

Transformed Lives

Analyst and Patient View the Power of

Psychoanalytic Treatment

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Table of Contents

- Chapter 1 Two Vignettes: A Taste of Analytic Treatment – Joseph Schachter
- Chapter 2 Freud’s Successful Treatment of “The Rat Man.” – Joseph Schachter
- Chapter 3 George - Transformation Viewed From a Thirty-year Follow-up
- Chapter 4 Liala - Treatment of a Patient with a Serious Chronic Disease
Characterized by Exacerbations and Remissions
- Chapter 5 Watt - A Case of Sexual (Dis-)Orientation
- Chapter 6 Katie - From “Everything’s Really Wrong” to “I’ll Be the Same But
Forever Changed”
- Chapter 7 Sarah - “This Aplysia ... Is So Shapeless and Sluggish, So Squashy
and Slippery, That It Makes Me Sick to My Stomach.”
- Chapter 8 Jacob – Climbing Out of the Dungeon: Separating From a Narcissistic
Parent.
- Chapter 9 Andrew – Insecurity, Inferiority, Social Anxiety and Submissiveness.
- Chapter 10 If Psychoanalytic Treatment Works Does the Brain Change? –
Joseph Schachter
- Chapter 11 How Can Analysts Be True to What They Do: Disguising
Patient Material, Asking Permission to Write or Asking Patients to Write –
Zenobia Grusky
- Chapter 12 Selecting a Psychoanalyst for Your Personal Treatment –
Joseph Schachter
- Chapter 13 Does Theory of Technique Matter? –
Joseph Schachter

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Joseph Schachter, M.D., Ph.D. was trained as a clinical psychologist in the Department of Social Relations at Harvard University, obtained his medical degree from New York University-Bellevue Medical School, and received his psychoanalytic training at the Columbia University Center for Psychoanalytic Training and Research. In mid-career he spent a number of years in full-time psychophysiological research with infants and children. He subsequently returned to psychoanalytic practice, and was a Training and Supervising Analyst at the

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Susan C. Vaughan, M.D. graduated from Harvard College with a degree in Psychology and Social Relations in 1985 and received her M.D. from the Columbia College of Physicians and Surgeons in 1989. After completing her psychiatric residency at Columbia, she stayed on to do her psychoanalytic training and a research fellowship in affective and anxiety disorders. She is currently an Assistant Professor of Clinical Psychiatry at the Columbia College of Physicians

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Introduction

I have seen patients' lives dramatically transformed by psychoanalytic treatment. Psychoanalysis, however, has largely fallen from grace, and that observation, that psychoanalytic treatment can be *life-transforming* has been lost from view. Psychoanalysis has been sorely criticized for not having conducted empirical, controlled studies of the therapeutic effectiveness of psychoanalytic treatment. This focus on "scientific credentials" has obscured recognition of its ability to relieve suffering. Empirical, controlled studies are almost impossible to carry out because of the difficulty in quantifying the subjective nature of therapeutic benefit. Further, it's difficult to develop generalizations since all patient-analyst psychoanalytic pairs are unique. Nor would group studies address the issue, a pressing one for those considering psychotherapy, since we're not dealing here with statistics but whether *in some individuals* psychoanalytic treatment facilitates the refashioning of a life.

How can a troubled person seeking treatment decide whether psychoanalytic treatment is worth the substantial investment of effort, time and money that

psychoanalysis involves? We're talking about three, four or even five sessions per week for several years. Insurance companies rarely reimburse for this treatment, so costs add up, unless a clinic at a local psychoanalytic institute provides low fee treatment. Once you recognize that psychoanalytic treatment can be life-transforming in a way no other psychotherapy can achieve, the balance may shift in favor of psychoanalytic treatment. When someone is advised to undergo coronary by-pass treatment to extend life, few hesitate despite the expense. When psychoanalytic treatment is considered you have to ponder and decide without empirical guidance or the culturally defined scientific support. What is the value of life-transforming treatment?

In order to support my idea that psychoanalytic treatment can be life-transforming, I've collected detailed case reports in this book of successful treatments which describe what went on in treatment and, therefore, enable you, the reader, to judge whether the patient's experiences in the treatment seem to be the plausible causes of dramatic improvements. I and the other authors have worked hard to make the case reports easy to read and free from technical jargon. You will be the judge whether it was the treatment or something else, (such as chance events, another relationship or a spontaneous remission of the patient's symptoms) that accounted for the therapeutic improvement. I hope that you would

conclude, as I do, that the psychoanalytic treatment was the probable cause of the change and transformation. This process, of ruling out the possibility that other factors were causative agents is essentially a scientific process and leads to a scientific conclusion since the core of the scientific method consists of ruling out all possible causes except one. Our conclusion would be enhanced if it could be documented for different patients with a variety of emotional difficulties, so I've chosen case reports of seven quite different patients for your review. These seven patients and their troubles will probably seem similar to people you know so that they may seem familiar to you.

Documenting that psychoanalytic treatment has the capacity to transform a patient's life is complicated by the fact that psychoanalytic theory is no longer a single theory, but encompasses diverse views of psychoanalytic technique, of how exactly one should conduct a psychoanalysis. These differing techniques, range from a traditional view to varied, non-traditional views. Consequently, in addition to the variety of patients, I have selected psychoanalysts whose work ranges widely from traditional to various non-traditional ways of conducting a psychoanalysis, though all utilize examination of unconscious feelings and fantasies.

This examination of unconscious feelings and fantasies is what I believe defines the common thread of all psychoanalytic treatments. In fact, not only does

the psychoanalyst explore the patient's unconscious feelings and fantasies in the therapy, the analyst examines the role of his/her own unconscious feelings and fantasies in the patient's treatment. While each of the case reports selected are very different, each had these therapeutic elements in common as a key basis for inclusion in this book.

Beside the role of how an analyst exactly conducts treatment psychoanalytic technique in therapeutic outcome, evidence also suggests that the psychoanalyst's personal qualities and values may influence how beneficial the treatment is. (These two variables, theory of technique and the analyst's personal qualities and values, may be related since a psychoanalyst with one type of personality and value system may be inclined to adopt a particular psychoanalytic technique which feels congenial.) I, therefore, tried to select psychoanalysts within the widest possible range of explicit personal qualities. The seven analysts include men and women, training analysts and non-training analysts, Americans and Europeans, heterosexuals and homosexuals, Democrats and Republicans, and last, but not least, those who vacation in the mountains and those who vacation by the sea. Would you say I had succeeded?

My primary criterion in selecting a psychoanalyst was neither his/her professional position nor publication record but my personal familiarity with

his/her psychoanalytic work, and my confidence in his/her clinical competence.

My judgment rested on whether I would be comfortable and pleased to refer a patient to him/her for treatment if I had the opportunity. When such an analyst couldn't participate, I asked that analyst to suggest another who might fill the same niche, such as the analyst's gender, sexual orientation or theoretical views. This worked well because I came to know them and to be impressed by their clinical work.

The seven participating psychoanalysts are identified as contributors by name and by professional biography, but are not connected to the case report of the patient they treated. This attempts to protect the patient's privacy by preventing the always curious from using information about the treating psychoanalyst such as locale, professional associations or other clues, to make guesses about the identity of the patient. Only the gender of the treating psychoanalyst and of the patient is disclosed. It is left to each psychoanalyst to decide which disguises will be used in the write-up. Six of the analysts have the patient's permission to publish the report; the seventh analyst felt it was in the patient's best interest not to ask permission, but relied instead on extensive disguise to protect the patient's privacy.

Efforts to document the life-transforming capacity of psychoanalytic treatment should, at best, include the patient's views of the treatment and its

benefits. While this may seem self-evident, it is regarded as controversial for reasons discussed in Chapter 11. Five of the seven analysts asked their patients if they would like to submit their own views of their treatment for this publication alongside of the analyst's report. Four of the five patients did write their impressions, and their inclusion in this book may be its most unique attribute.

Psychoanalytic treatment has changed over the last 100 years, changes which I believe have improved its effectiveness. To provide a brief description of these changes, I have written a short review of Freud's most successful and still puzzling treatment for a patient he code-named the "Rat Man," and discussed some of the changes from that treatment in 1907 to contemporary psychoanalytic treatment.

Just as Freud and the "Rat Man" were a unique pair, so are these seven patient-psychoanalyst pairs. Psychoanalysis focuses on the whole person rather than being limited to symptoms. Since the patient's concerns and difficulties are idiosyncratic, as are the psychoanalyst's views of how to conduct a psychoanalysis, as well as personality and values, it is easy to see how unique each patient-analyst pair is. (This is part of what makes conducting comparative empirical study of psychoanalytic efficacy utilizing groups so difficult – how would you select a

control group?). Given the idiosyncratic character of each dyad it's not surprising that the distinctive factors making for change in each treatment differ widely.

The case reports (using fictitious names) in this book illustrate how diverse successful psychoanalytic therapies may be: George's treatment seemed to hinge on that critical moment when the analyst risked departing from traditional technique and expressed his personal concern that George was about to leave treatment before he'd gotten all he could out of his analysis (page #). Watt's concern about expressing his anger (which he feared was lethal) toward the analyst was forever modified when he raged at his analyst and found that his analyst was not harmed and did not retaliate (page #). Central to Sarah's treatment was the safe and secure ambiance provided by her traditional analyst's empathy, concern, regularity and neutrality which reduced Sarah's disorganizing anxiety so she was better able to organize her thoughts, feelings and behavior (page #). In contrast, Andrew's analyst worked very differently, providing suggestions and guidance that enabled Andrew radically to change his personal and professional relationships (page #).

In addition to these clear differences in what we believe mobilized the powerful changes in these seven treatments, there remains an intriguing question of whether there were common factors that actually were necessary, if not sufficient,

for these dramatic improvements. I'm convinced there are. Each psychoanalyst had confidence in his/her ability to help the patient based on a passionate belief in his/her specific way of conducting treatment, and this confidence was communicated to the patient. The analysts were all genuinely concerned about their patients, developed fond feelings for them and transmitted these feelings, often non-verbally, to the patient. On the patient's side, all seven were trusting, persevering, committed (though several struggled with serious doubts) and capable of developing positive, warm feelings toward the analyst. In addition, all the six patients who had completed their treatment, had the experience of expressing hostility and anger toward the analyst without deleterious consequences.

It is understandable and plausible that such analyst and patient factors would enable the patient to enhance their positive feelings about themselves. To feel lovable and worthwhile, to feel love for the analyst and be free to express anger in this intimate relationship can enable radical alteration of the way we live. Further, since we cannot identify other elements, such as chance events, other relationships or spontaneous remission of symptoms, which could provide plausible explanations for their life transformation, the probability that it is the treatment that is the cause of the improvement is greatly increased.

My belief, and my conclusion is that psychoanalytic treatment was probably the effective element of change in the transformation of these seven patients' lives. I do not mean to imply that such marked improvement is usually or even regularly accomplished by psychoanalytic treatment. In this book we are trying to establish only that *in some instances* psychoanalytic treatment succeeded in transforming the patient's life, making the patient's expenditure of effort, time and money on the treatment an exceedingly worthwhile investment. To my knowledge, no other form of psychotherapy has documented such stable transformations. We hope that these case studies lead the reader to conclude that psychoanalytic treatment may be the best avenue to substantially change his or her life for the better.

Chapter 2

Freud's Successful Treatment of "The Rat Man"

Joseph Schachter, M.D.

Freud's patient, a 29-year-old lawyer, had developed an obsession five years earlier when he suddenly realized that he had to take the first of his state examinations one month later. His obsessions became increasingly intense during the subsequent years while preparing for the subsequent levels of state examinations. The obsessions consisted chiefly of fears that a dreadful punishment involving rats would be imposed both on a "lady" he admired and on his father (who had died several years previously) of whom he had been very fond. Some obsessions actually dated to childhood. There were also compulsive impulses, e.g.,

to cut his throat with a razor.

Why review Freud's treatment of 100 years ago? Just as having some knowledge of the Model T Ford enhances your appreciation of the complexity, sophistication and power of modern cars, so having some knowledge of the earliest psychoanalytic treatments will enhance your appreciation and understanding of the transformations which have led to contemporary psychoanalytic treatment.

Dr. Lorenz began treatment October 1, 1907, after obtaining permission from his mother (who controlled his money) to do so. Here, at the very beginning, we see a difference between the way Freud worked and how a contemporary psychoanalyst would think and intervene. While Freud made no mention in his notes of any discussion of this financial arrangement, a contemporary analyst would wonder about the significance of a 29-year-old professional both being completely financially dependent on his mother and needing to have her acquiescence to start psychotherapy. The contemporary analyst almost certainly would have inquired about whether Dr. Lorenz had any feelings about his mother having total control of his finances. Such an intervention would have substantially shaped the course of treatment because it would have signaled to the patient that the subject of his relationship with his mother was important and warranted

exploration. There is no evidence that Freud discussed the patient's relationship with his mother at any time during the treatment.

This one intervention also would have introduced the theme of how Dr. Lorenz regulates and deals with his anger; are these sources of concern? This, too, was not discussed by Freud during the treatment and is regarded as important by contemporary analysts. Consideration of his anger might lead to a hypothesis that the patient's obsession developed when he was forced to do something that he probably did not want to do, take a state examination. Unconsciously he may have felt anger at being forced to do something, and that anger may have been displaced from and fueled by anger at many interactions with his controlling mother who currently was pressuring him to marry a specific wealthy woman relative. Obsessions are one of the symptoms patients adopt when their ability to regulate their anger threatens to break down.

Dr. Lorenz is colloquially referred to as "The Rat Man" because of his notably bizarre fantasy involving rats. In his second session he spoke of a Captain Novak, a man obviously fond of cruelty, who had told him about a punishment he had heard about:

... 'the criminal was tied up ... a pot was turned upside down on his

buttocks ...some rats were put into it ... and they ... ‘ - he had again got up and was showing every sign of horror and resistance - ‘ ... bored their way in ... ‘ - Into his anus, I helped him out [Freud, 1909, p. 166].

The “Rat Man” is considered Freud’s most successful treatment. His account of it is the longest and most detailed report of his that we have and the only case write-up to include his original notes on sessions made on the evening of the day of treatment. The treatment’s duration is in some dispute; Mahony (1986) determined that it didn’t last beyond nine-and-a-half months in all, and that the period of frequent and regular sessions didn’t exceed several months - very different than contemporary analysis which lasts several years.

It seems strange that this, Freud’s most successful reported treatment, dates from 1907 since he continued to practice analysis for another 30 years. He described only a half-dozen treatments at any length in his 23-volume oeuvre probably because, as he candidly admitted to Abram Kardiner (then one of his patients): “I am not basically interested in therapy and I usually find that I am engaged - in any particular case - with the theoretical problems with which I happen to be interested at the timeI am also too patriarchal to be a good analyst” (1957, p. 52).

I believe that Freud became engaged in the Rat Man's treatment because he saw it as an opportunity to develop his theory of obsessional neurosis. He believed, mistakenly, that the successful treatment of this case would validate his theory of the origin of neurosis. Marmor (1986) alleges "No serious scientist today would assert that the success of any therapeutic method constitutes proof of the correctness of the theory on which the therapeutic technique was based" (p. 249).

Freud (1909) had introduced Dr. Lorenz to psychoanalytic treatment by explaining that the only condition was that the patient "say everything that came into his head, even if it was unpleasant to him, or seemed unimportant or irrelevant or senseless" (p. 159), instructions still given by many analysts to their new patients. Dr. Lorenz tried to abide by Freud's instruction to "free associate" and went from topic to topic, often without any transition. Many of his thoughts were about sexual matters. When Freud asked him what made him put such stress on talking about his sexual life, he replied that his reading Freud's theories made him think that he was expected to discuss his sexual life. Thus, even before his first session, suggestion influenced what he discussed with Freud, and certainly there are few adults who consult a therapist without having been influenced by cartoons, movies or friends about what analysts "are after." Suggestion is unavoidable, and is, therefore, "grist for the mill."

Perceiving Freud as a source of knowledge and power from reading his theories was further reinforced in the ninth session when Freud explained that it would be pointless for him to reassure his patient regarding his obsessions since the feelings underlying these obsessions would eventually return. By stating what he knew would not be helpful, Freud implied that he knew what would be helpful to Dr. Lorenz. Thus the suggestion that Freud had the power to help him was multiply reinforced.

How did Freud behave with Dr. Lorenz? He described many interpretations - not all of which were accepted by his patient - and some of which Kris (1951) has labeled “intellectual indoctrination.” One such example was his comment in the eighth session:

I could not restrain myself from constructing the material at our disposal into an event: how before the age of six he had been in the habit of masturbating and how his father had forbidden it, [and used] as a threat the phrase “it would be the death of you” and [Freud added] perhaps also threatening to cut off his penis. [Freud assumed that this was a valid memory specific to the father rather than considering the possibility that it might have been constructed to reflect Dr. Lorenz’s current unconscious feeling that Freud was critical of his present sexual impulses. Freud’s

making up the threat to cut off his penis is an example of how explicitly theory-driven Freud's work was].

Freud's interpretations were inconsistent. He assigned the same dates and the identical effect (Dr. Lorenz's incapacity to work) to two different events, an aunt's death and his mother's plan that he should marry one of her wealthy relatives (Mahony, p. 32) - though how Dr. Lorenz felt about this was not discussed. Neither of these was a childhood experience although Freud's theory hypothesized that childhood experiences were the cause of adult obsessional neurosis. In these instances Freud is closer to many "here-and-now" interpretations. From these many conflicting examples Mahony concluded: "In short, Freud's description of the Rat Man's adult life was incoherent" (p. 35).

Incoherent or not, after a little more than three months of treatment Freud presented the patient with an interpretation of his obsession with the rat punishment and reported "When we reached the solution that has been described above, the patient's rat delirium (obsession) disappeared" (p. 220). It is not easy from Freud's notes to determine exactly which interpretation he presented at that time. Did Dr. Lorenz's obsession disappear after only three months of treatment because of the effect of Freud's specific interpretation, or was it due to the authoritarian Freud's own conviction that the interpretation had the power to

remove the symptom? Did the latter constitute a subtle but imposing suggestion that his obsession would now disappear? How can anyone determine if it was one or the other or some combination of the two?

Freud, characterized as a “befriending educator,” (Mahony, 1986), also made many supportive interventions, comments designed to make Dr. Lorenz feel better about himself. In the fifth session, e.g., when Dr. Lorenz expressed doubts about his ability to modify obsessions of such long duration, Freud replied that “his youth was very much in his favor as well as the intactness of his personality. In this connection I said a word or two upon the good opinion I had formed of him, and this gave him visible pleasure” (p. 178).

Some of Freud’s actions with Dr. Lorenz are not readily classified either as interpretations or as supportive efforts; Lipton (1977) considers them outside the sphere of analytic technique. These included on one occasion offering Dr. Lorenz some herring (Beigler (2002) says that Anna Freud had told him that it was quite common at that time for an analyst to provide food to a patient), asking him to bring a picture of his “lady” who he had been reluctant to describe, and, sending Dr. Lorenz a postcard from Freud’s vacation trip signed, “cordially.” It is noteworthy that the patient was irritated with Freud about what he considered an inappropriately intimate form of closing on Freud’s postcard. This anger, which I

consider the only actual anger directly expressed to Freud during the treatment was apparently not discussed. The other reported expressions of “anger” appear more sham than genuine. These actions of Freud mirrored his behavior with those other patients with whom he developed personal relationships. We now recognize that such actions may foster positive feelings on the patient’s part toward the analyst, thereby enhancing the sense that patient and analyst are working together to help the patient. This has been referred to as the “therapeutic alliance” and was clearly developed by Freud and Dr. Lorenz. It is now regarded as the single best predictor of positive therapeutic outcome.

Another of Freud’s actions in his consulting room has also been considered outside of technique. Dr. Lorenz reluctantly admitted that even before coming to see Freud he had mistrusted him because he had heard that Freud’s brother had been convicted of murder. Freud responded with a laugh. Although this reaction has been characterized as “unanalytic” and an expression of a personal difficulty of Freud’s (Gottlieb, 1989), a more parsimonious explanation, consistent with Freud’s personal relationship with Dr. Lorenz, is simply that Dr. Lorenz’s mistaken belief was so far from reality that it struck Freud as ludicrous. He naturally and spontaneously laughed, a response that might well have released the tension and been reassuring to Dr. Lorenz.

Mahony summarizes Freud's technique as "frequently intrusive, reassuring and seemingly more drawn to genetic interpretations [about the patient's history] and to reconstruction of past events than to the current interplay [between patient and analyst] in the clinical situation" (p. 90). Freud's reconstructions, viewed a century later, impress me with their shotgun quality. He fired them off in all directions; while a few hit the mark and seem brilliant, many convince neither me nor Dr. Lorenz.

Freud's treatment was successful. After three months the patient's obsession disappeared - for whatever reasons - and after seven months of treatment Dr. Lorenz was able to accept work in his profession. Approximately one year after termination Freud wrote that Dr. Lorenz's engagement to his "lady" had been announced in the newspapers and that he was "facing life with courage and ability," (McGuire, 1974). Dr. Lorenz married his "lady" in 1910, thus foiling his mother's attempt to choose his spouse. Freud added, "The one point that still gives him trouble [father complex and transference] has shown up clearly in my conversations with this intelligent and grateful man." Unfortunately, Dr. Lorenz perished in World War I.

What were the therapeutic elements in Freud's treatment? Dr. Lorenz's positive identification with a benign, charismatic and powerful figure has been

emphasized by numerous analysts; Beigler (1975) considered that Freud and Dr. Lorenz loved each other and that Dr. Lorenz figured prominently in fashioning Freud's new science by elucidating the purported cause of obsessional neurosis.

It is striking that Dr. Lorenz, by working as an attorney, obviated his mother's financial control, and, after his treatment, overcame his mother's intimidation and married his "lady," despite the notable absence during treatment of any discussion of his relationship with his mother. Had the powerful, authoritarian Freud, who clearly controlled the treatment, been viewed by Dr. Lorenz as a substitute, controlling maternal figure? Was his anger at Freud - about the postcard - displaced from his anger at his mother - too intimate? Did his risking being angry with Freud without deleterious consequences reassure him about his ability to regulate and safely discharge his anger at controlling, authoritarian figures? We can only speculate, but if this had been a contemporary treatment these questions would have been explored at length with the patient.

Currently, examination of treatments of much longer duration conducted with detailed tape recordings of sessions reminds us of how difficult it is to reach agreement about the mutative factors contributing to patient improvement. Therefore, we can hardly expect consensus about the mutative factors in Dr. Lorenz's treatment. It isn't possible to rule out the role of suggestion, of support, of

the personal relationship, of interpretation, or of adventitious experiences independently or in combination. Every analytic dyad is unique and involves difficult to assess conscious and unconscious intersubjective factors in both patient and analyst. Therefore, we will have to settle for uncertainty about the mutative factors in past as well as in current analytic treatments, although accepting this uncertainty is neither easy nor satisfying for the patient, for the analyst or for the reader.

Contemporary psychoanalytic treatment is no longer primarily theory-driven as Freud's treatment was; instead it is truly patient-centered. Now the analyst is interested in treatment for its own sake and the goal of analysis is to help relieve that patient's distress and foster personal development, not to discover the cause of his/her neurosis per se.

Chapter 3

George

Transformation Viewed from a Thirty-year Follow-up

My first psychoanalytic patient, George, was the most successful. Thirty years have passed and he has maintained the gains and gone on to have a successful career and a satisfying intimate family life with his wife and children.

I will describe how George came to see me; the course of our analytic work together; its complications; how my psychoanalytic training compromised and/or aided the course of analysis; and discuss the outcome. How does one judge the outcome of treatment that has occurred 30 years ago? At the time I completed our work psychoanalytic theory presumed that the analyst did not make any arrangements for the former patient to keep in touch with the analyst to keep him informed of his progress. In George's case I will recount how I came to know about the continued unfolding of his life.

George had brief psychotherapy in college and in graduate school for symptoms connected with competition and relationships with women. He was

very successful in his work and had many friends, but was anxious about besting his colleagues and fearful of hurting women with whom he would become involved. Following a grueling graduate program at an outstanding university, he felt he should leave the area and take a less challenging junior faculty position at a university in a distant city. Deciding to take a job elsewhere was with the hope that he would develop a capacity to relax more and get away from his competitive strivings. On the other hand, he felt that there were situations he shied away from where he knew he should be competitive. He thought perhaps taking boxing lessons would permit him to develop a capacity for competition. After a few months at the new university, he realized that he was feeling the same way that he had during his graduate studies. With his work he felt uncomfortable under his mentor's guidance or competing with his peers. He was outstanding in his performance, but felt guilty about his successes. He felt smarter than his colleagues and angry that he had to submit to his professors. He was also disturbed about his relationships with women. He noticed a pattern: he would be attracted to a woman, date her, but when he anticipated the possibility of having sex, he became frightened he would hurt her physically or emotionally. This fear was so intense he had not permitted himself to have any sexual intercourse. With

the recurrence of his problems, he decided to apply for low-cost analysis on the recommendation of his previous therapist.

I was pleased to have George referred to me. He was a young successful man in his mid-twenties, who nevertheless had serious conflicts. I felt confident that his previous capacity for and experience of success would make him capable to enter the rigor of the extensive self-examination required for psychoanalysis.

In the first months of analysis, despite the fear that he was usurping my role as analyst, he seemed comfortable with little guidance from me. He was surprised that I was young. He hoped that didn't mean I wasn't experienced enough to help him. Despite being pleased to have George as my patient, I felt intimidated about how my analytic role was developing. Was George so smart and confident that I would become superfluous? He proceeded in an intellectual way to describe events in his upbringing that he assumed might be the cause of his difficulties. His father, who commuted a long distance to his work, would return home late in the evening. The father seemed to have little patience with the mother who appeared easily wounded by his criticisms. Although both mother and father seemed to love George and his younger sister, his father seemed too harsh and mother too vulnerable. His sister admired him and followed him around. He remembered when she was born and came home from the hospital. While looking at her he

“patted” the crown of her head and noticed how soft her skull was. Later, he worried that patting her that way may have injured her brain and impaired her intelligence. His mother indulged him, usually giving him free reign with his activities, but would occasionally accuse him of being selfish and not appreciating her. George thought his father might prefer to stay at work late so he could avoid the mother's complaints and taking care of the children. George missed not doing sports with his father, who seemed too tired or preoccupied on weekends.

George rationally wove his family background into explanations for his symptoms as he thought was expected of an analytic patient. He felt his mother's guilty provocations led him to inhibit his free expression of feelings with girlfriends. His thought that he injured his sister as an infant made him believe that he could easily hurt a woman with sexual activity. He felt anxious about surpassing his father and others with his intellect. Outside of his work he preferred the company of colleagues and had many male friends. At work, however, he was very competitive with his peers and also feared depreciating his mentors once he learned what they knew. He linked this with his fear of surpassing his father. George seemed confident about his explanations and didn't appear to need any corroboration from me.

After this pattern persisted for the early months of analysis, he became more anxious that he had taken over my job because he was smarter than I. I was actually intimidated by the way he was able to proceed without me and wondered what role I would play. Could I continue to conduct analysis with him if I felt this way? I needed the reassurance of my supervisor, who told me that whatever the relative values of our intelligence, George's attitude had to do with transference. Transference means that he would transfer the feelings about his being smarter than his father or colleagues onto me in the psychoanalytic situation. George needed to experience his conflicts with me before he could feel more comfortable with his feelings that he had towards his father, mentors and peers. Then he would be able to comfortably sustain his own ideas without fear that he was hurting the other person or that there would be retribution. I had to be able to tolerate the idea that George transferred those feelings as uncomfortable as that was for me. If I could do that, I would eventually be able to help him to tolerate his feelings as well.

George's feeling that he was smarter alternated with his feeling too frightened to accomplish anything without me. He was self critical for thinking he was so smart. He further humbled himself by thinking that being in psychoanalytic treatment proved that he was weak, and there was no way for him to get better

without my "expert" help. These humiliating thoughts continued to alternate with more aggressive questioning of my abilities. He knew I was in psychoanalytic training and at first thought it wouldn't matter, that he could obtain excellent treatment from me. But, as time went on, as he acquired more comfort with his competitive strivings, he had serious questions about whether I was doing anything for him. I pointed out how the intensity of these alternating feelings with me was similar to the ones that he experienced with colleagues and professors. Although what I said was undoubtedly true, I probably made that statement to reassure myself that these feelings applied more to his colleagues and professors than to me.

As George experienced stronger feelings towards me in the transference, he gradually became more comfortable with me in our analytic work. He became more confident about his competitive feelings in general, and he was less anxious about work. What happened in our work to cause this change? Did it have to do with his understanding the origins of his competition in relation to the father of his childhood? More likely it was connected with our growing comfort with one another with both of us realizing that his competition was tolerable.

With George's new confidence, he decided to pursue a relationship with a young graduate student to whom he was attracted. For the first time in his life he

had a successful sexual relationship, and he was proud of himself. His intensity and seriousness led this young woman who wanted a more casual relationship to reject him after a few months. At first George blamed himself for not being relaxed enough, but then shifted to blaming me for letting him get sexually involved before he was emotionally ready. He also began to blame me for his bad moods.

He expressed his reservations about me clearly in a dream he had at the beginning of the second year of the analysis. He was beginning to wonder if he was getting any better, and wondered if I knew what I was doing. In the dream, he was inside a room at the Psychoanalytic Institute. He was invited by my teachers to sit in on a discussion of how I was progressing in my training. The consensus was that I was doing only marginal work. My teachers thought they might have to interrupt my psychoanalytic education. They asked George his opinion of my work with him. He hesitated, but then said, despite my mediocre performance, I should be given more time to see if I could improve. In describing his feelings about the dream, George emphasized his sadness associated with his disappointment in me. I linked this disappointment to some earlier feelings about his father and his discoveries that several of his professors weren't as smart as he had first thought. What seemed to help most, however, was letting George focus

on his disappointment in me. Another potential meaning for this dream which neither I nor my supervisor considered at the time was that George felt he was making slow progress and was pleading for more time to improve. Then I didn't think of this reversal but rather felt challenged and asked for more support from my supervisor. I was intimidated by the content of George's dream, and felt anxious about my performance as a psychoanalytic candidate. My supervisor needed to keep reassuring me that George's feelings were based on transference. It was the intensity of George's transference and particularly my reaction to it that plagued me as the analysis continued.

Another troubling thought for George was that he was latently homosexual. In questioning him about his homosexual feelings, they appeared directly connected with his wish to dominate or submit with colleagues or professors that he was competing with. He didn't have homosexual feelings himself, but assumed those men whom he was struggling with would want to submit to or dominate him. Although I interpreted his homosexual thoughts as related to problems that he had around dominating or submitting, I probably aggravated some aspect of his conflict by occasionally needing to dominate him with my "correct" interpretations. Occasionally, after making a forceful interpretation that I felt was particularly timely, George would respond, "I know this already, but it doesn't seem to help

me." Memories came up during this period in connection with his trying to describe why he felt the way he did. As a young boy, he occasionally noticed his mother being naked. When she saw him looking at her, she put her finger to her lips, as if they should keep this secret from the father. He felt his mother was over-protective of him, fearing he would be injured. He knew his father hated homosexuals and his mother mocked the father for that. George gradually took some distance from thoughts of homosexuality as he talked about these memories of his father and mother, as well as discussing specific instances of his fear of dominance and submission with his colleagues, professors and me.

In the next two years, George gradually improved. He had occasional sexual relationships that were satisfying, and he became less anxious about his relationships with his colleagues. He permitted himself to get more competitive by asking boldly for and getting a large pay raise and promotion. He no longer felt so guilty towards his peers for surpassing them.

In the third year of the analysis, a major change occurred in his behavior towards his sessions and me. Until that point, George behaved as a busy professional who was trying to squeeze analysis into his life. He was preoccupied with a great deal of work, and he had a long commute to my office. He would rush into the office a few minutes late and leave hurriedly at the end of the hour for

important appointments elsewhere. Now the change was striking: He would arrive an hour and a half before his appointment and leisurely read magazines or newspapers in my waiting room. Analytic hours consisted of a relaxed description of his day without any conflicts. He would describe how he had spent the previous evening at a local bar watching a basketball game on TV with some friends. He remained comfortably silent for long periods during the hour, noticing the birds singing outside my office window. He thought he might date a woman he knew casually, but wouldn't get around to calling her. In the past he would have accused himself of being lazy and not being able to face his fears, but now there was no urgency. I was puzzled by this behavior and my attempt to interpret this behavior as pushing away his conflicts failed to produce any new information. I was also uncomfortable with the role George seemed to want me to play: a quiet listener who enjoyed his relaxation without a desire to challenge him. Gradually both of us began to understand that this relaxing with me was a way for making up for the relative absence of his father during his childhood. He couldn't remember any significant playful periods with him.

That summer, two and a half years into the analysis, I took a long summer break. Upon my return, George began to talk about how he had improved considerably and now wanted to make plans to take a prominent academic position

near the university where he took his graduate studies. He felt thankful that he had made academic gains that he partly attributed to his analytic work with me. He regretted he still hadn't found a woman he loved enough to marry and have children. He had hoped that he would be able to accomplish this during the analysis, but reasoned that he was confident that this would happen later. That winter, he announced definitely that he would be leaving the following summer. After returning from a winter break, he reported the following dream: He began to have intercourse with a woman he was infatuated with. In the middle of intercourse, she changed into me. Without discussing the dream, he announced a date six months hence for the end of the analysis. I interpreted the dream to represent his fear of attachment and his wish to get away from that feeling. George agreed with me. He wished he could stay longer but felt the analysis was interfering with his career goals. As we came closer to the date that George chose to leave, he talked about feeling guilty that he was rejecting me. He remembered how he had earlier accused me of incompetence. His feeling that he was rejecting me reminded him of his first girlfriend's rejection of him. I said that, as well as feeling guilty about leaving; perhaps he was trying to avoid rejection from me by leaving me. George agreed that he should stay longer and agreed to work further without setting a definite date. Other themes returned with stronger emotions:

memories of not feeling paid attention to by his mother at age 3 when his sister was born; recalling despair when his father left on an extended plane trip when he was 6, which he linked with feelings about my long vacation that previous summer. We continued to work on these feelings, and I emphasized that he might be trying to leave early, to turn around earlier feelings of being left by me or ignored by his parents. George, however, was resolute in his plans to leave. He had made all of the final arrangements: He was accepted for a prestigious post in a distant university, and he had already signed a lease on an apartment. In my supervision hours at this time, I admitted a great deal of anxiety about the prospect of George leaving. Clearly he was doing better, but had he really completed his analysis? Had he sufficiently understood his conflicts to be able to meet and marry an appropriate woman? I felt it was also possible his silent critique of my analytic capacity made him want to leave prematurely. Perhaps he felt that he should leave before he revealed his feelings of disappointment in my analytic capacities and me. My supervisor was puzzled and felt, based on my reporting, that George seemed attached to me. He thought George might change his mind at the last minute. I was less convinced. Even though I trusted my supervisor's judgment, I couldn't count on George staying. I was very attached to George and wanted to continue to work with him. I finally decided to make a personal plea. In an hour where George

was reciting his plans to leave and describing how happy he would be in the new university setting the following fall, I said, "I really think you're making a big mistake to leave me at this time. I think you should stay until our work is finished."

George was moved and surprised. He wondered why I hadn't said this before. I wondered with him whether he was ready to hear this before now. Within a few days, George completely altered his plans to leave and decided to work with me for another year.

Why did my personal statement help George to continue? Maybe he needed to know I was personally involved. My plea might have been reassuring that he could go deeper into his dependent and competitive feelings towards me. The work in this subsequent year was much deeper and centered on ways that George protected himself from rejection. He became involved with a young woman who was studying to be a professional in a related field. At the end of the next year that we worked together (4 years, 3 months), George decided he would leave, feeling that I had been very helpful to him. He felt more relaxed about relationships, although the affair with the younger woman with a related career broke off. George had made considerable gains, although he hadn't achieved a lasting relationship that would lead to marriage. I recommended that we continue for a

longer period to accomplish this, but George remained adamant about leaving this time. In a plaintive way he said, "I feel grown up, but I will never know for sure unless I leave." We both realized that he had improved considerably and thought of our work as a qualified success.

In the year following George's leaving, I finished my formal training at my local psychoanalytic institute. My work with George was considered completed for the purposes of my graduation. Nevertheless, I felt that more could have been done.

After all, George felt he had to leave in order not to feel childish about giving into his wish to stay. Certainly he should have been able to overcome this in a "complete" analysis.

Two years after he stopped, he came back to work at the same university again, and the return of his old symptoms of anxiety and guilt led him to come back and continue his psychoanalytic work with me, which lasted for another year. At first he spoke with great despair about his inability to be independent. I made few remarks except to speak of his discomfort with feelings of competitiveness and a fear that he would hurt his colleagues or his girlfriend as the cause for his despair. I believe that the power of our earlier analytic relationship helped George's high level of functioning return within a few weeks. He rapidly revived

the relationship with the woman he had met the summer before he left analysis, who shared many of his career interests. Now they made plans to live together and for her to pursue her graduate studies. For the first time, he experienced a relaxed feeling in his intimacy with her that persisted. He no longer felt pressured to be at work in order to get away from "childish" intimate feelings towards her. Initial worries that he wasn't sufficiently potent or excited gave way to a non-self-conscious sexual involvement. Now his feelings towards me alternated between gratitude for my having been of great help to wondering whether he could have accomplished his newfound pleasures by himself and fearing that I wanted to take credit for what he himself did. A previously cool relationship towards his father now blossomed into a more intimate one. He no longer felt guilty about difficulties that he had previously had in relating with both his mother and sister, and now was able to keep in touch with them more easily. In the winter, he and his girlfriend made plans to marry in June. George wanted the analysis over before then. He initiated ending the analysis three months before his wedding. Although I didn't say it, I felt that George had to stop analysis before his wedding to prove to himself he was on his own without help from me. In the final months, he was confident about his future, and in the final hours expressed deep gratitude and

feelings of warmth towards me. These feelings still alternated with thoughts that he had done most of it himself, but he had to give me some credit to placate me.

