's intention, but in terms personally meaningful to the patient, cannot be established a priori, but can be arrived at only in the interactive work with each patient (Greenberg, 1991, 1995). Thus, the deeper problem with Alexander's position, an overvaluation of what Irwin Z. Hoffman (1991) has termed the analyst's "technical rationality," was a problem that did not at all set him apart from the mainstream of his day. What sets off contemporary analytic theorists of our day from both Alexander and his critics is the growing realization that the analyst, assuming one position or another, does not stand outside the patient's dynamics. The analyst is embedded within the interaction with the patient, and the analyst's interpretive activity provides corrective emotional experiences that transform them both.

Because of the conflation of these issues in discussions of the concept of "corrective emotional experience," that term became a tool for denigrating any approach that placed some degree of primary therapeutic importance on the analytic relationship. The corrective emotional experience has come to stand for a debased form of interactionism, and it is invoked to suggest something fundamentally nonanalytic whenever efforts have been made to deal with the interactional core of the analytic process. But the problem of interaction has not gone away.

Interaction: Coping with or Addressing the Problem?

The American Psychoanalytic Association has had for many years a Committee on Psychoanalytic Education (COPE). In 1984 this committee established a group to study the nature of the psychoanalytic process, in an attempt to arrive at a consensus within the framework of what Abend (1990) called "mainstream traditional theory" (p. 526). Arriving at a consensus proved difficult, and the stumbling block was, once again, the centrality of interaction. As Boesky (1990) put it, the problem was a "confusion about how to account for the interactional aspect of the psychoanalytic situation in a manner consistent with a one-person psychology . . ." (p. 550).

One can feel the strain in the very language chosen to describe this problem; accounting for interaction within the framework of a one-person psychology is a contradiction in terms. It is like trying to account for the process of photosynthesis in plants by limiting one's frame of reference to the earth and eliminating the sun. The laborious and problematic efforts expended in this direction are themselves evidence of the importance of the broad shift toward a two-person framework for psychoanalytic theorizing and practice that places interaction at the center of concern rather than at the periphery. But actually to let the second person in—the person of the analyst, has enormous implications for the very identity of psychoanalysis as a methodology devoid of personal influence that, above all else, safeguards the autonomy of the patient. It can only be a disinclination to deal with those implications and complexities that is responsible for the continual reassertion that an acknowledgment of interaction in the analytic relationship necessarily diverts attention from the true focus of the analytic process—the patient's unconscious conflicts and fantasies (for example, see Inderbitzin and Levy, 1994). As we shall see in the chapters that follow, what has been revealed over and over, in many different psychoanalytic traditions and languages, is that the patient's unconscious conflicts and fantasies come alive in the interactive play between the analysand's experience and the analyst's experience. One does not have to choose. Attention paid to interaction in the analytic relationship does not diminish or distract from the exploration of the patient's unconscious; it potentiates and vitalizes it.

Obligations toward the philosophy of science of his time and the early differentiation of psychoanalysis from hypnotism were compelling reasons for Freud and his contemporaries to avoid dealing with the interactive nature of the analytic process. Those obligations should no longer be of concern to us. We noted earlier a third reason for the traditional minimization of interaction through the myth of the generic analyst: the messy problem of boundaries, constraints, and influence in the intense passions of the transference-countertransference matrix. Maintaining boundaries was a real problem in Freud's day and is still a real problem for us. The verbal magic of the myth of the generic analyst did not solve the problem, and the erosion of that myth leaves it exposed for contemporary theorists and clinicians to grapple with.

Psychoanalysts have always placed great importance on the autonomy of the patient. The analyst has been portrayed as providing value-free insight, which the patient employs in the service of his or her own aims. In fact, many analysts in the early decades of this century were also social critics and regarded psychoanalysis in liberationist terms, as freeing individuals from external, social control.

