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A Tale of

Two Theories
Psychoanalysis, like art, requires both precise technique and intuition. My teachers, being conservative, taught me technique, but did not trust me enough to encourage my intuition. They worried about wild analysis, a term introduced by Freud, who was concerned about technical errors and bad technique by unsophisticated and inexperienced analysts that could result in "dangers to patients ... which are inherent in the practice ... of a 'wild' psycho-analysis" (Freud 1910, p. 226). Concerns about wild analysis in psychoanalytic education have led to a reliance on rules, a stunting of spontaneity, and an inhibition of intuition. 

The Random House Unabridged Dictionary defines intuition as "immediate apprehension": perceptions that are "independent of any reasoning process." Intuition, in other words, refers to a type of unconscious, creative activity. Intuitive analysts use their emotional experiences to enhance their understanding and inform their interpretations. My teachers used intuition in their practices, but it took me years to realize it. I thought they had formulas and rules that kept them on track. They always knew what to expect, what to say and what not to say. I believed that when I learned the rules, I would know the "right" way and avoid the "wrong" way. I didn't realize that what I did not do could have as much impact as what I did.

I now believe that the major challenge in psychoanalytic education and practice is to strike a balance between analytic discipline and creative intuition. Hoffman (1994) says that a dynamic relationship, a dialectic, always exists between spontaneous self-expression and analytic ritual. I believe that much of the tension between traditional theory and contemporary psychoanalysis is in how one maintains this balance.
TRADITIONAL THEORY

The conservative nature of classical psychoanalytic education encourages "proper" analytic technique and discourages spontaneity. My first lesson in being proper was in 1959 during my first year of psychiatric residency at Detroit Receiving Hospital. There, immersed in diagnostic assessment, handling psychiatric emergencies, and managing medications, I began my first psychotherapy case, a young woman with depression and marital problems. I was pleased that my supervisor was psychoanalyst Frank Parcells, a wise, kindly man with an excellent reputation.

I had prepared detailed process notes prepared for our first supervisory meeting that described how the patient came in to a session and said, "Hello, how are you?" "I'm fine," I answered, "and how are you?" Parcells interrupted me to ask, "Why did you say that?" "Well," I said, "It seemed the natural thing to do." Parcells gently explained that it would be natural in a social situation, but this was therapy, not a social situation. Thus I learned my first rule of proper technique. Each rule that I subsequently learned, because it was classical, acted as a restraint, which led to an increasing rigidity in my style of working. My colleagues felt similarly restrained. This rigidity continued until the time of Kohut, when a shift occurred, and analysts began taking patients more seriously.

A reliance on cautiousness and rules was started by Freud's admonitions to analysts such as, "The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him" (Freud 1912, p. 118), and analysts should "model themselves during psychoanalytic treatment on the surgeon who puts aside all his feelings, even his human sympathy..." (p. 115). Other "rules" suggested that the analyst must not "follow his expectations or inclinations" (1912, p. 112), or let the patient "leak" his material "with some intimate friend" (1913, p. 136).
Freud used technical rules to deal with political problems; early adherents like Adler, Stekel, and Jung, did not follow Freud's theories. Although Freud trusted himself to be spontaneous, and could feed the Rat Man when he was hungry and organize financial support for the Wolf Man when he was destitute, he did not trust his students nor did he write down guidelines for being spontaneous or using intuition. So in the beginning, Freud determined what was proper analysis and what was not.

His death left us without an authority, and defining proper analysis shifted to his writings as interpreted by psychoanalytic organizations. Many teachers play it safe and teach rules rather than what they do in their own practices. Sandler (1983) states that the fear of appearing "improper" has caused many analysts to keep much of their work secret from colleagues and students. Differentiating public theory from private theory Sandler says:

The conviction of many analysts [is] that they do not do “proper” analysis ... that what is actually done in the analytic consulting room is not "kosher", that colleagues would criticize it if they knew about it ... that any analyst worth his salt will adapt to specific patients on the basis of his interaction with those patients. He will modify his approach so that he can get as good as possible a working analytic situation developing. I believe that the many adjustments one makes in one's analytic work, including the so-called parameters that one introduces, often lead to or reflect a better fit of the analyst's developing intrinsic private preconscious theory with the material of the patient than the official public theories to which the analyst may consciously subscribe. [p. 38]
Sandler is saying that analysts are pleased with their work, but are reluctant to share what they do with colleagues and students because their intuitive creativity will be criticized.