I knew that George planned to return to the high-powered university where he had done his graduate studies. Now he would be a professor. Traditionally, at that time, when an analysis was completed the analyst and patient did not make any arrangements to contact one another at a later date. If this needed to be discussed some analysts would feel that the analysis was incomplete since the patient still has had the promise of support of a prospective visit to his former analyst. For this reason, I never brought up the idea to George that we should stay in touch. As time passed by I was very curious about how George was doing, particularly wondering if he had maintained his gains that occurred during the analysis. After two years, George wrote me an informative letter letting me know that things were going reasonably well. He mentioned that he would be returning to my area to give lectures and would like to stop by to visit my office. I was pleased to see George again but felt constrained in my behavior. Should I continue to behave as his analyst still looking for unresolved conflicts that motivated his visit? I decided to follow George's lead- he seemed to be motivated to report to me as if I were a chronicler of his life. After he spoke for most of the hour he asked how things were going for me. I didn't know how to respond other than as an

analyst-instead of reflecting his question I merely said, “well”. George replied “that’s good”. Neither of us explored the nature of our relationship at this or subsequent meetings that occurred two or three times at irregular intervals over the next several years. On all occasions George invited me to reciprocate and visit him if I were in his area. I never seriously considered doing this until about 18 years after the end of the analysis. At that time I was invited to give a talk near George’s university and thought it would not interfere with our previous analytic relationship to accept his invitation. Nevertheless, I didn’t discuss my visit with any of my analytic colleagues out of fear that they would criticize me for breaking analytic boundaries. That visit was at George’s university office. He seemed tense but talked about his professional successes and his happiness with his family. With more directness he asked how my life was going. This time I responded by telling him about some major life changes. George appeared stunned and I immediately thought he didn’t really want to know anything real about my life. The subject immediately switched back to his current situation. Around the recent death of his father, he had developed some anxiety symptoms and nightmares and had entered psychotherapy with a local psychiatrist. I wished him well in this treatment and ended our appointment shortly after. George has continued to correspond every few years and more recently around his 60tieth birthday. He explicitly saw his

motivation for writing as a desire to chronicle his life. He had successfully finished his therapy years before around his father's death but now reentered treatment with the same psychiatrist because of anxiety symptoms associated with his mother's failing health. In all correspondence with me he always ends with, "I hope things go well with you". In correspondence with George, in talking about myself, I didn't mention anything more than some generalizations about my professional life because it seemed that George wanted me to maintain my analytic role.

This past year in writing George to ask permission to write this chapter, I also asked if he would write about his impressions of the analysis and its results. He didn't immediately respond. When he did he readily agreed to give me permission to write about him. He didn't respond to my request that he write something about his views of the analysis. Further he wrote, "- I am not certain I want to read how you saw our work but I understand that I should do it in any case". I imagine that he did not necessarily want to have to review what I thought instead of what he had been able to resolve on his own. Later he did read the draft of the manuscript and approved of it except for a few details. He remembered his fear of hurting his sister by "patting" her head at birth- I had mistakenly remembered this fear having occurred years later when I thought he reported she hurt her head in their rough and tumble play. He also thought that I exaggerated his academic performance. He

felt that he was a good teacher and writer but his technical skills weren't that strong. How can we evaluate this difference in our opinion of George's performance? I don't think there is a resolution since both of our evaluations are subjective. Where our subjective judgments coincide, concern George's satisfaction with his family life. We both agree that he has an excellent relationship with his wife and children. What is most convincing is his feeling much closer to his children and they to him than he did with his parents. He has been very involved in his wife's career helping her with many professional decisions and enjoying the relationship between their studies. He also mentioned in a recent letter that he has successfully completed his most recent treatment. In short, almost 30 years after he finished his formal analysis he has appeared to overcome the anxieties that brought him to treatment and be able to live both a productive and pleasurable life.

DISCUSSION:

In reviewing my work with George, I would like to focus on two approaches to understanding his progress. The first would be our understanding of his conflicts and what I said to help to resolve them. He was a young adult who was troubled about his competitiveness with men in his work and his fear of hurting

women in a sexual relationship. His ambitious strivings, which he felt were hurtful towards others, alternated with submissive feelings that were tinged in his mind with homosexuality. His sexual feelings towards women were complicated by the feeling that he might be exploiting them or hurting them. What happened in the analysis was that he discovered many of the roots of these feelings in his relationships with his father, mother and sister, as well as experiencing and working through feelings of dominance and submission with me, his analyst. He wanted to leave the analysis prematurely, but agreed to stay for a year to accomplish a greater understanding of his conflicts. Even when he left a year later, he was still aware of some work that was undone, but felt it was more important to now pursue his professional life. When he returned two years later, although he had all of the original symptoms from years before, he was able to work them through quickly because of our mutual understanding of his conflicts and our familiarity with each other. He was able to, when he left, love and work in equal measure and experience his ambition and intimacy without the previously overwhelming conflicts. This view focuses on the analytic work with the patient learning to understand their conflicts through skillful and timely interpretation by their analyst.

The second way of looking at this analysis is to focus on what is more particular to George and me in our conducting the analysis. I was a psychoanalyst in training who was intimidated by George's intelligence and challenges. George knew from the outset that I was in training and therefore an inexperienced analyst. His surprise that I was so young indirectly expressed his doubts about me. I needed my supervisor, whom I saw once a week, who listened to me describe my work with George, to reassure me that George's feelings were evoked by the analysis and, although real in relationship to me, could be interpreted as relating to other aspects of his life as well as to being part of our real relationship. Of course my supervisor also had suggestions about how I could better conduct the analysis that contributed to my feelings of incompetence. The most dramatic emotional moment of the analysis occurred when I asked George to stay in the analysis for another year. This was a personal remark for both of us and it permitted the work on George's conflicts and our relationship to unfold in a way that would not have been possible through interpretation alone. My being able to say it probably represented some increase in confidence in my analytic capacity. The progress in that year, before George interrupted for two years, permitted him to feel more confident about his life and his aspirations, although he still was unable to find a relationship leading to marriage. His return two years later to finish the analysis

over the following year was a testimony to the strength of an analytic process that exists between an analyst and a patient who have been able to establish mutual trust that is strong enough to weather a two year interruption and permit continued work on conflicts that led to a quick resolution and ultimately excellent outcome. The personal nature of our involvement led to further contacts over the years that give us more information about the lasting nature of the outcome.

Both patient and analyst have to realize that analytic technique must encompass both an awareness of conflicts and a realization that these conflicts must be resolved in the analytic relationship. For this to happen the patient and analyst must develop the capacity to trust one another to work over several years in an intimate relationship. Fortunately for both George and I, we had several opportunities to follow the unfolding of his life and see how well it progressed. For me, and hopefully for George, this has been a most gratifying experience. In what other setting does one have the opportunity to listen or be listened to so attentively?

Chapter 4

Liala

Treatment of a Patient with a Serious Chronic Disease

A 24-year-old single woman ballet dancer from the West Coast came for psychoanalytic therapy when she was being diagnosed for somatic symptoms which were frightening to her. She said that she wanted to figure out how to cope with her fears. She had almost passed out in January due to dehydration from vomiting. In the spring she had the same symptom in a steambath, in the summer on a river trip. Now it was September and she was about to go on tour as part of a dance company. She was concerned about her block in choreography, and also about the possibility of fainting while on the stage. She worried what the illness could be that was causing this symptom. She wanted to believe her internist who thought there was a possibility of mitral valve prolapse. She was found to have severe collagen disease that was characterized by exacerbations of physical complaints and remissions; the disease had actually been present since the age of nine. She wanted to feel better about herself and hoped that treatment would make her stronger.

Despite what seemed to me to have been an overly casual and even neglectful attitude of her family toward her fairly severe physical symptoms, she reported an idyllic childhood. Her mother had been at home with the children full

time. Both parents were healthy, outdoorsy, adventurous people. She had a sister three and a half years older than she was. She also recalled that the parents had taken the children on many trips and outings, some connected with the father's work. She was critical of herself that she "did not have her feet on the ground," She reported that her parents complained that they did not approve of her boyfriend. She thought that they hoped that her treatment would cause her to leave him. He was constantly either stoned or drunk or both. He was trying to be an artist, but would not show his work or support himself by working at a job. He was reclusive and would not take part in her family's social activities. Thus they had different agendas for her treatment, but both she and her parents believed that she needed help. They were willing to pay for it and she was willing to commit to doing it.

Initially she had great difficulty putting her feelings and thoughts into words; in some sessions she spoke only a few sentences, some so fragmented that they were only phrases. The early stages of the treatment dealt with her feelings about her relationship with her boyfriend. She reported that her parents thought she should talk about her physical illness, but she did not think there was anything to talk about regarding that. She only wanted treatment for her block in choreography. She was afraid that the only way she could create was by being alone with her thoughts. This frightened her. Together we figured out that the great

thing about her boyfriend was that he was always there. He never went out. She could go anywhere and he would always be waiting for her when she came back. What she was most afraid of was loneliness. With him home waiting for her whenever she came back, she was never going to have to worry about being alone.

As she filled in her history, it began to become clear that she had been a very lonely child. Her parents frequently went on long trips during which the children were left at home with housekeepers. She recalled bitterly that she had become very fond of one housekeeper who played with her doll-house with her. She could play imaginary games with her but with no one else. As soon as her parents came back from a long trip and found that she was so attached to the housekeeper, they had sent the woman away. She believed that she had "clammed up" after that. Her mother took her to a therapist for a year after that, but she hated going and only agreed to it because she had her mother to herself on the long car trips to the therapist's office and back. She had not really wanted to come to see me either.

Another source of loneliness was her feeling of being different from other children. Her family had formal rules for meals; they had a cook and a man to serve at table. None of the other children at school lived that way. The kids got their own snack food and ate in front of the television. She did not know why her parents did things the way they did, but she believed that the difference made the

other children see her as weird. One great thing about her boyfriend was that he never criticized her parents or their ways of doing things, he just kept away from them. With him she was part of a couple of artists that was not so different from other young artists. She could have friends visit their tiny apartment . Both with him and compared to him she felt normal.

When she went on tour after a few months of treatment, her physical illness worsened. We talked about her feelings about her body attacking itself when she was under stress. She began a course of medical treatment which included getting more rest, but managed to keep her heavy schedule of dance classes, rehearsals and performances. She remained with her boyfriend.

There were no further relapses in her ten years of treatment. During this time she became a successful choreographer, left the troupe she was dancing with and formed her own troupe. She managed to part from her boyfriend after seven years of treatment, immediately found another one who was much better functioning and married. In the ninth year of treatment she became pregnant and has delivered a large, healthy baby. She struggled with issues of child rearing and with combining being a mother with continuing her career.

Notable at the beginning of her treatment was her difficulty in talking. Long silences characterized all of her sessions. Also notable was her denial of any

negative feelings towards me, her parents, her sibling , her lover, or anyone else.

Anger, envy, jealousy, resentment and the like were entirely missing from her communications. Early in her treatment she dreamed:

Two people were playing guitars in a village square. I liked it so I joined in and played my guitar. Then crowds of people came and I moved out to the edge. Then I couldn't hear them any more.

After telling the dream she was silent for more than ten minutes. I asked her how she felt. She said she didn't know. She was confused. This reminded her that talking to her mother was confusing. "They're trying to get me to sign something so I'll get a lot of money in my own name. It is good for them. It helps them with the taxes. My mother said if I would sign, I could use part of the money to go visit my sister in England. It's embarrassing." I said that it was embarrassing and confusing because her parents had just made a huge fuss about paying my fee and she and I had been pushed into getting the fee lowered. And now it was clear that they could very well afford to pay my fee. She said "Yes. It is two messages. They pull me closer and now they push me farther away. I don't know if I can take all that from them." The next day she remarked: "I spoke to my father. I told him I would sign, but I know I won't." I asked her if she was afraid of the independence of having her own money, of not having to ask her parents for everything. She

said. "Well then. I always thought all I had to do to be independent was to refuse them. It their money, not mine. I didn't earn it." We talked about this for many sessions. She had been ashamed of the difference between the way her parents lived and the way the families of her peers lived because she was aware that her family was much richer than theirs. She was afraid of their envy and could not talk to them or to her parents about her fear. It was less awful for her to think that her friends thought she was weird than to think that they envied her. At last I said that I wondered if she thought that there was a danger that I would envy her and her parents; getting this money was like winning a lottery. She decided to sign for the money when she reflected that it was like winning the lottery. If she won, she wouldn't have to turn the money back just because she didn't earn it. She said: "I still have the same feeling inside only now I recognize it as a wish to stay close to them, in the nest." The guitarists of her dream were recognized as her parents, always singing and having good times. Her wish to join in with them was thwarted by my crowding her away from them.

The therapeutic effect of this interchange depended on my feeling my own anger at having been cheated on the fee which led to the thought that my effectiveness in the fee negotiation had been hampered by my own fantasy that charging high fees was being unnurturant and thus unmaternal and thus

unfeminine. I had been envious of the parents' apparent comfort in hanging onto their money and taking advantage of my interest in continuing the treatment to get me to accept the lower fee. When I had worked that out, I could more easily help her to accept the very large sum that would provide her independence. Her fear of being envied was mitigated by my mastery of my own envy for her for not having to earn money in her work and thus to be able to be comfortably feminine and by my mastery of my envy of her parents for being able to provide such freedom for their child. As a result, I was able to indirectly express my approval of her taking the money by likening it to winning a lottery- an event that could happen to anyone. This implied that I thought it did not alienate her from me or from her peers or her boyfriend. It made accepting the money less dangerous. Explicit talk of envy, anger and alienation from within was still impossible for us.

A year later she had become more articulate. One rainy day she arrived late. She said: "It was hard to get here this morning. My shoes are wet. I think I'll take them off . " She turned around and looked to me for approval. "I had a surprise last night. I thought I was only going to sleep for a little while, but I slept right through. Now...." After two minutes of silence I said: "You find it hard to talk again even though you surprised yourself here yesterday too by talking throughout the session." After another five minutes of silence, I said: "You don't want to talk to

me?" She said: "It feels like I want to maintain my privacy." Two more minutes passed. I said: "By not talking to me, *you* are in control. Two more minutes passed. She said: "It feels like sleeping through." Another minute passed. I said: "Sleeping through?" Another minute went by. She said: "Last night...." Another two minutes. I said: "How did you feel about that this morning? Another minute. She said: "Strange." I said: "Strange?" Several minutes went by. I said: "Are you treating me as you felt treated? Did you feel shut out when your parents went away on trips? Are you doing to me what you felt they did to you?" Her thoughtful silence seemed less hostile than the silence earlier in the session. I had a sense that we were connected, but worried that we had done so at the price of shutting out her parents. It was like what she described as the feeling when her family drew close, shutting out the outsiders. How could I avoid repeating that old pattern?

Four days later she started her next session with a dream. She said "It was strange. Someone was showing me paintings--they were John's. (John was her boyfriend.) Drawings really. I hadn't seen them before. They weren't really John's drawings. They had maps and lines drawn around like some states. Eastern states. It was the seaboard. That's all I remember. She fell silent. I said "Maps? Traveling? Are your parents traveling?" "Oh," she said, "strange that you should mention that," She remarked that her parents were now on their boat. We talked about how

she had conveyed her feelings about their leaving without telling me that they were going. She said that she had spoken to her mother last night. The map in the dream had a line from New York to Puerto Rico. Her mother had called from there. She said: "I had nothing to say to my mother, She said she missed me because she had nothing to do down there. No work or anything." There was a silence. I said: "You were angry that she only misses you because she had nothing to do. You had nothing to say because you can't say that you are angry." She laughed and said: "Well, you could say that. I never saw it that way. I never think of myself as *angry*. But it did bother me. It does bother me. She said she doesn't like the yacht club they are at. She chose it mostly for my father. There is another one farther down that she likes better. I think there can't be that much difference. She has so many nice things down there. It's hard to imagine it could be nicer down the street. It's like nothing is ever enough for her. Nothing is ever enough." She had progressed far enough in her treatment to be able to understand and accept her own anger at least some of the time. We talked about how anger and envy were difficult for her to see in others because then she might have to see them in herself.

As the years went by, she managed to establish herself more firmly in a professional circle, getting grants and awards, creating new work and showing it. The field she had chosen is one in which it is very difficult to earn enough money

to live on. She began to understand why she intimidated people. Neither her mother nor other family members had dared to call her at the time she entered analysis for fear of upsetting her. She kept them at bay with her illness. She induced a similar fear in me. I found myself scheduling my vacations to coincide with her tour schedule and planning to work on certain days I might otherwise have taken as holidays. I was able to explore with her the terror of being abandoned. She related a family story about how she had been left in the care of an inexperienced young maid when she was less than a year old. Her aunt came to visit, saw the infant lying listlessly in her crib and not crying and immediately took her and her sister to their parents at the resort where they were on vacation. The aunt believed that she had rescued her; the parents believed that she had interfered unnecessarily. The parents also believed that analysis was unnecessary. I constantly chipped away at the idea that not only her parents, but she herself still to this day half-believed that it was unnecessary and I was an intruder.

In order to work on this with her I myself had to think about fears of being abandoned and bereft. To allow myself to empathize with the little girl left behind and feeling hopeless was painful, but not as painful as seeing it from the point of view of the parents who were accused of neglect and may indeed have been guilty of it. How could I understand what had happened without threatening to alienate

her from them? How could I not take the high road and condemn their selfish hedonism? How could I not feel like the disapproving aunt? In order to think this through, I had to face my own choices as a parent. Had I not sent the kids away to camp for my own convenience? Had I not chosen to pursue my own career at their expense? Or was it at their expense? I had needed the money to raise them in New York. I had needed to keep them in good schools. How much of this was what I wanted? How much could be untangled? The parents had needed to take care of themselves as well. I knew there could be no entirely selfless parents just as I knew that I somehow fantasized being such a parent. I thought of how many times I had said: "Passengers should fasten their own oxygen masks first and then help others." How could I know what the parents intended? How much had these parents had to fend off envy?

The therapeutic value of my awareness of my counter-transference feelings (responses to her related to some of my own personal concerns) towards her and towards her parents allowed her to see her sense of alienation as a result of pushing away anyone outside the immediate family circle as an intruder. Her need to keep the circle closed had to do with her great sense of desperation in keeping the connection to her parents in the face of their absences and in the face of their attitudes toward the aunt, the nursemaid who had played doll-house games with

her, her boyfriend and the analyst. Her fear of losing their love by betraying them with an outsider had contributed to her choosing the boyfriend who could not possibly compete with them and who could not criticize them for their vacations because he himself was on perpetual vacation.

Over the next five years of treatment the patient gradually became more able to perceive and express her own feelings. She also had more sessions in which she was able to talk much of the time. Seven years into the treatment an erotic transference (sexual attraction derived from concerns not solely sexual) to her female analyst was at its height and was frightening her. The following is an example. She said: "I had some dreams over the weekend. Friday night I dreamt I met a man I loved a whole lot. I told myself I wasn't good. You shouldn't love someone that much. That's all I remember of that one. On Saturday I was doing a job researching the history of a dance. I had access to files I wasn't supposed to look at. I looked at it anyway. I felt kind of sneaky. I was with my friend Birdie. Some man was making friends with us. He wanted to make friends with us. He wanted to make love with me. I didn't want to. I was being chased by people. I ran into the bathroom, realized I had my period and started looking for a tampon. I was worried they'd break in before I put the tampon in. I felt kind of vulnerable and that was that! I thought the dreams related to each other. The place I rehearse in is a

Yoga studio. An Indian man runs it. He was presenting himself as a teacher, some kind of guide. I felt it wasn't good. I have had that feeling here. I said: "It feels like a threat to your womanhood to have that feeling here."

She said: "The first dream was a threat to my will or something--that I'd be lost." There was a silence. "I Just started thinking about the tampon one. There was lets of turmoil going on, but I just had to take care of my body. I had to separate that from what was going on in the outside world. I heard Birdie's brother had a baby this weekend. Birdie's gay, but she would want a baby herself. It's the same with me. I would be jealous if my sister had a baby and I didn't.

I said: "Would you be in the same position as Birdie? Having a baby without a man?" She said : "No. But I need money for a baby. I wouldn't have enough money." I replied: "Is money the real issue? Wouldn't your parents make you the same offer they made your sister?" (The parents were eager for a grandchild and had offered the patient's sister money to pay for the services of a nanny indefinitely so that she would not have to give up her work an artist.)

She said: "She is going in that direction. She will be able to earn more. She is silk screening her designs onto things, She and her husband do earn enough to make the mortgage payments on their house. She gets some commissions too. I said: "So by being with John you can't even consider the idea of having a baby.

She said: "I did consider it but I rejected it for financial reasons. But if I said I'd like to do this and was focusing on it, I might really concentrate on doing something I could bring some money in with. But I'm taking all this medicine and I'd want to clear my system before having a baby.

I said: "So since you can't have a child because of your illness, it doesn't pay to become independent and grown up. So you might as well not promote your career and stay with John who supports that by not promoting his own." This quite harsh assessment of what was holding her back from achieving success in both her career and her love life led to a long period of anger at me. I did not consider it to be negative transference nor did I think that it was a particularly good intervention. But it did open the floodgates of her anger and allow her to move ahead in expressing her negative emotions.

In the next year, perhaps related to her having been able to express her anger at me, she managed a very painful separation from the extremely inadequate boyfriend she had been loyal to since high school. His violence during the separation process frightened her. She was able to recognize that she used his temper as a substitute for expressing her own anger. She not only projected her feelings, but induced the behavior that expressed them as well. Her career progressed both in aesthetic and financial terms and she found a new boyfriend.

She became more verbal and better able to put her feelings into her work as well.

She understood that she had tolerated her first boyfriend's addiction and paralysis because she believed that she was just as imperfect as he was and that he would be justified in telling her that she could not criticize him because she was as bad or worse.

At two junctures in the treatment, I believed that she had achieved enough self- understanding to justify raising the issue of termination. Once, it was just after she had had an affair with a new man who she thought might become her boyfriend. Her career and her need for time to pursue it seemed to be the most important issues in her life. She began to miss sessions and I no longer felt it necessary to change my schedule to meet hers. When she said that the analysis was getting in the way of her life, I heard her. I decided that her goals had been met. Yet she still required support in paying attention to her own needs and affects. Was she ready? I agreed to think about ending the analysis and told her that if she wanted to end, she should set a date and we could work toward that. She rejected it in a dream in which she asked a cab driver to take her to 14th Street and he let her out at 26th Street. When she refused to get out, he drove her to Queens and let her out. We understood that I was a cab driver who was not taking her far enough. Later she associated Queens with cemeteries where some of her ancestors had been

buried. The idea of termination was premature in terms of her readiness to accept the degree of improvement she had achieved at that time. She was still with the first boyfriend and not yet articulated her goal of being able to have a child. The analytic goal of awareness of this wish had not been achieved.

In the following years she changed her life radically. She arranged her career so that she had time and energy to devote to her love life. She began dating men who were in her field in various capacities. She found one who was very devoted and loving and who enjoyed talking with her parents. He became part of their family when she married him. She no longer saw him as an outsider who would come between her and her parents. She felt secure enough to attempt having a child. I now understood that her wish for a baby had been tied to continuing the treatment because she needed the psychological support of being in treatment in order to get pregnant and maintain the pregnancy. She cut back on her work schedule and managed to become pregnant. Throughout the pregnancy she was closely monitored. Her doctors were amazed. She was the first person they had seen with her physical illness who was able to maintain a pregnancy long enough to give birth to a healthy baby. After the birth she shifted her work life again so that she could spend more time with her baby. Her husband took on more of the responsibility for the family. It looked like she was ready to finish treatment.

Yet her physician had encouraged her to continue doing whatever she had been doing, including her psychotherapeutic treatment. This recommendation posed a difficulty. Her life goals of marriage, motherhood and establishing her career seem to have been met. Her analytic goals of understanding her own motivation and becoming aware of her conflicts and fantasies have been adequately achieved. On these criteria, it made sense for the analysis to be terminated. The only question left was how she would deal with her physical illness. Although she had not had an episode since the second year of her analysis, she was still using medication and could become actively ill again at any time. Should we continue the analysis as a prophylactic procedure? I thought it might make sense. But she was not willing to continue to spend the time or money on it. I agreed that we could terminate; we set a date and proceeded to go through a condensed repeat of all that had happened in the analysis. Her angry feelings were reawakened, her attempt to get me into conflict with her parents and them into conflict with me came back to haunt us, she became stubborn and pushed away my attempts to help her, she invited me to see her dance and admire her, and finally she made the choice to end the analysis herself knowing that she would miss me and miss her treatment.

After termination of the five times per week analysis she settled into a twice a week schedule in which the treatment was more supportive and geared toward helping her maintain her self esteem in the face of a very difficult struggle not to repeat with her own child what her family did with her. She understood that this would take much vigilance on her part. Dynamically, the major thrust of the analysis had been on dealing with her angry feelings. When the frequency lessened this aspect of the work alternated with support for her concern for her daughter. The psychotherapy was much more oriented to parental counseling than I felt was appropriate at the time. When she wanted to go to once a week, I chose not to go along with that and we ended amicably even if not entirely to her satisfaction.

Discussion

Questions I would like to consider with regard to her treatment are:

- (1) To what extent does her psychological treatment relieve her medical illness?
- (2) Is the treatment affected by her physical symptoms?
- (3) Is it reasonable to characterize the treatment as an analysis of the neurotic symptom of work inhibition plus a supportive amelioration of the deformation of her personality by early trauma?
- (4) How would the technique of treating such a patient differ from standard traditional treatment?

The most striking aspect of the treatment of this woman was her silence in the treatment hours. Her initial ability to put her feelings and thoughts into words was so limited that in some sessions she spoke only a few sentences, some fragmented so that they were only phrases. Eventually she was able to articulate more and connect her thoughts better. Throughout the work she was a prolific dreamer. Her creativity was freed fairly early in the treatment and her willingness to attempt to associate to her dreams increased at the same time.

The patient's silence could be understood as inability to experience affect or as the inability to express the affect in words. Cardinal (1983) described her own psychoanalytic treatment as being a process of first finding the words and then exploring her feelings by means of the words. She recalled a childhood marked by longing for the love of a mother who spent all of her time tending the sick and weak, recalled how her divorced mother had cared for the grave of an older daughter who had died before she was a year old, and how her mother had used her as a screen against men. Most important, she recalled her feelings of disgust and fear at her own bodily processes, especially her menstrual blood. Thus, the analysis had led to an hypothesis that her symptom of excessive and unpredictable menstrual flow was relieved by replacing the flow of blood with words that allowed her to access to her affects, memories, fears and moral strictures.

Another way of seeing Liala's treatment, a patient with a chronic physical disease, is to see both the inhibition of creativity and the inhibition of speaking in the analysis as aspects of the same problem. In this model, as characterized by Arlow, (1969) one would look for the unconscious fantasy that requires inhibition as a defense. For this patient, the unconscious fantasy was that she was not worth looking at. She had nothing to show. She was not worth listening to, she had nothing to say. This fantasy involved masochistic submission to her parents in order to win their love and protection. She could not tolerate not needing their protection and love because she was so fearful of her rage at them for various forms of abuse she had suffered from them as a child, rage she had dared not express.

Does theory merely add a layer of words to treatment which do not change the essential technique? Does seeing this patient's treatment in one theoretical frame or another make a difference? In this regard we can consult patients. One former patient (Gunn, 2003) believed that he had achieved the goal of success in his academic career. But he had not settled into a relationship with a woman he could love. Although he had forced the ending of his analysis by choosing to go on a sabbatical, his poignant awareness that he had not finished the work and that it

was still producing further riddles seems to have haunted him so that he could only finish by writing about the last month of his analysis:

The less time I had, the stronger my desire to hold solutions in my hand as I approached the gates of sleep each night ... Yes, I did want to turn my dream life into narrative to have a satisfying ending, kine into corn into years, worms into cows into goats. And if the narrative had a moral twist, or an allegorical turn, then so much the better. Oh, I wanted it all right and I sometimes almost got it. But in the end there was no end; the more powerful my own interpretations – and as for the Sargeant's, forget it! – the more the dreams just generated further new stories. (P.37).

Lucy Daniels (2002) turned to a similar choice, writing, to deal with perhaps premature ending of her own analysis. She had achieved her most important goal; she had found her own voice as a female writer. Her analysis ended a lifelong illness so that she was at last able to act and feel like an adult who did not need permission to feel her own feelings.

How would my patient have evaluated her own treatment? Because she is closely related to a friend who had actually recommended her to me, I did not feel comfortable asking her to read my report of her treatment. I was inspired to write about her when I heard from that friend that her parents credited the analysis with

saving her life. Her doctor also contacted me and said essentially the same thing. He believed that her close adherence to the dietary restrictions and medical regimen and her willingness to change her career to a less physically taxing one were due to her analysis. I thought that the compliance had been achieved as a result of her de-idealization of her parents, her consequent diminution of need to achieve in her career what she imagined to be the physical perfection they wanted of her and her understanding that she was valuable even if she was not getting applause from an audience. The narcissistic repair was mostly due, I think, to the combination of her belief that my constant presence and attention meant that I valued her, the trust engendered by that constancy, and the willingness to hear interpretations that came from that trust. The interpretations themselves had value for her because they made it possible for her to construct a view of her own life that she experienced as authentic. Her gratitude to me and to her parents replaced the former envy of her mother as expressed in the dream about the map.

Was the treatment ideal? Would I do anything differently now? The major regret I have about the treatment is that I insisted on ending it totally. I thought at the time that a successful analysis ended with the patient in no need of further treatment. She would have wanted to continue with a once a week psychotherapy and I was still too much in the thrall of my idealization of psychoanalytic treatment

to see that what she wanted was what she needed. Given the chance to do it over, I would have agreed to that. Perhaps in the end, the reason I did not contact her to respond to the question of how she thought about her treatment now was a consequence of my belief that I made a wrong decision at the end of the treatment. Perhaps I would have done better to continue at any pace she wanted. This is something that neither of us can ever really know unless I get up the courage to contact her.

Chapter 5

Watt – A Case of Sexual (Dis-) Orientation

Introduction

This paper discusses the six-year psychoanalysis of Watt, who was in doubt as to whether he was gay or straight, and hoped that analysis would provide the answer. He thought at first that I would see through to the truth of his inner nature much as a radiologist might see through the body to bone. Of course I had no idea whether Watt was gay or straight—how could I know?--and I wondered why he thought I should, and why he didn't know himself.

In a recent paper Arnold Goldberg takes up a question that seemed at least partly to animate Watt's anxiety, and that was the question of whether or not

homosexuality is a pathology (Goldberg 2001). Goldberg argues that as psychoanalysts we can't possibly offer a simple answer because for some of our analysands homosexuality may be pathological, for others it may be the expression of a healthy and vigorous self, for others it may be first one and then the other. Richard Isay believes that homosexuality is genetic, and either neurotic, if the father responds with hostility to his small son's erotized affection, or salutary, if the father responds lovingly (Isay 1989). For Kohut homosexuality represents the sexualization of a structural deficit, by which he means that if a boy's phase-appropriate desire to merge with his spiritually idealized father is traumatically frustrated, he might attempt to achieve the thwarted relation by merging sexually with a physically idealized homosexual lover, (Kohut, 1971). Goldberg thinks that at least some defensive and neurotic homosexualities may become structurally compensatory and thus serve the cohesiveness of the self--if the subject's longing for the original idealized object can be reanimated in the therapeutic relation and the idealized object eventually de-idealized and transmuted into psychic structure (Goldberg 1995). Goldberg argues that both hetero- and homosexualities are capable of being salutary or perverse, and bases the distinction on the use sexuality plays in the constitution of any given self: if driven, compulsive and functioning principally to keep the self from falling apart, sexuality in

whatever of its forms is perverse; if the expression of a vigorous and cohesive self, its normative. Finally, recent research especially on the sexuality of women suggests that our familiar essentialist notions of bedrock sexual identity, the conviction that people are either fish or fowl--gay or straight--may be deeply flawed (Baumeister, 2000). These studies indicate rather that sexuality may be a fluid and variable response of the self to its position in a potentially changing psychological universe. One may have different orientations at different times of life.

Watt said he hoped he was straight because he wanted to have a conventional married life and wanted especially to be a father, but he felt he'd have no problem being gay if it turned out that he was, as he indeed thought more likely. The problem was being stuck in the middle and living as it were in an equal-opportunity hetero- and homosexual closet. He had one brief homosexual fling as a teenager and one fairly long-term heterosexual relation as an adult in his mid-twenties. He enjoyed both forms of sexual expression, but both relations ended unhappily. The faithless boy left him, and he broke-up with the cloyingly needy young woman. His sexual fantasies and dreams were generally homoerotic, which was why he imagined he was gay, but for all that he wasn't sure.

Before coming to me Watt consulted briefly with a gay therapist who believed he was gay, genetically and irrevocably, and that his problem was in learning to accept the hand that nature had dealt him, and with a straight therapist who felt the answer to Watt's question could be determined mathematically by assigning numerical values to his sexual fantasies and activities and coming up with a "scientific" score that would settle the issue once and for all. Watt found both of these approaches merely spiked his anxiety and hoped a third opinion might prove the charm. I told him that I had no answer: I could see that sexuality was a source of anxiety for him, but it was clear after we talked for a few hours that he was anxious about many things. He had panic attacks when he found himself in unfamiliar places, couldn't sleep at night unless the television was on, found it nearly impossible to regulate both money and food, smoked three packs of cigarettes a day, and although nearing thirty, had no serious idea what he wanted to do when he "grew up." That he didn't know how to think of himself sexually seemed merely an aspect of his overarching sense of confusion.

I told Watt I didn't know what form his sexuality might take, but that if we were to examine his thoughts and feelings in an unhurried and open-ended way, his understanding of himself might deepen considerably and bring him closer to answering his question. He thought this sounded promising, and so we began.

History

Watt's family history seemed like something out of Bonnie and Clyde. He'd never met his father, a man he thought might be a sheriff "somewhere out west," and who had left his twenty-year old wife--and Watt's two-year-old half-brother Nick--shortly before she was arrested for driving the getaway car for a new boyfriend who robbed banks. Watt spent most of the first five years of his life living with his mother's step-parents who were concerned that her wildness--not to mention the months she was in prison--were making it impossible for her to provide a proper home for her sons.

Watt's grandfather was an angry and stingy man who worked in a factory. He was obsessed with money and continually hoarding what little he had. He preferred Nick to Watt because Nick was athletic and conventionally masculine, whereas Watt had no interest in aggressive play or sports. Watt remembered his grandmother fondly as "a good mix of sweet and sour." Ordinarily submissive to her old-country husband she nevertheless repeatedly stood up to him in Watt's defense. The day the old man called Watt a "sissy boy," she told him she'd leave him if he ever said it again. Watt felt loved by her and protected, and she was able to soothe him when he was troubled.

When Watt was four his mother married for the third time, a union that produced a third son, Jessie, when Watt was eight. Like Nick's father, this husband was an alcoholic. "My mother was an asshole magnet," Watt said, as a way of accounting for the procession of drunken losers she was always either married to, planning to marry or breaking up with. His mother boasted that she never hit her sons, but Watt remembered that unlike his grandmother, she never protected him or his brothers either. He was thus often cruelly disciplined by frightening men he scarcely knew. He thought his mother weak-willed, depressed and oppressively needy.

In school he did well until the fifth grade when his mother moved them unexpectedly to an especially unwelcoming neighborhood. Watt had difficulty making friends at the new school, found the lessons boring, and began to cut classes. He didn't like being teased about being fat. By eighth grade he was cutting all the time. While his mother was at work he'd practice the guitar and watch cooking shows on t.v. They lived in a studio apartment, and his mother brought men home to sleep with, dividing her bed from those of her sons with sheets she hung across the room like a clothes line. Sometimes Watt would wake up and have to pee which required him to pass her and her boyfriend to get to the

bathroom. Then he ate candy and cookies he hid under his bed to distract him from the things that were always going bump in the night. He never slept well.

At sixteen Watt dropped out of school, eventually earning a diploma by taking the GED exam. When he was 18 he found a job with a company that owned tour boats that cruised the city's shoreline. The owners, a married couple, took Watt under their wing and soon recognized his potential. After he worked as a deck hand and maintenance man, they trained him to become a captain. He passed the licensing exam and was extremely successful in his new role, although the daunting task of piloting a large vessel filled with tourists through a maze of power and sailboats led to his first panic attacks. He also got a job as a houseman for a professional couple with two young children. These people virtually adopted Watt and provided him with his first experience of secure family life as well as access to a world of art and culture he'd never dreamed existed.

I. During his first hour on the couch Watt reported a dream. He looked in the mirror and discovered to his astonishment and joy that all of his hair had grown back. (Though still in his twenties Watt was completely bald.) He wondered what it meant. I said I thought the dream contained his hope for the analysis, namely, that something lost from his head—from his mind--would be restored, that he would

begin to grow again emotionally. “Cool!” he said, clearly pleased. The dream made me feel hopeful as well, because I saw it as tantamount to an oracle, an announcement not from the gods but from Watt’s unconscious that he believed the analytic path we were embarking on would take him where he wanted to go. Such hope is of enormous significance in analysis as it is developmentally. The patient like the child must feel that however overwhelming life might seem, he will grow and ultimately prevail.¹ Watt also reported that on the previous evening he rented the Andy Warhol film *Flesh*. He said he wanted to see it because he was turned-on by the beautiful hero, Joey Delsandro, which proved he must be gay. I asked him which part of the movie he liked best. “The scene where Delsandro is naked on the floor holding his infant son,” Watt said. “He’s very tender and plays with him as he feeds him. That’s my favorite.” I said it was interesting that the scene he liked best was about a father lovingly nurturing his little boy, precisely the sort of

¹Usually it’s the therapist’s job to keep hope alive over the course of treatment, especially when the patient finds it difficult if not impossible to do so, although the very fact that the patient shows up and pays for treatment gives the lie to even his most despairing pronouncements--because of course if he believed things were completely hopeless, he wouldn’t keep trying. When patients really feel hope within a treatment is dead, they sometimes attempt suicide. Interestingly, at times when I feel I have gotten caught up in a despairing patient’s despair and have begun to feel indeed that the work might be pointless, it is invariably the patient who pulls me out of the depths and lets me know that what we are doing is indeed

experience he'd so painfully missed growing up. Watt was surprised; it would never have occurred to him to think of it that way.