But for several decades, this psychoanalytic ideal has become increasingly difficult to maintain in its original form. Erich Fromm (1960) advanced the argument that the early revolutionary significance of psychoanalysis in freeing individuals to serve as the vanguard of society had been subverted. The emphasis in Freudian ego psychology on “adaptation,” Fromm argued, signaled a coopting of psychoanalysis by conservatism and establishment values. For Fromm, it was still possible for psychoanalysis to preserve the autonomy of the individual; only degraded, coopted psychoanalysis had fallen away from this fundamental ideal.

But the major trends in philosophy over the past several decades have raised considerable doubt about the plausibility of the glorification of the individual that placing such importance on autonomy seems to imply. The two philosophers with perhaps the greatest impact on contemporary philosophy, Heidegger and Wittgenstein, both complicated our notions of what it means to be an autonomous individual. Heidegger challenged the very notion of the Subject in ways that have been extended by Foucault and other postmodern writers, and Wittgenstein explored the relationship between mind and language, subverting even the possibility of a private language or, for that matter, a private mind.⁷

For Freud, the drives constituted the core of the individual, a core that was distinct and, in some sense, sheltered from social influence

7. Philip Cushman (1995) has developed an extensive critique of the autonomous, “bounded, masterful self” which traditional psychoanalytic theory has borrowed from the dominant trends in western culture, and Charles Taylor (1991) has noted that both Heidegger and Wittgenstein view the individual as capable of an “engaged agency,” in contrast to the pseudo-autonomous, disengaged agency presumed by more rationalistic thinkers such as Descartes and Kant.

(Rapaport, 1957, p. 727). Yet, for the most influential contemporary Freudian authors (Kernberg, Loewald), the drives themselves have become relational, shaped in early interactive experiences with significant others. Some regard the body as the core of the autonomous individual; but the body as a psychological entity, the *experience* of the body, is itself a construction, shaped by language and social context (Butler, 1993). Other candidates have been proposed to fill in the missing core of the autonomous individual, the “true self” (Winnicott), “destiny” (Kohut), and “idiom” (Bollas). Yet, as late 20th-century thought has located the individual increasingly within a social, linguistic, ecological context, it is more and more difficult to imagine any of these as truly sheltered from the influence of others, as residing in the individual from the start and emerging in the analytic process.

The concept of personal “authenticity” has similarly become problematic in the light of broad philosophical movements that locate the individual in an intersubjective, social, linguistic field. The distinction between the authentic and the inauthentic has customarily been employed in relation to a fixed reference point, a core, or true, self. Yet there has been a strong trend in the psychoanalytic literature of the past several years in the direction of regarding self-experience as comprising multiple and shifting self-organizations and self-states generated in interpersonal and social fields (see, for example: Ogden, 1994; Mitchell, 1993, chapter 5; Pizer, 1992; Bromberg, 1993, 1994, 1996; Harris, 1991 and Davies, 1996.) If self-organization is contextual, how can what is authentically me be distinguished from you? And how can I determine which of the variable “me’s” that emerge in different interactive contexts is the true or authentic me? Don’t the very concepts of social embeddedness and multiplicity of self-organizations and self-states render the notion of authenticity meaningless?

Are the ideals of autonomy and authenticity worth saving? I would argue that they are, but not in their customary, simplified form. Personal autonomy is not something that antedates interaction with others, but an emergent property of interactive processes, not something that can be sheltered from influence, but something that grows *through* influence. In this sense, the kind of autonomy worth having is not something separable from the analytic experience and

the influence of the analyst, but an important dimension of the analytic experience. Similarly, a concept of authenticity congruent with current philosophical developments would locate authenticity not with respect to specific content, a fixed reference point, but with respect to process, the manner in which experience is generated. When theorists of meditation (Epstein, 1995) look to meditative states as deepening experience by emptying it of shallow, ruminative thoughts, they are grounding a sense of the authentic in features of interiority, focus, and self-origination, not in a particular self with a consistent content, outline, or stylistic qualities. As the philosopher Charles Taylor (1991) has put it,

each of our voices has something of its own to say. Not only should I not fit my life to the demands of external conformity; I can't even find the model to live by outside myself. I can find it only within. Being true to myself means being true to my own originality, and that is something only I can articulate and discover. In articulating it, I am also defining myself. I am realizing a potentiality that is properly my own [p. 29].

