

THE PSYCHOANALYTIC STATE OF MIND: 100 YEARS OF FREUDIAN  
THINKING ABOUT TECHNIQUE

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## ABSTRACT

This theoretical study explores the evolution of psychoanalytic technique from Freud to the contemporary Freudian school, through the lens of implicit and explicit recommendations about the optimal state of the analyst's mind at work, in particular the use of the analyst's subjective experience. Freud's writing on this topic presented paradoxical ideas about the analyst's state of mind that were dealt with differently by different thinkers within the classical Freudian tradition in North American psychoanalysis. The author focuses on the differences between Hartmann and Loewald's thinking about psychoanalytic interaction and technique, particularly their different conceptions of reality and development. The contemporary Freudian school is then discussed in the context of Loewald's thought. The contemporary Freudian school has integrated Loewaldian, theoretical ideas into explicit, clinical writing about technique, and can be seen as both a continuation of the Freudian tradition and an important intellectual force in contemporary psychoanalysis.

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This work and its author are dedicated to Christopher Shinn.

M.S.M.

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## CHAPTER 1: INTRODUCTION

What is Freudian and what is Freudian psychoanalysis? These are questions that have preoccupied Freudians and non-Freudians alike from the early days of psychoanalysis. In an important essay “Rethinking dissidence and change in psychoanalytic theory” Martin Bergmann (2004) describes the history of psychoanalysis as marked by dissidence, controversy and reactive orthodoxy from its inception. He argues for a scholarly approach that preserves the history of dissidence in psychoanalysis, believing that if “the psychoanalytic student learns the full history of psychoanalysis with its controversies...a more realistic view of the place of psychoanalysis in the history of thought in the 20<sup>th</sup> century becomes possible” (p. 3). Bergmann seeks to understand why questioners often become dissidents, and why psychoanalytic disagreements often result in controversies and schisms, instead of integration. Psychoanalysis trains its eye upon invisible processes that can only be observed in the privacy of the consulting room, resulting in the fact that faith and belief always play a role in psychoanalytic theorizing and the allegiance to psychoanalysis. Sandler (1983) has made a similar point that an irreducible gap exists between the analyst’s private clinical theories and public theories, and that the analyst necessarily struggles to integrate his private work and private thoughts with publicized institutional dialogue about the nature of psychoanalytic data and psychoanalytic process.

This dissertation attempts to approach the question of what makes a Freudian by attending to the dissidents who could have been but didn’t become. It seeks to trace the evolution of contemporary Freudian psychoanalysis out of Freud’s early

writing, through the revisions of ego psychology, specifically through a hidden dialogue between Heinz Hartmann and Hans Loewald, two émigré analysts who stressed the role of the ego and of the environment in development and analytic process, while nevertheless having very different ideas about psychoanalytic process and the nature of psychic reality. It also questions the idea that contemporary psychoanalysis is newly attentive to the analyst's subjective involvement in the analytic process.

Indeed, contemporary Freudian thinking has embraced the reality that the analyst's subjective, emotional participation in the analytic process plays a role in the patient's growth, despite the fact that Freudians are widely parodied and criticized for adopting a clinical stance that encourages subjective blandness and discourages the analyst's consideration of his or her own subjectivity. But the questions remains as to whether this is truly a new development in psychoanalysis. Certainly, it has a new prominence and a new vocabulary. However, I will argue that there has been a constant attempt at integrating the subjective, emotional processes at work within the Freudian analyst, albeit one that coexisted uneasily with the Freudian emphasis on insight and interpretation offered and accepted on the basis of rational thought.

It is important to clearly define what is meant by "the analyst's subjective participation." In contemporary literature, the analyst's subjective involvement has often been described in behavioral terms, what the analyst says and does with his patient on the basis of his subjective reactions to him or her. While important, what this orientation elides is the theoretical importance of the baseline state of the analyst's mind, independent of the analyst's actual behavior. I hope to explore, more

specifically how this frame of mind is defined with the respect to the inclusion or exclusion of affects, ideas and other elements drawn from the analyst's personality, biography and here-and-now experience with the patient. Also to be explored is the way in which each theory recommends that analysts deal with these subjective elements.