His fixing on the image of the beautiful father playing with his child strengthened my assumption that the analysis would reanimate Watt's longing for a tender and nurturing father who would want to touch him emotionally and who wouldn't be afraid to let his own feelings show—Delsandro's nakedness—and who would lovingly teach him to be a man. The physical perfection of the movie star brought to mind Kohut's idea of the moral perfection Watt longed to experience in a father who would provide an antidote to his confining emotional attachment to his weak, depressed and depreciated mother (Kohut, 1991). I thought Watt's confusion about whether he was gay or straight probably spoke to his question as to whether he would be doomed to experience himself as depressed—which by his lights meant like a woman, like his mother; or whether he could come to feel energetic and competent—which for him meant like a man.

On the surface Watt was open, friendly and at ease, but beneath this veneer there was something in his manner both guarded and opaque. He seemed to trust, but trusted no one. Indeed it became clear before long that he assumed as a matter

a source—however faint—of light in a life of otherwise near total darkness. This always rekindles my ability to hope, and we shoulder on.

of course I would soon want to be rid of him. He was, after all, a low-fee patient, and although I might need to use him for a while in the service of my training, I'd kick him out the first moment I could, or the first moment he pissed me off. He'd been a "charity case" all his life, relying like Blanche Dubois (in A Streetcar Named Desire) on "the kindness of strangers." But such kindness had strings attached. Strangers always expected something in return. The question for Watt was what did I want? He was sure that if he didn't come up with whatever it was pretty quickly, he'd find himself on the street. He had dreams of fellating powerful men, never with his own pleasure as motive, but rather in an effort to placate and control them. He believed these dreams proved he was homosexual, but to me they seemed to have little to do with sex. What they suggested rather was the sexualization of his need to internalize the strength of a father and his view that masochistic submissiveness was the only way he might do so. That such fantasies occurred most often during breaks in our schedule or after small derailments in our rapport indicated that his longing to connect with a strong father figure functioned crucially to ward off anxiety and depressive affect.

From the outset Watt found the Basic Rule of free association terrifying. He didn't want to say what came to mind; he wanted to tell me what I wanted to hear. He assumed this was that he was straight because he assumed I was straight, and

he soon began talking about his attraction to various female television and movie stars. Then he began seeing and sleeping with his former girlfriend, Carla. After a while he reported a disturbing “Freudian” dream in which he and Carla were having sex until Carla began to morph into his mother. Watt woke up in horror. “I guess you’ll say the dream is about my sick oedipus complex,” he said. But I said nothing, so he went on. “After we have sex Carla always wants to talk about her problems, and I mean for hours. And she expects me to give her advice. Like I have any! I just want to go to sleep.” I said, “it sounds like your dream came true.” He didn’t follow. “Carla turned into a depressed woman who wanted you to solve her problems, just like your mother. No wonder you worry about getting involved with women.” He was surprised. He never thought he rejected women: only that they rejected him because he was fat, bald and had a too-small penis. But maybe it was true that he worried women were finally all like his mother. He remembered reading Portnoy’s Complaint. Portnoy told his shrink he could never escape his mother, that as a child he’d leave her in the morning only to discover she somehow managed to transform herself into his teacher so that she could give him grief all day before flying home on her broomstick to bust his balls all night. Now that he thought of it, Carla was always needy and depressed and did seem a lot like his mother. Even the woman in whose home he worked, a woman who was cultivated,

energetic and rich—in short everything his mother wasn't—became completely unhinged whenever a drain backed up or a fuse shorted out. Maybe it wasn't so surprising that he longed for the company of strong competent men.

After eighteen months he broke up with Carla and didn't attempt to date other women for a very long time. Nor did he get any closer to me.

II. He got very upset on a Saturday morning two years into the analysis because the next day was Father's Day, and he alone among his friends had no plans. He said he had a giant black hole where all the Dad stuff was supposed to be. He didn't want to be with his friends on Father's Day, and he didn't want to be alone. It would be a nice day to be dead, especially inasmuch as he imagined I would be having a great time with my children. The Monday after Father's Day he didn't show up, explaining on Tuesday it was because his alarm clock failed to go off, the usual explanation for missed morning sessions. I said I thought his alarm was working, but that it was an internal alarm that directed him to sleep through the session so that he wouldn't have to feel bad again about not having a father. He was surprised; he'd completely forgotten that we'd talked about Father's Day. He didn't like thinking that things like the alarm clock not working happened to him because of feelings. It was better to think such things were beyond his control. I

made it sound like he was entirely clueless, the last to know what he was actually up to. He thought analysis was supposed to make him feel better, but it was making him feel worse. What was the point of dredging up awful feelings from the past when there wasn't a damn thing he could do about them? Becoming angry frightened him, and he quickly retreated to his default position of bland friendliness. Nonetheless, a cat had been let out of the bag.

The following Christmas I was to be away for two weeks. Watt insisted that a break from the analysis would be a relief as it would allow him to sleep in and relieve him of the burden of coming up with things to say. A week later he called me at the resort where I was vacationing to report that he'd tripped while descending a flight of stairs and broken both his arms. We came to think of this fall as his "Freudian slip," that which gave the lie to his claim of self sufficiency and dramatized his sense of falling apart when our schedule was interrupted. His inability to acknowledge how "dis-armed" he felt when I left had manifested itself entirely literally, as if to prove (the French psychoanalyst Jacques) Lacan's maxim that what is suppressed in the "Symbolic Order" of language returns in the "Real" register of traumatic action (Lacan, 1977). Willynilly, as we came to see, he had fallen down the rabbit hole of the transference--(that is, of the therapeutic relation constituted to evoke feelings based on his earliest thwarted longings)--and into the

wonderland of analysis in which the feelings he had tried so hard to keep as it were at arms length increasingly forced their way into his actions and then into his consciousness.

After the casts were taken off Watt required extensive physical therapy to regain the use of his hands and arms. He loved physical therapy because he adored his physical therapist, Marie. Being with her made Watt think of a baby's interactions with a perfectly responsive mother. The feeling of being touched, manipulated and for a while even fed reminded him of Joey Del Sandro's baby in Flesh. Suddenly he was himself the envied baby experiencing a sort of polymorphously perverse pleasure in response to Marie's hands, voice and smile. She was patient, gentle and encouraging; he struggled to please her whenever they were together and exercised faithfully according to her instructions between sessions. Her competence, devotion and delight in his progress lifted his spirits, and like a schoolboy with a crush on his teacher, he found excuses to extend their time together a minute here, two minutes there. He couldn't believe how lively, intelligent and funny she was and that she liked his favorite movies and bands. As the weeks passed he found himself also noticing how attractive she was and wondering if she might not have more than a purely professional interest in him

too, especially after she showed up one night at the bar where his band was playing to hear him sing.

Marie reminded him of Mike, who had been Watt's best friend and roommate for four years while Mike was in graduate school. Mike worked summers with Watt on the boats and was his inspiration. He encouraged Watt to lose weight, work out, stop smoking and think seriously about his education and future. Watt did all of these with increasing enthusiasm, until one day out of the blue Mike announced he was moving out of their apartment so that he could live with his new girlfriend. Watt was devastated: he admired Mike, indeed he imagined he was in love with him, and then Mike had just split. Watt gained back all the weight he'd lost, went back to smoking three packs a day and quit the health club where he and Mike exercised together. These memories frightened him, because he worried Marie might tell him that she, too, had someone else. As indeed she did once Watt found the courage to ask her out. He was heartbroken and again he crashed, losing interest in the exercises he was doing to strengthen his arms and shoulders and the diet he had undertaken to make himself more attractive to her. Bad as he felt, however, he was encouraged to think that his attraction to Marie was real, unlike any sexual longings he had ever felt for a woman. Indeed, in contrast to his relation with Carla, which in its most recent incarnation seemed

largely staged for my benefit, Watt had clearly loved Marie and lost, his intense sexual feelings arising out of his admiration, as had his love for Mike.

Watt almost never reported having sexual thoughts or fantasies directly involving me. After breaks in our schedule, however, he often dreamed the familiar dreams of fellating older men, which I thought pointed to his disillusionment with me for abandoning him and his regressive wish for enlivening contact with father figures to ward off his anger, loneliness and depression. Again he worried that such dreams meant that he was homosexual, but again, I was convinced only that they spoke to his need to manage his disappointment. The fact that Watt's dreams weren't accompanied by feelings of arousal lent support I felt to my hunch that their manifest sexual content wasn't where their chief significance lay. Interestingly, Watt's homosexual fantasies and dreams were exclusively directed toward heterosexual men. Homosexual men in his eyes were tainted with effeminacy: he saw them essentially as women who needed from men exactly what he needed and were thus incapable of providing him with what he lacked. As a result he found it impossible to desire them.

This phase of work on the idealized figures who lifted Watt up before failing him and causing him to crash began to make sense of his fear of flying. Merely thinking he might have to travel somewhere in a plane was sometimes enough to

bring on a panic attack, and he practically had to put himself in an alcoholic stupor before actually boarding a flight. He realized that flying meant putting himself in the hands of a stranger he didn't know but had to trust with his life, which of course he found impossible. Ordinarily not-trusting wasn't a problem because he was good at looking trusting when the situation called for it. But with flying the issue wasn't about convincing the pilot that he trusted him, it was about convincing himself.

He realized his idealizations of people were often partial or even wholly disingenuous, yet he was finding it increasingly difficult to resist his growing longing to trust me as he had Mike. He began watching sports. He'd never been interested in them, but because he knew I was he began taking note of the scores and finding ways to tell me he was keeping up. Then he began watching games on television and would ask me questions about rules, strategy and players as he headed for the door or before he settled himself on the couch. I enjoyed answering his questions and found myself imagining that it would be fun to take him to a ball game, or teach him to throw and catch properly, as my dad had taught me and as I'd enjoyed teaching my children. Of course I'd very much liked Watt from the first, but it was curious to find myself thinking of him with the particular affection of a father for a perhaps latency age son. What was going on? (The psychoanalyst

D.W.) Winnicott talks about how important it is for parents to allow the child to place them where the child needs them to be (Winnicott, 1971), and I think what put me in this place-of-the-father was Watt's touching expression of his forever thwarted yearning to share with and perhaps in some sense to be "just like" me. There was a quality he conveyed in these exchanges that was subtly but compellingly different from his ordinary friendliness, a quality of vulnerability and hope beneath the casual surface.

I seldom chose to interpret these moments, because I didn't want to make him feel self-conscious, and I knew he was using the margins of the sessions in part to escape such scrutiny. I was also confident that we'd have plenty of time to frame things down the road. At some point, however, I did say I thought that in these liminal moments "before" and "after" our sessions as it were we were enacting something together, and that something was an expression of his longing to connect with me as he had never been able to connect with his father and my reciprocal longing to be such a father.

Watt felt so happy and excited about the way we were connecting that he worried there was something "wrong" with it. To bring himself down from the unfamiliar and somewhat dizzying "high," he decided he was simply trying to manipulate and control me by talking about things I'd be sure to find more

diverting than his pathetic life. Maybe we were just using one another this way? Maybe it was all a kind of blow job? It was clear, however, as we discussed his anxieties that what was going on wasn't a blow job. Indeed, during this period Watt rarely had fantasies of fellating powerful men, and I began to think his questions about sports represented a transformation and de-sexualization of his wish for carnal knowledge of an idealizable male figure and a rekindling of his earliest wish for knowledge of his father's essential masculinity.

Watt began to feel more and more secure. His nightly bingeing on cookies became limited to the aftermath of specific disappointments rather than functioning as an automatic mechanism for making it through the night. He began to sleep better and to find effective ways to manage his time and money. Perhaps most importantly he became increasingly able to experience and talk about what he thought were unacceptable affects. He no longer slept through his alarm clock when he was upset about something that was happening between us; rather he would dream of oversleeping but come in and tell me the dream which made it possible for him to talk about the feelings that gave rise to the dream rather than splitting these feelings off.

A major breakthrough occurred after Watt saw a movie in which a prison guard helps a prisoner to write his life story by providing him with paper and pens

although doing so is forbidden. The prisoner, a brutal murderer, is transformed by writing about his life and knowing the guard will read what he writes. Watt was struck by the analogy of the movie to the analysis. The prisoner who makes a story of his life comes to see his experience--including his crimes--as effects of the violence that was done to him rather than as evidence that he is an inhuman monster--as he's always believed. Everything turns for the prisoner on the fact that the guard takes an interest in his life--past and future as well as the interminable-seeming present. Watt thought that telling me about his life not only gave it a shape it never had, but somehow and for the first time made it seem his own. The fact that I wanted to know and that I remembered what he told me helped him find words for what he'd lived through; and he could see that the words were producing a story--a history--that was his but also ours and made him feel more connected to me. What he had suffered could never be undone, but that his suffering for the first time had meaning and an enduring form in and through time changed everything. He felt he'd found a new voice. His sense that I was watching over him and remembering him made him feel held and held together, and his sense that I was able to accept him--indeed to like him even when he wasn't playing a role made him feel he might begin to like himself.

His sense of coherence in time past and present carried with it a new sense of hope for the future. He decided he wanted to go to college and get his degree so that he could become a therapist and work with children. To date his only plan had been for his little bar band to be discovered and signed by a major recording label. Writing songs was especially important to him because he felt he could only express real feelings in his music. As he was able increasingly to face and share his feelings in the analysis the rock star fantasy began to fade. He continued to write songs, but his daydreams of being adored by countless women who would dig him because he was famous started to strike him as adolescent. He thought if he could play music with and for his friends he'd probably be happy. Grandiose fantasies, however, tend not to go gently into any good night so occasionally he'd imagine opening for Bruce Springsteen in Madison Square Garden, destined for stardom after all. Then he'd laugh and say, "naahhh!" which made me think of Kohut's description of humor as a "transformation of narcissism," (Kohut, 1978).

The thought that he might become a child therapist became more real to Watt and more exciting every day. His chief responsibility in the household where he worked was child care, which he loved. He was friend and confidant not only to his own two charges but to many of their friends and even friends of their friends who came to talk to him because they'd heard he was someone who could

comfort and help a kid in trouble. He was encouraged to think his suffering might not have been entirely in vain. It seemed clearly the link connecting him to suffering children.

The major work of this long middle phase--years three through five--of the analysis continued to center around the question of Watt's willingness to experience rather than to split-off his affects: importantly his rage, but also his feelings of longing and love. His characterological defense in the face of powerful feelings had been to suppress them as much as he could by eating, smoking and buying himself presents he couldn't afford. Then he'd berate himself for being weak and disgusting, someone no one would want to be around. Everything, he said, was his own damn fault. I said that blaming himself in this way was useful in that it transformed what he couldn't help--the traumatic disappointments he'd suffered in childhood--into things he could. Rather than experience the full impact of his rage and depression over his father's forsaking him and his mother's inadequacy he protected himself by imagining they hadn't failed him, he'd failed them, and if he'd only change, the support he'd been denied would somehow still be forthcoming.

His approach with me was the same. He wouldn't let himself see that he felt hurt or angry when I disappointed him; he simply announce that he was furious

with himself for some sin of indulgence or sloth for which he deserved whipping. Invariably it was possible to link these sins to some recent failure of mine that he barely remembered or considered irrelevant to his distress, like my being late for a session, or failing to remember the name of one of his friends. Nonetheless for a long time he refused to believe he was mad at me; he was mad at himself and not because of anything I'd done, but because he was weak. He would say he was feeling better because he was sticking to his diet and smoking less, or feeling worse because he was not sticking to his diet and smoking more; and I would say I thought his varying ability to stay with his diet or not to smoke had everything to do with his feeling that he could rely on me and that we were connected, or that he couldn't and we were not. Back and forth we'd go, Watt editing me out of his script, me writing my part back in. Eventually he came to see that his various excesses represented his efforts to self-medicate when he was in pain. Still, it terrified him to think he could be so dependent and needy, and he worried that when I realized the truth I'd leave him.

He didn't mind telling me that he was angry with his mother or his bosses. They depended on him too much to forsake him, but he was terrified to be angry with me. His mother could tolerate his hostility because she was so cow-like and out of it she scarcely noticed he was upset even when he was trying to tell her off,

and because even when she did “get it” and tried to retaliate, she could never stay angry long. His father, however, was a different story. The way Watt understood his incomprehensible absence was to think he'd known from the first that Watt's emotions were unendurably oppressive. Certain that I would see the wisdom of his father's point of view and abandon him myself, Watt sought to be as agreeable with me as he possibly could. He was thus relentlessly “pleasant.” He'd repeat Jay Leno's opening monologue from the previous evening's Tonight Show hoping I'd laugh, or lay out the intricate plot of a movie he'd seen on video because he knew I liked movies and hoped I'd be interested. But in contrast to my always-engaged reaction to his questions about sports, I often found myself bored with his defensive presentation of such material and listening with a sense of dutiful politeness, angry at my inability to do anything other than mirror his “false self” blandness with my own version of the same thing. For a while I was as caught up as he in the grip of such enactments which required each of us to be entirely too “nice” to the other. Eventually I'd find myself ready to scream which would force me to shake things up by making an interpretation. I'd say that in being so “pleasant” with one another we were colluding to keep strong feelings out of the room, thereby confirming his conviction that neither of us could tolerate them.

Such interpretations gradually allayed his anxiety and, evidently, mine, and we'd begin again to move ahead.

III. As we increasingly understood the manner in which Watt tried to split-off painful affects with various forms of misbehavior, he began dreaming of horrible beasts on rampages destroying everything in their path. I said the beasts were his feelings and he said no, they were just dream junk, nonsense, but after a while he could see that the dreams followed sessions that upset him as those preceding his misbehavior did, and that they were offering us a vision of angry emotions he'd not known how to acknowledge. He bought himself a copy of Maurice Sendak's *Where the Wild Things Are* to celebrate his evolving willingness to tolerate the idea that the wild things were in his heart.

On a day when I announced I needed to be away unexpectedly the following week, he couldn't conceal his rage from either of us. "Don't I matter at all?" he fumed. "Couldn't you have given me more notice? This is really going to fuck me up!" I said I was glad he was able to let me see how betrayed and angry he felt. The next day, however, he missed his session because he had so frightening a panic attack he drove himself to a hospital emergency room, convinced he was having a coronary and was about to die. I said the "heart attack" was an apt

metaphor for his feeling that because he had attacked me, I would banish him from the analysis, and he would die of heartbreak. He remembered insisting he felt nothing when I announced my Christmas vacation but then fell and broke his arms. His expression of rage--and more importantly our coming to terms with the panic it inspired in him--seemed a crucial breakthrough to us both. From totally denying he had negative feelings he had come to agreeing that feelings of rage and depression were concealed in various of his actions and dreams, and finally to experiencing feelings of rage and depression directly.

Watt also found he was able to express loving feelings. He began talking about how much he wanted to be special to me, indeed, how much he wanted to belong to me. Both of the couples he worked for insisted he consider himself "one of the family," but he knew he wasn't. He remembered the Uncle Remus tale in which Brer Rabbit gets caught in Brer Fox's tar baby and to escape begs Brer Fox not to throw him in the briar patch, which he pretends is the place he most fears. Brer Fox falls for the trick and sets Brer Rabbit loose in the briar patch where of course he immediately escapes, because the briar patch is his home. Watt said my office felt like the briar patch to him, and he wished it really was his home, his room, because if it was, I could never send him away. Kids in "regular" families have rooms they get sent to when they are bad, but they are never sent "away."

He'd never had a room of his own and had always been sent away, but if the office were his room, it wouldn't matter how bad he was or how mad I got because we'd just talk about it next time in the briar patch office that was his room.

IV. As the fourth year ended he began to feel that he finally had what he needed to grow up. He remembered his grandmother and recalled being safe as a small boy huddled under the bridge of her legs when she rested them on the ottoman in front of her chair. His sexual fantasies about felling physically strong men had all but disappeared, replaced now by a longing to incorporate what he saw as my moral strength into himself. He began to stand up to his bosses over matters of conscience, although he feared doing so would get him fired. At the boats he witnessed a near-disaster when a crewmember came to work drunk and carelessly left a hatch open on deck through which a small boy fell. Luck saved the child from serious injury or even death, but the boss, more worried about being short of help during the brief high season than the safety of his passengers, let the man off with a warning. Watt told the boss he'd quit on the spot if the deckhand was allowed to work even one more day. The boss fired the man and thanked Watt for bringing him to his senses. After this Watt told his other employers that they were copping-out on their children by too often expecting him to discipline them. Again

his stance met with gratitude rather than hostility. When Watt's troubled 19 year old nephew asked if he could stay with him over the summer and work on the boats, Watt took him in and got him a job because the boy promised to get himself together. But he was soon busted for smoking pot at work, and Watt caught him stealing money from his wallet and prescription drugs from his medicine cabinet. When it was clear that giving his nephew second chances was only enabling his misbehavior, Watt told him to leave and despite the boy's pleading, stood his ground. It was painful to say no, but Watt was proud of himself for sticking to his guns. He felt he always compromised his integrity to maintain relations, but now he thought relations were only worth maintaining if they allowed him to keep faith with himself.

He remembered the story of "Pinocchio," one of his favorites as a child. It was funny to think of the little wooden marionette's metamorphosis into a flesh and blood "real" boy. Watt was always too fleshy and soft, yet now it seemed he too was metamorphosing into a real boy—a real man—with a solid backbone. The masculinity he'd dreamed he could only take into himself homo-sexually and temporarily from a strong man was something he now felt had become a permanent part of himself.

After a long period of failed efforts at dating, each against a terrible gradient of anxiety that he would be rejected, he began to date a woman he really liked, a new hire at the boats. She seemed energetic and kind and made it clear she was attracted to him. He could see that the relation would soon become sexual, and worried about having to expose his naked body to her and perform in the role of a lover. What if she found him repellant or anxiety wilted his erection? What if she thought he wasn't any good in bed? He decided to get himself a prescription for Viagra--which it was soon clear he didn't need--while we discussed his anxieties. The idea that he was "performing" for his girlfriend led to talk about whether lovemaking was something he was doing for her or something he was finally doing with her but because it was what he wanted himself. As the relation to her grew in importance, Watt realized that what had kept him from connecting with women wasn't that they found him unattractive as he'd always imagined, but that he was afraid of being subjected to the neediness and depression he believed they all shared with his mother. Quinn, however, seemed completely different from his mother, as his physical therapist Marie had been, lively and funny and hopeful rather than depressed. But then one day Quinn's sister attempted suicide and she began to unravel. Suddenly Watt found himself in the role of her shrink as he'd been with Carla, and again it made him uncomfortable. He told Quinn he wanted

to be there for her, but that he could only be there as her boyfriend. She agreed she needed a therapist, found one, and they grew closer.

Around this time Watt had a dream he thought important. He was driving his car in an unfamiliar mountain region. The weather was stormy and he was worried about what might happen if he got stuck. No one else seemed to be around. On a hairpin turn one of his front tires ran slightly off the road and sent the car into a skid. He didn't feel panicky, as he was sure he would have in the past, but expertly slowed the car and then discovered that all of the equipment he needed to fix the damage was in the tool kit. He thought the dream pretty much announced his self-state: he didn't have to worry about derailments in life because he had what he needed to set things right. This made him think about terminating, an idea he'd always found impossible to contemplate but one which now seemed the next logical step. He thought he'd be able to manage it because he no longer thought it would mean the end of our relations, just their taking a new form.

V. He was happy to think of what we'd accomplished. He realized he did feel the office was his room even if it was mine, and he joked that he was planning to build a doll-sized replica of it in his apartment so that he could go there in his imagination whenever he needed me or just when he wanted to feel peaceful. But

in fact, he said, the peace was already inside him. This was why he was no longer afraid of flying. He trusted the calm in himself, because we had worked through his assumption that anyone he might rely on would fail him. I'd stayed with him despite his certainty that I wouldn't, and now he thought I was in some way permanently his. "It changes you," he said, "having someone come through with you. I'm more than I was." And this was true. He was full of hope for the future and had started college. He had a girlfriend he really liked and had promised himself he would stay with her for as long as they were good together, not out of a wish to please her, or for that matter, me. He could see that his dream of being the father he never had was going to come true. He felt he wasn't entirely free of homosexual longings, but these occurred rarely, usually when he was upset with Quinn or with me, and he didn't think they were likely to disrupt his life. He'd learned not to be afraid of his feelings, so if he was a little more inclined than the next guy to appreciate the image of a male model's washboard stomach in an ad on the side of a bus, so what? He loved Quinn's body and didn't have homosexual fantasies when they made love. He rarely had homosexual dreams, and when he did they were no more a problem to his relation to Quinn than the fleeting heterosexual attraction he felt to women he encountered on the street every day. Indeed it occurred to him that anyone in a relationship--whether homosexual or

heterosexual--was going to be attracted to other people at times, and those who were happy in their relations lived with those attractions without being undone by them. Feeling attracted to a person outside the relation but not acting on that attraction didn't mean you were living a lie, it meant you were committed. He no longer worried that he might be gay or even bi-sexual, although he thought Freud had been right to recognize such potential within us all.

We talked at some length about what our relations would be following termination. I asked what he would like them to be. He said he certainly thought of me as a friend, but that it was perhaps more important for him to think of me as his analyst. He expected we'd run into one another socially from time to time as we had on occasion through the years, and he said he looked forward to that. He also wondered if he might come to see me or if that would violate some rule. I said I would be delighted to see him any time he might wish to be seen and that the only rules were rules we made together. He wondered if he ought to come back periodically as it were for tune-ups. I said that he ought to come in if he felt like coming in, and that he ought not do so if he didn't. What if he just felt like calling to tell me what was going on in his life, he wondered. I said that would be great, but that I would think of him warmly regardless. He was pleased and said he'd certainly always be thinking of me.

He didn't often become terribly sad during this time; his focus tending to be more upbeat than mournful, perhaps because for Watt too deep a consideration of loss carried too great a threat of unendurable pain.

As we moved into the final days of the analysis he had three dreams. In the first, he saw himself with dreadlocks. This reminded him of his first dream on beginning analysis, the one in which his hair had grown back. He guessed the dreadlocks suggested both the idea of dread: he was confident about being without me, but a little anxious nonetheless; and the idea of strength: dreadlocks suggested the hair of a warrior. He wasn't afraid: he was one to be feared. Well, maybe he was both. In the second dream he found himself in an old hotel. His computer was set up in his room. With the computer he could somehow look into other rooms that housed strange and lonely souls he felt he knew and didn't know. He thought they were his family and all of the people he'd lived with and been abandoned by growing up, even forgotten aspects of himself. He said he thought the computer was his memory, and with it he could access his history and the people he'd known. He didn't need to be with them, and he didn't have to wall them off to keep the feelings they inspired in him from overwhelming him with despair and rage. The third dream was again about his car. He was driving and noticed the ashtray filling up with oil. There seemed to be a leak somewhere. He thought the

leaky ashtray meant sorrow. The car was wet as it were with tears. He said he felt sad to be leaving me, but happy because the sadness was sadness, it wasn't depression. And it meant he was growing up, so he felt sad and happy all at once.

As did I.

Thoughts and Conclusions

What conclusions can be drawn regarding the question with which this analysis began, that of Watt's sexuality? I think it was clear that his sexuality was not something he once "had" and somehow lost, and that we uncovered intact as treasure hunters might buried pirate gold. Rather his sexuality revealed itself as a developmental potential that came into being as the analysis progressed and Watt's sense of self became increasingly coherent. Could I have "answered" his question as to whether he was straight or gay at the outset, whatever I said would have been meaningless because the problem wasn't, crucially, his lack of knowledge, but rather his sense that he couldn't function in a sexual context until his self was sufficiently cohesive to allow him to manage the intense affects attendant on sexual expression. "Not knowing" was his way of trying to explain his anxiety, his near panic, over the idea of having to participate in a world of adult relations--thematized as sexual relations--given the primal scene trauma he'd been

exposed to as a child. In other words his doubt about his true sexuality was akin to his fear of flying, a means to avoid experiences that would lead him to crash and burn.

Because sexual attraction for Watt represented the erotization of idealizing feelings, and because he tended to idealize men who stood for him in the place of his absent father, his desire was predominantly homosexual, but for exclusively heterosexual men. His idealization of me during the analysis, however, wasn't accompanied by increased homosexual feelings--indeed it was drive neutralizing in the homosexual sphere--but rather by an increasing sense of masculinity and attraction to women. I didn't think his attraction to women simply a displacement of erotic feelings for me, although I did think there was an element of this in his brief relation to his physical therapist Marie, but rather a spontaneous effect of his experience of increasing self cohesion. What this suggested was that he had turned away from his heterosexual feelings not because he was essentially gay, but because they posed too great a threat to his sense of self.

As he gradually de-idealized me by coming to accept the fact that I could disappoint him at times and still be worthy of his admiring regard, and as he came to feel integral, competent and strong, his dream of being the sort of family man and father he had always longed for seemed within his grasp, and the question of

his sexual identity ceased to be in doubt. He began to express a new-found capacity for intimate relatedness, no longer seeing women as depressed and degraded, but rather as lively, capable, and self sufficient, in a word as desirable.

It remains then for us to ask whether this case suggests anything generalizable about the nature of sexuality, and if so, what? To me it seemed that Watt's sexuality was neither the product of nature nor of nurture, neither entirely an effect of his genes nor of his education, although its reasonable to think that both pushed him as they would anyone along converging or conflicting developmental lines. Instead I thought his sexuality the construction of his experience of both nature and nurture, that is, of what he made of living in the particular physical and relational worlds he alone finally occupied. In other words it was about meaning: "sexuality as textuality" in Bonnie Litowitz's fine phrase (Litowitz, 2002).

Sexuality was problematic for him because the homoerotic desire he felt clashed with what he experienced as a deep and abiding but perhaps unrealizable wish to function heterosexually. Watt was caught between two impossibilities. Heterosexuality required that he identify with a father who'd abandoned him or with his rejecting grandfather or with any of his mother's bad men. Homosexuality meant giving up his wish to be a father and accepting a vision of self and other as

in essence damaged and degraded. His homoerotic desire was symptomatic of his depleted and fragmentation-prone self and his need for self-structure. For Watt such desire was defensive and perverse, not because there was any essential reason to regard homoerotic desire this way, but rather because homoerotic desire functioned essentially to defend his self against unendurable affects. He might by these lights have made exactly the same use of heteroerotic fantasy and function but didn't because of the particular meanings heterosexual desire held for him: ie, as a source of frightening primal scene fantasies of paternal violence, maternal engulfment and the collapse of self boundaries, that is, as a source of terrifying anxiety. And again, not because heterosexuality does this inevitably and essentially, but rather because it did so for him.

If there is a lesson to be learned from this case it may be that sexuality is more problematic and complex than even we who are the heirs of Freud are inclined to think. That it might arguably be useful to think of ourselves as having "sexualities" rather than merely sexuality. We assign definitive names to sexual orientation limited by language in possibility to but a single or at most a pair of binary alternatives: we are either gay or straight, or perhaps bi- or at the very limit a-sexual. But these more or less stable signifiers contain and condense vast complexities of feeling and meaning because the valences on anyone's desire and

the pull of conflicting desires is completely individual, idiosyncratic and potentially unstable. This is to say that behind the unitary signifier that names our desire as heterosexual or homosexual or bi- or a-sexual is a vast signifying chain of cultural and personal meanings that may have essentially the relation to such names as Freud's infinitely complex dream thoughts have to the comparatively few words and images that combine and condense them in the manifest dream, just as in Freud's beautiful metaphor the mycelia become indecipherably complex beneath the single mushroom they body forth (Freud 1900). All of which is to suggest that our sexual sameness may be merely the stalking horse of our infinitely complicated sexual difference.

When analysis transformed the way Watt understood himself in the world it transformed the registry of his desire. The fact, however, that self cohesion made possible for Watt a move from homosexual fantasy to heterosexual fantasy and function doesn't mean there is anything essential or necessary about such a move or its directionality. The analytic sea-change might have been from archaic and perverse homosexuality to the homosexuality of a clarified and cohesive self, that is, from the driven, defensive and self reparative sexualizations of Watt's pre-analytic self, to the sexuality that represented the mature goals, ideals and wishes

of his nuclear self; or it might have been from the archaic and perverse use of heteroerotic desire to the nuclear self's goal of mature homosexuality; or from perverse and driven heterosexuality to heterosexuality as the expression of a vigorous self. What the analysis cured wasn't his homoerotic feelings per se, but rather the fragmentation-prone self that used sexualization as a defense against anxiety and depressive affect. The reason then that for Watt heterosexuality was the choice seems to me not to have to do with some a priori notion of what is "good" or "normative," but rather with the fact that heterosexuality offered him the best solution to the complicated problem of defining his existence in his own uniquely significant world.

We don't know exactly when and by what alchemy a self constructs its goals, ideals, and aspirations, but early in his life Watt came to have a vision of himself as a husband and especially a father, a vision that remained constant both before and after the analysis. Despair accompanied his fear that this profound inner goal might never be realized even as a profound sense of joy followed the awakening of his sense that such a future could indeed be his. The same despair and joy as we know follows the impossibility and realization of other of the nuclear self's goals, as when for instance one becomes strong enough to leave the

career that means never fulfilling an inner dream and ventures bravely forth to pursue it. Those able finally to do what they feel they were “born” to do or to live as they believe they were “born” to live feel a special sense of “at-homeness” in the world, of being where they are “supposed” to be, of being lucky, or even blessed.

This is why I don’t believe that Watt’s heterosexual resolution could be called an idiosyncratic effect of the particular intersubjective context that was his analysis with me. The achievement of self-cohesion allowed the heterosexual plan of Watt’s nuclear self to come into being but not, I think, to be rewritten or co-constructed as it were out of whole cloth. Had his analysis been conducted by a gay therapist, I believe (although I can’t of course be certain) that the results would have been the same. But again, this is not to insist that sexual orientation might never be co-constructed in an analysis, merely to say that it seemed to me not to have been in this case. The potential for sexuality is highly variable within every self as Freud taught us, and for some, sexual orientation might indeed emerge in response to the particular opportunities a given analyst’s personality might offer for “self fashioning” (Greenblatt, 1980) within the context of an analysis.

The design of the nuclear self in the sexual sphere might be for homosexuality, or heterosexuality, or perhaps bi-sexuality or asexuality, or it may

allow for the more or less fluid move from one of these positions to another, perhaps with a view toward maintaining specific sorts of relational ties regardless of sexual orientation or in despite of it across the life curve. There is no reason to think that one or another position is more “natural,” or basic or loved by god. Each--like other compromise formations perhaps--represents a given self's efforts to solve the problems that confront it as it develops, and in so doing rules various possibilities for vitalizing experience “in” while ruling others “out” as the self's cost as it were of doing business with the world. We will know more as we share with one another what our patients teach us as they labor to inscribe us within the circle of their humanity.

Afterword

Four years have passed since the analysis ended. Watt hasn't come in to see me, but he calls perhaps once or twice a year to let me know how he is, and it seems things are going well. He's about to graduate from college and go on to graduate school with his plan of becoming a child therapist intact. He's still with Quinn, and they are planning to marry soon. He asked if I'd come to the wedding, and I said I'd be greatly honored to. I called to tell him I had written this chapter

and to ask if he would read it and let me know if he would be comfortable with my publishing it. He said he would be happy to read it and after doing so told me he liked it and would be happy to see it in print. I asked if he would be willing to write his own report on the analysis, and he said he thought he would like doing so very much. His account follows.

Discovery: Watt's personal perspective on analysis

I never thought that writing about my experience of analysis would be as difficult as it proved to be. I thought that after spending so much time organizing my thoughts and emotions I would be able to turn out three or four pages of thoughts in no time. This was not the case. It was much more difficult than I thought it would be.

I have had many conversations with friends and family about my years in therapy. I have always been able to describe the experience rather easily. When I think about those conversations now, I find those descriptions to be a bit superficial. I would describe the process in terms of organizing my “internal filing cabinet” or “deleting viruses from my hard-drive”. In many ways these seem to be accurate metaphors for the desired result of therapy but they don't really cover my

personal experience of the process.

I remember having many mixed emotions when the idea of analysis was presented to me. I was intrigued and anxious. I wanted to explore my emotions and the way those emotions effected my interactions and relationships but I was very worried about the intensity and the time commitment that I perceived to be inherent in an analysis. As I look back at the anxiety I experienced I think that it was based on the fear that I would have to connect with someone on terms that were not entirely my own or expose feelings and thoughts that were better left unexposed, and not the idea of seeing someone four times a week. After all, repressing those feelings was the only way I had made through to adulthood.

I remember many images flowing through my mind when I considered starting analysis. I, as I assume most people do, acquired most of my ideas about analysis from television and films. I thought about television ad in which the therapist sneaks out of the office for a cup of coffee and a quick check of the sports page while the patient is on the couch rambling on about his problems. The therapist then returns just in time to say “time’s up”. This might seem like a silly image to bring up but it was of some importance to me. Deep down inside, I didn’t think anyone would really be interested in anything I had to say about myself.

The other image that really stood out was the relationship between Judd

Hirsch and Timothy Hutton in *Ordinary People*. I think that this relationship brought to mind the full range of hopes and fears that I had with regard to therapy. I was very afraid of unearthing some long-buried pain, which might completely disrupt my life. This was not an attractive idea, even if I was less than happy with my current life. On the other hand, I think that there was such an internal longing for the emotional connection to a father figure, like the one that was developed in the film, that I was a little overwhelmed with the possibilities of analysis.

When I began my sessions I found the environmental design of analysis to be a bit strange. I was disoriented at first by the couch, the lack of eye contact, and the disembodied voice of my therapist. I wasn't used to being so disconnected from people when I was speaking to them. I also felt that I was "under the microscope" as it were. It took quite a while to feel even remotely comfortable in the setting. I think that I was the type of person who needed to see the face of the person I was talking to in order to judge my responses to questions. I needed to be able to see if I was giving "the right answers". Throughout my life I had never told anyone what I really felt about myself. I always believed that if people knew what was really going on inside my head or more to the point, how screwed up I was, they would head for the nearest exit as soon as possible. My whole life was about not rocking the boat. So here I was in a situation where not only was I supposed to

start rocking the boat but I was supposed to trust the guy in the boat with me not to let me drown if I fell in, which I was certain that I was going to do. Needless to say, the boat rocking didn't start for a very long time.