**SELF PSYCHOLOGY**

Self psychology has brought new understanding to analytic interactions, has helped free analysts from the stricture of rules, and has helped them make sense out of what they had known intuitively and had done privately. I had thought that my job was to be the expert who understood, deciphered, and explained to patients their behaviors—to help them overcome their resistances and see things my way. I was taught to suspect a patient's motives, which left me feeling burdened. Self psychology, by teaching me the value of trusting patients' motivations and seeing things first from their perspectives, has freed me from much of that burden. One of my favorite quotes of Kohut (1984) follows:

> If there is one lesson that I have learned during my life as an analyst, it is the lesson that what my patients tell me is likely to be true—that many times when I believed that I was right and my patients were wrong, it turned out, though often only after a prolonged search, that my rightness was superficial whereas their rightness was profound. [p. 93]

A common misperception of self psychology is that understanding someone's experience means you agree with it or condone it, but I have learned that understanding a patient's experience does not mean I have to give up my point of view. With self psychology I now have a theoretical framework in which I can teach creative intuition alongside analytic discipline.
Illustrating how self psychology has influenced my technique is a successful 35-year-old professional woman named Anna who entered psychoanalysis because of frustration with her inability to find a man with whom she could stay in love. Anna was in a relationship with Art, and they were living together. Although they cared deeply for each other, they could not stop fighting. Anna felt Art was trying to control her, and Art, when angry, said cruel things to her. Anna reacted either with violent rage—she wanted to hurt him—or with hopeless resignation—she wanted to leave him. She could not assert herself without putting Art down in the process.

In the analysis, the reasons for much of Anna's difficulty became clear: an older brother who abused and molested her, a mother who criticized and blamed her, and a father who kept his distance. She had learned early to wall off and disavow painful experiences. When feeling vulnerable with Art, she kept her distance, and when she felt overwhelmed, she lashed out at him in a violent rage. When she felt safe with me, she began to recall early experiences of rejection, hurt, humiliation, and shame.

She developed a new sense of confidence, and her professional life became even more successful, but, although she and Art became closer, their fighting continued. For example, if Art said something hurtful, she felt betrayed and victimized, and she would explode with shaming criticism.

At that time, working in a traditional mode, I felt it was my job to point out her contributions to the difficulty. I thought that the fighting would be resolved if she could confront Art in a rational way without shaming him and if she could stay present and assert herself instead of running away into withdrawal. My theory was that feelings from her past were being displaced onto Art, and that because of her resistance to experiencing this anger with me in the transference, Art had become the focus of her rage instead of me. Her resistance arose from internal pressures, and
had nothing to do with me, the neutral observer. My interpretations about her internal wishes did not help, and as she became discouraged, I also became discouraged.

I had read some of Kohut's papers, but did not understand how to apply his ideas clinically. Then Bernard Brandchaft, a gifted teacher from Los Angeles, presented a series of lectures on self psychology in San Diego. He explained Kohut's ideas, and demonstrated their clinical applications. I immediately thought of Anna, and realized I had been trying to get her to understand what was going on from my point of view. I was not trying to understand her experience from her point of view. Feeling pressured and criticized by my interpretations, she no longer felt safe. She was not resisting facing her feelings; she was trying to protect herself in a way that I had not understood.

I also realized that I was not trusting her; I was trying too hard to "help" her and not really hearing her. I needed to decenter from my perspective, Brandchaft explained, and try to see things from the center of her experience, including my contributions to that experience.

I had been reluctant to do that, and thought that understanding how victimized, helpless, and vulnerable she was feeling would be condoning those attitudes and not encouraging her to take responsibility. I would not be doing my job of pointing out her contributions to the conflict, which stemmed from unconscious wishes. Brandchaft pointed out that understanding her point of view did not mean agreeing with it or approving of it, and if I could not understand her experience from her point of view, it was unlikely she would be able to understand my point of view.

I also had not appreciated the importance of maintaining a listening perspective (Schwaber 1981, 1983b). Ornstein and Ornstein (1985) state that "understanding ... has either been taken for granted or seriously underplayed as a specific and necessary intervention in psychoanalysis ... " (p. 44). Some patients require a long period of being heard and feeling understood before they are able to assimilate interpretations. Much strength and confidence often comes just from being
I listened to Anna in an understanding way. Now I relaxed with Anna and listened patiently to her complaints, frustrations, and discouragements. I did not try to interpret or "fix" her pain, and limited my comments to appreciating how frustrated and discouraged she felt. As I stayed with her painful experiences, her discouragement progressed into despair and hopelessness. Although I did not feel hopeless, I appreciated how painful it was for her to feel hopeless. I told her, spontaneously, that I appreciated her being able to share such painful feelings with me.

She reacted to my comments by feeling safer and recalled new memories of being molested and abused by her brother. She recalled that if she refused to do something he wanted, he held his hand over her mouth and nose, suffocating her, and when she was about to pass out, he let her breathe. Feeling terrified of him, she did what he asked. Adding to the trauma was her parents' unavailability; neither of them would tolerate any complaints. She had to keep her feelings to herself, and walled off all feelings of fear, hopelessness and despair. These feelings emerged anew in her relationships with Art and me. Being able to encounter and talk about these emotions with me was an integrating experience for Anna. She became stronger, her confidence returned, and her relationship with Art improved.

My attempts to explain her problem and "fix" her pain cut off her emerging affect, and inadvertently gave her the message that I, like her parents, did not want to hear her complaints. I had unwittingly become involved with her in reliving that traumatic experience. As I relaxed, I began to trust her, to trust the analytic process, and to trust myself. I worried less about rigidly following rules and reacted more spontaneously. I was pleased, not ashamed or apologetic, that I could genuinely express my appreciation to her for sharing her painful feelings with me.