There is good reason for the disjunction between competing subjective and objective emphases within the Freudian tradition, and it begins with Freud. Freud's work was nearly always written within a metapsychological frame of reference, which emphasized the internal structure of a single person attempting to regulate endogenous tensions. However, in the papers on technique, Freud articulated an experience near description of the analytic process, in which the patient and the analyst work together in an affectively rich atmosphere, influenced by each other's emotional experience. Thus, from the beginning of Freudian thought there has existed tension between two discourses, a structural, intra-psychic discourse and an interactive, interpersonal discourse. Although Freud stressed the role of neutrality in the psychoanalytic cure, he also never explicitly restricted relational mechanisms, as a reading of the technique papers will show. Freud's inattention to coherence or unwillingness to collapse these points of view into one unified idea has created internecine conflict about what balance of intellectual and relational aspects is truly Freudian. However they have also created a state of affairs that promotes elasticity and continuity across time. It is for this reason that contemporary Freudians are able to claim that they have inherited Freud's point of view (not to mention Kleinians, Winnicottians and modern conflict theorists).



Freud's work tended to leave this seeming conflict implicit and unresolved, and described psychoanalysis from whatever vantage point seemed fitting to him. The ego psychologists, led by Heinz Hartmann in North America, did not particularly take to Freud's literary and eclectic approach. Much of this had to do with their attempt to transform psychoanalysis into a science, which meant creating an internally and externally consistent theory of psychoanalysis, including psychoanalytic technique. Reading ego psychologists from the 1930s to the 1970s, one can see the ego psychologist struggle to be scientific but also to find a role for the human element in clinical psychoanalysis. In other words, one can see ego psychologists attempt to negotiate the structural and interactive ways of understanding psychoanalysis and the mind more generally. Ultimately, they formulated a theory of interaction, in which the analyst's participation could be scientifically known and properly dispensed, and was often conceived of as auxiliary or preparatory to the true interpretative work of psychoanalysis. Further, they tended to draw an extreme separation between the analyst's state of mind and the analyst's behavior. In plain terms, this overlooks the fact that in other Freudian approaches an analyst may allow him or herself the most vivid of irrational subjective responses within the context generating rational interpretation. Ultimately, critiques of ego psychology have shaken the foundations of this theorizing, specifically the sharp distinction drawn between internal and external that underlies the stress placed on adaptation.

Hans Loewald was deeply challenging to the party line of ego psychology, while nevertheless maintaining his identity as a Freudian. In particular, he sought to

find an equilibrium between the rigidity of ego psychological technique and the non-Freudian rejection of thinking about the mind as a personal, unconscious structure for dealing with conflictual endogenous demands. This required him to put forward a theory in which the intrapsychic and relational worlds are separate but interacting domains that should never be seen as discrete from one another. Ultimately, this necessitated a mode of writing and thinking that privileged process over structure, while claiming that process is a form of structure. This also led Loewald away from impasses related to other dualisms, such as new and old objects, insight and action, and subject and object. Loewald's ultimate conclusion remained that analytic process involves the internalization of the interaction between patient and analyst, who are analogous but different participants, and who therefore bring their entire emotional worlds to bear on the process, albeit in different and differentiating ways.

The contemporary Freudian school is a Loewaldian school, insofar as its representatives have a concept of therapeutic action as an internalization of process as structure. Its thinkers maintain an emphasis on the unconscious life of the person and the importance of interpretation, in spite of the emphasis on relational experience. However, there is an extreme diversity of emphases and opinions, which are translated into somewhat different techniques. I will focus on four authors, Norbert Freedman, Alan Bass, Gil Katz and Alan Sugarman, who have all utilized Loewald's thinking differently. Interestingly, Sugarman owes a great debt to Loewaldian thinking while nevertheless not emphasizing his thought, which suggests the way that the Loewaldian worldview has penetrated contemporary psychoanalysis.