When I finally got to the point where I felt I could talk about some of the things that happened to me in my childhood and some of the issues that brought me to the point of therapy in the first place, I used an interesting method of communication. I simply discussed all of these horrible things as though they happened to someone else. I remember talking about the fact that that was what I was doing, and trying to understand why. The simple fact was that if I had to be connected to these feelings they weren't going to see the light of day. I think that before I could connect myself to my bad feelings, I first had to connect my self to my therapist. Developing that connection seemed to happen in an odd way. The primary reason I started seeing a therapist was the need to know if I was gay or not. I had never had a homosexual relationship or encounter but I couldn't help feeling that I was "different" from other guys. I also felt very attracted to members of the same sex. So the question "am I gay?" seemed like an appropriate one to ask in therapy. Upon reflection I think it was the wrong question.

When I say that my feeling connected to my therapist came about in a strange way I mean that what started out as a way of avoiding making that

connection became the impetus for the connection itself. I think I became tired of talking about feelings and emotions. Especially when I didn't feel terribly connected to what I was talking about. I started to talk about anything but my problems. I knew that my therapist was very into basketball. I figured maybe if we talked about something that he was interested in we could forget about me for a while. I'm pretty sure he saw through this thinly veiled ruse, but we talked about basketball none the less. The remarkable thing about these conversations was that I began to learn about sports. I began to learn about sports from a man. I began to learn about sports from a man who didn't make me feel stupid or inferior for not knowing the things that I assumed every man should know. I began to not only feel that there was a place in the "mans world" for me, but that there were men in that world who would welcome me there. I think it was at this point that I really began to feel connected to my therapist and that our place together was a safe place where I could really begin to find out who I was.

Suddenly, the issue of being gay or straight was replaced by questions like "why didn't the men in my life care about me", or "why did they always make me feel like baggage?" It was through this relationship with my therapist that I began to understand that what I wanted from men was love, acceptance, and a sense of inclusion in their world. Who knew that you could learn so much about yourself by

avoiding talking about yourself?

As I write these thoughts down, I am a bit astounded by the changes in my life. I am pursuing a degree in Psychology. Going to college was not something I ever thought would be a possibility for me. I found the strength to quit an abusive work environment that I had been in for nearly twenty years. And finally, my fiancée and I are in the process of planning our wedding. I have a very hard time imagining that any of these changes would be happening if not for my experience in therapy. I can't say that I feel like a different person because of analysis, but I think it's fair to say that I feel differently about the person I am.

Chapter 6

Katie

From “Everything’s really wrong” to “I’ll be the same but forever changed”

Katie came to therapy because she felt depressed and anxious much of the time, saying “Everything’s really wrong and nothing’s really wrong. My life just isn’t going the way I want it to.” At 26, she had graduated from college and was making progress in her chosen career in the arts, but at the high price of always feeling behind, like she wasn’t doing a good enough job, like “the bottom is about to fall out of things.” She constantly felt that she was about to make the critical mistake that would show her boss, a much admired older woman, that she had

made an error in hiring her and trusting her with increasing responsibility. Her love life, meanwhile, felt like it should be simple but was really complicated and confusing. After two serious boyfriends in high school and college, she'd become involved with Nick, four years her senior. When she came to treatment, they were engaged to be married but she had the niggling sense that something just wasn't quite right between them. She noted that she sometimes found him moody and selfish, that he tended to criticize her in public in embarrassing ways and that her friends and family sometimes found him distant, a quality that they interpreted as arrogant. Nevertheless, he could be wonderful, fun and loving and they shared many interests in common. He was a successful entertainment attorney and she envisioned them as a powerful personal and professional team. Still, she found herself fantasizing about other men she would meet through work, curious about what a life with them might be like and whether they would be less demanding and selfish than Nick. Although Katie did not see it as a problem at the beginning of our work together, I also noted that she seemed to have a decreased capacity to simply play, to let loose and enjoy herself, to pursue her leisure activities with gusto. Partly this was a result of her long work hours, but it was also partly due to her tendency to feel she was spinning her wheels on the weekend, sleeping too much or simply not doing much with her free time unless it was completely and

inflexibly scheduled. Leaving room for spontaneity in her schedule seemed to almost inevitably give rise to depression and anxiety.

I recommended psychoanalysis to Katie following our initial consultation because of her long history of mild to moderate depression and anxiety, for which she did not want to take medication, and because her issues extended into multiple areas of functioning, including work, love and play. She'd previously had a twice-weekly psychodynamically-oriented psychotherapy in college that ended when she graduated and moved to another city, but she understood that the work that she had begun there was unfinished. She opted to begin twice-weekly treatment with me with a goal of progressing toward analysis "if the work went well."

Katie was the older of two sisters born to a mother who was frequently depressed and bitter about her role as a housewife and a father who was a highly successful businessman who "lived for his work." Her younger sister Cheryl, 4 years her junior, had never wanted to have a career. She had married young and started a family, something Katie felt both disdainful and jealous of simultaneously. Though she was tempted to marry Nick and "live happily ever after as Betty Crocker" she was afraid of giving up her career and work identity because "I don't know if I could ever trust him—or anyone-- that much."

Just when we were about to begin analysis, about 1 ½ years into treatment, Katie came into a session and opened with the following dream. The day before she had announced that she would be away on a big business trip on the day that we were to begin analysis, thereby delaying our start, and she prefaced the dream with the off-handed comment that the trip, beginning analysis and the dream were probably related.

"I dreamed I was at your office. I was sad that it was the end of our session, the last one before I was going away for a week. As I left, I accidentally jarred a glass table by the door. I saw the sheet of glass fall off the table as if it was falling in slow motion. I wanted to catch the edge but I couldn't move. The glass hit the ground and shattered into thousands of shards. I was afraid to look at you; I thought you would be very angry. When I finally looked up I saw that a gash on your right palm was bleeding. I felt scared and sad."

When Katie told me her dream, I found myself glancing anxiously at my right palm and then I begin to wonder, why right? I felt for a moment like the analyst in the New Yorker cartoon who, when his patient says "Good morning," thinks "I wonder what he meant by that?" But as I reflected on it, I realized that it is my custom to shake hands with Katie at the end of the session when there is to be a break in treatment and to wish her well. The handshake is a rare moment of contact—of

literal, physical connection-- in a treatment that stresses putting thoughts and feelings into words. I wondered if the gash on my hand in Katie's dream would mean that I would not or could not make the gesture of the handshake before her big business trip, a gesture that probably helps to solidify her sense of connectedness to me as we part? Katie would wind up leaving me mad and hurt instead. And perhaps it hinted at what Katie was afraid of within the analysis, that getting closer and knowing her better could be dangerous for me, resulting in hurt and anger.

These thoughts ran through my mind, but I said nothing and waited to hear what Katie will say about the dream images. She noted, laughingly breathing a sigh of relief, that I do not actually have a glass table in my office. She spoke of our impending separation, ruminating about whether she would be able to make a successful presentation at an important meeting while she was away on her business trip. She joked that she wishes I were coming with her in her suitcase, saying that she would feel more certain of her abilities if I were with her.

But having expressed this wish to carry me with her, Katie seemed surprised as she began to realize that her joke had led us right back to a topic we had been focusing on recently, her relationship with her mother during her teenage years. She recalled more solemnly that she did in fact hurt her mother as she grew up and became more independent, literally and figuratively leaving her mother behind. "She

needed me to need her," she reiterated, somewhat angrily. "She would get her most depressed, angry and withdrawn when it came time for me to leave her, like to go to camp or to college. She would always say she didn't want to get in my way, that she wanted to let go of me when the time came, but I think it was hard for her. And she made it hard on me."

"Do you think our impending separation relates somehow to the image of the shattering glass in the dream?," I ask. Katie pauses for a moment then says "My mother used to say that I was like a bull in a china shop, barreling around the house. I was too much for her, energetic and lively as a child. I guess that same energy ultimately propelled me away from her, into a career that involved my moving far from home." She looks quizzical for a moment. "And there's a story I remember that really involved broken glass." Although I am always eager to hear such stories, I find myself momentarily distracted, caught back at the idea of Katie as a bull in a china shop.

A bull in a china shop. What are the origins of this expression? I contemplate the masculinity of the bull and wonder: Did Katie's mother see her athletic daughter's vim and vigor as somehow masculine and threatening? But this question will have to wait as Katie careens off in another direction...."I don't think I've told you this, but as a toddler I broke the last of three milk glass dishes that my mother had on the coffee

table. I think they were some of the few household trinkets my mother and father could afford at that point in their marriage. My mother was particularly attached to them. I broke them in order, first the largest then the middle sized one and finally only the smallest one was left. Mom later told me that when I broke the last one, she practically threw me across the room and into my crib. I think she must have felt really guilty about it afterwards. The story seems vaguely familiar to me, though I don't know now if I actually remember it or if it seems familiar from baby pictures."

"How does it show up in baby pictures?" I ask, puzzled. "Well, there's one of me at about eighteen months, fingering the last of the three glass bowls. It was heart-shaped with tiny pearls around the edges."

I find myself wondering why Katie was allowed to play with the dish, even captured doing so in the photo as if it were cute, if her mother didn't want Katie to break it. After all, if you lead a bull into a china shop, the results are predictable.

As she tells me the first story, Katie is reminded of another glass story. In this second tale, a three-year-old Katie slips away from her parents' cocktail party, climbs up on her bed and snags a jar of petroleum jelly sitting on her dresser. The jar slips to the floor and shatters, and Katie is found sitting on the floor, surrounded by broken glass, gamely chomping on a large piece. A party guest holds Katie upside down and shakes her, attempting to dislodge any pieces of glass caught in her mouth or throat.

In the family lore, it is an episode that captures Katie's adventurous spirit and natural curiosity, yet hints that these qualities are potentially dangerous, even potentially lethal.

I decided it was time to try to tie together these themes of fragile relationships, natural curiosity and independence, and shattering glass. "We've discussed how your adventurousness and curiosity and maybe even your competence threatened to disrupt your relationship with your mother by making you not need her. She needed you to need her. If you didn't she would feel angry and hurt. It's as if the relationship itself, the bond between you and your mother, was fragile and easy to shatter. And now, you're going off on your own, without me," I reminded Katie, "on a big business trip that is the direct result of your effective efforts at work. I think you're concerned about whether I can tolerate your capabilities and your independence. I think you're concerned that one or both of us-- or maybe our relationship-- will get hurt the way I am hurt in the dream. And maybe you feel like the more intense things get in analysis, the bigger the risk to our relationship will be."

I feel certain that my interpretation has touched a nerve when Katie begins to cry. "In a way I feel like I've spent my whole life trying to make up for hurting my mother by leaving her. Maybe part of holding myself back at work has been that I want to be sure I'm not too competent and don't leave her too far behind. I guess it's

possible that I'm also worried that I'll hurt you, too, even though I get the sense that you're stronger, you don't need me to need you as much. But when I start analysis, all bets are off about how much each of us might need the other or demand from the other."

"I think you're very worried that you can't be competent and independent and also remain close and connected to your mother and to me as well. Perhaps you're worried that that conflict will intensify as our work together becomes more intense in the analysis."

"It's funny because when I was coming here today, I was tempted to buy flowers for you," Katie says, "maybe as a kind of going-away present, a way to be sure you're not really angry or hurt while I'm gone. I guess they'd be a sign that I do still need you, even though I'm going off on my own for a while. And a reminder that I still want you to want me back when I'm ready to come back and start four times a week."

"We do need to stop here for today," I say, rising from my chair to open the door for Katie. "I hope you have a good trip."

"Thanks," she says a bit shyly, looking down at my hand as I reach to open the door for her. Then we shake hands.

My session so far with Katie demonstrates some of the hallmarks of psychodynamic treatment, whether psychotherapy or analysis. She reports a dream, which we explore together in the session using the technique of free association, in which Katie tells me whatever comes to mind. I associate silently along with Katie, noticing what the images in the dream stir up in me and trying to figure out how to relate these to what I already understand about Katie and her relationship with me and others. We attempt to relate the story of the dream and its themes to the transference, that is, to the view of me and our relationship that Katie holds at the moment. In addition, we speculate about how the dream relates to Katie's relationship with her mother during early childhood. We pay special attention to areas where Katie has strong feelings, suspecting that these feeling states are important to our understanding of what Katie is saying. In short, what Katie and I are doing is what the many therapists and patients engaged in psychodynamic psychotherapy and psychoanalysis around the world are doing. But just what are we trying to accomplish and how will we know when we've accomplished it?

I believe that each of our brains contains prototypes, or models, of how relationships work that tell us what our own role is in our relationships as well as what to expect from others and how relationships will make us feel. I've seen how this map of how relationships work guides my patients' behaviors as surely as the

motor strip of the frontal lobe of the brain guides the movement of their hands. Each of our models or brain maps of the rules that govern relationships is formed through early experiences with important caregivers. This model, encoded in early life than modified and elaborated upon as the result of later developmental experience, is then repeatedly re-enacted in all of our adult relationships, including our relationship with an analyst. There is nothing special about the so-called transference to the analyst as compared to other relationships, except that it is explored in depth in psychodynamic psychotherapy and psychoanalysis. Our cortical model of how relationships work probably has important reciprocal connections to the limbic system, or emotional center of the brain, connections that are developed during childhood as we interact with early caretakers whose job it is to help us learn the tricky task of emotional self-regulation. These connections are probably important because they create an intimate link between our representations of self and other and our ability to regulate our own affective states. I believe that most people come to psychodynamic treatment suffering from both disturbances in their models of how relationships work—which Schachter has termed “habitual relationship patterns”-- as well as problems in how they regulate affective states, especially painful ones such as anxiety and depression.

The network of neurons in Katie's association cortex that encodes her map of how relationships operates is problematic precisely because it is a rigid prototype, a model that straitjackets her approach to relationships. She does not learn from new experiences with people because her relationship prototype filters all new interactions through the lens of relationships past. She is primed to look for clues in how new people relate to her that make them fit her model of how relationships are supposed to operate. If we were to define the rules for having a relationship that her cortex contained at the beginning of psychoanalysis, it might go something like this: "Other people need me to need them. If I don't, my separateness and independence is dangerous to people around me and threatens to disrupt our connection. I must be extremely careful when I go off on my own or they will end up shattered. My independence carries with it the threat of destroying important others such as my mother earlier in my life and my therapist now. I cannot be successful, powerful and independent and also warmly connected to others. Therefore, my choices are to be depressed, needy and incapable (like my mother) but connected to others or to be competent and self-sufficient yet all alone. My abilities, including my ability to be independent, are a constant threat to my fragile relationships with important others." Katie's relationship map is like an organ grinder whose monkey can only play one tune no matter what the audience requests. To me, this is the definition of neurosis.

Katie, like most people, came to psychoanalysis because she felt depressed and anxious much of the time. She was unaware that she even had a prototype of how relationships work, let alone that it kept grinding out the same tale in relationship after relationship. Nor did she know that the nature of this tale—the double bind of her inability to be both comfortably independent yet warmly connected to others was itself contributing to her feelings of anxiety and depression. Part of the task of psychoanalysis is to flesh out, in an increasingly complex way, the patterns of relating to others that are unconsciously and repetitively reenacted in relationship after relationship. With Katie, I didn't have long to wait to show her another example of her cortical map in action.

Two weeks later when she returned from her business trip, Katie began on the couch. She opened by telling me with excitement about buying a ceramic figurine for her mother while she was away: "I got it right at the beginning of the trip and carried it all around with me. In fact, I was running a little late to my presentation because I was waiting for it to be properly boxed. I made it on time, but it was close."

"What's the figurine like?," I ask.

"It's a peasant woman with a duckling at her feet. She's feeding it and the duck's head is angled upwards. After I bought it I realized that I should have gotten it

at the end of the trip so I wouldn't have to worry about it getting broken. The duck's beak is really fragile. I carried it around very carefully and got it back in one piece, but I worried about it the whole trip. My mother loved it, but I still felt really guilty that she hasn't ever been to Europe and I have. No statue could make up for that."

Katie looked guilty and began to cry.

I tried to bring her back to our last session, remarking: "Getting the figurine at the beginning of the trip sounds like a way of carrying your fragile relationship with your mother, and perhaps your easily shattered mother herself, around with you while you were gone. It sounds like buying the figurine caused you to attend all the while to the dangerousness of the trip and fragility of the figurine. And it almost made you late for that important presentation."

"I got you something fragile, too," Katie laughed, presenting me with a box that contained a tiny Limoges cigar box with a removable cigar. "It's to remind you during my analysis that sometimes a cigar is just a cigar, that you shouldn't make too much of everything I say. But it is funny that it's equally breakable as my mother's figurine and that it's also perhaps a way of appeasing you about being more independent, like the gift of flowers I contemplated getting you before you left. And now *you're* the one who'll have to worry about whether it gets broken or not, not me."

“It seems this analysis feels like a dangerous business to you already,” I said, “full of fragile figures, tenuous connections, breaking glass, and the possibility of lacerating guilt over people or relationships that get shattered beyond repair.

Katie and I were, I felt, off to the races in this analysis already, focusing on a core theme of her relationships and relating it to our own connection to one another. Through the slow and meticulous process of exploring her inner fantasies, her dreams and our relationship to one another in its complexities, Katie began to shift in subtle but important ways. Fast forward two years into analysis and Katie’s dreams and associations to them had begun to sound quite different. One session she reported the following dream from the night before:

"I go to a large club which, to my surprise, has a swimming pool. The sides of the pool are transparent; they allow you to see the legs of a person swimming underwater, to recognize who they are. I am surprised someone has spent the money to build a pool like this. I have heard it cost 2 million dollars to build. I notice a woman at one end, beckoning me into the water. I am a little frightened to jump in and wonder if the pool will crack but when I test the water with my toe, it is warm. I get in, swim toward the woman then float comfortably on my back."

I am surprised as I listen to this latest dream to find myself thinking about the very beginning of my treatment with Katie. When she first began psychotherapy, she felt

concerned about whether or not she could actually be in therapy twice a week. Would she run out of things to say, her verbalizations waning to a slow trickle? Would she be overwhelmed by feelings she had been warding off for years? She compared beginning psychotherapy to diving into water that was cold and uninviting, that took her breath away when she entered it. She didn't know whether she would sink or swim. Only when I reminded her that I was to be with her in the water, swimming alongside, did she begin to be relieved. I wondered if this dream contained a possible reference to our earlier interaction. Only this time the water into which she dove was warm and welcoming. There was also a hint of the image of glass in the transparent pool. Katie felt concerned that it might crack if she dove into the pool, perhaps reference to her prior tendency to see her assertiveness as potentially damaging to things. But this time it did not shatter, a testimony, I believe, to the greater strength and resilience of Katie's connections to me and to important other people in her life. Katie's own associations run along these lines as well, a sign that we are on the same wavelength. She comments that this time we are linked by our enjoyment of the warm water rather than by the cold, hard, fragile glass that used to represent our bond.

But psychoanalysis, despite its focus on the relationship between analyst and analysand, does not operate in a vacuum. When it goes well, the work has far-reaching implications for a patient's inner life and relationships outside the office as well. And in fact, Katie's relationships had indeed shifted significantly by this point in analysis. Her relationship with her boss had become more personal and intimate and she had progressed at work, getting several rapid promotions and gaining increasing responsibility for artistic

choices within the office. Katie was beginning to find that things between she and her boss no longer felt so tenuous; rather than the connection feeling like cold hard glass that could be shattered if not handled with extreme care, Katie had begun to feel that relationships were more like rubber bands. They could potentially be stretched to the snapping point, but there was generally more flexibility and give, more margin for error as well as more warning before things got out of hand. “I used to relate to the line in *Evita* in a song called ‘High Flying, Adored,’ in which *Evita* has climbed so far in her life and the lyric says “don’t look down, it’s a long, long way to fall.” But now I feel there’s a floor under me a work, a history there that can’t be erased by one error, even a big one. “Maybe,” Katie said, half-joking, “it’s that I don’t feel a need to be quite so high flying or so adored at work myself. I don’t need adulation in the same way and so there’s less riding on the relationship itself and less that can go wrong than there was before when my self-esteem was depending on it.

Much of the middle portion of Katie’s analysis involved a trip back to the bull in the china shop—a sifting and sorting through of what constituted aggressive and assertive traits and how they related to being masculine or feminine. Katie spent much time in treatment trying to construct a new self that would feel adequately feminine without feeling weak or too soft, female but able to be self-assertive and tough with others when the situation required it without feeling that she was turning into “a ball-buster, a bitch that no man would want to deal with.” During this period, feelings about her father’s insistence that men hated women who were “too much,” that Katie needed to be soft and agreeable, not a handful, neither too needy nor too tough were addressed repeatedly. Her mother’s

embittered, depressed perspective on what it meant to be female—that she had to put up with a husband who gave very little emotionally and had to put aside everything of interest to her in the service of being a mother—had colored Katie’s perception of what she could expect in her own relationship.

She began to see that her relationship with Nick contained familiar remnants of her parents’ relationship—with Nick “putting her in her place” when she became too cocky or independent. As Katie grew more comfortable and less constantly careful of and attentive to Nick’s every whim, he grew more jealous, more tyrannical in his attempts to control her and keep her close to him. The more confident she felt, the more likely he was to try to tear her down, to make her feel badly about herself in ways that would inhibit her personal growth and growing independence. Katie came to see that she had chosen a partner who fit her fears and fantasies about her relationship with her mother—someone who couldn’t and wouldn’t tolerate her independence yet remain close and warmly connected to her. In addition, she came to see that her father’s distance from her mother and the seeming lack of affection and partnership in their marriage had limited her own expectations about what a relationship could be. Nick, in her final analysis, was someone whose self esteem depended on always being hard—in control of himself and his emotions and unaffected by others, much like Katie’s father. Katie ended the engagement to Nick during her fourth year of analysis after postponing their wedding date several times.

Newly single, she began a self-improvement program that was seemingly an attempt to reconstruct herself both inside and out, continuing analysis and adding a personal trainer several days a week, testing out looks that were newly feminine and sexy, beginning

to pay more attention to her hair, makeup and clothes. These changes were made possible by a new inner feeling that she wasn't doing what she was doing for anyone else but for herself because of how it made her feel—in other words, it was the result of an enhancement in her own sense of self and self esteem. While our continued work on her habitual relationship patterns and representations of herself and others throughout the analysis surely played a role in Katie's improved self-esteem, undoubtedly my affection and respect for her also played a role. I believe analysis works in large part because the exploration of old, engrained patterns of behavior occurs in the context of a new, intensive and highly emotional relationship with the analyst in which the patient experiences the unconditional and positive regard of another, often for the first time in his or her life.

Within the treatment during this period, her earlier reverence for me and her sense that I “had it all and was all put together” came into question for the first time. She found herself more comfortable differentiating from me and in the process both criticizing me and feeling that there were aspects of my own self-presentation as a woman that she admired and identified with. While some patients experience long periods of intense anger with their analysts during analysis, it became clear that Katie's main expression of hostility was simply being different, imbued as it was with the sense that making her own choices about what kind of woman to be was both dangerously independent and a way of secretly criticizing aspects of me, who I was as a person, woman and romantic partner and what I had chosen for myself in my own life. For instance, Katie couldn't praise her own choice of suit without feeling an obligation to say something nice about mine to neutralize her sense of covert criticism of me, competition, and ultimately, superiority. What went for the suit

went doubly for important others in my life as she began to wonder more openly about my own romantic and sexual life, trying to imagine what kind of partner I would have chosen and what my life outside the office would be like. Yet at the same time, Katie was careful to avoid learning more about me lest she have further fodder for her growing criticisms of me and once put down a magazine in my waiting room when she realized it had an address other than my office address in case I might live in a “disappointing” neighborhood.

During our fifth year of analysis, my pregnancy and maternity leave challenged her fantasy that I would never want children in order that I never would be distracted by them from pursuing a powerful career. As I became more round and soft during the pregnancy and also revealed that I planned to return to work half-time after maternity leave, necessitating some shifts in our appointment schedule, Katie began to think that perhaps she could successfully combine aspects of being soft and hard, stereotypically feminine and masculine, into a mosaic that would work for her. But further work revealed that Katie was secretly angry about and resentful of these changes, especially the idea of being displaced by my baby, to whom she imagined I would ultimately be more attached and devoted.

As this work continued, Katie began dating a man who was himself more soft than Nick—more emotional, more overtly loving and tender, more appreciative—but who managed to be assertive and successful as a businessman also in an artistic and related field. Their relationship quickly became more serious and Katie found herself thinking for the first time that perhaps she might like to have his children after all.

Perhaps most importantly, as aspects of Katie’s work and love life became less

constricted by conflicts and as she experienced them as more fulfilling, Katie began to expand her capacity to truly play. It began when her new boyfriend Dave dared her to try to learn to play tennis with him on one of the first vacations they enjoyed together. Katie took him up on his offer, but at first she was working at playing, studying what she was supposed to be doing on the court and practicing attentively. Over time as they played together, she became more able to simply let go, get engaged in their volleys and have fun. The moments of depression and anxiety she experienced in the past in “down” time also seemed to evaporate as she was more comfortable simply hanging out in the park reading the paper or getting on her bike and riding to places around New York City with Dave. We agreed, as it became clear that “spinning her wheels” all weekend was rapidly being replaced by lazy Sundays of dim sum and bike rides, that Katie was ready to stop analysis.

It was in the context of our discussions of termination (that final-sounding analytic term for ending treatment), approximately 3 months before treatment ended, that I approached Katie about the possibility of participating in this book project with me. She was at once delighted, apprehensive about whether she could do a good job, eager to have an excuse to work with me in a different setting and able to explore the question of whether my offer was appropriate, somehow exploitative of her and our work together or unnecessarily revealing details of her treatment to the world. While she initially jumped at the chance and agreed, I urged Katie to let the idea percolate and let us explore it together. We focused especially on what it would mean about contact with one another after termination. Throughout the treatment Katie had sent me postcards during her travels and had generously brought me small gifts, the meanings of which we always investigated.

She had said she planned to keep me apprised of her life after analysis, perhaps by returning at times to fill me in on what was happening and perhaps by dropping me a note—or a wedding invitation! While like many patients Katie seemingly longed for post-termination contact (“Couldn’t we just have coffee or a drink and you could talk about you for a change?”), by the end of the analysis she had also come to appreciate that our relationship was unique and she desired to keep some of the reasons for its uniqueness—including my relative neutrality and lack of involvement in her day to day life outside my office—intact. “I might want to come back to work on something and if we’d totally shifted to a different mode, I might have lost an analyst even though I’d gained a friend.” After much discussion of how contributing to this book fit into our analytic and post-termination relationship, Katie continued to agree. She liked the fact that it would mean I definitely kept her in the front of my mind once we ended and she liked the fact that ultimately I thought the work was important enough to want others to understand how it unfolded and what made it valuable. Doing the project together was a way of both documenting our work together and thinking about its importance to each of us. While she understood that asking her whether she would like to participate was an atypical thing for an analyst to do, Katie was pleased that I took my work seriously enough to want to convey its essence to others. We agreed I would not send my write-up to Katie for several months after treatment ended, during which time she was certainly free to change her mind about participating and that we would meet once she had read what I had written and I had read her contribution to discuss the impact of the writing and of this shift in our relationship.

The night before analysis ended, Katie dreamed that she and I were alone on a

terrace of an apartment building watching a sunset together. She proposed a toast to the sunset and we clinked our tiny liqueur glasses together before sipping a bright orange substance that had the intense flavor of tangerines. The liquid stunned her tongue and mouth for it was fragrant, tangy, tart and sweet all at the same time, almost too intense to bear. She could feel the substance running down her throat and into her stomach and had the sensation of warmth emanating from her very center. The taste woke her up and she found herself in tears at the prospect of our relationship ending. In telling me of the dream, Katie remarked on the final transformation of the imagery of the glass into something positive that united us. She felt the dream had the tone of a Caribbean postcard, with the tropical drink and the intensity of the sunset and that it was like joining me on a mini-vacation before we parted ways. I thought that the mini-vacation might also be a plan of working on this chapter together and felt concerned about whether the romantic imagery of the dream meant I had been seductive in suggesting that Katie work on the book project with me. But when I raised these possibilities with Katie, she joked about the movie "What about Bob" in which a patient follows his therapist on vacation and shows up unexpected on his doorstep, noting that she probably wanted even more from me than she had already gotten or perhaps felt comfortable talking about now. Perhaps something that went beyond merely working on a chapter together. In fact, the feeling of the intensity of the tangerine juice and the warmth in her gut that it produced was sort of orgasm-like. It was as if the liqueur could curl your toes the way a good orgasm might. Perhaps it was her way of having an intense, sexual relationship with me before she left? Even though we had explored Katie's sexual feelings for me at other points in the analysis

where they seemed relevant, I found she was speaking now with a new openness on the subject. To Katie the dream was a marker, a toast to our work together yet with the wistful feeling of all that was left not fully explored, even in a six-year analysis that had taken her so far, of all the possibilities that could never be captured on paper, either. It was a culmination and a goodbye, but one that left lots of feelings open, lots of issues that could be profitably explored. “I may just want to seduce you,” she remarked, “not the other way around. So that you won’t let me leave. I’ll be too fascinating to let go of and we’ll have to continue. I think that’s why I’m bringing you this juicy dream—literally juicy—as a kind of gift in our last session.” She recalled the end of the movie *The Prince of Tides*, when Nick Nolte drives back over the bridge to his home in South Carolina, leaving psychiatrist Barbara Streisand, with whom he has had an intense—and intensely therapeutic—relationship behind to rejoin his regular life and wondered how she could let go of him after their final dance at the Rainbow Room. But she was literally in love with him and was lacking that in her own life. I think you have that in your life and that you love me, but you’re not in love with me,” she commented. “You’ll miss me but your life will go on. Meanwhile, I’ll be doing all the old things, but in new ways. I’ll be the same but forever changed, Katie said. “So the drink together in the dream was like the night Tom and Dr. Lowenstein shared at the Rainbow Room, both knowing they had to part and yet not wanting it to come to an end?” I ask Katie, picking up on her associations to the movie. I am seduced, analytically speaking, by Katie’s dream and my own associations to what she’s saying start to really flow, questions springing to mind. But then I glance at the clock and begin to realize that soon we’ll be stopping in a few minutes. Katie and I have each

incorporated representations of one another into our neural networks, connections etched in our brains and minds that will endure with both of us once we stop meeting. We will literally be carrying parts of one another with us for the rest of our lives in just the way we carry those important early life relationships that help us form our views of what it means to be a person, what it means to have a relationship with another living being. I realize I want Katie to think of me, to feel connected to me when this is all over and that I feel attached to her and will think of her fondly as well. I think about the power and fun and sometimes the scariness of being an analyst, of allowing another's mind to reverberate with and ultimately take up permanent residence in mine. Before we both know it, the session has come to an end. "We do need to stop here," I say to Katie, rising from my chair to open the door after conveying to her how much our work together has meant to me and reminding her that my door is always open to her. We both chuckle, recognizing that I have used my usual tired old "shrink" line to end our session once again. As we'd talked about parting, Katie had mused about whether I would say the line this way even on our last day together and I have, without even thinking about it. "It's reassuring that some things never change around here," she says. We walk to the door, both with smiles yet with tears in our eyes and I recall for a second the dream of the broken table and our tentative handshake early in treatment. But there is no hesitation this time as we hug goodbye, both of us now soft enough to be affected by each other and sturdy enough to stand apart.

Katie's view of her treatment

It's a funny experience to see yourself written about by your analyst.

Unexpected and unusual, but not unwelcome. It's interesting to see both what seems similar in how we think about what happened between us those 6 years and also fun to note what's different. For example, for my analyst, the story seemed to start, at least in the retelling, with my dream about breaking the glass table in her office. To my mind, it starts earlier than that, with the dream I had the night before I went to see her for the very first time. In that dream, I'm at the piano, being forced to play some dramatic Chopin number that was never my favorite growing up but that I did used to play when I was taking lessons and doing recitals. On the horizon there are the rocket's red glare and the bombs bursting in air—a huge war is going on, perhaps the Revolutionary War and I'm not that far from the front lines. There's a stern, demanding man standing over me whose job it is to police my piano playing. If it's good enough, it will stop the war from happening, or else help my side win. If it isn't, I'm in danger, at personal risk. I think the dream says a lot about how much pressure to perform and how much threat I felt about everything when I started analysis, the pressures and threat of my daily life that led me to feel that “nothing was wrong and everything was wrong.” There's more than a hint of narcissism in the dream, of course, since it's about being able to save so many others or change the course of history if I play well, but the main feeling

in the dream is one of dread and pressure, that so much is riding on my shoulders.

The song I had to play in the dream wasn't of my own choosing and yet I had to play it well or suffer dire consequences. At the beginning of analysis, I wouldn't have been able to play my own tune, organ grinder's monkey that I was. I do know that analysis changed all that, but I honestly don't know how.

Perhaps what I can most usefully convey to complement what my analyst wrote is that from my perspective as a patient it didn't feel as clear cut and coherent as it seems to have felt to her, those themes and how the work unfolded. It was murkier and messier than that for me and yet somehow, like a rock that has the waves wash over it for a century until its shape is different even though there's no perceptible change from each wave, I did change.

The most important way in which I'm different is that I walk around feeling happy and centered for most of the time most of my days. Rather than feeling a dark cloud of anger or sadness or anxiety, which I used to live in, I'm more comfortable in my own skin and more confident of who I am and what I want. I'm also more comfortable letting people know when I don't like what they do or how they act toward me and I'm generally less leery of confrontation than I was before I had analysis. I think I'm this way because I feel more certain of who I am and what I think of myself independently of the evaluations of others than I used to.

Since I'm not depending on looking at how they see me to decide how to see myself, what they think simply doesn't matter as much. Like a rock gradually shaped by a wave, this way of being different came as a result of a gradual shift during treatment rather than because of some thunderbolt of insight. I'd say my analyst values pattern recognition and insight, or at least highlights it more in our work as she writes about it, than I do. To me what stands out most over the course of time are moments of mutual intense feeling, moments where we both had a good laugh about something that happened or something that one of us said. And there were moments of intense connection where I realized she was moved by my story. Once when we ended with something difficult that had happened as a child with my mother, I saw that she seemed teary-eyed when I left and that stayed with me, the notion that I could actually move and have an impact on her. I think it was in part that absence of deep feeling and communication of both laughter and tears in my family that was responsible for bringing me to analysis in the first place.

I found it funny that the two things my analyst left out of her own account of the analysis had to do with sex and money, especially since I think that she was generally attuned to and interested in both topics during our work together. As I thought about it after reading what she had written, I felt that the main reason she

probably didn't include either had to do with protecting my privacy, not avoiding the issues, especially since they were not avoided in our work. In other words, I think it was out of respect for my privacy that she glossed over both topics but I feel fine about filling in some of the details myself and I think that being sexually freer and making more money/being less conflicted about wanting to make money were important aspects of the analysis that haven't been discussed.

In terms of sex, when I started analysis I rarely had an orgasm when I masturbated and never did during sexual intercourse. I always felt that the closer I came the more I scrutinized my own reaction and in short by pushing myself to let go I actually inhibited myself. Because of my difficulties trusting others, I also feel that I didn't want Nick to see me in an out of control way and that in a sense I worried about letting him see me with my guard completely down. Perhaps I was worried that I'd be a mass of naked desire and intimidating or unlikable for that reason or else that he'd find my being out of control threatening and off-putting. Practical things happened as we talked about my difficulties achieving orgasm, like I felt less conflicted about buying and reading erotic stories that fueled my fantasy life and I bought a vibrator, which for the first time in my life actually made it easy for me to reach orgasm and allowed me to have multiple orgasms. The practical and experimental changes I'd make would then get woven back into the analytic

work, like my feeling that wanting more and more pleasure was greedy and somehow problematic. My analyst never made direct suggestions like why didn't I use a vibrator but I found that when the internal conflicts were highlighted and worked on then I was able to see or find the practical answers more readily even though they had been there all along. Having better sex with another person was partly the result of increased sexual self-knowledge about what I liked and didn't like that I'd gained through fantasy and masturbation and partly a result of all the work we did on issues of trust, independence and interdependence in relationships more generally. As my analyst notes, feeling that I could do my own thing and be independent from another person yet still close to them was instrumental in developing my relationship with my husband and also in how my sexual relationship with him has been.

Being able to play with being attracted to my analyst physically and also wanting to be able to seduce her were things I felt more comfortable exploring toward the end of analysis. The many meanings of sexuality in relationships grew clearer then, for I could see that I wanted to engage her interest so that we wouldn't have to stop or that I might want her to fall in love with me so that I'd be her favorite, not just that I actually wanted to be sexually involved. The sunset drink

of the glowing tangerine substance that warmed my insides is a kind of melding of a romantic image, a sense of inner heat that goes with sexual arousal, with the warmth that comes from close relationships. Before analysis I could never comfortably put these two together and though it took until the end of analysis to express the wish and desire to put them together with my analyst, I was finally able to do it. As she notes, by the time I was able to do it, I had also come to realize that our relationship was already special and the only one of its kind in my life so that however much I'd longed for actual friendship or even romantic involvement over the course of it, it was actually a more special relationship because I knew she would never act on my wishes and fantasies and therefore I felt more free to have and to explore them.

Like sex, money is something that got better and better over time in my analysis. I once calculated that based on the promotions and raises I'd received, analysis had more than paid for itself since I don't anticipate having done as well financially without analysis. As I felt less ashamed of and conflicted about my own financial ambitions and my desire to be a real player in my field, I found it easier to stand up for myself in asking for the money I needed or deserved for the jobs I was doing. I also came to be much less judgmental of other people for being

interested in or motivated by money, whereas before analysis I would feel that someone who was manifestly interested in money was crass or boorish and would think ill of them. My narcissistic ambitions came to me to seem more healthy to me and like they didn't have to be hidden under the cloak of being tortured as they were in the first dream. I could want to make music that would stop wars and influence people without having a stern and demanding taskmaster that I had to please standing over me; I could own up to my ambition and recognize that I was my own taskmaster. Of course, as I succeeded more I also paid my analyst more, so she was also financially rewarded by our work together and I enjoyed being able to pay her full fee by the time our work together ended. I think people might have a different perspective on paying for treatment if they were able to view it as an investment in themselves that might literally pay off but then I guess if they were comfortable seeing it that way originally they would already be partway through their work and financial conflicts!