Relational Psychoanalysis
Early in my career I read about a research study showing that one group of depressed patients assigned to talk with sympathetic housewives had a better outcome than another group assigned to have therapy with first year psychiatric residents. This was not surprising news to a group of psychoanalysts in New York studying with Harry Stack Sullivan at the William Alanson White Institute. Sullivan, in contrast to Freud, developed a theory of “interpersonal psychiatry,” later to become relational psychoanalysis (Aron 1996), which focused on experiences in the relationship between the therapist and the patient.

But it wasn’t until 1990, when I heard Steven Mitchell, a relational analyst and explicator of Sullivan, that I began to appreciate the significance of the therapeutic relationship. By then my own clinical work had evolved from Freud through Hartman and ego psychology, Melanie Klein, D.W. Winnicott, Fairbairn and British Object Relations, Heinz Kohut, and Robert Stolorow. When I heard Mitchell speak, I sat up and took notice.

At a Self Psychology conference in New York, Stolorow gave a paper and Mitchell was the outside invited discussant. Usually the outside discussants were critical of self psychology, and Mitchell was too, except that in contrast to other critics, Mitchell was respectful. He pointed out that Stolorow’s intersubjectivity theory paid close attention to the impact of the analyst’s personality on the patient’s functioning, but it did not pay sufficient attention to the impact of the patient’s personality on the analyst’s functioning. Stolorow said that this was the first critique he had heard from someone who understood what he was talking about, and he learned something from Mitchell.

The following year Mitchell was invited to Los Angeles to give a paper at ICP (The Institute of Contemporary Psychoanalysis) where this time Stolorow was the friendly critic. Thus was born an ongoing dialog between self psychology and relational psychoanalysis, and for me it was the birth of Contemporary Psychoanalysis. And it was at that time that Mitchell started the new psychoanalytic journal, *Psychoanalytic Dialogues -- A Journal of Relational Perspectives*. His article, “Contemporary Perspectives on Self: Toward an Integration,” (1991) showed an overlap between the ideas of Harry Stack Sullivan and Heinz Kohut.
Since then self psychologists have incorporated relational ideas, and the relational analysts, including Lew Aron, Jessica Benjamin, Phillip Bromberg, Jody Messler Davies, have incorporated ideas from self psychology and from intersubjectivity theory. Each therapist develops his or her own individual way of integrating concepts from different theories into a personal way of working, a way that is unique to each therapist. Integrating new ideas is a lifelong process, and it is the best way I know to stay fresh.

**Implicit Memory**

The concept of implicit or procedural memory is a contribution from neuroscience (Pally, 1997), and it refers to a type of non-conscious activity, to the ways of relating between people that is automatic and not reflective. Much of what causes psychological difficulty in patients comes from experiences that take place early in development before the time of speech, before the time of declarative or symbolic memory. Because these early experiences are encoded in implicit or procedural memory, they are not part of Freud’s repressed dynamic unconscious and are not available to interpretation or insight. They can only be inferred from behaviors in a relationship.

New experiences in relationships can change ways of relating. The old ways of being never go away, but they can be expanded with new ways of being learned from new relationships. In therapy a patient will experience the therapist through personal filters. He may, for example, expect to be criticized or misunderstood, and the therapist, in turn, will experience his relationship with the patient through his filters. Together the two will negotiate a way of being together that will be unique to that therapeutic couple (Bacal and Herzog, 2003). The new experience that will turn out to be therapeutic cannot be predicted in advance.

I believe that analysts are able to be spontaneous without becoming “wild.” I feel less pressure to know the answers, to be smart, and, instead of thinking I am a blank screen, I can systematically look for my contributions to the patients' transference experiences. Trusting both of us more, I feel free to ask questions, to make intuitive remarks spontaneously, and to try out hunches and trust that the patient will correct my errors. As a result, my patients do better, I enjoy
my work more, and I can offer guidelines to students so they can develop their intuition and creativity.

Therapists learn technique much as Freud did, by watching patients and seeing what works and what doesn't work. Freud learned from his mistakes; he discovered the importance of transference, for example, after his patient Dora, a 16-year-old girl, prematurely quit her analysis (Freud 1905). Freud continually learned from experiences, and he modified his theories in turn. Richard Sterba, a graduate of the Vienna Psychoanalytic Institute, told me that his classmates felt a sense of betrayal when Freud (1926) announced the change in his theory of anxiety. "How can he do this do us?" they complained. "Just when we are starting to understand how things work, he turns everything upside down!"

No two psychoanalysts are the same, and each develops his or her own style. Students struggle to be like their mentors yet maintain their individual ways of working; and teachers struggle to show students what to do, yet encourage them to follow their own paths. "We eventually move beyond our models; we take what we need and then we shed those skins and become who we are supposed to become" (Zinsser, 1988, p.15).