It is hoped that this study can show what might be gained from taking Bergmann's advice to study psychoanalysis through the lens of controversies. In this case, I hope to demonstrate how the contemporary Freudian school has emerged from an ongoing dilemma about how to resolve the seeming conflict between the psychoanalytic focus on the individual mind at work, and the nature of psychoanalytic treatment, which is strongly interpersonal. Although there is an understanding on the part of contemporary Freudian psychoanalysts that they owe a debt to Loewald, no in depth study has traced this piece of history in much detail, particularly the place of Loewald between classical and contemporary psychoanalysis, and Loewald in dialogue with Hartmann. Furthermore, the story of contemporary psychoanalysis is a story about continually finding, losing, and re-finding Freud's unique ability and tendency to think dialectically and to not reflexively eliminate paradoxes from thinking. In my opinion, it is this way of thinking rather than any specific content or technique that makes a Freudian analyst a Freudian.

## CHAPTER 2: SIGMUND FREUD'S CLINICAL PARADOXES

In the context of this study, Sigmund Freud is more the subject of interest for his contradictions rather than in spite of them. Freud was more often than not a mechanistic thinker, a theory builder in thrall of the demands of materialist thinking that demanded causal explanations (Makari, 2008). Freud was also a lover of poetry, a revolutionary idealist, a bourgeois family man, an addict, superstitious, domineering, and prone to depression and paranoid anxieties (Gay, 1998; Grosskurth, 1991).

I have chosen to focus on a close reading of Freud's papers on technique because they show Freud and therefore Freudian thought in state of dynamic tension. In these papers, Freud moved from seeing psychoanalysis as a mechanistic process to a recognition of the complex, affective interaction of two human beings, that is nevertheless asymmetrical, focused on the unconscious of the patient, and promoting cure. I believe that this evolution mimics the evolution of every psychoanalyst, who must gradually abandon his or her technical knowledge and re-immerses him or herself in clinical experience in order to recollect these ideas in a new and richer way. Ultimately, contemporary psychoanalysts make some concession to the fact that they live with paradox and that the coordinates of reality in the psychoanalytic situation are often unclear. Similar ideas emerged from Freud during the writing of these technique papers, and at least my own, perhaps idiosyncratic reading of them suggests that Freud asked us to live with paradox instead of trying to undo it.

This chapter will argue that Freud arrived at a description of therapeutic interaction in which the analyst and the analyst are both forced to feel real feelings

about the other that must nevertheless be treated as unreal and unrealizable, in order for the clinical work to proceed to an optimal conclusion. The implication is that psychoanalysis is a vulnerable and unwieldy process, in which unconscious conflicts must be brought to the surface and somehow resolved so that the analysand can leave analysis and go about his or her life in a state of lesser neurotic impairment. However, in order for this to happen, the deep feelings of love and hate that have emerged must not reach their full expression or the analytic aspects of the analysis will come to an end. Therefore, analysis must always end with feelings of loss, irresolution and regret, even if change has occurred. It is this realization that has led Schafer to describe the intrinsically “tragic” and “ironic” visions of reality in Freudian psychoanalysis (1970). However, the topographical model left no guidelines, even in the papers on technique about how analyses could be successfully terminated, and these strong feelings renounced or softened. I will conclude the chapter by considering the structural theory of Freud’s later writings as an attempt to distance himself from the often-tragic outcomes of clinical practice but also as a way to answer the question of how such an unusual and fraught relationship might create lasting change.

Freud’s “Papers on Technique” begin with a short treatise on the “The Handling of Dream Interpretation in Psychoanalysis,”(1911). To the uninitiated reader, this may appear as a sleepy beginning to a canonical set of papers as well as somewhat limited in scope. However, when taken in the context of Freud’s previous clinical and theoretical work, the ramifications are immense. He writes that

Anyone coming from dream-interpretation to analytic practice will retain his interest in the content of dreams, and his inclination will be to interpret as fully as possible every dream related by the patient. But he will soon remark that he is now working under quite different conditions and that if he attempts

to carry out his intention he will come into collision with the most immediate tasks of the treatment. (p. 91)