Let me close by saying that analysis was definitely the most important single thing I ever did for myself. I see myself continuing the work we did on my own now, a few months after ending, and while giving up the relationship itself was difficult and sad, I do see my analyst's continuing presence in and influence on my life. Analysis literally changed everything from how I feel inside and how I think

about myself and my relationships to how I behave in relationships, how much money I make and how my sexual life is with my fiancée. Nothing I have done has had such a marked impact on so many areas of my being and for that I am profoundly grateful. It remains hard to explain to myself exactly how analysis does what it does, but I see in a daily way in so many thoughts and feelings and actions that it does work even if I still can't quite explain how. I found it very hard to dive in at the beginning, but I hope that this book will encourage others to have the trust in the endeavor needed to take the plunge. I can pretty much guarantee that it'll be the swim of your life!

Chapter 7

Sarah

“This Aplysia ... is so shapeless and sluggish, so squashy and slippery, that it makes me sick to my stomach”

Sarah arrives at our first meeting preceded by a telephone call of a person who, after having introduced himself as an old friend of hers, urged me to take her on as a patient. The friend warns me against letting her go away, "... because Sarah" he says "is a person who

offloads problems on to other people, but I'm afraid she might withdraw if she is offered real help. Moreover, she gives the impression that she can deal with any difficult moment she is going through because she is a very active and resourceful person, really full of energy. I guess she would tell you she is going through a difficult moment, but actually I can tell you that her life is just a sequence of difficult moments! Every time she seems to be able to get herself together, but it is only seemingly so, because shortly afterwards she gets into another mess. She starts something with a lot of enthusiasm, and then at the first sign of difficulty she makes a scene and gives up. This is the way she is! I'm afraid she could do the same with the analysis: she could even say she wants to do it, but then drop out, because she has gone off on another tangent".

Sarah is a woman in her forties, not really beautiful but with elegant features, soberly and tastefully dressed. She strides into the office and immediately, without any preamble, starts talking about the difficult moment she is going through. She has an intense gaze, that reflects the liveliness of her inner life and the effort to express what is going on inside herself more than an interest in the person she is talking to.

She talks heatedly, without stopping and usually without finishing her sentences. A new subject takes the place of the previous one which has been barely outlined, so that after I have been listening to her for a while I feel submerged by disparate fragments of subjects started and dropped. Lacking the elements necessary to understand what she is talking about, I try to remedy this from time to time with some short

question or comment, but this doesn't improve the situation much: Sarah almost ignores me, giving me short, vague, answers and immediately plunging back into her thoughts. She doesn't seem interested in putting the intense affective states she experiences into factual reality (... where, when, with whom, why ...), nor does it seem to occur to her that I might not have understood what she was talking about.

Anyway, in the intake interviews I get to know that she has always worked - as a regular salaried employee or as an unpaid volunteer - in a number of international humanitarian agencies, bringing assistance to people in severe trouble - such as victims of disasters, wars, poverty, abuse. Her passing from one agency to another one had been due to conflicts with her superiors and by her criticisms of their political and organisational choices.

When she was twenty years old she was married for one year with a student fellow. They had decided together to interrupt their studies and to set up a project of alfabetisation and health education in a developing country, but the violent disagreements about the way to realise it led to an interruption of the project as well as to the end of their relationship. From that time on she has lived alone, though she has very often shared her house with other people.

She was the only child of a couple of very young parents. About her mother, who came from an eastern country and got married mainly to escape from poverty, she remembers how glamorous and charming she was. About her father her memories are more vague: she

remembers him too as a very charming person but the general opinion that he was a rather immature and childish man was probably right. Neither of them seemed to be interested in looking after their child, and anyway they became uninterested in each other soon after their marriage. Her mother was probably affected by a psychic disturbance that led her to drink too much, so that she spent long periods in nursing homes.

Sarah talks reluctantly about her childhood. What she remembers more is how alone and neglected she felt at that time.

Though she says she feels very distressed, Sarah doesn't say much to make her present suffering understandable. She states that she doesn't like the word "treatment" at all: ever since she was twenty she was advised "to get treatment" and she resented this suggestion a lot. She still maintains she isn't ill (... anyway she is sceptical about official medicine), nevertheless she thinks she needs someone to help her because she feels on the point of doing "something desperate" - as had already occurred ten years before when she struggled against the impulse to throw herself off a bridge in her car. She needs someone to help her to realise herself, but this time she wants to do something different from what she did many times in the past: "I have had enough of going round with people practising forms of meditation and self-consciousness! This time I have to go deeper into my mind and understand what really troubles me. Maybe psychoanalysis is right for me because it is not really a treatment, is it? ... it is mainly a way of understanding oneself, isn't it?"

She says that now something is upsetting her life again, something she has already experienced and thought wouldn't occur again: it is an intense emotion, like an urgent need to change and to run away from anguish, but it is also something physical, "... something" she says pointing to her belly - "which sits there like a dead weight, which won't dissolve". It seems to me that this weight, made up of emotions and of physical sensations - a true psycho-somatic tangle - apparently develops when Sarah is involved in relationships with people she feels both attracted to and rejected by. It is not clear to what extent she is reticent about this subject or incapable of expressing her overwhelming distress in words.

Undoubtedly Sarah's distress is intense and well visible through her gestural expressiveness - being restless on the chair, putting her head into her hands, getting up and walking up and down. She behaves like a panicked animal shut in a cage, and one understands how a person in such a state could try to free herself from an urgent and explosive pressure through a suicide attempt - as she had done in the past.

From the first interviews Sarah shows what is going to be a typical feature of her way of communicating, especially evident in the first year of analysis: whereas her communication has a strong affective quality and as such conveys a reasonably understandable meaning, the content of her words is much less clear and intelligible since it tends to be incoherent, chaotic, with overlapping subjects. For instance, usually Sarah doesn't introduce people she refers to, so that they

appear and disappear from her narrative just on the basis of her need to express - or rather: to free herself of - unpleasant feelings.

So, I can understand she had a quarrel with someone not because she tells me what occurred, or how, or - even less - who was involved, but only because I guess from some detail of her narrative that she had an argument. Things become even more complicated when, talking about two important people in her present life who have the same name, she refers to them just by name, without giving me any indication of which one she is referring to.

Her way of speaking resembles the way children tell you what happened to them when they get deeply worked up for any reason: owing to their excitement, inadequate information is given to acquaint the listener with the facts as if he/she knew what had happened and who was involved in what. The more intense the emotions involved the more chaotic and incomprehensible the narration becomes. The emotional upheaval breaks the uncertain boundaries between herself and the external world resulting in a lack of separation between herself and the person of whom - as well as to whom - she is talking. This inability to contain and represent within herself feelings, wishes and thoughts indicates an identity weakness of which she is herself sometimes sharply aware - as for instance when she suddenly exclaims with a mixture of regret and anger: "I don't exist! I don't exist!".

The Containing Function of the Setting

During the first interviews with Sarah I thought a lot about how I should answer her request for an analytic treatment. On the one hand I was aware that, besides her poor aptitude for reflection, other aspects of her personality and pathology - such as impulsiveness, inconstancy in relationships and life choices - argued against a capacity to maintain the heavy commitment in time and money necessary for an analysis. On the other hand what struck me was that, although emotional discharge more than organised discourse was her typical behavioural trait, she showed a deep wish and commitment to understanding herself. This made me suppose that she would be able to gradually relinquish this discharge mode of communicating as long as she was provided with an intensive psychoanalytic treatment.

Anyway, when I told her what psychoanalysis was like - certainly a rather long and intensive undertaking - she accepted immediately, even enthusiastically. Remembering what Sarah's friend told me in the phone call, I wondered whether she wouldn't have second thoughts. Actually this choice was never to be questioned during her treatment.

In fact, besides some turbulence at the beginning of the treatment, the analysis had a stabilising effect on Sarah - as she herself acknowledged by repeatedly commenting that at last she had found "something to keep her firmly on a given course".

The analytic setting very soon turned out to be what she needed to contain and to begin to put in order her disparate states of mind: "I don't think! I can't think on my own. You make me think, ... no,

actually, this place makes me think!" she commented after the analysis had been going on for a while "It's enough for me to come in here to start thinking! It's incredible! Why can't I do it on my own, outside here?".

Sarah took considerable advantage of those environmental and relational aspects that are typical of psychoanalytic treatment - such as the sense of security given by the daily, regular appointment for the sessions, the absence of contacts outside the therapy between patient and analyst, the interested and benevolent attention of the analyst, who maintains an attitude towards the patient which is as neutral and respectful as possible with regard to any event occurring to him/her and who abstains from sharing with the patient any aspect of his/her own personal life.

Not that Sarah has appreciated the analytic setting since the beginning of treatment. On the contrary, she repeatedly objected to the fixed schedule of the sessions, to the fact that I gave her no advice, that I told her nothing about my private life, that I would not express opinions about social, cultural or political events.

At the beginning she couldn't put up with all these frustrations, but after a while she began to take the rules of the analytic setting in good part. Her annoyance for having to adjust to a situation under someone's else control - ... she tended to rebel against anyone in charge of her - changed quite soon into acceptance and then even into a special kind of appreciation. The analytic situation, that is the rules of the setting and my person as guarantee of them, eventually came to

mean an assurance of stability, security, confidence, reliability - everything that her childhood had been seemingly missing.

During the initial phase of her analysis Sarah - more than of my specific analytic function - made use of a particular aspect of it, that I would call 'impersonal' or 'non-specific' insofar as it is not immediately aimed at detecting or understanding unconscious mental contents and processes (i.e. transforming unconscious into consciousness).

The arrangement of the analytic situation as a whole - I mean: constancy of time and space together with the sympathetic and caring attitude of the analyst - reactivates in the patient the feelings of being held in a secure environment and by a good-enough mother that s/he had experienced as a newborn baby.

Of course this function isn't set in motion automatically simply because one lies down on the couch for 45-50 minutes, talking to a listener - as for the baby a caring figure is necessary. If properly carried out this holding function is highly effective for mobilising psychic resources and particularly self-reflective mental activity.

In Sarah's case, her capacity to think about herself and to scrutinise the implications of her own feelings - what is called the self-reflective function - had the opportunity to be re-activated, stabilised, strengthened, and eventually built up, through a complex process of regulation of our relationship - during which, for instance, I came to understand which issues she would understand better, how to pace my contributions, which words I should use, what expressive style and

what tone of voice to use, when I should closely support her working through and when I should let her - as it were - go ahead.

This complex work of regulation of the relationship can be compared to a gradual weaving of a web of interpersonal meanings, as it occurs to a baby growing up in a good enough family environment, that is in an environment in which there is a reliable parental figure, who is basically present even though may temporarily disappear, who is capable of giving support, guidance, comfort and who has the achievement of the individual's potentialities at heart. The same is true for the analyst, who - though not expressing affection towards the patient directly and openly - nevertheless is able to convey interest and concern through his/her words.

As a facilitating environment is a pre-requisite for fostering the development of the human being so it is for making an analysis proceed. In order to facilitate the analytic inquiry into the unconscious mind a vast array of relational devices is set up in every analysis, even though this occurs without much focus on it. Often the holding activities remain in the background of the analytic investigation, but in some treatments - namely when primitive mental functioning is prominent - they perform a particular role.

Sarah was one of these cases. The holding function of the setting - not only the material, concrete setting, but the setting in the wider sense of the quality of the relational atmosphere - was in her case crucially important because she was often prey to a chaotic succession of different affective states and purposes which kept suppressing her

capacity to live as a subject responsible for her own actions and intentions and threw her into a state of mental and behavioural disorganisation. These states could be conceived as a re-activation of a primitive level of mental functioning - something that she presumably experienced over long periods of her childhood, when she only occasionally had next to her an adult who was aware of dangers, interested in her development and able to help her to make the affects understandable by putting them in a meaningful context.

Thanks to the feeling of safety provided by the containing function of the analytic setting, Sarah's anxiety decreased: her narration became more consistent and orderly as if she had attained a new point of view, a sort of 'observing eye' on her internal world, through which a dialogue within herself as well as with the analyst was carried out.

So she began to recall some episodes from her childhood and to portray the climate of neglect in which she grew up. She talked about her mother who she remembered as beautiful and charming when she was well as she was ugly and disgusting when ill. She remembered her as a self-absorbed young woman, basically uninterested in her little girl, except for rare moments in which she related to her as a plaything - as for instance when she enjoyed combing her curly black hair or dressing her in black velvet for a festivity or a party.

Sarah anyway didn't care too much: "I did whatever I wanted to!". When she didn't go to school for any reason - and this happened quite frequently because she was rather undisciplined and used to have problems studying, so that she often invented excuses for not going to

school - her mother barely noticed it and didn't really scold her. Her father - a young dandy who liked to lead a good life, going to parties, playing bridge, riding, and occasionally working in the family import-export business - took even less notice of her: she didn't remember a single occasion in which her father was involved in her life.

The only person she remembers looking after her a bit more was her grand-mother (the father's mother), though Sarah felt she did so with an ambivalent attitude, since she alternated affection with detachment or even aloofness towards her grandchild. Sarah felt her grandmother often considered her a bitch for her rebellious character and a bastard for an ill-concealed rejection of her beloved son's wife.

In this reportedly quite neglectful, even though not overtly damaging, family environment Sarah grew up in an atmosphere of great freedom - as a "little wild girl", as her grandmother called her. For her strong-willed and assertive character many called her a tomboy: not only did she not care, she was proud of it. She liked much more playing with boys than with girls, who in her view were weak while boys were strong. For a similar reason, that is for her rebellious character and lack of discipline, she was considered a bad pupil, even though some teachers were able to appreciate her curiosity and fits of generosity.

No wonder that - both for the apparent absence of a sympathetic and caring adult figure close to her and for her innate searching for novelty and intolerance of any restriction - she attracted the attention of men who abused her. These encounters, which began when she was

quite small and stopped when she was around twelve years old, made her feel uneasy. Several times she intended to talk to someone about them but every time she decided not to do so because she was ashamed.

Two facts characterised her adolescence: the appearance of nervous crises for which she was put through a number of medical examinations and an intense bond with a teacher.

This woman, the first person she had ever trusted, became her confidante and counsellor - besides getting her to put her mind to her studies. The nervous attacks she suffered were fits of crying and rage during which she hurled insults at everyone and smashed everything that was around her. It also happened several times that in the midst of these crises she disappeared for a day or more. Then she came back home on her own, while everybody, police included, was looking for her. She remembered that during these flights she walked a lot, mostly through woods, where she cried floods of tears, finding in this relief from her unhappiness. Some attempts were made on these occasions to make her talk with a psychologist, but she always refused; the only person she accepted to talk to was her teacher.

When I suggested that she may be reliving with me a kind of relationship very similar to that one, she agreed enthusiastically to this comparison: "You are my guide and my anchor" she said "because you think and you make me think. I have the feeling that when I'm here I become able to think and this makes me feel stronger than when I'm outside".

Such an impassioned declaration reflected Sarah's joy at seeing for herself for the first time how containment and support served to reduce her anxiety and its disorganising effect on her thinking. She saw a new skill growing in herself and this was productive in slowing down her emotional reactivity and therefore reducing her impulsiveness.

Her confidence in me strengthened and we approached another step in our exploration. It soon became clear that our good relationship was covering basically two regressive manoeuvres: first of all the merging relationship with me provided her with a feeling of power and unassailability due to a primitive, magical bond with (what she unconsciously thought to be) an omnipotent figure, and secondly - by considering our relationship utterly good - she rejected anything she felt might damage it - as if any goodness was with us and any badness outside us in the external world.

So, when I said something only hinting at a forbidden impulse inside of her - such as an aggressive feeling or a sexual interest - she became uneasy, even physically restless and said with a peremptory tone that she couldn't bear me speaking this way, that she didn't want me telling her what made her feel separate from me.

These were crucial moments in the analytic relationship, because they embodied all the ingredients that made her life so painful and turbulent: when she was about to be confronted with an issue which she felt unpleasant for any reason, she appeared devoid of the mental tools to handle it and she became affectively and behaviourally

disorganised. She complained of an unbearable tension and anxiety that urged her to react immediately either fighting against the source of her distress or running away from it.

These opposite reactions occurred in such a rapid sequence both in her mind and in her behaviour that a great deal of confusion ensued. So, when I touched a subject she found for some reason unpleasant she reacted at first by warning me against going ahead, with a sort of intimidating attitude as if I should turn a blind eye to it in order to preserve the absolute goodness of our relationship. In these cases she kept her eyes firmly closed and put her hands over her ears as if she wanted to show me that she couldn't bear to listen to me. Yet, since such a gesture was highly expressive, she also showed that, when anxiety increased, she had to resort to body language. Sometimes she was so upset and angry that she left before the end of the session, or skipped a session.

The Crises

This primitive defence mechanism was repeated several times in the first period of Sarah's analysis. Later on she found - but it would be more accurate to say: it emerged - a particular device for not interrupting the communication with me and at the same time not being responsible for what she said. Her way of speaking suddenly changed as if she was falling into a sort of hypnotic trance, while consciousness was getting narrower; she looked plunged in a rich

sensory experience, the movements of her body intensified and her talking seemed to come from a dream; she also often laughed or sobbed. When she was in this state which we term a dissociated state, she lived simultaneously in two experiential worlds, one on the couch with me and the other in a tangle of body sensations, affects and thoughts set off by an issue, often even just a word, referring to an unconscious conflict.

These crises were a turning point in Sarah's therapy. From one point of view they were a regressive movement, as re-editions of similar crises she suffered during her childhood and adolescence (... to the point that she was treated as an epileptic for a while). From another point of view, however, they were an occasion for going deeper into her unconscious pathological dynamics. Such a dramatic, even theatrical I might say, display of distress wasn't only a primitive mechanism through which Sarah defended herself from something she felt unbearable, but also a way to make me acquainted with it. In this sense they marked a progress in Sarah's therapy: thanks to the crises - or, better still, thanks to Sarah's efforts to communicate with me during and after the crises - we were able to gain more knowledge about the two critical points affecting her psychic functioning: the childhood sexual abuse and the loving attachment to women.

At the beginning the topic of 'women' was the first and most powerful trigger of the crisis. For years she had been making strong efforts to conceal from others as well as herself that in her long-standing relationships with girls and women there was anything more

than generic female friendship. When she entered analysis she had more difficulty in carrying on this kind of denial: the apprehension, uneasiness and embarrassment while talking of one or other of her female friends was palpable, yet she held out against my confronting this subject, however cautiously. Instead, what she asked me explicitly was to hold a repressive role against her disturbing wishes. If on one level she said "You must be a guide for me! You shouldn't talk about this part of me, you'd do better to help me to repress my impulses!", on the other she expressed herself through a self-induced hypnotic state. So, talking with deep sighs and moans and with fragmented sentences as if she were talking to an imaginary presence, her wishes and impulses came out. This enabled us, after the dreamlike state had ended, to go back to what had been said and to give it a meaning by making connections between the two dissociated parts of herself.

While working through what was said during the crises and through what had triggered them, it became clearer why Sarah was so ambivalent towards me - why she expected me to investigate her unconscious world and why at the same time her resistance was so tough: she felt that her sexual desires, which on the one hand needed to be recognised and accepted, had on the other hand a nasty and offensive quality. She worried that I wouldn't carry out the task, assigned to me in fantasy, of keeping a watchful eye on her: "You don't understand how dangerous I am!" - she cried out once when she was saying how intense her craving was for physical contact with a friend of hers. She felt that her longings were so desperate and

somehow frantic that she might seduce and hurt her friend. By assigning me the function of an authoritative and repressive guide she could make sure that no harm would be done.

When she perceived her desire in such an exciting and alarming way it was as if she was unconsciously reliving what had happened when she was a child with the men who seduced her and had sexual contacts with her. Yet, those experiences weren't re-enacted on her part as a child passively suffering a sexual approach, but as an adult actively seducing a child. In other words, in her fantasy, when she got sexually aroused, she forsook the passive role and she undertook the active role, identified with (i.e. she subjectively felt akin to) the men who got round, allured, enticed and seduced her. It was as if their excited and frantic behaviour had left a sort of a template in her psyche that was re-enacted when she felt sexually attracted by someone.

This process was utterly unconscious and it took quite a long time to be worked through in her consciousness.

Although one may consider it obvious that sexual abuse suffered in childhood is going to have an impact later in life, this wasn't so obvious to Sarah. She didn't seem to be interested in talking about it. For quite a long time she exhibited towards her childhood sexual experiences a rather detached attitude. She used to mention them hastily and her expressive style was definitely laconic - especially if compared with her usually very emotionally charged way of speaking. (It must be noted that this is quite a typical reaction in traumatised

people, in whom the affective indifference towards the traumatic event is due to a defence mechanism of the psychic apparatus. When seduction and sexual abuse have been committed, shame and reluctance to go back over those experiences are also likely to arise.

There were many reasons why Sarah's traumatic history took a fairly long time to be worked through.

The first reason, as I just said, depended on Sarah's evasiveness and resistance. When I suggested some connection between the past experiences and what she was living at present, she often reacted defensively: "What's that got to do with it?" was her comment.

Other times, on the contrary, it was a too heavy guilt feeling that hindered further exploration into this subject, since she tended to overburden herself with the responsibility of having seduced the men who abused her.

A second important reason for inducing me to be cautious was that I had to take into account another side of Sarah's personality: her suggestibility, her complaisance. It seemed that this aspect had played an important role in the past when she had trusted in an adult who had seduced her and imposed on her his affective (sexual) language. She easily tended to fall into a seducer-seduced relationship (considered in its broad sense, not only sexual) and it was likely that this kind of relationship would be reactivated with me too. Every time that Sarah took my interpretations as something to give credit to in order to maintain a live and tight affective bond with me, this was going to involve seduction - seduction in a broad sense that is.

The last but not least important reason for a careful line of conduct as regards the search for historical reconstruction was my conviction that what is therapeutic, that is what leads to integrative processes in the personality, is not so much the mere retrieval of repressed memories nor, more in general, the reconstruction of what really happened in the past, but rather the construction of a narrative of one's vicissitudes made plausible and coherent by giving a meaningful place to any present and past affective experience.

With regard to my being careful and respectful when digging into Sarah's traumatic memories I must add here a thought of a quite different token from what I have just said. From time to time I have wondered whether I wasn't behaving in too respectful and cautious a way, whether, in other words, I wasn't re-enacting the well-known impartial and neutral role of the parent of an abused child (... usually the mother) who in practice colludes with the secrecy by not seeing and not looking at what is taking place in front of her eyes. Moreover I wondered whether this attitude depended on my own reluctance to explore this area or to a role that was to some extent unconsciously induced by Sarah in order to maintain her pathological equilibrium.

I wish to point out here that Sarah's different attitudes towards her past experiences and my own different perspectives in understanding and interpreting them are inherent to the kind of knowledge attained during the analytic process. Far from developing in a linear way, the analytic process proceeds like a construction carried out from disparate points of departure and through movements to and fro,

proceeding now by opening up new understandings and then by tightening defences. In this context the analyst's task is to understand not only which aspect of the patient's internal world is the most important at any time, but also when, how and to what extent the patient is activating feelings, thoughts, wishes, fears belonging to the analyst's own personality, that is which aspects of his/her own subjectivity get involved in the interaction. The sicker is the patient, that is the more significant parts of his/her mind are unconsciously defended against, the more the analyst has to scrutinise carefully within him/herself what the patient has stirred up.

The Auto-Hypnotic State

In time Sarah's crises became less dramatic and her dissociation took on a milder form. Instead of falling into a gross dissociative crisis she entered a kind of auto-hypnotic state. When she went into such a mini-crisis, she deliberately closed her eyes and with a few words let me know that her way of speaking was going to change. Then she began to talk in a fairly comprehensible way, as if she was recounting a scene she had dreamt. The peculiar aspect of her talk was that she often made use of a linguistic device: instead of talking in the first person she used the third person or the impersonal form. For instance, instead of saying "I wish/I worry" she said "She wishes/she worries"; instead of saying "I am feeling that ..." she said "There! A feeling is coming out ... anger, passion, fear ...". In other words she talked of

herself (certainly of a primitive part of herself) as if she was looking at it from the outside. At the beginning, for a while, this 'third person' she referred to was rather indistinct; it was a 'person' mainly at a grammatical level. It (... she? ... he?) had a hazy identity, somewhat overwhelmed by a tangle of sensations and affects.

These mini-crises were quite frequent and it became clear that they performed the function of making Sarah feeling safe while talking about unpleasant matters. My addressing questions and comments to these '(id)entities' was more successful than in the earlier crises, and I came to act as a stable partner in a sort of multi-level dialogue. This made it possible to give a narrative structure to these dissociated experiences, so that a more compact, less fragmented, identity began to take shape.

On one occasion this more structured and recognisable identity acquired even a name. There was something stirring up deep disgust and agitation in Sarah. When I asked her where such feeling came from she hinted at "something shapeless, stupid, fragile, living down there in the darkness". It seemed to me that these adjectives were appropriate to describing a part of her (female) body as well as the most helpless and powerless aspects of herself. I told her that what she called "stupid and fragile" could have been (something alike) the little girl who felt stupid because she didn't know what the adults know and who therefore felt insignificant and inferior to them. I told her that what she called "shapeless and living down there" might correspond to an important, though without a definite shape, part of her (sexual)

body. The absence of shape was the equivalent of the absence of a name: she still wasn't able to give it a name because this part of her body - with the shocking sensations and feelings associated with it - was apparently distant from the way she thought of herself. While trying to portray this entity she talked of "something smooth, mushy, slippery, like a mollusc, ... like ... how can I describe it? ... yes! I've got it! Once I saw a picture of it: the marine worm studied by a famous neuroscientist, a worm called Aplysia. This Aplysia - when I think about it - makes me feel sick! It is so shapeless and sluggish, so squashy and slippery that it makes me sick to my stomach! It makes me want to smash it!".

In the particular language that develops between analyst and patient in every single analysis there are often some words or expressions packed with meaning. The "Aplysia" became one of these words. Referring to a very simple and primitive living being, with an elementary nervous system and with a very simple shape, the worm Aplysia seemed fit to represent some elementary sensations of Sarah's internal world. So, from this point on "the Aplysia" became a crucial character in our dialogue. We used it to indicate a large range of things: first of all we used it to refer to the female genital, that Sarah perceived as "living down there" and "shapeless". But the "Aplysia" was of great help too to put in words Sarah's experience of feeling fragile, impotent and inadequate, bereft of the power, the strength and the visibility that others - men above all - were seemingly endowed with. This misshapen and awkward marine worm provided us with a

metaphor for organising in a meaningful narrative a number of experiences characterised by the feeling of humiliating inferiority - the inferiority of children with regard to adults as well as the inferiority of women inasmuch they are seen as deprived of male attributes.

The Working Through

By acknowledging that she harboured in her mind such a flawed representation of femaleness, Sarah began to consider her special friendship with women from a new perspective. She understood that her attraction had a twofold component: on the one hand she was bewitched by powerful and prominent women who in fantasy represented redemption from powerlessness and inferiority (to men), and on the other - that is when she felt such an intense attraction that she was frightened of inflicting pain - it was as if she got possession of the power and the superiority she so longed for.

As Sarah's scattered bodily and affective experiences took the form of organised verbal expression, as we constructed a coherent narration of her past and present conflicts, another flawed aspect of her mental functioning improved: she became able to distinguish that 'imagining' was different from 'doing', that 'thinking' was different from 'feeling' and that this in its turn was different from 'perceiving'. By realising that what went on inside herself didn't coincide with factual reality she freed herself from confusional anxiety and she could fully appreciate the capacity of the human mind to produce symbols. She could get

involved in conjectures, imagining, 'as if' situations, while retaining the feeling of having a separate identity.

As she experienced such new feelings of safety within herself, impulsiveness - that is the urge to express herself through action - became a minor problem: she discovered that thinking about what she might do, what she was going to do, what she might have done, was a safer alternative to acting it out. Thinking acquired even the flavour of a pleasurable activity, whereas before it was felt as a sacrifice, since it meant giving up self-assertiveness and the related omnipotence.

The analytic situation wasn't needed anymore to purge overwhelming feelings and for her to feel contained by the setting; it rather became a place where thoughts may be experienced and worked through as trial actions. Relinquishing the most primitive defence mechanisms implied of course that the most regressive forms of gratification had to be abandoned too: Sarah couldn't claim anymore to be treated as a domineering little girl to whom everything is permitted and everything is forgiven. Stopping blaming her problems on others, or on her own bad fortune, and taking responsibility for her actions meant that she was able to work through her depressive feelings - remorse for the damage she might have done, sorrow for recognising her faults and limitations, sadness for the inevitability of coming to compromises.

The principal arena in which these new aspects of Sarah's personality came to light and were put to test was the burning issue of her fondness for women.

Though she came from a rather open-minded family and though in her work environment being homosexual would have been easily accepted, Sarah had denied on principle having homosexual inclinations. Her attitude as regards this issue had been notably firm for quite a long time, as if taking into account the possibility of having affectionate feelings towards women would have implied a sort of collapse of her identity. Besides, it must be said that in this area she resorted to the same primitive defence mechanisms that she had used when dealing with other issues that could have possibly troubled her: dissociation (in the crises, as described above), denial and projection ("I'm not this and this ..., I don't feel this and this ..., He/she wants me to be/do/feel this and this ...").

As these defence mechanisms were analysed when they occurred in less problematic areas of her life and as she tried out to do without them, we could gradually move towards the issue of sexual choice. Here Sarah, by arduously and bravely confronting those parts of herself which she had denied and reflected for so long, came to accept that her sexual longing was a longing for women.

She eventually met a woman a bit older than herself who fell in love with her. What she found most difficult with her was not so much to love someone as to be loved by someone. The experience of being passive in a real relationship, was for Sarah loaded with quite a negative affect: it meant fading away, losing strength, power and control, being overwhelmed by intense sensations making her feel almost paralysed. She felt incapable of managing any receptive

behaviour towards her friend. It was clear that Sarah's fear of receptiveness (... which she called passivity) had to be referred to the Aplysia story: it was a re-edition - undoubtedly at a much higher level of psychic organisation - of a fear of accepting the receptive side of her femaleness, the same which, as a child, was ill treated by men.

In the last year of her analysis Sarah committed herself completely to working through this issue with a thoughtfulness inconceivable in previous years: she wanted to give solid roots - she said - "to the first relationship in her life in which she felt dependent in the right way".

Sarah's analysis lasted four years. We could have gone on longer - and perhaps it would have been advisable - but life "couldn't wait ", as Sarah would say. The end of her analysis was speeded up by her wish to realise a project on which she had worked with the woman she had lived with for two years - a project to set up a nursery school for children who had lost their parents in a third world country.

About once a year after the end of her analysis, on the occasion of her coming back from the foreign country where she lived, Sarah asked to see me for one or two sessions. She told me how satisfied she was both in her work and in her relationships. Her propensity to dramatise and exaggerate conflicts was reduced since she became able to think about her feelings instead of acting them out. Her life was calmer and more untroubled than before because she felt much more in control of external as well as internal

events. She told me that what helped her most while facing any potentially anxiety-provoking event was to bring to mind what she experienced in her treatment: when she was tempted to plunge into desperation or to discharge anxiety into some impulsive action she used to get back to the atmosphere of our dialogue and to think of what she had learned.

During these follow-up meetings I could see that Sarah had acquired a stable capacity to resort to a mental function - a sort of 'third person', I would say - who helped her to step beyond the immediate reality of experience in order to consider what was going on outside herself without confusing it with her wishes and fears, to grasp the distinction between the immediate experience and the mental state which underpins it, to represent her own feelings, beliefs and desires with sufficient clarity to experience a core sense of herself as a functioning mental entity, to adjust the fulfilment of her needs to the requirements of reality, to modulate her emotions. In short, I had the feeling that the analytic treatment provided Sarah with what Fonagy (2000) has called "self-reflective function" (1) and that the post-termination meetings had the meaning to renew such a function.

"I liked our work and sometimes I miss it. Now that I have learned to reflect within myself" she told me a bit jokingly and a bit seriously during one of these visits "don't you think I'm ready for a second, higher level analysis?". I agreed with her: after four years of analysis, Sarah's psychic structure didn't any longer show the typical features of the borderline personality organization (Kernberg, 1967)(2) she had suffered before and this would have made it possible for her to undertake a new, different kind of exploration of her internal world. However, since major therapeutic

results were achieved that enabled Sarah to carry on her life quite satisfactorily, we considered her idea of a "... second, higher level analysis" more the manifestation of a wish for deepening the knowledge of herself than the expression of a need of "cure."

Footnotes

(1)According to Fonagy, the analytic treatment enhances the development of reflective function, by improving the patient's control over his/her system of representation of relationships. The gradual and constant adjustments of the representational models facilitate the development of an internal world where the behaviour of others may be experienced as understandable, meaningful and predictable. This reduces the need for splitting of frightening and incoherent mental representations of mental states, and new experiences of other minds can more readily be integrated into the framework of past relationship representations. (Fonagy P., Target M., and Gergely G., "Attachment and Borderline Personality Disorder." *The Psychiatric Clinics of North America* 23 (2000):103-122.

(1)O. F. Kernberg, "Borderline Personality Organization," *Journal of the American Psychoanalytic Association* 15 (1967): 641-685.

Chapter 8

Climbing Out of the Dungeon: Separating from a Narcissistic Parent

“My job is definitely to be myself. What bit of myself can I give you, and how can I give you a bit without seeming to lack wholeness. (Winnicott, 1986, p.85).

Introduction

The following case discussion is primarily a descriptive effort to get around or underneath technical terminology with both clinical descriptiveness and first hand testimony. Both analyst and patient will have a voice. Although we are writing for a general audience, we are hoping for an audience that will include the general public and the psychoanalytic community. Perhaps, by searching for new ways to explain what analysts do outside of our insular, mutually reinforcing systems of thinking we can help both analysts and patients gain more perspective about what is important to all of us.

The Case of Jacob

Sometimes it takes a long time to learn how to love another person; another separate person. Many people never learn how and wouldn't recognize what was missing or know in any real sense what these words mean. What is the

difference? What do these words mean? How do people develop the capacity to love and why do some people never get there?

My patient, Jacob, had spent his entire life frustrated in his search for love. A man in his mid forties, he began psychoanalysis because of strong feelings of isolation and depression and intense dissatisfaction with his twenty five year relationship with his wife. Jacob and his wife had stopped having sex after their first five years together and had literally had no sexual or physical contact (even handholding or perfunctory hugs) for the last twenty years. Jacob was the one in the couple who longed to be touched while his wife was only able to feel violated or intruded upon.

Jacob came to analysis after trying years of once a week individual therapy and couples therapy. Nothing seemed to help him or his wife Elizabeth move beyond an empty, but distantly cooperative partnership focused almost exclusively on the needs of their two (now, adult) children. Not only was Jacob unsure that he was a sexual, potent man, but he was also unsure that he had needs, perceptions or opinions of his own. As he talked more freely in analysis he became more aware of how dependent he was on Elizabeth and how much he needed her to set the boundaries for what could or couldn't happen or even who he could or couldn't be.

Jacob's story illustrates how the approximations and permutations of love that linger as carry overs from childhood make indelible marks on future relationships in stiflingly destructive ways. While speaking of his distaste for oatmeal, Jacob stopped suddenly with a shock of recognition, "But who hates it? I'm trying to realize whether it is me or my mother. I realize, I cannot tell, yet." Pernicious scars of this sort suggest a history of loving a parent as a partially undifferentiated or unseparated person, of human relationships that subsume or take over the child's separate aliveness, drawing him or her like a satellite into a tighter and tighter orbit of imprisonment. As Jacob learned more about himself in analysis he began to articulate his understanding of this psychic "prison," the prison of not knowing what you want, how you feel, who you are.

In the early phases of analysis Jacob luxuriated in his loving adoration of the analyst. He praised the analyst for her wisdom, her beauty, her compassionate listening, her common sense and, more than anything else, her aliveness. He was also exquisitely sensitive to momentary flickers of feeling that registered on his analyst's face in the hallway or as he was leaving the office and he would frequently spend large amounts of time speculating on what these facial expressions "really " meant. Slight shifts in the analyst's voice between a warm or engaged tone and a relatively more matter of fact, casual or neutral tone caused a

great deal of anxiety inside of Jacob. Did he hurt the analyst's feelings? Was the analyst, bored with him, mad at him, thinking about someone else?

Gradually, Jacob became aware that he was so anxious about the feeling of being separate¹. (Footnote 1: By the use of descriptive language and by detailed examples of Jacob's behavior with me and with others I hope to define the technical words and show in an experiential and daily way the subtleties and costs to relationships that are implied by terms or phrases such as "narcissistic" or "partially undifferentiated or unseparated" from the parent or analyst.) from the analyst that he felt he had to be in a state of perpetual gratitude. At first, it was more of an intellectual understanding since he knew that he had been traumatized by his many abandonments by his mother and and father and it "made sense" to him that he would bring those fears to his relationship with his analyst. Jacob was the eldest of his mother's four children, all fathered by different men. Each time his mother found a new man she left Jacob for months or years in order to join her husbands or boyfriends either in different cities or traveling around the world. For much of his childhood Jacob was without either parent, mother or father, although unlike his half brothers and sisters he did have both parents until the age of nine. From the age of nine on, however, Jacob had felt desperately grateful towards the loving extended family members that had taken care of him during his mother's

absences. Among other things, the experience of being a guest in his own home had meant that he had never really been able to relax and be needy, demanding, critical or even grumpy in an ordinary daily sense. Even more painful, Jacob realized that he had never felt free enough to feel or think about what he wanted—or even to try to ask the question, what was he thinking or feeling or wanting?—because he really wasn't sure there was any chance of getting it. Even when his mother had been around she had been extremely needy and self absorbed. Jacob's survival had depended on his ability to be a chameleon and fit his needs to the needs of others. In fleeting moments of self-awareness Jacob described this feeling as not even knowing when he was leaning against a burning hot stove. He only knew that he had been burnt when many hours or even days later he noticed the scars—and that was only if it registered at all.

Why didn't Jacob know when he had been "burnt?" Why didn't he know if he liked the taste of oatmeal when he tasted it with his mouth, his tongue? Why didn't he know his own bodily boundaries enough to know if he did or didn't want to have sex?

Although it took a long time to get there, Jacob was eventually able to take responsibility for the fact that having a wife that was comfortable not having sex

saved him from the terrible risks attached to freeing up his own desire. However, the road to this understanding was not simple.