Accepting a multiplicity of self-organizations (Bromberg, 1993, 1994, 1996; Harris, 1996; Davies, 1996) does not necessitate the abandonment of the distinction between self-organizations that are shallow and conformistic and self-organizations that have a long history and reflect deep affective commitments. Consistent with current modes of analytic theorizing, it is possible to imagine the autonomy the patient emerges with from the analytic situation as an autonomy that has absorbed or “survived” (in a Winnicottian sense) the analyst’s influence (or multiple influences of the analyst’s multiple selves). To define autonomy anachronistically as apart from the impact of the field and reciprocal influences is to confuse autonomy with a kind of omnipotent narcissistic defense against dependency and attachment. Carlos Strenger (in press) has argued similarly that there has been a now-anachronistic ideal of autonomy central to the western tradition from the beginnings of contemporary psychoanalysis: “The essence of the Cartesian project is the liberation of the individual into total epistemic autonomy. It is an expression of the protest of human subjectivity

against having been formed by factors outside itself . . . conditioned by the particular family he was born into, the culture that has fashioned his thought, and the historical circumstance determining his fate.” For the analysand and ex-analysand, we need to add to this list the particular analyst(s) with whom he experienced the analytic process. The recently renewed interest in Erik Erikson’s concept of “identity” that emerges in a rich psychological/interpersonal/cultural context reflects in part the current struggle to find ways of conceptualizing different kinds and different depths of identifications and self-organizations (Seligman and Shanok, 1995; Wallerstein, 1990). One of the major projects of this book is a reworking of the traditional psychoanalytic ideal of autonomy by confronting the problem of the analyst’s influence head-on, rather than through the customary devices that have helped us avoid it.

Critics of postclassical psychoanalytic thought frequently argue that what defines psychoanalysis *as* psychoanalysis is a particular kind of objective understanding based on drives and early bodily experience; to take the interactive, two-person features of the analytic process fully into account is to make psychoanalysis indistinguishable from reassurance or, even worse, religion (Michels, 1996). Yet, even a cursory study of contemporary psychoanalysis suggests an increasing independence from any single specific ideology, any one single particular system of content. Psychoanalysts are at this point extraordinarily heterogeneous, from country to country and from individual to individual. What they have in common is not an adherence to a set of dogmas, but a commitment to certain common forms of generating experience.

In Freud’s day, it made sense to define psychoanalysis in connection with a particular set of beliefs about “deep” unconscious motivation, because there was a consensus, more or less, about what was *in* the depths, what was *in* the unconscious. Today there is not. The Kleinian unconscious is quite different from the self-psychological unconscious, which is quite different from the unconscious of interpersonal psychoanalysis, which is quite different from various forms of object relational unconscious (Greenberg, 1991). How can we account for this diversity?

Historically, as we have already noted in relation to Alexander

and others tarred with the brush designed for him, psychoanalysts have dealt with diversity in their ranks by a particularly heinous form of fratricide: “Only my tradition knows what is really in the unconscious; the others are not real psychoanalysts.” Or “Anyone who does not subscribe to my ideas about what is unconscious is denying the unconscious.” As the heterogeneity of psychoanalytic theorizing has expanded, this approach appears increasingly futile and silly. A more serious grappling with this problem would have to tease out from the diversity of analytic concepts what it is that psychoanalysts have in common, what makes it meaningful to think of all of them *as* psychoanalysts.

In my view, psychoanalysis has become a method for generating a certain kind of meaning, for fostering certain forms of experience and living. There are many, many forms of human experience, and contemporary psychoanalysis promotes and facilitates only one of them, a particularly Western, late 20th-century form. The way of life promoted by psychoanalysis operates in a matrix of dialectical tensions between conscious and unconscious thoughts and feelings; private sensations and public engagements; language and affect; past and present; actuality and imagination; verbal and nonverbal; bodily and psychical processes; social embeddedness and autonomous self-definition. These categories are not taken as polarities, as if fully separable from and antithetical to each other, but rather as interpenetrating and, in some sense, as mutually creating each other (see Ogden, 1994, and Hoffman, 1994, on the use of the concept of dialectics in psychoanalysis).