Here, as in many places, Freud makes reference to his own clinical experience, distinguishing the technique he is about to describe from his earlier technical approaches and theoretical preoccupations. Implicitly, is making reference to his treatment of Dora (1905), a case in which he neglected the unfolding transference as he attempted to analyze two richly detailed dreams to completion, with disastrous clinical results. Freud also draws a distinction between his fine logical procedure for discovering the unconscious meaning of dreams, outlined in *The Interpretation of Dreams* and the clinical procedure for making use of dream interpretation in treatment. Importantly, he does not hesitate to tell the reader that the patient's copious production of dreams can serve his or her resistance to treatment, by presenting the analyst with volumes of associative material that cannot be dealt with in the time set aside for the patient's treatment. He counsels that

one must in general guard against displaying a very special interest in the interpretation of dreams; otherwise there is a danger of the resistance being directed to the production of dreams, with the invariable cessation of them. The patient must be brought to believe, on the contrary, that the analysis invariably finds material for its continuation, regardless of whether or no he brings up dreams or what amount of attention is devoted to them. (pp. 91-92)

What appears at first to be a paper on dream interpretation arrives quickly at a matter of much greater importance to the contemporary psychoanalytic reader, namely the transference-countertransference matrix and the analyst's subjective participation therein. Freud was aware, from the very beginning of his work on technique, that the analyst's attitude, in this case his investment in fully interpreting the dream, would affect the direction of his or her patient's associations. An evident interest in dreams might cause a great many dreams or none at all, depending on the unconscious

meaning the patient assigns to dreaming. More speculative, but also interesting, is the hint that Freud was aware the patient's resistance (producing dreams that cannot be easily interpreted) will join up the analyst's analytic superego (the need to interpret dreams fully). Freud clearly had an intuitive grasp that the patient's resistance takes its cue from what the patient can perceive about the analyst's personal and professional investments. However, the full explication and technical use of such ideas waited in the wings until psychoanalysis had developed a two-person theory. Instead, Freud counseled the analyst to hide his investments from the patient, and to appear disinterested. His state of mind should be the following: "The analyst should always be aware of the surface of the patient's mind any given moment, that he should know what complexes and resistances are active in him at the time and what conscious reactions to them will govern his behavior" (p. 92).

The rest of this paper deals with the specific rules for dream interpretation, which have less to do with the idea of the analyst's subjective involvement in treatment. However, before moving on to the subsequent papers on technique it is important to highlight that Freud had shifted his focus from the understanding of unconscious meanings, in general, to unconscious meanings, first and foremost, as they appear on the surface of the patient's transference, by the time this paper was written. Also, because Freud seemed at least preconsciously aware of the interactive nature of the patient's transference and what the analyst desires of the patient, he was therefore forced to deal with what the analyst should and should not show of himself in treatment. In this paper, Freud continued to stress the need to limit the distorting effect of the analyst's subjectivity by recommending anonymity or concealment. This

is a major point throughout the papers on technique. However, it is also paradoxically contrasted with other, subtle thoughts about the analyst's involvement as imbued with deeper positive significance. This suggested that Freud continued to think about the analyst's optimal stance, throughout the writing of the technique papers.

If the first of Freud's technical papers is unique because it shifted the emphasis of clinical practice away from dream interpretation and onto the interpretation of the transference, it follows that his second paper "The Dynamics of Transference" would be focused upon of the metapsychology of transference. With *The Interpretation of Dreams*, Freud established a method that would serve as his line of approach for the rest of his life. Namely, he believed that all conscious mental phenomena were determined by unconscious mental operations that followed logic different from the logical of material reality, consciously perceived. This was clearly stated again in "The Unconscious " (Freud, 1915c). Thus, it would follow that Freud required such a deconstruction of the unconscious meaning behind the phenomenon of transference before making it an essential element of his clinical technique.

This is exactly what Freud attempted to accomplish in the paper directly following his paper on dream interpretation. In "the Dynamics of Transference" Freud (1912) begins the paper by defining transference as the libidinal displacement, onto the analyst, of repressed cathexes (A modern reader will note that Freud is actually speaking about unconscious object relations). From there, Freud asks the reader why the transference should function as "the most powerful resistance to the treatment" when in fact it is often the displacement of infantile forms of love, onto the physician, that guarantees the success of medical cures.