We speak of patients such as Jacob (in the overly technical terminology of our profession) as having had childhood experiences of self-annihilation or loss of a sense of self, of being undifferentiated, of not having separated from a narcissistic parent, of having an impoverished ego, or a primary depression or withdrawal. In contemporary psychoanalytic dialogues about how to treat patients such as Jacob we speak of the self in relation, the interaction, two person psychology, projective identification (the patient gets rid of his feelings by trying to get the analyst to feel what he's afraid to feel) and developmental help. Part of what we are saying in everyday language is that the real and the fantasy relationship between patient and analyst and the interaction between them has to be part of our theory and technique. Perhaps we can use the case of Jacob as an example to help us explore these ideas from the separate viewpoints of both patient and analyst. I will try to intersperse my questions as well as Jacob's questions with the clinical material in order to use Jacob's analysis as a vehicle for exploring first, this feeling of lack that the patient with a narcissistic parent has in general and, then, this feeling of lack that the patient has with the analyst while in treatment.

Until approximately the last twenty years many analysts did not believe that psychoanalysis could help narcissistic patients. And yet today many analysts would say that treating narcissistic problems is the bulk of the work of analysis. How does the analyst facilitate the birth of a separate person in analysis when there has been a childhood history of narcissistic relating with a parent? What does that really look like clinically as it gets enacted, transferred, projected, re-worked, unfixated? What does Jacob think was the agent of change in his analysis? What do I think was the agent of change? Do he and I agree? Do you the reader see an overlap?

For example, as you will read below, one of Jacob's ideas about how analysis changed him was that his analyst, "let down a rope" and pulled him out of his psychic prison. What do we think of Jacob's love for the analyst as the woman who "let down a rope" or pulled him into the world?

Although I think you the reader will see that Jacob does change in many ways, threaded throughout the analysis this central question still remains. On the one hand, Jacob feels a great deal of tension or vascillation between his desire to idealize or empower the analyst and his struggle to achieve a more separate sense of the tension inside him between hope and hopelessness, or his own personal responsibility for making the decision to change. On the other hand, an interesting

question is highlighted by Jacob's vascillation: to what extent did Jacob's progress depend (using a two person psychology explanation) on the analyst's ability to reach out or "let down a rope?"

Initial Phase of the Analysis: Identifying the Internal Space

What does it mean to say that someone has no sense of self, very little sense of self or confusion about his separate perceptions? I think this is one question about how analysis works that can be understood more deeply through a closer look at what happened in Jacob's analysis. (Footnote 2: By asking the above questions I want to call the readers attention to the ways analysts think and use words by juxtaposing technical ideas about having a separate self or, separating from a narcissistic parent, for example, with a detailed or textured examination of the moment to moment feelings and process of the interaction between analyst and patient.) One way of looking at Jacob's treatment was that he slowly began to use his analytic hours as an opportunity to carve out or articulate who he was, his inner feelings, his interior landscape. As discussed above, this kind of experience was sorely missing from Jacob's growing up years and it was also a long time coming in his analysis.

Often in the early part of the analysis Jacob would have difficulty breaking through his isolation (and what I guessed were his feelings of despair about

communicating with me) and simply telling me directly what he was feeling. There would be many long, superficial descriptions of events or circumstances that made me feel very lonely or empty because it felt like there wasn't very much going on between Jacob and I. If I asked him what he was feeling he would tell me that he didn't know. I tried wondering aloud if, perhaps, he was feeling sad or despairing or lonely, but although he might agree in the moment, ultimately I didn't feel that these kinds of interventions were very helpful because they never seemed to lead to new or deeper feelings. Much of the time Jacob would focus far too intently on what he thought I was feeling or thinking (here is another example of how he wasn't able to be very separate from me) and, as mentioned above, he became very anxious when he wasn't able to feel, as he put it, that we were "together," on something or "side by side." Jacob also expressed discomfort about lying "all alone" on the couch saying that he didn't like it that he couldn't see me because it was harder to tell when he couldn't see my facial expressions if we were "in agreement."

After a while, Jacob found another way to elaborate on his feelings through a fantasy of being in a dungeon. It felt as if he was trying to find words of his own to describe what we both palpably felt as a gulf between us (a gulf that Jacob felt with everyone) or the intolerable feeling of being alone in each other's presence. In

the fantasy, he described many of the people in his life as prison guards while other people in his life were seen as living on the other side of a prison wall or above him in the world of the living. It became clearer and clearer to Jacob that the dungeon was his symbol for the psychic prison of not knowing what he wanted, how he felt, or who he was. Paradoxically, his proclivity for losing himself in other peoples perceptions, on the one hand, was the flip side of this extreme distance or gulf that he also felt; the dungeon that separated him from the rest of the human race.

The repetition and elaboration of the dungeon metaphor filled up a great many of Jacob's analytic hours. Listening to Jacob during these times was often very painful. However, I knew it was important for him to "get it said" in whatever way that was possible. As time went on, I also tried to talk to him about how the experience of listening to his repetitive descriptions of the walls of his prison felt like his attempt, in part, to imprison me, to deaden me, and to fill me up with his despair because of his sense that my aliveness, as well as his potential aliveness, was very threatening. I told him that sometimes it felt like he wanted to pull me down, too, and that I didn't want to stay in the dungeon with him, but that I didn't think that was the only way for us to be together. I also told him that at other times it felt like I was supposed to find a way to drag him out, but I wasn't sure if I could

do that either. At the same time, I tried to tell him (often non- verbally as well as in words) that our capacity to survive or overcome these feelings together-- to preserve our sense of our aliveness even after seeing these painful, despairing, dead feelings-- could, if we really faced them, make us stronger.

One day Jacob began elaborating in more detail the part of the dungeon fantasy that was a wish or a daydream about changing or being transformed. In the daydream, one of the guards, or one of the people outside of the dungeon (a woman), throws down a rope for Jacob and invites him to climb out.

Jacob's use of this daydream enabled him to define in even more detail who he was, what made him feel really alive as opposed to "buried" or "underground" and what the important people in his life (like me, the woman who threw down the rope) truly meant to him. He was learning more effectively how to recognize and identify what his feelings were when he wasn't being a chameleon. His mother (who had been dead for many years) receded, to a larger degree, into the past. His conflicts about the people in the present and what he wanted from them now began to take center stage. (This is another behavioral or concrete definition of how a patient becomes partially undifferentiated or more separate from the parent or an internal object that represents the parent.)

Jacob began wondering if he could laugh and be happy like the people “on the other side,” the people outside of the dungeon, the people in his daily life that he had previously felt very distant from. Could “guards” become friends? Would they be able to see him differently, now, despite his past? Was he the one who was changing or were they changing, too? Did people change together in response to each other?

We also at this time began the discussion referred to above about whether I, “rescued” Jacob by reaching out and letting down a psychological rope or whether his gratitude towards me and wish to give me so much power might be overdetermined or motivated, in part, by his history of having to reflect the needs of a narcissistic parent.

Middle Phase of Analysis: Staying Out of the Dungeon

Following Jacob’s intense descriptions of his isolation or “imprisonment in the dungeon,” there was a definite shift in the analysis and he began talking much more consistently about his feelings of being stronger, more confident and more alive. We discussed the idea that Jacob’s process of defining his individual reality or becoming a more separate person (really for the first time having his feelings listened to, contained and understood) had strengthened his sense of himself and given him greater access to ordinary, everyday feelings that he could recognize and

tell me about. One fairly “true to life” way of describing what happened between us is the Kleinian notion of being “in contact” with the patient. Jacob seemed to be saying that one reason he felt stronger was that he got in touch or “in contact” with some of the most desperate, painful, unbearable feelings inside of him and that they became more recognizable, more acceptable, more contained and more bearable because he could talk about them to me. As he put it, he had been “lost” in the dungeon.

By contrast, Jacob began to characterize this next phase of the analysis as the time after his emergence from the dungeon, the time of being “found,” again, of being remembered. Jacob continued to refer to his love for the analyst as the one who had not forgotten him, the one who had “let down the rope” that pulled him out of his dungeon.

Can we say that Jacob became a more separate person in analysis, that he became a person with feelings and thoughts that he could really call his own, that he and I became more connected or got “in contact” as two separate people? And, if so, what exactly was the therapeutic or analytic action that enabled this to happen? Jacob and I agree, in part, (you will read more of his thoughts about listening in the section written by Jacob below) that one of the agents of change had to do with the analyst’s ability to listen analytically. Fundamentally, analytic

listening (a technical concept that pre-dates the phrase two person psychology, a term that has often been preceded by the adjective neutral, and that to a large degree is shared by multiple theoretical perspectives) is a non-judgemental, compassionate kind of listening that allows the inner thoughts and feelings of the patient to emerge and be looked at without too much intrusion or too much distance. Analytic listening, as I understand it, also includes the idea of well-timed interpretation. Can we hypothesize that through being listened to, analytically, Jacob was able to know himself better or, perhaps, to really find himself for the first time?

The experience of being thoughtfully listened to also lifted Jacob's spirits or helped him to "lift himself up" (being helped and helping himself, I would say , although about this, you will see below, Jacob would disagree) and he became much more hopeful about everything in his life. What were the other factors that helped Jacob to change?

In concrete terms, with respect to external events and changes in his life, Jacob began describing some very different kinds of interactions and relationships with those around him. He felt new feelings of respect and interest in his coworkers, for example, as well as a growing sense of interest and respect coming from them towards him. Jacob's personal friendships also became a lot deeper despite the

fact that there were many times that he almost gave up in withdrawal. When Jacob fell back into his state of withdrawal, he was more able to discuss with me the idea that although deeper friendships could mean more joy and closeness, they also inevitably involved those times of being very hurt by people or very disappointed in himself.

Of course there were also many longer periods when Jacob would retreat again into his protective feelings of isolation and fantasizing. For example, we spoke a great deal about the “double edged sword,” paradoxical and potentially self-deceptive quality of his use of metaphoric language and imagery. On the one hand, it could be a safe way (not unlike the useful displacement properties of a dream or a daydream) to find out something that was both unknown, unclear or unconscious but, at the same time, very painful and true about how he felt. On the other hand, Jacob was also very adept at stringing words together repetitively in an initially seductive way that then, later, had a distancing or even deadening effect, pushing away closeness with the other person and with himself. Inside his own mind Jacob could use evocative words and images as a way to retreat into a kind of a bubble or an illusion that was always, to some degree, comforting because it was completely under his control. However, talking with me and other people forced him to see this process far more clearly than he ever had before.

At first I asked Jacob in a more general way if he thought he was using his fantasy world as a form of protection or as a defense, but even raising the question in this somewhat removed way made him feel very hurt and angry at me. Jacob got even angrier when I would bring up specific examples, in the moment, of how he distorted something someone said in a self-serving way. For example, on one occasion he told me how much someone at work admired his knowledge of rare books. I happened to remember that Jacob had also told me that this same person had walked away from him just a few days before while he was in the middle of a sentence. Jacob painfully had to acknowledge that he was probably partly imagining or exaggerating this man's admiration in order to protect himself from the previous hurtful experience.

Discussions such as the above were very hot and uncomfortable for quite some time and we had many disagreements and much back and forth and pushing and pulling around this subject. At the height of this phase Jacob accused me of "not listening" to him and "being mean," although later he was able to see this in a somewhat humorous vein. Much later on, Jacob and I also discussed this time by referring to Jacob's experiences being a parent and comparing what happened between Jacob and me to the way that a parent interacts with a teenager. Put in this context, Jacob could see that the fantasies of a teenager can sometimes be

healthy, creative “fictions” that protect a brand new, secret identity and independence, but that sometimes teenage fantasies need to be pulled back to reality or confronted by a loving parent.

There were many more important developments in Jacob’s analysis that I can only summarize in this chapter such as the re-emergence of his sex life or his new interest in making money. Interestingly, earning more money or spending more time in what he used to disparagingly call the “rat race” of the business world, was increasingly described by Jacob in terms of a new feeling that he finally belonged to the “team” or felt he was a part of the “men’s club.” Another very concrete and significant change was that Jacob became more interested in muscle building and working out. His image of himself as a masculine man with “definition,” or literally firmer lines or boundaries between his masculine body and his wife’s feminine body seemed to help him consolidate his sense of himself as a man who was entitled to have a natural, aggressive, sexual drive. At the same time, despite many halfway, stalled attempts and painful retreats and withdrawals, Jacob and his wife slowly began experimenting with their sexual relationship. Although the need for confidentiality limits how much can be said, Jacob’s commitment to his marriage changed in complex ways that made it both more satisfying and real, and more painful.

Initially when I asked Jacob if he would be willing to write about his analysis (about a year and a half after termination), we decided to meet in order to discuss it. As Jacob and I began talking together many feelings were stirred up and Jacob decided that one of the reasons he had wanted to come talk to me about writing about his analysis was that he wanted an “excuse” to return to treatment for a while. Although Jacob had initiated post-termination contact through several postcards and a letter which I responded to, he had needed the invitation from me to meet in person (ostensibly to discuss the book project) in order to come in and tell me about his wish to return to treatment. (The emotional impact for Jacob, and other patients, of writing about their analysis’ will be explored in more detail in Chapter 11). As were all of the patients in this book, Jacob was told the title and general structure and content of the project and it was with that in mind that he agreed to write his perspective about what made his analysis successful:

The Patient’s Perspective

To begin with I want to tell the reader what I’ve learned from this writing process. The first time I wrote about my analysis and met with my analyst to talk about this book I realized that wanting to be a part of the writing project was partly an excuse for me to come back and see my analyst or a way for me to realize that I wanted to come back and be in therapy with my analyst.

When my analyst asked me if I thought it was fair or right to ask a patient to write about their analysis or if I might feel used or taken advantage of I said no because I felt flattered and I wanted to do it. It also seemed like it might help other patients. But, then I realized it was more complicated than that. In my first draft I was much too revealing about myself and too flowery about how great analysis was. And seeing that I realized that I was doing what I always do; that is, trying too hard to please. So, again, I had to face the feeling that I wasn't done with analysis and that I was angry that my analyst had let me go too soon. As I said before, I realized as I was doing it that agreeing to be a part of writing about my analysis was a way to come back and see my analyst. I had been sending her a lot of postcards and letters and, I think, kind of asking her to rescue me again.

My analyst also asked me how I feel or what I think about the part of this chapter that she wrote. The most significant difference in our two points of view is, as she says, that I feel like she saved my life, in a way, and I don't really understand why she has to insist as much as she does that I saved myself, too. I know I did a lot of work, but I do feel like she handed me a rope and pulled me up or rescued me and I responded. So, I'm glad I get to put in my two cents about this.

I guess I should also say that a lot of the other stuff about me is disguised and, also, some parts of it were changed after my analyst and I talked about it. Also, a

lot of the things I said in the first draft were too private and so this final version is a lot shorter. I guess I'd feel differently if I thought anyone would recognize me, but even as it is I have to admit it's hard to read. But, on the other hand it makes me feel like I've done something with my life.

What would I be like if I hadn't had an analysis? I think about that question a lot. I did try regular therapy two times. Analysis is something very different from that. Why? Well, I'd really like to explain why to all the people who might be in my shoes. I think it's because you and your analyst become sort of like close friends. Perhaps I shouldn't say that because it's a professional relationship, but my analyst was also a real person to me as if I finally had a real friend like I'd never had before. I can barely remember the names of my therapists in the two shorter therapies. They just didn't get that close to me.

I should also say why I came to analysis in the first place. The reason is that I was very depressed. But I was so numb I didn't really know I was depressed. My wife and I had a completely asexual relationship and I really had no feelings for anyone except my children. I was one of those very agreeable, out of touch kinds of people. I related to the world the way I related to my mother. She saw everyone in terms of her needs and I don't think she ever really noticed me. So I didn't notice me either.

I used to think I had a difficult childhood because my mother had so many men in her life and it was so chaotic. But really it was her personality that made everything so horrible; the fact that she didn't think about other people. It took me years to realize how angry I was about this and at her especially. I was living my life as a shadow of a person. Then, I started to feel more feelings about everything because of talking about things like this in analysis. When I felt what I was really feeling I felt even worse because then I knew I was depressed. I realized I'd never had a life of my own. Suddenly, I saw it. It was so depressing. I could see the walls of my prison. I was in a deep dark hole like a medieval dungeon. But somehow it was better to reach out and feel the cold, damp walls and know that I was in a prison than to be numb about it. At least I could finally cry. And, I had my analyst there caring enough to listen to me. But, it was horrible to be there.

How did I get out of that depression, my dungeon? I don't really know. I think my analyst showed me that it was safer to feel my own feelings. It took a long time but I woke up. I began to feel that horrible, horrible pain and then, finally, some happiness. After a lot of pain I had enough feelings about everything inside of me that I began to feel more confident that I could get back to the happy feelings eventually.

Suddenly (and slowly) I noticed I could talk to people without boring them.

And I really cared about them for the first time. My children and my wife noticed the difference, too, and time with them didn't seem tedious the way it used to. My older daughter actually laughed at my jokes. And I'm getting better at listening to my wife. Just ordinary life, I suppose, but the word ordinary means so much more to me than most people.

One of the main reasons that analysis touched me and changed me is that I was really listened to. Deep, deep parts of me, the deepest parts of me, were seen by my analyst. She would say to me something like, "You have a way to tell your story now." I would always argue with her that what we talked about didn't matter as much as that she rescued me or let down that "rope" that pulled me out of my depression. When I think about the idea of having a story, though, I think I understand that one of the most important changes in my life is that I can talk to people about myself, now. I know how I feel and who I am much more than ever before. And, that also makes it more possible for me to listen to other people. I used to be more of a phony and I didn't even know it.

I also want to say that I was just loved and understood and that it's as simple as that. That would be too simple, though. I guess because it's leaving out that it was not easy, that we argued and that she was firm with me, too. She insisted that we

talk about and think about things that I didn't want to think or talk about. I went through a lot of painful times with her. I acted in some ways I'm embarrassed about now, but even the worst times ended up being something to think about later.

I think another one of the main feelings I have about my analysis is that now I'm not as scared of myself. I think you should only try analysis if you really aren't afraid to know your pain and feel things no matter how bad it is. But, also don't be scared about the idea of exploring your unconscious. It really makes you stronger to face things. It's probably not for everyone, but I hope all of you readers can see that some people really can change even if they think they can't. You'd probably be surprised.

The Two Points of View: Analyst and Patient

"My job is definitely to be myself. What bit of myself can I give you, and how can I give you a bit without seeming to lack wholeness." (Winnicott, 1986, p.85)

Having now read both the patient's and the analysts view of an analysis how can we put them together? One very interesting and strong point emphasized by Jacob and perhaps not recognized strongly enough in my account is the importance of the analyst's realness. What is Jacob saying about the analyst's realness?

A successful analysis probably depends on the analyst having or developing a sense of conviction, an interpretive voice or his/her real self as an analyst, during the very same moments that the patient is trying to do the same thing from within his perspective and his role. If this is so, then perhaps when Winnicott says “My job is to be myself...whole...and give a bit ” he is also essentially encouraging the analyst to be himself and be real while simultaneously being an interpretive analyst and that it is this process and balancing act in the analyst that the patient slowly identifies with. The research and clinical writings of Fonagy et al (1995) Grusky (1999, 2002) and Tessman (2003) also suggest that the patient gets to know the analysts mind or “actuality” (Tessman, 03, p.8) at the same time that the analyst is trying to understand and contain the patients mental state. Could this be part of what Jacob is saying, too, when he says,” My analyst was a real person to me as if I finally had a real friend.”

In thinking back about my experience with Jacob I would agree that he was starving to get to know me in two ways. One, to put it simply, he was starving for love. In other words, Jacob’s analytic relationship with me, although very complex, was also subject to the same mysterious, but simple rules of love that occur in any intimate relationship; he needed the kind of contact that would both embrace him and hold him at a distance. Two, he was starving to pit himself against someone

who was solid enough to fight back against his inevitable passive aggressive withdrawals and aggressive attacks. Perhaps an even more accurate way of putting it is that he needed an analyst who was present enough to notice when there was an absence of those healthy, human-spirited, attacks and embraces that must be a part of any real relationship. I think this is part of what Jacob means by realness and listening and I think he is also wanting to say that his experience of love and hate with his analyst was his very first experience of this kind.

It also becomes clearer from Jacob's description that the "real" analyst can't be disentangled from the interpreting analyst. When Jacob highlights the realness of the analysts "letting down the rope," for example, he can't forget that this was also a point of disagreement, or an area where the analyst used her interpretive voice. It seems hard to judge in this moment which part of the relationship (the real or the interpretive) is pulling the other or which is more important.

In all of these dimensions it has been eye opening to take a look at Jacob's point of view. By stripping away the technical language, he has given us a map which is very useful. Although Jacob mentions "listening" and "realness" more specifically, he also explains to us in simple language that the fundamental keys to change in his analysis have been about an analyst who helped him to feel hope, who was real, who listened to him and who wasn't too afraid of anger or

separateness or disagreement. It seems to me from Jacob's list of these qualities in his analyst that he is not only emphasizing realness, but also firmness or separate thinking or an appreciation of the interpretive space that was created between them that allowed him to confront some painful inner realities or insights. Is my investment in this concept of interpretation overdetermined by my role as the analyst? Is the real relationship, or the "rescue," the most important therapeutic action, as Jacob tells us? I will leave this as an open question for the reader to decide for him or herself. In my own mind, however, I see Jacob as knowing more and more deeply (despite or maybe because of his ongoing questions about it) what it means to have an internal world

Discussion/Summary

The central question behind this book is, what is it that makes psychoanalysis transformative? What is it that makes psychoanalysis work? This is not a small question to ask-- what is it that enables some analysts and patients to sort out the mysteries of the world and their place in it and others to become weighted down with tragic repetitions, psychological blindness and mediocrity—despite a lengthy analysis. Since psychoanalysis is such an ambitious undertaking—the goals are nothing less than to change a human life—we have to try to understand why it works so well in some instances and not in others.

One of Jacob's ideas about what makes analysis work is that his analyst rescued him or "threw down a rope." Of course as Jacob's analyst I have to wonder if it is partly an almost automatic, chameleon-like flattery, or the need he has to give the analyst the power to cure in the same way that he gave his wife the sexual power. As Jacob says above, one reason he decided he wanted to come back for more treatment was that he saw clearly after his termination, and in his and my writing about his analysis, that the part of his personality that was compelled to be overly positive or grateful was defending against the angry feelings. As we talked about this, Jacob told me that he was angry at me because he felt I should have stopped him from continuing with his plans for termination. He wanted me to have more explicitly advised him to continue his analytic work. Jacob's feelings raised many questions for me. Had I chosen Jacob to be the patient who would write about his analysis because I was aware, on some level, that our work together was unfinished? When the idea of having a patient write about his analysis was first proposed to me I had felt hesitant because of all of the complicated issues involved and my first thought had been that if I participated in this experiment it would be better to pick someone like Jacob who had terminated. But, had Jacob terminated? And who could say if perhaps it would be more helpful to raise the issues of writing about an analysis in a situation where you could analyze them with the

patient? Now I also wondered if perhaps I had also been preconsciously inviting him back to treatment by inviting him to be part of the book project. Was this another version of my “rescue” of Jacob? Jacob’s perspective and writing has helped me to ask myself more of these kinds of questions.

In particular, Jacob has helped me to formulate a question about what the difference is between interaction and rescue. More recently Jacob and I have been discussing why he is angry at me because I didn’t insist that he stay in analysis longer. In fact I did bring up some of the areas where Jacob was still having difficulties, but it seemed to him at the time that everything in his life was on the upswing and he, understandably, wanted to see how it felt to live his life and not be in analysis. It was only later on, when things turned out not to be as easy as he had hoped, that Jacob began to feel disappointed and angry that I hadn’t predicted the future to him and saved him from some of this disappointment. Again, embedded in this slice of our interaction is one of the core issues of Jacob’s treatment. Frequently, on the most conscious level, Jacob prefers to think of himself as someone who needs to be rescued. However, he doesn’t remember that during the time we were discussing it he experienced my questions about whether he was finished with analysis as undermining his independence or doubting his capacity

to “do it alone. Only later did he wish that I had done the very thing that he didn’t want at the time.

What is a “rescue?” On my side I realized that I probably did have in mind the idea that Jacob needed more analysis and, in part, this idea materialized (of course, only partly for this reason) in the form of the invitation to be part of this writing project. However, now I was unwittingly involved in a treatment that was messier than I wanted it to be or felt comfortable with; I was now treating a patient during the time that I had asked him whether he wanted to write about his treatment because, given all that happened, it seemed the right thing or the best thing to do under the circumstances. Trying to get perspective on all of this I consulted with a colleague who asked me why I thought Jacob wasn’t grateful that I’d found a way to invite him back rather than angry that I hadn’t done it sooner. Herein lies the question and it really is a very complicated one. As much as I or any analyst might consciously try to be a pure or by the book analyst (that doesn’t “rescue,” for example) if we are honest about it, it often doesn’t turn out that way. Or, I might want to avoid the complications of writing about a psychoanalytic treatment or, more to the point, conducting a psychoanalytic treatment, but if I want to try to discuss what makes an analysis successful then it may be important to realize that many of the successful analyses are the complicated ones. Another way of putting

this is that both Jacob and I were partly “right” about the analyst as the woman who “throws down the rope.”

Jacob illustrates here that he was still asking his analyst-mother: Are we separate? Do I dislike oatmeal or do you? What is the overlap between my desires and yours? Have you “burned” me at the hot stove of intimacy or rescued me? By getting confused about the boundary involved in choosing to leave analysis or not, or to get better or not, Jacob is going back to his central issue of whether he knows internally what he wants in the presence of the other or how susceptible he is to losing his sense of himself and his needs..

In some ‘ways Jacob is similar to Anne Alvarez’s (1992) patient Robbie:

“Robbie...told of a game he had played with his sister where a boy and girl had been kept imprisoned in a deep well. A long, long, long stocking, or a long, long, long penis was thrown down and each of them came flying up in the air... (p34)...what I cannot forget about the day Robbie told about the rescue... is that his voice changed radically...the rising note seemed to have a lot to do with the heart lifting, spirits rising... he surfaced when I made some fundamental move to reach him.. I chose at the time the word “reclamation” to describe the situation. (p55).

Alvarez (1992) also makes statements such as the following, “It does seem probable that my urgency was essential.... My reach did, in fact, have to be very long.”

Jacob couldn't entirely let go of his need to see me as “rescuing” him and, as I have tried to describe while writing this chapter, for much of his analysis I wondered what it was that he was trying to tell me about this. I have frequently thought about the fact that Jacob was saying that he had almost completely “given up.” And that it, therefore, had to be me as a separate person who would summon the internal strength to “pull him up.” In other words, the process by which this happened couldn't be described entirely as a projection or a projective identification or as Jacob getting rid of his feelings by putting them into or onto me. If we listen to Jacob's perspective he was telling me that he had “forgotten” about himself because he felt entirely forgotten by other people. He seemed to be saying that one of the transformative acts was that another separate person was capable of remembering him, reaching out to him, taking action to “reclaim” him just as Anne Alvarez describes with her patient, Robbie. Jacob's perspective also emphasizes again and again that he feels he had to be awakened or brought back to life.

Jacob seems to be adding on to the idea of projective identification the additional idea that he needed the analyst to be the one to take some action to reach out for hope. Anne Alvarez also seems to be underlining and emphasizing a similar process with her patient Robbie. Here, too, there is the idea that the therapist or analyst does something in addition to thinking such as being real or reaching out that provides hope or a lifeline.

This concept is important to understand because if it is not understood a very dedicated and sincere analyst could be trying so hard to be neutral, or to respect the patients autonomy, or to interpret the conflict or the projective identification that they would appear (perhaps tragically, from the patients perspective) to be unable to “grasp the lifeline.” This lack of responsiveness and/or narcissistic investment in a “pure” analytic idea that might provide professional meaning for the analyst rather than emotional meaning for the patient, would also enact and repeat the initial trauma of the narcissistic parents self-involvement.

In the end, a two-person interaction, enactment, or mutual projective identification concept that stays grounded in the equally important necessity for interpretation seems to be one of the most important ideas that Jacob’s question asks us to consider. Perhaps analysts should not back too far away from the idea that we may in certain carefully evaluated circumstances need to “let down a

rope.” Yet, at the same time, we should not be too quick to think that we are engaged in a rescue. Hearing Jacob’s point of view can help analysts and patients step outside of a “real relationship’ versus an “interpretation is the only true action” of analysis dichotomization and see something that is more obvious. Enid Balint (1993) describes this kind of analysis as the process of analyst and patient discovering an “area of creativity” (p.104) in the context of their separate realms. In other words, reaching out is not the same as rescuing if we see it as two separate people choosing to find a way that works analytically.

Chapter 9

Andrew

Insecurity, Inferiority, Social Anxiety and Submissiveness

While there are many aspects of classical psychoanalysis technique that are reassuring to psychoanalysts in training and hence of persistent presence in most training programs it remains for the graduate psychoanalyst to determine what aspects of that technique are effective for the patients who they actually treat. Many graduate psychoanalysts, particularly those with the intention of achieving training analyst status, are inclined to continue operating within the belief that psychoanalysis rests upon the technical shibboleths of neutrality, abstinence and anonymity with free association as the *modus operandi*. Most, if not all accounts, of psychoanalytic treatments further the image of psychoanalysis as a strictly uncovering of the unconscious conflict mode in which the analyst's personality and input are kept to an absolute minimum in the service of uncovering wishes and patterns from infancy and childhood. To have it otherwise would in many psychoanalysts' opinion reduce psychoanalysis to a treatment of influence, a kind of influence that is seen as reducing the scientific status of psychoanalysis.

Fortunately for our patients psychoanalytic treatment hasn't remained confined to this static imagery. As a result of contributions within self psychology, relational psychoanalysis and intersubjectivity based psychoanalysis as well as the stream coming from the interpersonal school a new image of both the

psychoanalyst and the process of change in psychoanalysis has emerged. In this version, the persona of the analyst and its contribution to the therapeutic action has emerged in a picture that permits, even requires the analyst's self as a source of influence for the patient. Once acknowledged the idea of the influence of the analyst's subjectivity (read as personality) as "irreducible" and inevitably removes any illusion of a "pure" and objective form of investigating the patient's unconscious. It isn't that interpretation has been abandoned but rather it is the nature of what is interpreted and in what context that has changed.

It is with a new definition of psychoanalytic technique that I will attempt to describe the treatment of Andrew, a 28-year-old man at the time of beginning his analysis that has now persisted for four years. I believe that it demonstrates the effectiveness of psychoanalytic treatment in influencing the life of an individual locked into a life long pattern of insecurity and submissiveness by a combination of family background and experience. An approach that utilized experience-distant interpretations would have diluted the development of the patient-analyst relationship. Instead his enforced passive compliance to the ideas and demands of others would have continued to hold sway over him. While the danger that my influence as his psychoanalyst might lead to change through his compliance I would stress that the ability to question this compliance as we worked together

served as an important deterrent to that as a mode of concealment of a true integration of new methods of perceiving and acting.

Andrew presented his problems in a tentative fashion quite typical for him. He had been referred to me by a colleague in another city with whom he had been in treatment during most of his undergraduate years and intermittently since then. He had been on Prozac for about six years with very little sense that the medication could be stopped; he was reluctant to even consider this possibility because he felt dependent upon it to keep him going. His appearance was in marked contrast to his insecure self-image. Tall, blond and athletic he had looks that one would hope would correlate with self- confidence. His dress, mostly in black casual clothes, reflected an artistic style, which blended surprisingly well with his athletic body type. (He had been a serious, competitive swimmer throughout his high school years.) Insecurity, feelings of inferiority and social anxiety were dominant aspects of his self state. He explained that after college he had spent the next six years in a combination of negligible jobs in Philadelphia while he attempted to define what sort of work was really right for him.

It turned out that his father had for years preached the idea that he had to find work that really interested him because any other type of work was the equivalent of soul murder, the serious destruction of a meaningful life. This

theme, as well as a discouraging sense that he could never find just the right work or career had overshadowed everything that he had done or thought of doing.

Highest on his priority list was the life of an artist; he had tried the arts, studying at various times painting, film, and furniture design and construction. All had left him feeling that he simply couldn't produce enough of quality, lacked motivation and perseverance. He had come to town to study architecture, which initially he considered a choice worth pursuing vigorously because it incorporated his artistic interests. Shortly after beginning school, however, he became characteristically filled with doubt as to whether he had sacrificed his true calling of painting. He hoped that therapy might be of some use in helping him persist in his attempt to become an architect although he could offer little idea of how this might happen considering his proven history of abandoning most of the career projects he had embarked upon after he decided that they weren't representative of his true self.

Although Andrew's family appeared to be quite ordinary, even routinely normal at first glance as more material emerged it revealed that the surface normalcy didn't hold up. The family had led a suburban life during the years that his father worked in the financial world doing a bond trading job that he hated. At one point when the patient was in his teens the father stopped his work as a trader and entered his own father's real estate business that appears to have included the

ownership of large buildings in a major city. The father and his grandfather had a turbulent work relationship that ended after several years. His father did mend his relationship with Andrew's grandfather which in turn has preserved the line of future inheritance. Following this his father retired from work and moved the family to a remote area of Montana where they settled on a large ranch. By this time Andrew was already in college. Although he was aware that the ranch was extensive and the home the parents had built was quite elaborate he had no idea about what it cost or where the money came from to allow the parents life style. Mostly, no questions were asked but when they were there were no answers forthcoming.

Andrew's college career at an Ivy League school was overshadowed by his relationship to Cathy, a woman who entered his life, first as a friend, during his first year of school. This friendship became a consuming romantic relationship during his third year of college. From the beginning of the romantic relationship she assumed a kind of ownership of both his life and their future. She was convinced that they were fated to be together and that nothing could ever lead to their being separated on a permanent basis. She felt the need for an exclusive relationship with him, often resisting even the notion of socializing with any of his friends. While Andrew was often aware that Cathy was unreasonable in her

demands he nonetheless tended to try to see her point of view. He felt responsible for her well being including her assumption that he was ultimately responsible for curing her despair and giving her the life she felt she deserved.

After several years of living together in the U.S. Cathy decided that she wanted to live in Frankfurt. Despite his knowledge that work would be impossible for him in Germany he agreed to move there with her. In that setting she became increasingly difficult, often spending days in bed, having fits of crying and insisting that her life was hopeless unless he pledged himself to making her life better. She resisted leaving their apartment and insisted that he stay in with her living the life of a shut-in or recluse. Sex became an issue between them with her refusal to see it as part of their relationship. Ultimately, he discovered that in this context she was having an affair with another man. He tried to reason with her about stopping this affair but she insisted that it was meaningless because she was in love with him and not the other man. Although he was upset and humiliated by her actions (both the affair and a continued refusal to have sex with him) he continued to live with her in Berlin because he convinced himself that her affair had little effect upon their relationship. While unable to convince her that she was being unreasonable he did manage to convince himself that he had to return to the United States. He did so without breaking off the relationship. While he did leave

she was able to insist that the relationship was still ongoing and that he would never leave her. If he did her “life would be over”. She persisted in e-mailing him to remind him of his continuing obligation to her and inform him of her suffering and suicidal potential. During the first two years of analysis she visited four times from Germany enacting terrifying scenes of threatened suicide and blaming him for her despair. Each of those visits entailed a threat that the analysis might be disrupted or ended permanently because of her demands that he was “pledged” to the permanence of their relationship. She attempted with some success to convince him that the analysis that he used to justify his desire to be free of her was fraudulent and needed to end for the sake of their “love”.

Andrew’s denial of this girlfriend’s destructiveness was an initial issue in his relationship with me. His refusal to put together the data he presented about her was initially difficult to understand and progressively more frustrating. He could appear almost emotionally deficient when he continued to feel concerned for her safety and future despite her horrendous attacks upon his character. At these times, I both allowed my irritation with him to show and informed him that rather than feeling concerned about Cathy I would be angry. He was paralyzed by her threats of suicide and his images of her all alone in her room crying. The behavior he described identified Cathy as typical of a borderline personality disorder. I would

patiently explain the need for limit setting with such a character disorder; despite his appearance of understanding he would continue to be disarmed and disorganized by the very thought of her suffering. I felt that it was imperative that he had more understanding of just how unreasonable her claims on his life were. While he could accept most of my appraisal of her behavior and understood that her expressions of despair were manipulative he was simply overwhelmed at the thought of her suffering. He found my firmness reassuring and while he did struggle against accepting the fact that Cathy was manipulative and destructive he did attempt to limit her access to him. He would only reveal his phone or e-mail contact with her reluctantly leaving me with a feeling of guilt about causing him so much discomfort and conflict about continuing to support her claims upon him when he knew that I desired that he give up this role. Eventually, he did assert his right to date other women that she tried to “guilt” him out of even though she continued to live in Germany and see her boyfriend there. My impatience with his inability to get angry at her controlling and manipulative behavior undoubtedly made him feel defective but it also had a role in helping him change his position towards her.

Work was another area in which Andrew found my approach quite in contrast to his father’s and the one that he had adopted prior to analysis. His

struggle was to find work that he really loved but this involved something that seemed to confuse work with recreational pleasure. He persistently devalued any work that wasn't in the area of art. Satisfaction with architecture as a form of artistic expression was replaced soon after beginning architecture school with an obsession over whether he should return to painting. He desperately wanted to be the kind of painter who formulated unusual ideas about the visual world. He was surprised by my definition of work as requiring both effort against the desire for pleasurable activity and the requirement of adequate financial compensation. His indifference towards earning a living was extremely frustrating to me considering the extent to which he presented no plan for an economically viable future. Furthermore, he was frequently disturbed by not having enough money to spend for even minor entertainment needs. Self disclosure of my attitudes towards work and the capacity of mature individuals to harness their energies to structuring a work life that could support goals for a family seemed important in helping him persist with his architectural studies. His devotion to the idea that art was a superior endeavor was in marked contrast to my view that elevating artistic creativity was questionable at best, unless an artist's talent and productivity were particularly outstanding. The idea that earning a living was part of what work was about was entirely new to him. Andrew was more surprised by such discussions of

work than he was resistant to the ideas. While some money appeared to have been given to him in a lump sum from which he was able to pay for most of his fixed and predictable expenses including his analytic treatment there was a definite need to stretch this capital by not using more than a fixed amount each month.