Defining psychoanalysis as a method for generating meaning within the matrix constituted by these dialectical tensions makes it possible to account for both what analysts have in common and their enormous diversity. Different schools of analytic thought and different national forms of psychoanalysis differ greatly in the relative emphases they place on these various dimensions. Freudians tend to weight the past vis-à-vis the present, while interpersonalists tend to weight the present vis-à-vis the past. The Kleinians tend to stress the fantastic, while the self psychologists tend to stress the actual. The Lacanians emphasize the importance of language, while many object relations theorists emphasize the importance of preverbal experience. British

writers place great weight on the private and ineffable, while American writers place great weight on relationship and mutuality.

These differences are not inconsequential; they constitute very different visions of human nature and lead to very different forms of analytic experience. But they share a common matrix for the generation of meaning, despite their variable emphases, and that common matrix makes psychoanalytic meaning different from meaning generated by moral, aesthetic, or religious systems. Traditional authors (e.g., Michels, 1996) who believe that the credibility of psychoanalysis rests on its scientific status assume that defining psychoanalysis in terms of meaning-making makes it indistinguishable from moral, aesthetic, or religious philosophies. What they miss is that the kinds of meaning generated by the analytic process are distinct (although overlapping) from the kinds of meaning generated by other systems. Moral systems ground meaning in virtuous action; aesthetic philosophies find meaning in the interesting and diverting; religious traditions locate meaning in relation to a prime mover or designer of the universe. Psychoanalysis grounds meaning in the rich tapestry of experience generated in the dialectics between past and present, the conscious and the unconscious, the fantastic and the real, the given and the constructed.

The analyst inevitably has, and strives to have, a profound influence on the patient because he is trying to interest the patient in the advantages of a particular (his or her) form of life. One of the key dimensions of this form of life is self-reflection, a search for meaning and significance in the tensions between past and present, internal and external, actual and fantastic, conscious and unconscious. The analyst's influence is necessary—it is the only way the patient can arrive there. As Renik (1996) has put it, “the analyst's affectively driven intention toward personal influence is inextricable from our clinical method” (p. 515). The patient's autonomy is not something to be protected from the analyst's influence. The patient's autonomy, a particularly psychoanalytic form of autonomy, emerges as the patient absorbs and is increasingly able to reflect on, deconstruct, and reconstruct his analyst's influence. (See Aron, 1996, p. 151, for similar formulations along these lines.) The traditional psychoanalytic denial of the analyst's personal influence has always masked the deep wish to

influence (and make reparation) on which the work depends and that, to some degree, draws individuals to the work.

The counterpart to the ability to influence constructively is the capacity to make oneself available to influence, to make oneself open to transformation through the impact of another. Of course, there are many ways to allow oneself to be influenced, and some, like compliance, are problematic and become themselves subjects of analytic inquiry. Emmanuel Ghent (1990) has explored the difference between authentic “surrender,” which he regards as an essential feature of deep, authentic healing and personal transformation, and “submission,” as a perversion of surrender. (See also Maroda’s, 1991, discussion, building on Searles’s work, of the place of surrender to a therapeutic regression on the part of both analysand and analyst.) One of the best-kept secrets of the psychoanalytic profession is the extent to which analysts often grow (in corrective emotional experiences) through a surrender to the influence of patients whose life experience, talents, and resources may be different from their own.

Thus, the traditional ideal of autonomy, redefined as an emergent rather than a preexisting property, can be reconciled with an understanding of the psychoanalytic process as fundamentally dyadic, as requiring the transformation of two people in their engagement with each other. This reconciliation entails a deepening of our understanding of the analytic relationship and its lasting residues that acknowledges rather than denies its deeply interactive nature.

What is the fate of the analytic object? If the analytic relationship is understood as essentially interactive, termination must result in important internalizations of and identifications with the analyst as an internal object. But if the patient’s autonomy is to be preserved, these identifications must allow and nourish personal freedom and creativity rather than binding the patient through unconscious loyalties. What is the nature of such an ongoing, constructive internalization of the analytic process?