Freud then asks the reader to “picture the psychological situation during treatment,” which he followed with some of the most abstract metapsychological language in the entire series on technique. He writes:

An invariable and indispensable precondition of *every* onset of a psychoneurosis is the process to which Jung has given the appropriate name of ‘introversion’. That is to say: the portion of libido which is capable of becoming conscious and is directed towards reality is diminished, and the portion which is directed *away* from reality and is unconscious, and which, though it may still feed the subject's phantasies, nevertheless belongs to the unconscious, is proportionately increased. The libido (whether wholly or in part) has entered on a regressive course and has revived the subject's infantile imagos. The analytic treatment now proceeds to follow it; it seeks to track down the libido, to make it accessible to consciousness and, in the end, serviceable for reality. Where the investigations of analysis come upon the libido withdrawn into its hiding-place, a struggle is bound to break out; all the forces, which have caused the libido to regress will rise up as ‘resistances’ against the work of analysis, in order to conserve the new state of things. In order to liberate it, this attraction of the unconscious has to be overcome; that is, the repression of the unconscious instincts and of their productions, which has meanwhile been set up in the subject, must be removed. This is responsible for by far the largest part of the resistance, which so often causes the illness to persist even after the turning away from reality has lost its temporary justification. The analysis has to struggle against the resistances from both these sources. The resistance accompanies the treatment step by step. Every single association, every act of the person under treatment must reckon with the resistance and represents a compromise between the forces that are striving towards recovery and the opposing ones, which I have described. (pp. 102-3).

What is being suggested here is that the frustration of libido inherent in the psychoanalytic situation mimics the conditions that initially brought about the neurotic illness. The job of the psychoanalyst is to create the frustration and then to help the patient renounce the efflorescence of unconscious, libidinal cathexes reawakened by this frustration. From this point on, Freud’s discourse on transference seems to founder. Although he has seemingly just stated the reason why the analyst should become the target of unconscious wishes, he continues to search without

convincing results. Ultimately, he arrives at the formulation that transference serves the resistance, insofar as it is a hostile, negative transference or a transference of infantile erotic wishes. A third form of transference, which Freud describes as “admissible to consciousness and unobjectionable” motivates the patient to continue his treatment (p.105). Freud is right in identifying this transference with the mechanism underlying suggestion, but says “We take care of the patient’s final independence by employing suggestion to get him to accomplish a piece of psychical work” (p.106). So much for Freudian psychoanalysis having an unambiguous relationship to suggestion!

In the paper, Freud shows the reader that transference plays a paradoxical role in the treatment situation. On the one hand, it is the greatest resistance to the treatment, while on the other it is the force that solidifies the bond between the analyst and the patient. Freud’s initial response to this paradox is that the analyst should counter different kinds of transference differently. However, the final two paragraphs resist Freud’s attempts to subdivide the transference into helpful and unhelpful forms. He reminds the reader that all patients will come under the sway of the transference and forget the purpose of the analysis. And he writes, “they arise once again from the psychological situation in which we place the treatment” (p.107). Freud continues to describe that the transference reactions . The unconscious impulses present within the transference seek for hallucinatory satisfaction, much like the unconscious wishes in dreams. Like the dreamer, the patient “seeks to put his passions into action, without taking account of the real situation” (p.108).

The question remains: How must the analyst handle these transference reactions? He concludes the paper with the following, which can be read as an answer to this question:

The doctor tries to compel him to fit these emotional impulses into the nexus of the treatment and of his life history, to submit them to intellectual consideration and to understand them in the light of their psychical value. This struggle between the doctor and the patient, between intellect and instinctual life, between understanding and seeking to act, is played out almost exclusively in the phenomena of transference. It is on that field that the victory must be won—the victory whose expression is the permanent cure of the neurosis. It cannot be disputed that controlling the phenomena of transference presents the psycho-analyst with the greatest difficulties. But it should not be forgotten that it is precisely they that do us the inestimable service of making the patient's hidden and forgotten erotic impulses immediate and manifest. For when all is said and done, it is impossible *to destroy anyone in absentia or in effigie*.(ibid)

The role of the analyst is to make use of the patient's transference reactions in reconstructing the history of the patient's unconscious wishes and their repression, because for Freud, transference phenomena are displacements from patient's past, which have lived on unconsciously, in dreams and neurotic symptoms. They are now being reawakened in the transference. The analyst must fight these instincts with reason, their exact opposite. However, in one, last paradoxical turn, Freud reminds his reader that the transference is indispensable for helping the patient to reveal his unconscious, inner world, even though it presents the "greatest difficulties." With a final literary flourish, he writes that "it is impossible to destroy anyone in absentia or in effigie."