However, when there were shortfalls in his ability to meet unexpected, additional expenses he had to turn to his father who always took a humiliating response to his need for financial assistance. I was helpful to him in this regard by clarifying that while his father implied that he couldn't afford to be generous the reality of how he and his mother lived indicated that this wasn't the truth. Furthermore, if he remained firm about what he was asking for in the way of financial assistance his father did come through but always slightly on the short side requiring some sacrifice on Andrew's part. Elaborate trips, however, were always funded without any question, especially when these were timed to interrupt any continuity in both his work life and his analysis.

His architecture program contained elements that were particularly difficult for him to manage and endure. Periodically, his work was reviewed along side of his fellow students in what proved to be very painful "pinups" in which instructors criticized the students' work after their drawings had been posted and examined. In these reviews he would often lose any ability to defend his work against these

critics who tended to have little regard for tact or minimizing injury. I pointed out to him that the reviewers were often cruel and furthermore not necessarily better equipped than he was to make judgments as to the merits of his work. With my direct assistance he was able to fend off his tendency to attack himself in response to unfair criticism. I explained to him the idea that we all entertained negative self images which had to be neutralized in order not to become the basis for destroying one's capacity for creative work. Accepting "one's fundamental worthlessness" and going on from there was a way in which I was able to demonstrate to him how to avoid a downward spiraling of affects as a result of cruel criticism. The craziness of the architectural school world while as clear to me as the craziness of his girlfriend's demands would elude him without my forceful input. While the pain of the "pinups" continued he managed neither to breakdown or give up as he had in the past when his creative work was criticized. He began to develop the capacity to see the shortcomings of his instructors and critics enabling him to see the originality in his own work and their efforts to control his creativity and keep it within the constraints of their own esthetic sensibilities that were often quite narrow. In communicating with him about how to be his own style of architect I was able to draw upon parallels in psychoanalysis during supervision where it was important to be able to withstand the pressure of supervisors when their view was

opposite to the best interest of your patient. The ability to stand for what one believed in psychoanalysis despite strong oppositional positions from others seemed extremely relevant to what he faced in attempting to become an architect in his own right.

His relationships with women, particularly, his neurotic guilt about his sexuality and need to have his own opinions could be traced to his earlier relationship with both his mother and father. He recalled a period in his life at about age 9 when he began to be more independent and actually “talk back to his mother” until she became so upset with him that she sat on him and cried about his rebellious behavior until he agreed that it would stop. His father became so over invested in his swimming that he insisted that he continue to compete despite injuries that required continuous physical therapy. His father often appeared crazed to him in his insistence that he train hard and compete. Although he initially felt enthusiastic about swimming eventually he recalled feeling that this activity had become his father’s rather than his own.

Despite Andrew’s acknowledged attachment to his treatment he often felt drawn to movements and activities that would interrupt or even end his therapy. Elaborate vacations during school breaks were initially not even considered relevant as he planned and went on trips to the Far East. I was aware of my dislike

of his sybaritic orientation that allowed him to see school and work as an intrusion upon his enjoyable activities of travel and visiting friends. With time, however, he began to see that progress in the treatment required his presence and the sacrifice of his self-indulgent travel to exotic places requirement of life. This travel was an attempt in part to identify him as an interesting person who had gone to interesting places. He wanted to work with architects who were distinguished by their intellectual positions. He believed that contact with such architects would transform him into a significant architect. The requirement that to work in such offices he would have to go without salary and, in addition, interrupt his treatment eventually became clear to him as I stressed these points in our work together. Again, the parallel in psychoanalysis to this fantasy of becoming the exalted supervisor or capturing the mind and work of a famous theorist was helpful to me in understanding his motivation. It was useful for me to share with him both the insight and the source of it in my own experience training as a psychoanalyst.

There remained during several years of treatment a sense that for Andrew to acknowledge his failures to make good judgments was taken as a narcissistic injury. While he took valuable things in from me he nonetheless felt he remained inferior as a result of needing my help. He could learn from my example and what I conveyed to him but still feel that this was humiliating and that it would be better

if he were completely in control of his life. He began a new relationship with Mary despite the continuing bombardment from Cathy coming via the Internet from Germany. Mary initially appeared to be an appropriate choice for a relationship. Involved in a similar line of work she had graduated from a prestigious university, came from an accomplished family and initially seemed very interested in him. Gradually her inability to work, chronic unemployment and prodigious alcohol intake emerged in the relationship. More importantly she often seemed indifferent to Andrew while insisting on her love for him. She seemed mainly dedicated to a group of friends who she had attended undergraduate school with and who provided a network of parties that she wanted to attend with or without Andrew. Much of this material was uncovered in the analysis around the patient's report of negative feelings about Mary that weren't linked to these behaviors. Instead he appeared to blame himself for a lack of strong feelings for Mary, in fact, doubting his own ability to feel as the source of difficulty between them. I felt that this was certainly not the case. Instead I repeatedly demonstrated to him that Mary's claims about her feelings for him weren't substantiated by her actions. His lack of feelings seemed to me to be the result of her indifference to him and her desire to live a life in which work only existed as a potential not requiring from her the actual possession of a job. Eventually he was able to extract

himself from his relationship with Mary. More importantly, with my help he was able to understand that her insistence that they needed to talk over what had happened between the two of them (which had been done already) would be an exercise of surrender on his part. Obviously, to me, but not to him, her intention was to blame him and attack his character for having refused to stick with her despite her non-functional life style.

As he approached graduation the challenge of completing his final project thesis occupied months of the analysis. Again, he required my confidence in his ability to design his project because his thesis advisors were inconsistent and self centered in their demands of him. The decision not to move to another city and take a “routine” architecture job was a difficult one for him. It was made easier by his recognition that his journey to self- sufficiency with a reasonable sense of confidence in himself was well on its way but would require more work with me. He didn’t feel that moving to another city and starting over really was in his interest. This signaled his solid relationship with me and his growth towards a personal life in which he made his own decisions regarding what was of value to him. This was made apparent as his father urged him repeatedly to cut his frequency of sessions and if possible to end his treatment entirely. Striking in this interchange with his father was the sense that he, the father, never was able to

acknowledge that his son had any emotional problems. Both parents had supported his relationship with his destructive girlfriend never acknowledging the danger that she represented to him long after he had informed them about her destructiveness. The changes that he made through the analysis, like his ability to stay at work and not visit his parents in Montana, were viewed by them as negative changes rather than indications of maturity.

The shift in core values and accompanying increase in functionality that Andrew made were gradually accrued over the course of the analysis. Insight into his fear of others and his avoidance of aggressive feelings of his own were continually added to his perspective to the point where he actively examined and addressed his experience and relationships with others. His paralyzing perfectionism was neutralized by his adherence to ideas expressed by me about the need for creative work to proceed free of self and other critical comments. I had shared with him my humorous conclusion that we all needed to accept our “fundamental worthlessness” as the essential beginning of creative freedom; an insight I had gained while negotiating the perils of psychoanalytic supervision when I found solace in the idea that no matter how much my supervisor disapproved of what I said to my patient, I was, nonetheless, the only analyst working with this particular patient. What I said and thought would have to be

good enough. My judgment on the matter was the only one that counted and whether or not I felt it was awful the task had to remain in my hands where it indeed belonged. Similar approaches were useful and necessary in dealing with discouraging self-appraisals and those of his architectural “supervisors”.

Progress in Andrew’s analysis has always been slow and while it has also been steady he may not have always shared my opinion on the state of his progress. Despite his inability at times to resist his girlfriend’s demands or produce a reasonable amount of architectural drawings he always provided me with a strong sense that he could overcome his self-doubts and his paralysis regarding the need to act in his own behalf. He has managed to resist efforts by his parents to force him to visit the ranch at times when his work demands made that an unwise and inconvenient action. At such times he needs help understanding that his guilt, while a “perfect” response to their pressure, is really not justified by any real injury to them. This is particularly so since his parents are retired and free to travel to see him if their need for contact is great enough. Andrew feels, both within himself, and to me like a much stronger, much modified, version of his former self.

Nowhere has the contrast between his parents’ inattentiveness regarding the requirements of life and my positions been greater than in the area of earning a

living. As in many families money was and has continued to be a taboo subject. His father has always complained about work that wasn't enjoyable; after leaving the financial industry he, with total lack of clarification stopped working and moved to a luxurious ranch in Montana. Where money was coming from and whether there was enough of it wasn't considered a suitable subject for Andrew to know about. There is reason to believe that his father's family is very wealthy as a result of real estate holdings but neither his father, mother nor grandfather is willing to disclose any information regarding money that has already been inherited and money that will come to the family on the death of his 85-year-old grandfather. Andrew, however, is frequently placed in a position where his father makes him justify the smallest expense. At times, he lacks money for food or even the price of a movie ticket. His father is periodically unrelenting in his requests that Andrew decrease the frequency of his analysis even though the progress that Andrew has made is striking enough that no one could deny its importance. From my perspective, it often seems that Andrew's father either can't stand his increasing independence and success or simply is penny wise and pound-foolish regarding money. Initially, Andrew was dominated by guilt when asking his father for money and receiving a reluctant response, as if the money he was asking for would destroy his parents' budget. It required my pointing out that the parents

continued to travel and put large sums of money into home improvements to get him to see that there was no actual shortage of money. While having no access to his father's motives I could clarify that it appeared that his father kept him on a short leash because he feared that if money were plentiful that Andrew would never work, never get and hold a job. This motivation seemed to persist despite the evidence that he was benefiting from his analysis and now was clearly going to work as an architect.

There is little question in either Andrew's or my opinion that he is a vastly changed individual. While still tending to accept dominance by those around him who would enslave him he is able to quickly reappraise his willingness to go along; he can even respond with awareness of his normal aggressiveness to hostility in his work and personal environments although he seldom can express this anger directly at the time. The importance of his knowing me and knowing about me has been a continuous element in his incorporation of an alternative model of adult functioning. I represent a model for successful functioning in life that differs markedly from that he experienced with either of his parents. At times it appears as a model of masculinity but more frequently it has to do with my ability to approach life in a reasonably assertive fashion not linked to a specific gender. My self disclosed preference for always calling it as I see it and accepting

the presence of hostility and destructiveness in my interpersonal environment when I encounter it has been, in my estimate, a crucial determinant of his ability to change. Interpretations of his desire to avoid Oedipal issues of competitiveness with his father would not have necessarily prevented Andrew from becoming more self assertive, however, framing things within the conflict model would have removed the personal element in my observations and made them more experience distant. I believe that such a perspective is more an attempt to keep the process “scientific” and interpersonally distant. Certainly the same can be said of an insistence that technical neutrality be maintained. I have little doubt that my positive opinion about Andrew’s basic character and abilities, which I shared liberally with him, were active in achieving both a therapeutic alliance and a therapeutic outcome. I have been open with him about my feeling that his parents have presented misleading and damaging models and advice despite their being far from the traumatic parents of overt abuse. His inability to judge how he is being treated by women in his life has changed based upon my ability to present him with cogent ideas about relationships and how they work under the best of circumstances as well as in times of stress. Some analysts regard the analyst’s preconceived theoretical belief system in a structured, specific, content-filled unconscious, whether in terms of drives, defenses or conflicts, as the essential

aspect of psychoanalysis. Reliance on such a belief system denigrates or eliminates the value of the patient-analyst relationship as a valuable aspect of the therapeutic action of psychoanalytic treatment.

Presenting a treatment that has neither been terminated nor allows for a follow-up glimpse at the patient five, ten or twenty years after termination is certainly not an ideal way to demonstrate the effectiveness of treatment. The dramatic nature of change in Andrew's life and character, however, do illustrate essential aspects of the impact that psychoanalytic treatment can achieve in a relatively short period of time. By eliminating the requirement of anonymity on the analyst's part and giving myself over to the open use of my own life experiences and characteristic modes of approaching interpersonal and emotional issues I was able to become a "useable object" for Andrew. I resort to this term, "useable object" somewhat reluctantly because I believe it is a compromise term invented to justify the personal element in any psychoanalytic relationship. The dominance of the conflict model has over decades of practice been eroded but it still remains a determinant of both the language of psychoanalysis and the conceptual framework in which psychoanalysts explain the effectiveness of their treatments. It has long been suspected that while dedicated psychoanalysts believe that insight into unconscious conflicts and compromise formations is what leads to

cure in the form of higher level or better compromise formation it is in my opinion the patient's use of the relationship that leads to most significant change and improvement in functional capacities.

In increasing numbers of patients in my clinical practice the need for the relationship to carry the therapeutic action of the treatment has seemed far more important than insight into the infantile unconscious as it continues to dominate the patient's life. This is not to say that interpretation of aggression and sexuality, either in their absence or excessive presence isn't part of every psychoanalysis. The role of the analyst's personality and experience has been vastly underplayed in our literature that conveys or aims at educating us about the therapeutic action of psychoanalysis. I have come to view psychoanalysis as a deeply personal experience in which a kind of "exchange transfusion" occurs in which the analyst gives more than he receives but does so in a fashion that benefits both parties in the treatment dyad. While the tendency remains, at least in the formal psychoanalytic literature, to present any psychoanalytic data in a fashion that minimizes the analyst's sharing of him or herself it, nonetheless appears reasonable to speculate that, in their offices, more and more psychoanalysts have recognized that they cannot remain obscurely hidden behind a façade of neutrality and anonymity. While self-disclosure is still presented as permissible only under very restrictive

conditions it is likely that its use is ubiquitous and growing. If we help patients shape their lives in new and productive directions we find that symptoms, dreams and free associations no longer occupy the bulk of actual psychoanalytic work. Life is difficult for most of us. Those who have found successful methods of living cannot and should not be constrained from sharing them with patients in the service of ideas about how to be a proper psychoanalyst.

Andrew's reluctance to hurt anyone he relates to is still a problem. In his relationship with his new girlfriend, a woman who represents a big improvement over her predecessors, he becomes aware of aspects of their interaction that bother him but he is unable to be direct with her for fear of hurting her feelings. He is still more able to be aware of his father's "bullshit" than he is able to confront him about it. At work, he has finally been able to ask that he be paid overtime when he is working beyond the hours he is paid for. The senior architect who he works with is understood to be supercilious but Andrew still is unable to stand up to him as much as he clearly could do without any risk to his job. Getting directly angry at anyone, under any circumstances is still an experience that eludes him. I have at times had to question whether this is a realistic goal for him considering his history of being controlled and manipulated by the significant figures in his environment. In moments of discouragement, however, I remind myself that his fundamental

decency and desire to live a full life are sufficient to justify my belief in his ability to ultimately express anger directly. This view is further supported by my remembering that Andrew's early life experience has hardly been in the traumatic range that we so often associate with a limited psychoanalytic result. While his recognition of the destructiveness of others has greatly increased his access to anger in himself lags behind. I don't find this particularly alarming because of his ability to extricate himself from damaging relationships and situations is firmly established and observable. This is the ability essential to his survival and capacity to live a full life both in the present and in the future. The continuing psychoanalysis will focus on his irrational fears that prevent him from feeling and expressing his anger in appropriate situations where anger can be expressed. Finding out if architecture does permit him to earn a living or if he has to consider other aspects of real estate to achieve that end will undoubtedly be part of his continuing psychoanalytic work. After four years can we anticipate when termination will naturally seem right to both of us is a question that is "in the air". My sense is that given another year of active, uninterrupted psychoanalysis Andrew will want to terminate and move on in his life. His new girlfriend lives in another city that would undoubtedly provide better work opportunities for him than exist here. Parting will be difficult for both of us; I suspect, in some ways, harder

for me to deprived of the pleasure of his analytic company and the ability to observe the salutary effects that our work together have had on him and the life he is leading.

Andrew's Commentary

One of the concerns I have in writing this piece is that my story is incredibly boring. I did not come to analysis because of a long history of sexual abuse. My parents did not die in my arms at the age of eight. I am not now considering, nor have I ever considered, a sex change. I am neither an alcoholic nor a drug addict. I am not suicidal, manic depressive, a genius, an idiot, an autistic outsider artist. I'm not even that terrific with numbers. My anxiety and my neuroses revolve around banal everyday existence, and are suffered by so many people that I have known in my life that I assume that they are commonplace worldwide. Television commercials for Paxil or Zoloft or Prozac embarrass me because they make my problems seem all the more quotidian and trivial. Yet I went to see my analyst four years ago because my boring problems were strangling my ability to lead a productive and fulfilling life. They prevented me from working effectively, from maintaining relationships that were satisfying and supportive, and from seeing any way that my life would move forward in the field that I had chosen.

I have been seeing my analyst for the past four years. Looking over the process, I am somewhat in awe of the changes that have occurred. In fact, perhaps it is only in these last year that I can fully appreciate the transformation that has taken place in my life. Having said that, the process has been less an explosive, ground breaking metamorphosis, the likes of which I imagined Prozac might bring about when I began taking it ten years ago, but a slow, laborious and subtle change in the way I treat my life and the decisions I make in this world on a daily basis. Yet the significance of the change cannot be overstated. Given where I was when I first began treatment, I have often wondered what would have become of me if had foregone it. Would I have stayed in graduate school? Would I have retreated to the same relationship that had bled me dry of self-esteem, a healthy sex life and any drive to make a productive and happy life for myself? Would I be living at home? Would I be sucking down Prozac, in hopes that it would treat any and all unhappiness in my life related to love and work and money? I cant really answer these questions with any certainty, but I can say that while the effects have been subtle, they have in fact been monumental.

When I began treatment, I was not new to the process. As an undergraduate, I had been in and out of a once-a-week treatment with a social worker which seemed to have some positive results, but was never able to truly take hold of my

life. Afterward, I tried taking Prozac for about five years without being in therapy. Initially I sought the drug's supposed power to transform one's life, to revolutionize one's personality and make everything that I detested about myself go away. I had the fantasy of a total metamorphosis, the likes of which I had read about some patients experiencing in *Listening to Prozac*. But instead, after an initial change in my level of anxiety, all I was really left with was a dependence on something that was costly and ultimately ineffective for my purposes. When I began analysis, I still desired something of a miracle cure and was disappointed to find out that the process would be slow and require a lot of work, not just from my analyst, but from me the patient in order for the analysis to work.

In the beginning, (April, 1999)

When I first came to analysis in the spring of 1999, I was in my first year of architecture school, struggling to get the work done, and struggling to decide whether or not to maintain a relationship I had been entrenched in for the past six years. That relationship, which I had followed to an eastern city, then to Frankfurt, and had somehow been able to leave for grad school, was one that I had been desperate to extricate myself from, but could not muster the wherewithal to act on that desire, out of a fear of not having anything else in my life to ground me. Work

had been a problem since I left college, not because there were no jobs, but because work itself was something that I or my girlfriend had no real desire to engage in. While I did have certain ambitions, such as painting and architecture, I made no connection between my desire to accomplish and the need to actually engage in the tedium of work in order to reach those accomplishments. I was stuck in several ways. I was stuck in the relationship and unable to act firmly one way or the other, and I was stuck in school, not able to get the work done that was necessary. I had known that in terms of the work, I would run in to problems in architecture school, and that therapy would be something I would try again.

Looking back on that time, what strikes me most is how hostile I was towards therapy and my analyst specifically for trying to, as I feared then, take over my life, debunking certain preconceptions that I had developed to justify my position. It was a period of maybe over a year and a half before I felt that that period had passed and a reconstructive period had begun. But I felt as if parts of me were being destroyed. Certain fantasies I had about myself that were perhaps in place in order for me to mask other things were taken away from me, leaving me to feel raw and exposed, without my old security blanket to comfort me. In architecture school, I was wracked by self-doubt and a trust only in my absolute inferiority and inability to do the work. I was obsessed with how good I was or was

not. One way that I had been able to bandage that problem throughout my life was by fantasizing about my ultimate superiority, my innate mastery of architecture that if I could only just allow to come out, everyone would see that I was in fact the best architect. This is a fantasy that can only be sustained by doing exactly what I was not doing – producing a finished design. I imagined that somehow I was sabotaging myself and therefore unable to express my earth-moving greatness. But the process of therapy eventually and almost completely destroyed that fantasy. At first I was left with nothing to protect myself from the bitterness of my incessant thoughts of inferiority and things seemed to worsen. But gradually, a new understanding of myself and of what I needed to do emerged.

Most of my sessions with my analyst are discussions of one sort or another that transition from talking about my weekend, to talking about discussions with my parents, friends or lovers, to reminiscing about specific moments in my past that may or may not be relevant to what is going on right now in my life, to chats about movies, restaurants or the news. Anything is relevant. But while we sometimes try to understand certain motivations I may have that relate to the narrative of my life, the end goal is not merely that understanding but how to deal with the current day to day struggles of relationships, work and money. And this is important to me because more than understanding my motives, and perhaps even

the origins of the ways I think and act is to acquire the tools necessary to use that understanding in order to change the way I am in the present in certain ways. This is probably contrary to a popularized view of psychotherapy, which posits the process as an old academic mining for unconscious motives and primal scenes in an orgy of self-congratulatory nonsense that gets the patient nowhere.

I have gotten to the point in therapy that I can sense the process of rebuilding my life in such a way that I am able to live a full life. My problems have always been that I am afraid of life, of people, of people who may be better than me, of people criticizing me and realizing my weaknesses, my inferiority. I am afraid of women, of exhibiting sexual desire to them, of making an idiot out of myself, of taking risks that may make me vulnerable in any way to criticism. To a certain extent I have taken paths around these fears instead of confronting them. And what I have done about these fears in the past is to feel sorry for myself that I had them and assume no one else has had them. Now I realize that I, like everyone else just have to accept that those fears exist and confront them as best as possible.

What I think has facilitated the process is my analyst's extremely active engagement in each session. He does not play the passive analyst, allowing me to simply talk, and offering no direct commentary. Because the point of the treatment

is to figure out how to effectively change the way I deal with situations that occur on a daily basis, it has been extremely helpful to me that my analyst shares with me his own life experiences and how he has dealt with them.

I remember talking to a friend of mine who was also in analysis who was once enraged because her analyst wrote a letter to her alumni magazine. My friend thought this was an intrusion into her non-therapeutic life that was absolutely unwarranted, disruptive and counter to her treatment. I asked her whether or not she knew anything about her therapist's life and she said absolutely not, and furthermore wanted no knowledge of it. That attitude stands in stark contrast to my own experience with my analyst. Furthermore, what he shares with me of his own life has been an integral part of the treatment. Our sessions take the form of a dialogue. Because I know more about him, I have a better understanding of where his input is coming from and thus understand it as emanating from a person with certain characteristics and life experience, not merely from the body of psychoanalytic knowledge. I am dealing less with someone who represents an ideology that posits itself as truth, and more as a person who can critically relate his own experiences to my own.

In this way, I have sometimes thought of my analyst as a surrogate parent, not because he has actually taken on a parental role, but because his own

experience has in certain instances acted as a model for my own in a constructive way. Because he shares with me his own views about particular issues that affect my life, I am able to more effectively engage these topics as they relate to me. For most of the treatment, I have had to deal with basic issues that affected my ability to successfully initiate and complete projects in graduate school. Architecture school demanded that I produce quickly and efficiently, something that I always had a hard time accomplishing. I was riddled with thoughts of my own inferiority with respect to other students and to the criticism that was liberally dealt out by critics, alleged teachers of architecture. Architecture school eats people like me alive in that it is an academic training that at once has no objective criteria with which to rank its students, and is obsessed with criticism. Its teachers are therefore more than willing to critique someone into a paste and if you don't have the means with which to protect yourself, namely, enough of a feeling about your own self worth to disregard academic critique, to a paste you shall be reduced, as was I. In the beginning, in fact for the first two years of school, these thoughts were so debilitating that I would not be able to follow through with studio work, which at times put me in academic jeopardy. My own obsessive thoughts of my lack, of my own inferiority, in fact my total inability to do the work would haunt me. As I was making models, I would be going over the various criticisms that would be dealt to

me in the pinup the following week. Of course, these criticisms never materialized. They were in my own head. My own ability to evaluate my work was lacking. But through the analysis, by the time I was in my thesis semester I was able to give my own design work enough legitimacy to carry it out effectively. From the beginning, my analyst was convinced that the system by which we were evaluated, a series of desk criticisms and reviews, was not only absurd but destructive. And at first I was not really able to see that. His first advice to me in developing a strategy for managing the reviews was blunt. He would say, "If they start criticizing, tell them, 'look, if you don't shut up, I'm going to have to fucking kill you.'" The fact that he saw that I was clearly not standing up for myself compelled him to instill in me a more aggressive attitude in defending my own work. Clearly the message was not to murder faculty members, but to offer me the possibility that I could become stronger in defending my own right to produce the work that I produced, especially given the fact that evaluation of creative work is, for the most part, arbitrary, and driven by the narcissism of those that do the critiquing. This one small comment, which he repeated over and over, was part of a larger project of getting me to believe in the value of my own work and to silence not only the inner critic, but those external critics that life boundlessly provides for us all. Of course, this extends well beyond the realm of creative work, into other facets of daily life.

Furthermore, my analyst would also use his own experience of writing as an equivalent task. We talked about his own doubts that he would experience every time he set out to write an article or book review or prepare a presentation. He would overcome the self-doubt only by beginning to write. This was directly parallel to my own experience in school, and now at work, in which any design task is daunting until work is put on paper. I used to stare at blank page for days, fearing that anything that was committed to paper would be disgusting, all the while being ravaged by my own running commentary on my own lack of talent. I think that analysis has quite effectively dealt with those inhibitions. Now that I am working, staring at blank paper and waiting for the perfect idea is not possible, and I am finally able to get it out quickly and with little self-critique.

In considering his proactive role in the treatment, I have worried in the past that this kind of relationship with my analyst could have the effect of having undue influence over me, acting less as a model and more as a prescription. When I recently decided to continue treatment instead of going to a city I was more inclined to be, certain friends reacted strongly. They said, “You’re staying there for your analyst? That’s crazy! He’s sucking you dry! He owns you!” My father’s reaction was more indicative of his own feeling that I didn’t really need to be seeing an analyst. He told me, “well, you didn’t really stay for your analysis, it was

a practical decision. It was easier to get a job there, you had a reasonably affordable apartment and you didn't have to pay for a move." In fact, I stayed first and foremost to continue my analysis. In deciding what would be most beneficial to my career, my romantic life and my overall contentment, staying in treatment until I felt I was reasonably able to effectively lead the life I wanted was the best thing for me to do. And yes, my analyst has had a very strong influence in my life. If he didn't, I would be throwing a lot of money into the chipper. He has influenced me in ways that have allowed me to get out of the influence of others who don't have my interest in mind. He has influenced me strongly, and at times against my own bad judgment, not to indulge Cathy and go back to Germany to lead the pathetic life of a castrated bedridden caretaker. He has influenced me to get away from the influence of a subsequent relationship that was, although less suffocating, equally debilitating in many ways. He has influenced me to actually work for a living and hopefully make a career out of my present occupation. And he has influenced me to seek out a new relationship that is currently allowing me to see how easy a relationship can be.

The fact that he becomes an active participant in each session has been most effective in the parts of my life that have needed help the most. In the area of work, and my related fear of production, his own attitude towards work has helped me to

redirect how I deal with work in my own life. When I first came to analysis, my resume was spotty at best. For five years I had held some jobs, but also spent some of that time unemployed, but I had not pursued work as if I were trying to earn money or find a career. I found myself working for free sometimes, or working in jobs that were going to get me nowhere. The idea of making a living was not as apparent as it might have been if I did not have a chunk of money after college on which to live. This kind of lifestyle did not make my parents happy, but they were unable to do anything about it, perhaps not wanting to interfere with their grown-up child's mistakes. My analyst made it clear that this attitude towards work was going to get me nowhere and was especially inconsistent with my newer desires to pursue a career in architecture. The fact that his life and his attitude towards work was presented to me as an available option helped me to focus on tangible ways that I needed to change my own habits. I was essentially able to replace the dominant model for a working adult, my parents, with that of my analyst which made a lot more sense and was much more conducive to an active and aggressive work life.

If my analyst had taken a more passive role with me, and allowed me to simply speak through my thoughts, relying primarily on the premise that I would eventually gain a certain understanding of my unconscious motives, I don't think

that I would have been able to progress as I have in the analysis. If I understood my actions to be the product of past experiences and neurotic thoughts, I think I would be more inclined than ever to think that I was trapped by those past experiences, doomed to repeat them, no matter how well I understood what was motivating me. His feedback and active engagement helped me not only to give meaning to those unconscious motives but to figure out how to use that understanding throughout the day to actually change my responses to them. In fact, when I started to see my own problems as surmountable, I was able to fully realize how effective the treatment had become. That moment came gradually. As I said earlier, this process has required patience and a lot of repetition and I could feel its full impact only after the third year of analysis, when it all started to really take hold.

Perhaps the hardest part of analysis has been in the area of my past relationship with Cathy. When I moved back from Frankfurt to attend graduate school, my relationship with her was not yet over, but had gone through some turmoil. It had lasted six years. We had lived together for most of it, and for a long time I wanted to leave it but found myself totally unable and unwilling to make the break. I was completely emotionally dependent on this woman, and imagined that she was just as dependent on me, which in fact she insisted upon. For someone

outside of the relationship, it would have been an easy assertion to debunk, since Cathy had been having an affair with someone else for the last six months, a fact that made me somewhat uncomfortable but one that I was willing to accept. She insisted that it had no impact on our relationship because she still loved me and that would never change. And because she said so, I believed it.

Nevertheless, during the first three months of grad school, I very tentatively began another relationship with someone else. Still, for Christmas, I returned to Frankfurt to see Cathy, who was still involved with the other guy. We both insisted that we were together, yet during the week I informed her that I was beginning to date someone else, which she met with several fits of crying and punching which would usually become mutual fits of crying and my telling her that I wanted her to come back to the states to live with me and try to make things work. As I said this to her, I remember feeling the weight of fifteen Germans coming down on my head, suffocating me, yet I promised her that she could come, partially knowing that she wouldn't, but partially thinking that if I didn't, she would either kill me or kill herself.

I saw her four times over the course of the next year, each one becoming more strained, and each time becoming more clear that we were separating for good, but to this day, I do not know when we actually formally split, and in her

mind, I am not quite sure that it is clearly over. For two and a half years we didn't see each other. I became involved with someone else for a year, and our phone calls and emails became less frequent, except for an occasional barrage of heavy insulting emails painting a picture of me as a callous betraying and careless boy with not a care in the world for her, as she sank slowly into depression, poverty and suicidality. I was not at all callous to these characterizations of either of us and was on the contrary quite moved by them. I was always afraid of her, always trying to manage her. I believed her that her life was terrible and worried constantly that I would get a call from a mutual friend that she had just killed herself. I imagined pledging myself to her, agreeing to stay with her in the belief that this would keep her alive. Not for one second did I believe that I was being played. And though I knew that I did not want to be with this woman anymore, I forewent that possibly self-preserving knowledge and became easily caught up in trying to, transatlantically, resuscitate her, motivate her to get her life on track.

How did my analyst help me through this experience? With extreme difficulty. I think that he was often frustrated by my undying allegiance to her. My inability to see her as a truly destructive force that was not supportive of my best interests and my own willingness to forego my own best interests was baffling. He often felt like he was doing battle with Cathy. As long as we were on different

continents, things were in his favor. But then, after two and a half years of not seeing her, I invited her to come to my apartment to clear out all of her belongings that I had been storing for four years. She was in the U.S. for a month and we arranged for her to come and gather her things, a task that I imagined would take about three or four days if done efficiently. The experience wound up taking about ten days, during which time my life was turned upside down, and it became clear that to her, the purpose of her trip was not to safeguard her boxes and boxes of worthless papers and books and some valuable belongings, but to try to coax me back into a relationship of some sort.

I suppose I have decided to trust this process, more so than anything else I have ever done, more than school, more than a relationship, more than a job. I have chosen to stay in analysis. While some friends think that is crazy, and my father simply tries to convince me it is not so, I trust that that is what is necessary. Because therapy is something I do not as an extra-curricular activity, not because it is interesting but because I have to do it in order to have a happy and productive life. I am currently dating a woman in a different city with whom things are going brilliantly. I don't exactly like where I'm living, and I plan to move to this other city as soon as possible. And everything in my life would dictate to me that I should go there, except the therapy, and I need to weigh the things that are really

going to improve my life and make me happy in the long run and it is clear beyond any doubt that what I need to do in order to achieve that is stay here in therapy until I can reasonably say that I am ready to part with therapy. There is no question in my mind that this is the right decision. I have indeed decided to trust this process.

Up to the fall of 2002, I had been in school for the entire time that I was in psychotherapy. I have decided to stay here in order to continue treatment while I enter the next phase of my life, that of beginning a career in architecture. It is important to me that I stay with therapy during at least the beginning of this phase so that I can work through the problems that I know I will encounter in the working world, problems that I know I will encounter, and indeed have already begun to encounter. For me, living life vigorously and aggressively has not come naturally and I am in the process of trying to become more vigorous and aggressive, not only in work but in love and other personal relationships. My relationships with bosses during my spottily employed past was often just like those with my professors at school. I was way too easily swayed toward merely trying to meet their expectations, rather than working hard and trying to get the most out of my job. I think this led to a certain resentment of my bosses which in turn led to a slack day at work. I have never met the challenges of work or school

well when motivated by fear, and that has been the condition under which I have worked. Working through the daily churn with my analyst is one significant facet of the therapy that benefits from repetition.

At this point, at the end of four years, I have begun to experience the benefits of psychotherapy. Simply put, I actually believe that change is possible in my life. That is not something I could have said four years ago, or three years ago. It has taken that long for the benefits of therapy to truly take hold.

One of the most satisfying moments that I have had, and there have been several at this point, is when I realize that what we talk about in therapy becomes conscious thought throughout the day, in the midst of particular situations. At that moment I realize that this is not some magical transformative drug that will automatically change who I am and how I interface with the world, it is slow and takes effort on my part to actually integrate what we have talked about in my analyst's office. There is a point at which I can use what I have learned, or I can not. It comes down to whether or not I am willing to take the risks necessary to change.

The realization of transformation comes in very small doses when I realize that I am overriding certain feelings that I will call pre-therapeutic with conscious thoughts that result in actions that I have learned in therapy. Those moments

happen from time to time. And it is in those moments that there is progress.

Therapy is a long and somewhat painful experience that has required repetition, going over experiences many times with my analyst, receiving the same feedback over and over again so that at some point it may actually occur to me out in the field and that my actions may be effected by it.

There have been times throughout the process that I have suddenly begun to question the therapy and its effectiveness and this sometimes manifests itself as a fear of having been, once again, taken over by a dominant force in my life. At these moments, a flood of questions enter my mind. Was Cathy so bad? Should I have pursued painting as a career? Has my analyst steamrolled me into a life that I do not want for myself, robbed me of certain things aspects about myself that I should have cherished and that I was too willing to take on his idea of which direction my life should be taking, of what I should deem important? After all, this is one tendency that I am actually in therapy to control. My analyst takes a very proactive role in his work with patients. One of my central problems has been that I have had a soft sense of who I am, and difficulty in maintaining a belief in myself when faced with strong, perhaps overly narcissistic personalities, friends, bosses, teachers, girlfriends, authority figures. I have struggled to give value to my own thoughts, ideas and wishes, and to engage with an analyst whose job it is to at once

direct and enable is sometimes a balancing act. The difference in analysis I that the process is that my analyst's position as a critical force in my life is geared towards enabling me to give value to my own thoughts and experiences in the face of others.

Chapter 10

If Psychoanalytic Treatment Works Does the Brain Change?

Joseph Schachter, M.D.

Surprisingly it is still not clear how effective psychoanalytic treatment is, and this has resulted in bitter criticism of psychoanalysis. Actually, it is impossible

to develop a straightforward assessment of the effectiveness of psychoanalysis for many pragmatic reasons, as is the case with the effectiveness of many other professions and crafts. While many patients who participate in psychoanalytic treatment report improvement, this does not reflect more than an association between treatment and benefit; it's difficult to determine definitely that these benefits were caused by the treatment, i.e., that these benefits might not have developed with some other treatment or even without any specific treatment.

This book has reported a series of successful individual psychoanalytic treatments in which the positive transformations of the patients' lives were so extensive and the mutative elements of the treatment so plausibly described, that it is highly improbable that they could have been accomplished either by a different treatment or in the absence of any treatment.

Such transformations of patients' lives are not frequent outcomes of psychoanalytic treatment. These cases were selected to reflect each analyst's most successful treatment from those that were publishable. While the probability of such an outcome for an individual patient is not great, we know of no other form of psychotherapy that so greatly transforms the lives of any patients.

The following brief review of treatment effectiveness begins with the broad range of psychotherapies - most of which have been derived from psychoanalysis -

rather than with psychoanalysis proper, because psychotherapy studies are more numerous, include larger numbers of patients, and have the advantages as well as disadvantages in terms of objectivity when compared with psychoanalytic studies. An overwhelming number of controlled studies of psychotherapy reveal a positive therapeutic effect when compared with no treatment (Lambert and Bergin, 1994). Psychotherapy patients also show gains that surpass those resulting from placebo controls and pseudotherapies. Although there are a large number of therapies, each with its own rationale and specific techniques, there is only modest evidence to suggest superiority of one school or technique over another. That is, the effectiveness of different forms of psychotherapy cannot be distinguished from the major effects of the common factors in all the psychotherapies, such as the therapist's concern for and interest in the patient as expressed in the ambience of warmth, trust and acceptance within the human encounter. In addition, despite careful selection, training and supervision, therapists offering the same treatment have highly divergent results; the individual therapist's personality and skill make a difference.

In one large-scale study of the psychotherapies conducted by Consumer Reports (Seligman, 1995) 2100 subscribers treated by mental health professionals reported greater improvement than 3000 other subscribers who confided in friends

or spoke to no one about their problems. However, those who sought help from professionals by the fact that they sought treatment exhibited greater initiative in dealing with their problems and might have had a better prognosis regardless of obtaining professional help. People in long-term treatment fared better than those in short-term treatment, but the former were more severely disturbed, and that may have improved the range of therapeutic benefits.

In another study (Freedman, Hoffenberg, Vorus and Frosch, 1999) questionnaires sent to patients after completion of psychoanalytic psychotherapy in a clinic indicated that patient satisfaction with the treatment was positively correlated both with session frequency and treatment duration. The cumulative impact of a positive therapeutic relationship and session frequency was a powerful predictor of treatment outcome. We don't know if the patients who received greater session frequency and longer treatment duration were more seriously troubled initially, and therefore, we can't attribute the greater therapeutic improvement to the frequency or duration of treatment. A review of the question whether long-term psychotherapy is more effective than short-term concluded that the question cannot be answered definitively (Luborsky, 2001).