There is less useful literature on the termination of analysis than on any other major feature of the work.⁸ The ideal of individual autonomy has led to a vision of a “complete analysis” in which all

transferences are resolved. The patient leaves her last session, presumably with a feeling of gratitude and perhaps fondness for someone who has been extraordinarily important but whom she does not know in any meaningfully personal sense at all!

Yet we all have a deep, intuitive sense of the importance of the lasting internal presence of and identifications with one’s analyst(s) that is difficult to reconcile with the myth of the generic analyst and the perfectionistic ideal of a “complete analysis.” This presence derives not just from the analysts’ interpretations or their professional or work ethic or their supportive understanding, but to their subjective way of being, a sense of what they are like, their feel for life. We come to know only the version of the analyst that comes alive through his role in the analytic process. (The implications of that role are explored in Chapters 3, 4, and 6). Yet, that version is deeply personal. We can sense the presence of the analyst in the being of those we know intimately and continually rediscover it in ourselves, in our lives and in our work, in a fashion similar to the continual rediscovery and reworking of parental identifications.

In fact, the denial of the analytic object is, in some respects, very much like the denial of parental objects. There are few more shocking moments in adulthood than those in which both words and intonations of one’s parents, the very words and intonations that one suffered as a child, emerge from one’s own mouth (not infrequently in interacting with one’s own children). The patient who cannot recognize parental presences in his or her experience is often someone whose life is organized around either unconscious identifications with parental ambitions or counteridentifications as defiant and desperate bulwarks against feared mergers with parental presences. The denial of the analytic object similarly leads to a blindness to the ways in which the former analysand is constrained by loyalties to the internalized presence of the analyst, is defying the continued influence of that presence through rigid counteridentifications, or both. Thus, Taylor (1991), drawing on the work of Michail Bakhtin, suggests that we define our identity

always in dialogue with, sometimes in struggle against, the identities our significant others want to recognize in us. And when we outgrow some of the latter—our parents, for instance - and they disappear from

8. An exception is Bergmann (1988), who understands termination along lines similar to those developed here.

our lives, the conversation with them continues within us as long as we live [p. 33].

It is ironic that analytic writers and teachers most concerned with protecting the patient's autonomy from the analyst's influence are often those around whom the most intense psychoanalytic cults developed. Thus, Bion and Lacan both seemed to employ a carefully crafted obscurity and elusiveness to protect their students and patients from establishing the analyst as "the one who is supposed to know." Yet that very stance seems to have fostered a devotional fealty. Analytic objects, like parental objects, are most nourishing when freely contained, where they are continually destroyed and restored in a perpetual process of transcendence, betrayal, and reconciliation (Loewald).

The reasons Freud and his contemporaries avoided recognizing the interactive nature of the analytic process are for us now merely historical artifacts. But the protection of the ideal of individual autonomy and personal authenticity is very much with us still and at the heart of psychoanalysis as a discipline. Recent developments in all schools of analytic theorizing suggest that we are ready to address more directly the tension between that ideal and the interactive nature of the process, not as something with which to cope, but as a central feature of the analytic situation. By so doing, we will learn about the best ways for analysts to fashion out of the interactive mix in the analytic situation something that becomes most fully and richly their own. The most constructive safeguard of the autonomy of the patient is not the denial of the personal impact of the analyst but the acknowledgment, both in our theoretical concepts and in our clinical work, of the interactive nature of the analytic process.