This final sentence, which will be repeated later, is saturated with a double meaning, and how it is interpreted suggests different valences for the analyst's use of his subjective experience of the patient's transference. On the one hand, Freud is being reassuring to his student, claiming that because the transference is a

displacement, no matter how deeply the negative transference may be experienced by the patient and the analyst, it is only a displacement, and therefore the analyst is only an effigy. The patient cannot destroy the analyst, because the patient wishes to destroy a historical figure that is not physically present in the analysis. On the other hand, Freud may be saying that if the patient is unable to bring his transference to life with the same conviction of the dreamer dreaming a dream, the analysis has no chance to destroy or transform infantile attachments. In contemporary language, without enough intensity in the transference, the analysis will remain “as if” or “intellectualized,” rather than truly effective. The question remains as to whether Freud is suggesting one viewpoint or the other, or whether he is telling analysts that they must make use of both vantage points to carry through a successful analysis.

One thing that does emerge, quite clearly, from this paper, is that transference is set in motion by the analyst’s frustration of his or her patient’s libidinal strivings. However, frustration must be given its fuller meaning with reference to *The Interpretation of Dreams* (1900), which Freud mentions at the end of this paper. The process of which Freud writes has its prototype in the infant, who calms the unbearable pain and anxiety of basic bodily needs by hallucinating satisfaction until it arrives. This has a further analogy in dreams, in which the sleeper hallucinates the satisfaction of instinctual urges (in a disguised form) in order not to experience the pain and anxiety of tension, which would rouse the dreamer from sleep. The role of the analyst is to wake the patient from the dream of transference, which has been set in motion by frustration. However, how can the patient, who is already suffering from deprivation, be led to trust the analyst enough to regress to states of mind reminiscent

of sleeping and dreaming? How much of the analyst's subjectivity will be called on, alongside specific techniques, to facilitate this regression? Finally, what is the status of the feelings that are evoked during this regression? How these questions are answered are subject of the discussion of Freud's next four papers on technique, published as recommendations to physicians practicing psychoanalysis.

Freud begins his series of recommendations by stating his intention to set down a number of "technical rules" that have arisen from his experiences practicing psychoanalysis (1912, p.111). Despite calling them rules, he states that, "this technique is the only one suited to my individuality; I do not venture to deny that a physician quite differently constituted might find himself to adopt a different attitude..."(ibid). Already, unsurprisingly, Freud has presented his reader with an apparent paradox. He begins with the idea of psychoanalysis as arising from a set of techniques and procedures and ends with the idea of psychoanalytic technique that emerges from the mental organization and personality of the analyst. Freud claims to have arrived at his rules from experience, and he seems to expect his students to do the same. However, he does not recommend a continual, intuitive wandering of the physician through his clinical work. Rather, he suggests that ultimately experience must be codified and formulated, in order to be turned into a series of technical precepts that can be communicated. The dialectic between experiential creativity and formulated rules of practice is one that has dogged psychoanalytic thinking ever since the publication of this paper.

These are not rules laid out without rhyme or reason. Rather, Freud says that they may be summed up by a “single precept”. Further on in the paper, it is explicitly revealed:

They are all intended to create for the doctor a counterpart to the ‘fundamental rule of psycho-analysis’ which is laid down for the patient. Just as the patient must relate everything that his self-observation can detect, and keep back all the logical and affective objections that seek to induce him to make a selection from among them, so the doctor must put himself in a position to make use of everything he is told for the purposes of interpretation and of recognizing the concealed unconscious material without substituting a censorship of his own for the selection that the patient has forgone. To put it in a formula: he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound waves the electric oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations. (pp. 115-116 )