What do psychoanalytic (not psychotherapeutic) treatment studies reveal? One uniquely intensive and comprehensive study of the psychoanalytic treatment

of 42 seriously disturbed patients found that therapeutic changes associated with supportive techniques were just as extensive and long-lasting as those associated with traditional psychoanalytic techniques of interpretation (Wallerstein, 1986). However, these patients were not representative of most analytic patients in that they were more seriously troubled than was common. A later critical review of numerous studies of analytic treatment encompassing a total of approximately 1800 patients treated by approximately 475 students and graduate analysts succinctly concluded: “The majority of patients selected as suitable for psychoanalysis derive substantial therapeutic benefit from it” (Galatzer-Levy, Bachrach, Skolnikoff and Waldron, 2000, p. 123), though it cannot be concluded that the treatment caused the improvement. They found that the initial psychological evaluation of the patient is not a good predictor of patient benefit, though, in general, the better the pretreatment functioning, the greater the improvement. We know that some well-functioning patients, presumably good candidates for analytic treatment, fail to improve and some may even be worsened. An impressive negative finding by Craige (2002) reveals that 28 percent of a highly motivated and psychologically-minded group of psychoanalytic candidates described themselves as “highly disappointed” with their training analyses, conducted by very experienced analysts.

Let me turn, now, to the question as to what treatment elements seem to produce therapeutic gains? Having read the case reports here you should have some ideas of your own. Increasingly, one element that has been singled out is the patient-analyst match, that mesh of the analyst's personal qualities with those of the patient (Kantrowitz et al., 1989, 1995). A review of many studies of psychotherapy (not psychoanalysis} concluded similarly, "Clearly the person of the therapist is a critical factor in the success of therapy" (Wampold, 2001, p. 202). While emphasizing the patient-analyst match may obscure difficulties in that relationship (Vaughan and Roose, 2000), we know that across many treatments, "therapeutic alliance," a concept closely related to patient-analyst match, is the best predictor of therapeutic improvement (Luborsky, 2000). Therapeutic alliance refers to the patient's positive feelings toward the therapist, based on the conviction that patient and analyst are working together to help the patient.

Just as differences in psychotherapeutic techniques have little effect on therapeutic outcome, there is little evidence that differences in analytic technique influence outcome - as was evident in the fact all the case reports presented here were successful, although differences in technique could be discerned. Therefore, the role of factors common to all analytic treatments, such as the analyst's concern

about and acceptance of the patient and confidence the patient has the capacity to improve, were carefully examined in those case reports.

Another element that has been found to be positively associated with outcome is treatment duration (Galatzer-Levy, Bachrach, Skolnokoff and Waldron, 2000), but because association doesn't provide proof of causation, longer duration cannot be said to cause better outcome. However, other investigators concluded that four years of analysis seemed to mark a minimum duration before much significant benefit appears (Erle and Goldberg, 2002) This is consistent with the findings of two psychotherapy studies mentioned earlier, the Consumer Reports study and that by Freedman et al.; the longer the patient is in treatment the greater the improvement. There has been a gradual and continuous increase in analytic treatment duration over the last 80 years as analysts and their patients strove to enhance therapeutic effectiveness. Many believe that Freud hadn't allowed most of his patients sufficient time to achieve more lasting benefits (Thompson, 1994).

Evidence is suggestive that psychoanalysis shows increased benefits over time (Luborsky, 2000). Although that seems plausible, there is still the question why that should be so. Recent neuroscience investigation (Kandel, 1983) suggests a speculative answer, that psychotherapy is a form of learning that leads to changes in neuronal synaptic transmission in the brain, and that this process takes time

(Kandel, Schwartz and Jessel, 1991). Brain synapses are ultimately the key to the brain's many functions (Le Doux, 2002). Neural activity in a set of synapses prevents synapse demise and thereby stabilizes synapses.

If the patient has long established, maladaptive defensive patterns they are likely to be associated with well defined synaptic patterns. Habitual use of these maladaptive patterns will increasingly stabilize them. Psychotherapy helps the patient to switch to a more adaptive pattern and this, hypothetically involves switching to a different, less used synaptic pattern. Metaphorically, it is like abandoning a well-worn, familiar and therefore safe path, though it may take its toll, to an unfamiliar, faster route which seems riskier because of its strangeness or because of misfortunes encountered with it in the past. This switch, developing new synaptic patterns, takes time (Brickman, 2000), and hence analytic treatment needs to be both intense and to extend through some minimum period of time.

Unless these newly developed synaptic patterns are used frequently they will begin to deteriorate, and the well-established old synaptic patterns may reassert themselves as a form of default setting, replacing the newly acquired patterns and reactivating the prior maladaptive defensive patterns (Schachter, 2002). After termination of analysis, repeated activation in the patient's mind of a representation of the analyst, or actual contacts with the analyst, may provide

reinforcement for the new, more adaptive patterns and prevent the old patterns from reasserting themselves. Patients who had posttermination meetings with their former therapists did not show the diminution in therapeutic improvement over time that was found in patients who had no such meetings (Luborsky, Panel, 1989).

In closing, I must say that this intriguing neuroscientific model of analytic therapeutic benefit is highly speculative, and is unlikely to be subjected to empirical test in the foreseeable future.

, maladaptive defensive patterns they are likely to be associated with well defined synaptic patterns. Habitual use of these maladaptive patterns will increasingly stabilize them. Psychotherapy helps the patient to switch to a more adaptive pattern and this, hypothetically involves switching to a different, less used synaptic pattern. Metaphorically, it is like abandoning a well-worn, familiar and therefore safe path, though it may take its toll, to an unfamiliar, faster route which seems riskier because of its strangeness or because of misfortunes encountered with it in the past. This switch, developing new synaptic patterns, takes time (Brickman, 2000), and hence analytic treatment needs to be both intense and to extend through some minimum period of time.

Unless these newly developed synaptic patterns are used frequently they will begin to deteriorate, and the well-established old synaptic patterns may reassert themselves as a form of default setting, replacing the newly acquired patterns and reactivating the prior maladaptive defensive patterns (Schachter, 2002). After termination of analysis, repeated activation in the patient's mind of a representation of the analyst, or actual contacts with the analyst, may provide reinforcement for the new, more adaptive patterns and prevent the old patterns from reasserting themselves. Patients who had posttermination meetings with their former therapists did not show the

diminution in therapeutic improvement over time that was found in patients who had no such meetings (Luborsky, Panel, 1989).

In closing, I must say that this intriguing neuroscientific model of analytic therapeutic benefit is highly speculative, and is unlikely to be subjected to empirical test in the foreseeable future.

Chapter 11

Disguising Patient Material, Asking Patient Permission To Write or
Asking Patients' To Write Themselves: How Can Analyst's Be True to
What They Do?

Zenobia Grusky

“Observation of structural change (in the patient) comes down to the analysts inferences, while observation of therapeutic benefit comes down to the patients self-report. At the end of the day, either the analyst's inferences or the patient's self-report takes precedence. The question of which to prioritize comprises a crucial controversy in our field.” (Renik, American Psychoanalytic Association Plenary Address, 2003).

Introduction:

Built into the structure of this book is a conflict and a question about how we can possibly know or understand what really makes an analysis successful. Should we ask the patient? Should we ask the analyst? Why does one or the other have to take precedence, as Renik (2003) states above? If we only ask the analyst we are losing a large part of our data. If we ask the patient, his or her answer is inevitably skewed by his real and his

transference feelings for the analyst (love, gratitude, anger, resentment, the disavowal of these feelings and so forth) as well as by his knowledge that this is a public document. Only certain kinds of patients would agree to write about their analyses. Only certain kinds of analysts would consider asking their patients to write about their treatment. And yet, if we don't do this experiment how can we ever learn with this degree of organized detail and thoughtfulness about what even a sub-group of patients would say to their analysts' (in that deep and personal way that one speaks to ones analyst), and to the public, about what really worked in their treatment? Is this kind of data something that analysts and the public at large should add to their accumulation of knowledge about the psychoanalytic process? What price do we pay and what benefits do we gain from this method of gathering knowledge?

Each analyst who has written a chapter for this book has been interviewed about the conscious inner process he or she went through of weighing the pros and cons and deciding whether or not to include their patients' written perspective. For those analysts who did decide to ask their patients to write their written perspective, they have described their thoughts about the process of selecting their patient or asking their patient to participate, their perceptions about the impact the writing process and the

extra contact with the analyst had on their patient's feeling about the analysis, or, if the analysis was still in progress how the writing process did or didn't change the progress of the analysis.

There is also some relevant literature on the confidentiality issues involved in writing about patients, on the pros and cons of the decision to ask the patient for his or her permission before doing the writing as opposed to disguising the data so that it is unrecognizable, and, the cases in which patients have become involved in writing collaboratively with their analysts (Gabbard, 2000, Hoffman, 1994, Lewis, 2000, Pizer, 2000, Reiser, 2000, Slochower, 1998, Stein, 1988, 1988). The following questions were distributed to all of the analysts in this book before these interviews. The questions reflect some of the issues reviewed in the literature as well as some new issues raised by this book project:

1a. Does the dramatic quality of an extended piece of writing by a patient (about his or her analysis) deliver the message or the meaning of the analysis in an even more powerful form to the patient? In other words, can it act as a consolidation (as would a photograph of a significant birthday or writing a speech at one's Bar Mitzvah) that actually strengthens the positive internalizations or internal structures that one hopes are the outcome of a good analysis? Similarly, does the patient's writing give the analyst a chance to know more about how much has been taken inside by his patient or what it is that really worked in the analysis?

1b. Is being asked to write seen by the patient as positive evidence of the analyst's realness, commitment, caring (Pizer, 2000, p.254). Does the interchange about writing impact on the therapeutic alliance?

2. Does the writing open up the question of more treatment in the case of terminated cases and is that desirable or somewhat contrived? Does it seem likely that what the patient wrote will have impact on any kind of future post-termination patient-analyst contact?

3. Is the patient complying with the analyst's need to publish? Does he or she feel exploited? Is he or she being exploited? Does the patient feel that he/she is being helpful to the analyst? Does the analyst consider that desirable or undesirable? Does the patient feel flattered and pleased to be asked or

consider it a burden or an imposition? Does the patient feel that he/she is making a contribution to increasing knowledge about analysis for others? How do these questions or do these questions get explored? If the patient says he isn't feeling exploited do we take this at face value because of our guilt? (Gabbard, 2000, p.1077). If a patient says he identifies with the analyst's ability to pursue his career or make a contribution to the field or help other potential patients do we not believe that this could be anything other than a compliance (i.e. a true positive outcome or experience of achievement) because of our guilt? (Hoffman, 1994).

4. Is the patients' perspective a kind of supervision of the analysis for the analyst or an extra, deeper layer of self-analysis for the analyst even more than ordinary analytic writing is because it is especially meaningful for the analyst to know what his patient thinks? In other words, does including patients make the analyst more open and honest with him or herself? (Reiser, 2000).

5. What is the impact on the patient of the fantasy of being special to the analyst as the one chosen to write? Does the patient's writing influence his view of what the analyst was actually like as a person? Did it influence the patient's idealization?

6. What is the impact on the patient of the only relative confidentiality since there is always some risk of recognition no matter how careful the disguise?
7. What is the impact on the patient of how intrusive or disturbing or gratifying it might feel to read what the analyst has written since we don't have the control or tact or timing that we have when we deliver interpretations during an analytic hour?
8. What was the analyst's initial response to the idea of requesting the patient to write about the analysis? What subsequently shaped the analyst's feelings about doing so?
9. Is this such valuable data about analysis that more analysts should take these risks? (Stein, 1988, 1988). How does the analyst feel about this if his patient elected not to write/ to write? In general, how does the analyst feel about what the patient did write if he did write? If the patient's view of treatment differed from those of the analyst how was that dealt with?

What Do Our Analysts' Think About Disguising Case Material Or Asking Patients Permission to Write?

In answer to the question about disguising case material or asking permission, George's analyst responded, "First of all, there's no way to do it right!" This was a sentiment echoed by all of the analysts writing this book.

On the one hand, disguise is imperfect and, as one of our analysts pointed out, there have been instances in which the analyst felt it was a good disguise and the patient felt, after stumbling upon the published writing, vulnerable to the threat of exposure. On the other hand, extremely disguised or so-called overly distorted disguises change the meaning and significance of the writing as a source of valid data or even as a relatively realistic account of what actually happened. While a great deal of the clinical writing in our field falls in the middle of these two extremes, the tendency towards short vignettes in many if not most psychoanalytic papers raises another familiar question about how much the data is being organized to fit the theoretical or technical desires of the analyst. Clearly, detailed, extended case writing can give a more accurate picture of the complexities and nuances of each unique, or very particular, analyst-patient dynamic. However, again, at this juncture it seems important to reiterate George's analyst's initial point that all options are imperfect, since returning to the idea of extended case writing also forces us to return again to the problems with confidentiality and disguise.

A relatively more recent trend in our field has been to ask the patient for his or her permission to write about the treatment. In this scenario, the patient knows that his or her analyst has a particular kind of personal or

professional investment in the outcome and/or a point of view about the case. In addition, these situations sometimes involve the patient in reading or actively giving feedback about the specific article or book. Or, as some of the analysts in this book have done, involving the patient even further by asking the patient to do some writing of his own about the analysis. This approach raises the following somewhat different set of issues.

For example, speaking on the darker side of the dilemma, George's analyst believes "You can't get a real consent before or after with anyone. You are inevitably asking the patient to submit to you because it could be that it only appears as if they are agreeing. A patient could agree, but unconsciously disagree. You never know how people feel for a long time...My patient responded to me after two months by mail granting me permission to publish my understanding of our work, but expressed reluctance to read what I wrote. How was I to understand this? I thought without any confirmation from him that he wished to preserve his understanding of what occurred... Later he read my draft and said he agreed with it...he commented on minor points which I corrected... I feel there is relative consensus about what went on in the analysis. I am quite certain, however, that if we met face to face for several hours this consensus would

be compromised... If another analyst were to interview him that consensus might be even more questionable. ”

Approaching these issues somewhat differently Katie’s analyst states, “It’s good that we’re concerned about the compliance and what’s best for our patients, but there are other important issues, too. For one thing I think that many of my patients could and would tell me if they didn’t want me to write about them... It depends on how one sees one’s authority as an analyst. In addition psychoanalysis also has the problem of a lack of data and a lack of good public relations about how much good we do... How can people know that we can really help if we don’t show them what we do?”

Jacob’s analyst added, “ Would all patients really just comply? Some patients are more comfortable than others about disagreeing with their analysts or arguing or saying no. Are the ones that are agreeing to write simply complying? It’s more likely to be one element of their personalities, I would think, but only one part of it, probably and not all the time. I know transference is ubiquitous, and in thinking about this I thought, somewhat flippantly, would I ever tell my mother she couldn’t visit if she was in town even if I didn’t feel like seeing her? Probably not. But, some people do say no to their mothers more than I do. Which person has a better relationship with their mother or is being more true to themselves? It’s hard to say. It’s

more subtle than that question implies. I think it is true what George's analyst says that you don't know what people think for a long time, but it also may not be that the only worry is compliance. It may be that there is something else that we should be thinking about-- like with my patient asking him to write enabled him to realize that he really wanted to come back for more treatment, too, and I inadvertently provided him with an opportunity. I may always wonder if I handled it in the best way. However, because of this process he has also had a lot of chances to tell me to take out parts and re-write parts of my writing and to write and re-write the parts that he wrote. It's been such a good chance for him, too, to define what he thinks by disagreeing with me and, then, have me let him make the final decision sometimes. Also, sometimes it was a chance for the two of us to negotiate and go back and forth and find a middle ground. This is really good ego building experience for someone with a shaky ego or a shaky sense of self."

The above debate led to a further question which was formulated by many of our analysts in terms of the following question: When is showing the patient the analysts' writing about the treatment (or, asking the patient to write) interfering with or intruding on the patient and/or when is it grist for the mill and a chance for deepening and consolidating analytic work?

On the one hand, all of the analysts in this book voluntarily raised concerns similar to the one voiced above by George's analyst. Put simply, the concern is that writing about a patient with his informed consent could be a form of self-interest or exploitation by the analyst.(Gabbard, 2000). However, at the same time, all of the analysts who expressed this idea simultaneously recognized that in many situations it could also be mutually helpful for both patient and analyst or, simply, more beneficial for the patient (Pizer, 2000). How is it that both of these positions can co-exist?

Katie's analyst believes, "It's important to approach it in a thoughtful individual way with each patient. A lot of patients it wouldn't be helpful to ask, of course...people that are extremely disturbed or paranoid. There are a lot of considerations. We are probably selecting patients that are somewhat compliant and eager to please. However, it's a slice of the transference/countertransference like everything else. It's more material to

be analyzed.... or grist for the mill.... That said, I also know that it was tricky with my patient. But, what I'm saying is that we can't ever keep our hands clean anyway. However you cut the pie you're giving something up. There is always some other way to cut it. And you only get one piece."

Watt's analyst expressed a similar point of view: "It's a huge request to ask a patient. I agree it's not possible for a patient to be completely honest about something so complicated. But, it is possible for us to be thoughtful about it, I think. I thought with my patient there was a good chance it would be helpful to him in a self-affirming way and useful. It felt like more a part of his particular process than an intrusion.... If enactment is the royal road to the unconscious and it's analyzable it could be good.... Even if it ends up that unexpected feelings come up sometimes the messy ones can be the best ones for learning."

Responding to this same dilemma Andrew's analyst took the issue further with some similar points: "Usually I don't write about my own patients... But, I would not consider doing a long, extended case write up like the ones in this book without getting permission. Why? Because I feel there is a kind of trust with my patient and I don't want to use my experience with my patient without letting him or her know about it."

Here the interviewer took the opportunity to review some of the differences among the analysts interviewed, “ Other analyst’s interviewed have shared your view that regardless of how well disguised the case report, to discuss patient material without patient permission is a breach of patient analyst trust. However, it’s interesting to notice that all of our analysts approach this question in terms of a feeling of protection towards their patients, but some analysts feel disguise is more protective and some analysts feel permission is more protective. How would you understand or think about that discrepancy?”

Andrew’s analyst responded, “I think the acknowledgement of a real relationship is avoided by analysts because we haven’t really defined how the analytic relationship when it is real is still real in a different way than other relationships are real. Like someone who comes over for dinner knows the analyst in a less real way, in a way, than the patient knows his analyst. We’re all nice in a simpler way in our social lives. Analytic relationships are much deeper. And so more real, in a way. We don’t think about this enough.”

“So going back to your previous point, are you saying” the interviewer asked, “it’s like any relationship where if you did something that mattered to someone you’d just assume that you’d want to tell them about it? That it’s a

more obvious matter of trust in that way?” “Right,” said Andrew’s analyst, “And I’m saying even more than that. I’m saying maybe there’s something wrong with the concept of anonymity. Even my grocer knows the obvious things I’m doing... but, also to get back to the idea of whether the writing is grist for the mill. I think the idea of writing about an analysis, at least with my case—and my case was one where I felt like it could really be helpful—the writing definitely added a thrust to what he’d already gotten from me. When we talk about things deeply with our patients of course it brings up hurt feelings, and all kinds of feelings, but that’s the way it should be. It reintroduces all of the most important issues in a helpful way. The areas where my patient wasn’t living his life as fully as he could got dealt with even more, so it was grist for the mill for sure.”

“Could you give an example of that,” asked the interviewer.

“Well, in talking to Andrew about his writing for the book I was surprised in his first draft how much his description of me implied that he was frightened of my disapproval of him--even though we talked about how I was striving for egalitarian interactiveness with him! We even talked about how we had both been in the room and there had been no evidence of his fearfulness of me. We also talked about if maybe he was trying to make it seem more interesting to the reader than it really was, since he worried so

much about being interesting, but that wasn't the important thing. What turned out to be very important was my real upset feelings and anger at him about how he misinterpreted me."

"It was apparent to him that you were upset because you had tried so hard to be egalitarian and, then, that he still felt you were frightening or disapproving even though you clearly weren't?" The interviewer asked.

"Yes. And, as is often the case," Andrew's analyst explained," Our patient's pick up on our real feelings whether we are explicit about it or not. Later Andrew came to another session feeling panicked that he had nothing to say and that I'd be disapproving and then he remembered the sincerity of my upset feelings the other time and he was able to realize that he had a fantasy of me being disapproving. Without the encounter about the first draft of writing this wouldn't have been clear to him, he said. I was reminded of a paper by Paul Myerson about the positive impact of the analyst's anger with a patient as a reminder to the patient of the analyst's involvement with him. Seemingly this was the only thing that convinced Andrew that I wasn't the disapproving, frightening father figure from his past."

"That is a very important point for our understanding of what makes analysis work, isn't it? Asked the interviewer.

“Yes,” said Andrew’s analyst, “That’s why I’m glad we’re including this chapter because it illustrates even more the impact of the patients’ writing on the real relationship between patient and analyst.”

On the other end of the spectrum from this “grist for the mill” argument demonstrated above by Andrew’s analyst are the ideas that George’s analyst seemed to most clearly represent. To clarify the debate the interviewer summarized the above comments for Georges’ analyst, again, and asked him, “Is this such valuable data that we should take these risks anyway?” George’s analyst replied, “Maybe, because you’d only know later on. But, you never completely analyze the transference. Just like people never “get over” hearing gossip about their analysts. It’s always unfolding, unknown. So, should you try? If you want to, but you’re not a coward if you don’t. It’s important to think about the implications of it, but if you do that I think it’s worthwhile to try this experiment and see.”

Sarah’s analyst also expanded on some similar ideas in a useful way, “Inspecting all my present and past patients I found only a few of them I could have asked to write about their treatment. My chief concern in thinking about it was the degree of their psychopathology: the worse it was the least I could imagine asking them to write...The patients’ accounts would certainly be a good way to get raw data, but I wonder if the problem

of asking them could be by-passed if a third person—another analyst—could ask them and help them to write their views about their treatment...Of course, then, it would be similar to the classical follow-up.”

Do you mean that in the classic follow up if the discussion was with someone else (not the patient’s analyst talking to the patient), then...” the interviewer asked, “...the deeper, “grist for the mill,” messy, but revealing part of it would be by-passed? In other words, do we want to bypass the messy part? And, also that the opportunity the patients’ writing gives to the analyst to learn in a deep discussion with his patient what the patient thinks worked would be bypassed?

“Yes,” said Sarah’s analyst. “So, in general I think that, in regard to the practice of the patient being asked to write by his own analyst, I hope that this practice spreads throughout the psychoanalytic community. I think it is worth getting accounts from patients providing that analysts pay careful attention to any kind of risk. In order to help them maybe we should have... a sort of ‘peer supervision’ about selecting suitable cases ...in order to manage possible side effects while the process of writing is going on.”

All the analysts interviewed agreed that that the peer supervision concept was an excellent idea and, in fact, a by product of this chapter of the book is that this group of analysts did have a chance to get a kind of peer supervision

in the process of being interviewed and talking to each other about these issues. The potential for peer supervision in relation to analytic practice in general is discussed in the last chapter.

For example, in the course of our discussion, Liala's analyst, (another analyst that selected disguise as opposed to involving the patient in the writing process) extended the debate even further, "At first I worried if I asked my patient to read what I wrote her parents might read it and then their feelings about it might not help my patient with her relationship with them...And, as I said in Chapter 4, maybe I didn't contact Liala about the writing because I thought I made the wrong decision in deciding not to see her just one time a week. Instead I ended the analysis totally even though she was asking for once a week... I guess my feeling about it is that it would have been too painful for us to confront this failure on my part to see that maybe once a week would have been useful...This is a patient who needed to have me stay an idealized person for her. She couldn't have tolerated that I missed the boat on that, I think."

"Are you saying that this was your assessment of this patient's limits?" the interviewer asked. "I'm interested in this point because it fits in with what so many of our analysts are thinking about; that each patient probably requires a different kind of thoughtfulness."

“Exactly,” said Liala’s analyst, “This particular patient needed to have a happy ending.”

“That’s an important point, “ the interviewer continued,” and I wonder if you’d also agree, at the same time, that other patients who were less fragile could grow from a confrontation with that kind of failure or disappointment in the analyst... the grist for the mill argument.”

“I agree with the grist for the mill argument absolutely, but not for this patient. I believe she achieved the optimal outcome for her. My patient couldn’t be too angry at me or her parents because it was life and death for her. The thoughtfulness about the patient is the issue. So, the thoughtfulness could fall on either side of the debate.” “Related to that, do you feel that one outcome from this book project is that it illustrates how writing can be good for the analyst as a kind of self-supervision in which we grow as analysts when we take a closer look at our strengths and weaknesses...and sometimes our patients grow from seeing the reality of that messiness and sometimes they don’t is what you’re saying.” “Yes,” said Liala’s analyst, “If she and I were in a position to resume treatment for at least a year then I’d feel comfortable about it, maybe, but only in that context... because the benefit to the field is such an important motivator.”

Pre or Post Termination Patient Contact / Writing About Analysis

Another issue raised by this book project involves the question of whether an analyst's asking a patient's permission to write (or asking the patient to write him or herself about his analysis) opens up the question of more treatment in terminated cases. Alternatively, is this a question better raised during the analysis so that the patient's feelings about the writing can be analyzed?

Jacob's analyst refers to this issue in Chapter 8 when Jacob decides to come back to treatment (post-termination) after, and partly because of, the process of being asked to write. In the course of these discussions Jacob's analyst said about this, "For a while I felt worried and anxious the way you do when you feel like maybe you've made a mistake. I thought maybe I should have handled his termination differently since I had questioned his wanting to leave and was aware of residual concerns. Of course I'll never know if maybe there wasn't a different tone, a different order, a different content, a different timing to what I said that would have been more helpful. On the other hand, he may have just had to leave and come back the way he did. So, is it better to ask a patient to write after termination or during the analysis? I'm not sure about the answer to that either. Initially, I thought after termination would be a better time as did many of our analysts. Of

course it's probably different with each patient, but isn't it interesting that I was the one that extended an invitation (ostensibly to write, but maybe in the back of my mind to come back to treatment) and, as it turns out, he was wanting to be invited? So much of the analysis was and is like that. I was the first one to say in so many words that he was depressed for, example--throwing down a rope again, Jacob would say. But, after I said he was depressed, he was able to realize, to a much greater degree, that it was true and that he'd spent decades of his life not knowing he was depressed. Perhaps like many patients without very much good mothering he wasn't able to know unless I said it first, or did it first, or invited him back to treatment first. So, in Jacob's case, the way the decision to write unfolded I guess it was grist for the mill. In other words, although at first I approached him to write post-termination, the way that that the writing facilitated the second part of his treatment probably does illustrate the way that writing can be grist for the mill or a useful enactment... of course, time will tell more."

Watt's analyst said, "My patient had terminated a few years ago, but I thought there was a good chance it would be useful to him to do it at that point after termination.... It felt like a part of his process more than any enormous intrusion."

Katie's analyst responded similarly, "My patient was on my mind to ask because we were in the termination phase. I wouldn't assume that's always the best way for all patients,' but I tried to think about it in a thoughtful individual way with her. She wasn't obviously very disturbed or paranoid. She had changed... in significant ways... I felt like she identified with my successes and it would probably help her feel more o.k. about pursuing her career. There are risks in any intrusion, but analysts get pregnant, have careers... and some people do have less transference over time. Some people grow up more than others."

Andrew's analyst also discussed his patient as the only patient among our analysts who was in the middle of his analysis, "He is four years into treatment. Not at all near termination...But, the selection of the patient I chose was pretty uncomplicated. He immediately came to mind as possible to get his view and useful. My main concern was if he'd complete the task because he has a work inhibition."

Specialness Issue:

What is the impact on the patient of the fantasy or the reality of being special to the analyst as the one chosen to write about his or her analysis? Since the analysts choice of one patient and not another for this book project is a piece of undeniable reality, how have our analysts understood this

dimension--both in their own minds and with their patients? In this section it seems appropriate for Dr. Schachter, our editor, to express his opinion since he was the one who developed the idea for this project: "I think it is important for analysts to keep in mind that the patient, in addition to being the patient of an analyst, is also a person in their own right. Analysts are trained to look for pathology not health, and to search for potential problems although this seems like a situation where a patient could feel pleased at being the successful, special one. Why shouldn't that be gratifying? The patient publishing his or her ideas about the treatment, just like a dissertation or sixteen other things is, in and of itself, something that has great potential as an expression of achievement. Presumably the analysts publishing case reports in this book are gratified at this success and such gratification is widely regarded as healthy. Thus, publishing is a success to be proud of, both for patient and analyst. In addition if a patient is grateful to the analyst for therapeutic benefits, why shouldn't he be pleased to give something to the analyst in return? It can be very valuable for a patient to not only be the recipient of giving, but to also be able to give something back. I think we need some fresh ways of looking at this kind of experience and I think the analysts and the patients in this book should be applauded for giving us that."

With this question as with our other questions, a central point that all of our analysts repeatedly came back to was that any piece of reality-- pregnancy, a wedding ring, meeting on the street, being asked to write and the specialness or intrusion that these situations may or may not imply— needs to be thoughtfully analyzed. However, at the same time, a newer or more contemporary viewpoint also consistently voiced by many of our analysts and articulated by Dr. Schachter above, is this overall, more positive attitude towards exploration and experimentation in general. In other words, many of our analysts are saying that, assuming that analysts are trying to be thoughtful about when a feeling of specialness could be an idealization or a compliance, why not give equal weight to the idea that specialness or writing could very often be experienced positively?

“If there is one thing that we know as analysts it’s that transference trumps everything,” said Katie’s analyst. “My patient did feel like I wrote about her because she was special. And she’s right. We shouldn’t try to deny it. It’s a fruitful area of exploration. But, transference trumps everything in the end. Some people think I was thinking about them in something I write and I’m not. Some people don’t recognize their own dreams, but see something in someone else’s material. So transference or ones own

subjective take on everything does trump everything. It's something you never thought of that the patient picks up on."

Conclusion

The last question, to conclude this chapter, is intended to speak to analysts and general readers: Is the patients' perspective a special kind of consultation for the patient's analyst as well as data for the public at large which is particularly meaningful and, at least in some respects or on some dimensions, a more open, honest, real dialogue about what makes analysis work? After considering this controversy from many angles, as seen in the above discussions, the analysts in this book have concluded that continued exploration of the value of the patient's writing about his or her treatment is in order. We hope we have enabled the reader to reach his or her own conclusion about this controversy.

Chapter 12

Selecting a Psychoanalyst for Your Personal Treatment

Joseph Schachter, M.D.

Why choose a psychoanalyst for psychotherapy? Because, as this book attempts to document, psychoanalysis is a form of treatment, and we think the only form of treatment, that can dramatically transform a life. If that's what you are after, then you should consider how to choose a psychoanalyst, not an easy task.

Different analysts, surely, would suggest a variety of approaches to the selection. Let me give you my suggestions. I think the patient-analyst relationship is critical to therapeutic outcome; a match between patient's and analyst's personality should be accorded the greatest weight. What are the

characteristics of a good, working relationship? The relationship should be more mutual and less hierarchical. The analyst should be conceived by both patient and analyst as a person with a particular training and experience, with expertise, rather than as a superior person. The patient should respect the analyst, should like the kind of person the analyst seems to be, and to feel the analyst is an authentic person. The analyst should be reasonably self-confident but not arrogant, a person who could acknowledge a mistake, a good listener, empathic, and, above all, safe and trustworthy. Some patients may need the analyst to have the capacity for warmth, but that may not be universal. In turn, the analyst should be respectful of the patient, should regard the patient as a valued person, and generally have positive feelings about the patient. If either patient or analyst dislikes the other person, this places too heavy a burden on the treatment.

About other characteristics as well, the patient needs to make those choices that will place him/her in their comfort zone. Does race or religious affiliation matter? They are probably critical for some patients and of little import to others; if critical, the patient should include them among the required characteristics. The analyst's gender will probably influence the patient's experience of treatment, so the patient's preference should be given weight. Should you choose an analyst who is a physician rather than one

who has an advanced degree from an allied profession? I think the discipline is of relatively little relevance. A non-physician analyst can easily refer the patient to a consultant for medication if needed, and a patient with ongoing medical problems would need, in any case, to provide a liaison.

It has been argued that the patient's preferences are neurotically determined and, therefore, the patient is better advised to go to a psychoanalytic consultant and rely on the consultant's recommendations. Some analysts cite instances in which a patient impulsively decides to work with the first analyst with whom they have consulted, and ends up with a very satisfying treatment. Further, patients with difficulty making decisions may get bogged down in consulting one analyst after another. On the other hand, I believe that although the patient's preferences may be influenced by neurotic elements it is unlikely they are completely a function of those elements or even primarily a function of them. Patients struggling with troublesome conflicts also have many healthy strengths and can make informed choices. Furthermore, by attending to the patient's preferences the conditions for starting to work at treatment have been established. Later in treatment patient and analyst may decide that some changes would be beneficial. However, if the patient's preferences are not met at the outset, the conditions for starting to work at treatment have not been met; there is a risk

that treatment may flounder at the very beginning. The experience of a failed treatment may be very destructive to the patient, diminish the patient's hope and greatly increase the difficulty in making another start at psychoanalytic treatment. Since there is a good deal at stake, both financially and emotionally I personally urge that a patient go shopping for an analyst, the way a person shops for a new home, perhaps meeting with two or three analysts, seeing each at least twice.

How does a patient find an analyst with the desired attributes? We think that those most knowledgeable about analysts are their analyst colleagues who know them personally as well as professionally. If you don't know a psychoanalyst, a physician, psychologist or social worker can probably refer you. Talk to several analysts, informally if possible, give them some idea of the kind of analyst you would like, and ask for several referrals. The second best source of information about an analyst is patients that he/she has treated, but the likelihood of knowing any is a matter of happenstance.

What professional qualifications should an analyst have? Patients should feel free to question the analyst about his/her training and experience. Membership psychoanalytic organizations have web sites which can be used to find analysts and also to document that an analyst is a member of that

organization. The authors of this book are all members either of the American Psychoanalytic Association and/or the International Psychoanalytic Association and regard the training in the component institutes to be of high quality. There are, however, many institutes not affiliated with those organizations with comparable, some might argue, superior training. If you have any question about the training, we suggest you consult with a psychoanalyst who is a member either of the American Psychoanalytic Association or the International Psychoanalytic Association.

If the analyst is a member of the American Psychoanalytic Association is it important whether the analyst is certified or if the analyst has been appointed as a training and supervising analyst? I don't think these attributes necessarily reflect greater therapeutic skill than that of other graduate analysts because the motivation for certification or appointment as training and supervising analyst varies with the individual and the locale. These motives may have little relationship to the analyst's therapeutic effectiveness. In addition, I have some question about the reliability and validity of the assessments both for certification and for appointment as training and supervising analyst. Other analysts, however, disagree; they consider assessment for certification or for training analyst appointment to be reasonable, and to constitute assurance of the analyst's competence. All

in all, I don't prioritize these professional markers because of the preeminence I give to patient-analyst match.

Is an experienced analyst likely to be a better choice than an inexperienced analyst? Not necessarily. While experience is a useful asset, relatively inexperienced analysts are building their practice and their work is likely to be characterized by more intense motivation to insure that the treatment is successful. Interestingly, two of the seven markedly successful treatments reported here were conducted by inexperienced analysts during their analytic training. Should a very well known or famous analyst be given preference over less well known analysts? Not automatically. Some famous analysts are clearly superb therapists, but that is probably not the case with all well-known analysts. Analysts may achieve fame because they publish widely, are bright and politically sophisticated, and these attributes are not particularly relevant to an analyst's therapeutic effectiveness with patients. Indeed, working with such an analyst may make it more difficult for a patient to deal with his/her own needs for adulation.

In summary, I think, given that the analyst has had reasonable training, the quality of ambience experienced with the analyst enabling the patient to feel comfortable should be given the greatest weight. A

satisfactory patient-analyst relationship and some hard work are the most important ingredients for a successful therapeutic outcome.

Chapter 12

Selecting a Psychoanalyst for Your Personal Treatment

Joseph Schachter, M.D.

Why choose a psychoanalyst for psychotherapy? Because, as this book attempts to document, psychoanalysis is a form of treatment, and we think the only form of treatment, that can dramatically transform a life. If that's what you are after, then you should consider how to choose a psychoanalyst, not an easy task.

Different analysts, surely, would suggest a variety of approaches to the selection. Let me give you my suggestions. I think the patient-analyst relationship is critical to therapeutic outcome; a match between patient's and analyst's personality should be accorded the greatest weight. What are the characteristics of a good, working relationship? The relationship should be more mutual and less hierarchical. The analyst should be conceived by both patient and analyst as a person with a particular training and experience, with expertise, rather than as a superior person. The patient should respect the analyst, should like the kind of person the analyst seems to be, and to feel the analyst is an authentic person. The analyst should be reasonably self-confident but not arrogant, a person who could acknowledge a mistake, a good listener, empathic, and, above all, safe and trustworthy. Some patients may need the analyst to have the capacity for warmth, but that may not be

universal. In turn, the analyst should be respectful of the patient, should regard the patient as a valued person, and generally have positive feelings about the patient. If either patient or analyst dislikes the other person, this places too heavy a burden on the treatment.

About other characteristics as well, the patient needs to make those choices that will place him/her in their comfort zone. Does race or religious affiliation matter? They are probably critical for some patients and of little import to others; if critical, the patient should include them among the required characteristics. The analyst's gender will probably influence the patient's experience of treatment, so the patient's preference should be given weight. Should you choose an analyst who is a physician rather than one who has an advanced degree from an allied profession? I think the discipline is of relatively little relevance. A non-physician analyst can easily refer the patient to a consultant for medication if needed, and a patient with ongoing medical problems would need, in any case, to provide a liaison.

It has been argued that the patient's preferences are neurotically determined and, therefore, the patient is better advised to go to a psychoanalytic consultant and rely on the consultant's recommendations. Some analysts cite instances in which a patient impulsively decides to work with the first analyst with whom they have consulted, and ends up with a

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