The Framework for this Book

There has been a striking convergence over the past decade in all the major schools of analytic thought in the broad-scale, dramatic shift from a view of mind as monadic, a separable, individual entity, to a view of mind as dyadic, emerging from and inevitably embedded

within a relational field. (Those writers who have charted and helped work out the implications of this broad movement most systematically include Aron, 1996; Greenberg, 1991, 1996; Hoffman, 1983, 1991, 1994, 1996; Ogden, 1986, 1989, 1994; Stolorow, Brandchaft, and Atwood, 1986; Renik, 1993, 1996; and Stolorow and Atwood, 1992.) This shift has had a major impact on theorizing about the analytic situation, classically conceived as a neutral medium within which the mind of one person, the patient, emerged, unraveled, and gradually displayed itself. It is difficult to find this traditional model employed in its original, pristine form by any current school of analytic thought, including the contemporary Freudian. Even the most conservative authors now regard the analyst as having some impact on the analytic process. The blank screen, like the eight millimeter movie projector, seems on its way to becoming an antique, and analytic neutrality and anonymity are regularly described as, at best, ideals; at worst, illusions. The analytic process is often now generally understood to represent not simply an unfolding of the contents of the patient's mind, but an interaction between two people, each of whom brings to that interaction his or her own dynamics, passions, ideas, and general subjectivity.

If all analytic schools regard the analytic process as interactive to some extent, one might expect a high degree of consensus about clinical problems and technical issues among analytic authors and clinicians. This is not the case, because analytic interaction, the engagement between analyst and analysand, can be thought about in many different ways and on many different levels. It is no longer meaningful simply to characterize a particular approach as "interactive," because all approaches are interactive (Greenberg, 1996). A defense of oneself as more interactive "than thou" is pointless. The more interesting question has shifted to the *way* in which analytic interaction is understood.

In approaching clinical interaction, each tradition brings its own history to the problem, and each of these histories offers unique advantages and disadvantages. For reasons I have elaborated elsewhere (Greenberg and Mitchell, 1983; Mitchell, 1988), I do not think it is helpful simply to pick and choose pieces of theories, extracting them from their conceptual context and joining them willy-nilly. The

contradictions and differences among various theories often point to important conceptual problems that need to be thought through, not skipped over. Therefore, one of our most pressing needs, at this point, is for a comprehensive framework for thinking about analytic interaction, a synthetic two-person or relational model encompassing both intrapsychic and interpersonal dimensions, housing the contributions of each tradition while eliminating their limitations and artifactual constraints. This book is intended as a contribution to this project by exploring various facets of the phenomenon of interaction in the analytic relationship from a number of different angles.

Chapter 2 continues the exploration of analytic interaction begun in this chapter with a consideration of the classical model of the therapeutic action of psychoanalysis and the logical inconsistency at the heart of it. We will see how, by omitting the centrality of the analyst's participation, the classical model divested itself of the very platform needed to explain how analysis can possibly work.

Chapters 3 and 4 explore the complex development of concepts of interaction in the two analytic traditions that have addressed this phenomenon most directly: interpersonal psychoanalysis and Kleinian and post-Kleinian theory.

For several decades, the interpersonal tradition has been on the cutting edge of thinking about the implications of analytic interaction. Unburdened by the struggle to preserve a one-person framework, interpersonal authors from Sullivan onward have emphasized the importance of here-and-now enactments and various dimensions of the analyst's participation in the analytic process. Critics (Bachant, Lynch, and Richards, 1995; Sugarman and Wilson, 1995; Wilson, 1995) have misread interpersonal psychoanalysis as a kind of shallow environmentalism and it is one of the purposes of Chapter 3 to demonstrate the ways in which interpersonal theorists, on the contrary, have struggled with the complexities of analytic interaction in the mingling of past and present, internal and interpersonal, actual and fantastic.

But the interpersonal tradition, like all traditions of theorizing, has been hampered by certain constraints. Sullivan's early, dialectical reaction to the Freudian intrapsychic model led to an operationalist methodology in which he avoided developing a systematic study of

the patterns of subjective experience, the structures of the internal object world, and the ways in which they bridge past and present. This avoidance left interpersonal authors with a poverty of concepts for linking interaction with its intrapsychic roots. Too much emphasis was placed on the analyst's immediate affective reaction, as if one could quickly and easily decide what in the experience of both analysand and analyst was truly authentic. These constraints within the interpersonal tradition are part of what has interested many contemporary interpersonal authors and clinicians in object relations theories, because the latter provide a palette of concepts for painting a vision of an inner world much richer than Sullivan's cautious sketches, a new palette structured not out of drives and defenses but from the internalization of interpersonal interaction.