This is indeed one of the boldest statements in the Freudian cannon, and perhaps the most important for our study of Freud. In earlier papers, the focus has been on the analyst’s interpretative activity, from the point of view of what is said to the patient. The analyst is thought to make reasonable statements to his or her patients about the symbolic meanings of dreams, historical reconstructions of traumatic events or early fantasies, or the correction of transference distortions. However, little has been said about how the analyst listens to the free-associative flow of the material and how he or she uses it to gather data from the patient. In a surprising turn, Freud tells us that the analyst must allow himself access to his unconscious in the presence of the patient, with all of the patient’s associations, transferences and resistances functioning as impetus. By allowing the patient’s material to resonate in his or her unconscious, the analyst begins to catch the thread of unconscious meaning in the patient’s

discourse. That the analyst works first and foremost from his or her own unconscious adds a complexity to the analyst's stance that has not yet been articulated. On the one hand, the analyst is a rational observer, an explainer and a corrector of the patient's unconscious. On the other, the analyst is in the grip of his or her own primitive experience, in a regressive synchrony with the patient. It seems to suggest that a dialectical movement between the two states is a way to conceptualize the overall arc of analytic functioning.

Freud's writing, of course, is full of caveats. His first qualification is that without some form of self-analysis or analysis, the analyst will be unable to go beyond his own resistances as he or she free associates, and the analysand's self-knowledge will be arrested at the same points as his or her own analyst's. Second, without knowing the contents of his or her own inner life, the analyst is at risk of projecting his own unconscious conflicts and fantasies onto the analysand, as a way of avoiding these things in him or herself.

Further, at the same time that Freud marks analytic receptivity as the fundamental rule for psychoanalysts, he also advocates strongly for certain kinds of distance from the patient. In a famous passage, he exhorts his colleagues to "model themselves during psychoanalytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the aims of performing the operation as skillfully as possible (p.115). This is not, however, directly linked to the frustration that he articulated as necessary in the paper on transference. Rather, its purpose is "the desirable protection for [the analyst's] own emotional life" (ibid). As in the earlier paper, Freud is aware of the real emotional

difficulties that the transference resistances can present, and offers the analyst a way to modulate the intensity of his feelings.

Freud also warns that, “Young and eager psycho-analysts will no doubt be tempted to bring their own individuality freely into the discussion, in order to carry the patient along with them and lift him over the barriers of his own narrow personality” (p.117). He warns that such “affective” technique will paradoxically lead to greater resistance, insatiability on the part of the patient, and difficulty in resolving the transference. Finally, he counsels against having too much hope in the analysand’s sublimations after his resistances have been analyzed as the pressure to sublimate may cause them to fall ill. This final set of ideas is interesting in two ways. First, it is the origin of a set of rules that would be taken up forcefully by analyst’s practicing so-called classical technique, even though they are essentially after thoughts to a much larger idea about the analyst’s subjective involvement. Second, in the context of the fundamental rule of receptivity for analysts, such recommendations create an interesting geography of interior and exterior space for the analyst. That the analyst is allowed to freely experience affects and wishes relating to their patients does not imply that they should be shared. Rather, a sharp division is drawn between the primary process thinking on the part of the analyst and his secondary process behavior with the analysand. This is one major way in which the analytic roles are asymmetrical. The analysand, is meant to undo the resistances that cleave his internal world from his external world, at least on the level of thought and affect, if not on the level of action, at least in one way of looking at the process.



Freud's second paper on recommendations, "On Beginning the Treatment" begins with Freud's famous comparison of a psychoanalytic treatment to a game of chess. Like Chess, only the opening and closing phases of the game "admit of an exhaustive systematic presentation and that the infinite variety of moves which develop after the opening defy any such description. The gap in instruction can only be filled by a diligent study of the games fought out by masters" (1913, p.123). He restates his commitment to recommendations, rather than rules, on the basis of

the extraordinary diversity of the psychical constellations concerned, the plasticity of all mental processes and the wealth of determining factors oppose any mechanization of the technique; and they bring it about that a course of action that is as a rule justified may at times prove ineffective, whilst one that is usually mistaken may once in a while lead to the desired end. These circumstances, however, do not prevent us from laying down a procedure for the physician which is effective on the average (ibid).