In Chapter 4, we consider the ironic evolution of the richly creative focus on interaction in the Kleinian tradition, which began with an extreme version of intrapsychic theorizing about the "deep" unconscious buried in a one-person frame. Because the Klein school has been one of the most cultlike of analytic traditions, Kleinian concepts tend to be presented in highly technical terms, adhered to by the converted and ignored by outsiders. It is one of the purposes of Chapter 4 to demonstrate the broad applicability of contemporary Kleinian notions of interaction and the ways in which they can be related to and integrated with interactional concepts from other traditions.

Recent Kleinian authors have made important contributions to the study of interaction in the development of the concept of projective identification and in the exploration of the patient's "relations" with interpretations. Projective identification points to the importance of both the analyst's emotional experience of the patient in the here-and-now and the patient's awareness of the analyst's affectivity. But "projective identification" is often used in a fashion that suggests that the analyst functions as a smooth or clean container for the projected features of the patient's experience. What is most often unaddressed is precisely the complex, often indeterminate mix between the patient's issues and affective experience and those of the analyst.

Chapter 5 presents an extended example of clinical interaction as a device for comparing and contrasting ideas of interaction that I have found particularly helpful. Mainstream Freudian thought brings to

the problem of interaction a deep appreciation of personal history. Thus, the archaeological model of transference in the patient has been applied, by writers like Theodore Jacobs, to the historical depths of countertransference in the analyst. I compare Jacob's exploration of ghosts from the past with Darlene Ehrenberg's interpersonal emphasis on here-and-now encounters and with Thomas Ogden's recent formulation of the "analytic third" from contemporary Kleinian notions of projective identification and Winnicottian concepts of "potential space."

Chapter 6 begins with the observation that the movement toward a fully two-person, interactional framework renders obsolete all traditional notions of the analyst's intentions. If meaning is cocreated in the analytic situation, if the analyst's ideas about his own participation are not considered definitive with regard to their significance to the patient, traditional aspirations to analytic stances like "neutrality," "empathy," and "authenticity" are all called into question. In fact, the recent literature seems to demonstrate over and over that whatever analysts thought they were doing, they really cannot possibly actually do. Recent authors have emphasized that what the analyst does is less important than the ways in which analyst and patient process their interaction. Nevertheless, analytic clinicians have to do something and in fact are making continual clinical choices all the time. How ought those choices be made?

Chapter 7 explores the recent controversies surrounding the nature of the analyst's knowledge and authority, a crisis created both by two-person, interactional revolutions within psychoanalysis and by the crisis in authority and other postmodern developments in the culture at large. I suggest that both the kind of knowledge the analyst offers and the kind of authority the analyst can legitimately claim are in need of radical revision to fit with contemporary clinical theorizing and practice.

Chapter 8 brings together many of the themes of the previous chapters in the crucible of clinical work in two of the most hotly contested and controversial areas of contemporary life—gender and sexual orientation.

CHAPTER 2

THE THERAPEUTIC ACTION

A New Look

One of the most distinctive and fascinating features of psychoanalysis as a field is the centrality and perpetual presence of its founder. There are few intellectual, empirical, or clinical disciplines in which the ideas of one person have held sway for so long. Freud's position vis-à-vis psychoanalysis in some sense surpasses Newton's in physics or Darwin's in biology. They made extraordinary, but more circumscribed contributions; physics and biology have absorbed their impact and moved on. Their disciplines have grown past them.

The relationship between Freud and psychoanalysis has been different. Freud's ideas, his vision, the entire package of theory, technique, and understanding that constituted Freud's psychoanalysis has had remarkable staying power—inspiring generations of analysts, serving as a perpetual take-off point and frame of reference for virtually every dimension of the subsequent history of psychoanalytic ideas. One has only to look at the photographs of Freud and his contemporaries to be aware of how much time has passed, how much else has changed from Freud's day to ours. Yet his concepts are very much alive. Why has the relationship between Freud and