Indeed, this paper has a very different feel from the one preceding it. It is a paper about the concrete aspects of the psychoanalytic situation, what later came to be called the frame, especially at the beginning of treatment. There are many clinical gems and recommendations that are followed even today, such as the suggestion that patient's lease their daily hour and be held financially responsible for missed sessions. Freud returns to the point that the psychoanalyst should stay as quiet as possible about what can be expected from treatment and how long the treatment will take, because of the patient's ability to use the analyst's desire as the starting place for his or her resistance. However, in comparison to the previous paper, there is little said about the optimal functioning of the analyst's mind during treatment, with a few notable exceptions.

The first, concerns the use of the couch. Freud writes,

Since, while I am listening to the patient, I, too, give myself over to the current of my unconscious thoughts, I do not wish my expressions or face to give the patient material for interpretations or to influence him in what he tells me. The patient usually regards being made to adopt this position as a hardship and rebels against it, especially if the instinct for looking (scopophilia) plays an important part in his neurosis. I insist on this procedure, however, for its purpose and result are to prevent the transference from mingling with the patient's associations imperceptibly, to isolate the transference and to allow it to come forward in due course sharply defined as a resistance. (p.134)

Freud is once again highlighting the paradoxes inherent in the analyst's following the fundamental rule of silent, evenly hovering attention. The analyst must allow the full range of preconscious thoughts to pass into his or her consciousness without selection or censorship, as a way of finding, within him or herself, a reflection of the patient's own unconscious conflicts. In this excerpt, Freud is insistent that the analyst actually *experience* his preconscious thoughts. Thus he describes the analyst giving himself freedom to use his face to express affects. For Freud, affects were conceptualized as the discharge of drive energy whereas thinking involved the binding of cathexis (see, for example, Freud 1915a, 1915c). Thus, reading between the lines, it can be argued that Freud believed that the analyst must give himself over to primary process cognition, in which thinking and discharge occur simultaneously. At the same time, Freud is aware of the danger of exposing too much of his primary process functioning to the patient, insofar as it will impede or alter the development of the patient's own transference and resistance to the analytic process.

Further down, Freud introduces another idea that would become the subject of much exploration, discussion and contention in the history of psychoanalysis. He writes about the necessity of establishing "a proper rapport" with the patient, before any interpretation can take place (p.139). Before any interpretative work can occur, he states, an attachment to the doctor and to the treatment must be established. He

writes, “If one exhibits a serious interest in him...he will of himself form such an attachment and link the doctor with one of those imagos of the people by whom he was accustomed to be treated with affection” (pp.139-40). Here, the analyst’s job is to encourage a certain kind of transference, an idea that does not coexist easily with Freud’s discouragement of suggestive elements within the treatment.

The final two papers, “Remembering, Repeating and Working-Through” and “Observations on Transference Love can be read as Freud’s attempt to describe the appropriate handling of transference, during the middle phase of psychoanalysis. The reader, especially the clinical practitioner, cannot help but empathize with depiction of the analyst struggling to understand the meaning of dramatic emotions as they explode around him, feebly voicing his understanding to the patient, only to be met with more transference resistance. His depiction of the analyst as deeply affected, but struggling to act in a counterintuitive way, is the pith of these papers.

Freud begins “Remembering, Repeating and Working-Through” by discussing the good old days of cathartic and hypnotic treatment—at least that’s how he chooses to remember them at this moment, as treatments that unfolded logically, where the removal of resistances was followed by the smooth recovery of memories and fantasies that undergirded hysterical symptoms. However, in the new technique, where the analyst works from the surface of the material, “often nothing is left of this delightfully smooth course of events” (1914, 149). Instead, “the patient does not *remember* anything of what he had forgotten and repressed, but *acts* it out. He reproduces it not as a memory but as an action; he repeats it, without, of course, knowing that he is repeating it” (150). Freud’s first insight is to realize that

“transference is itself only a piece of repetition, and the repetition is a transference of the forgotten past not only on to the doctor but also on to all other aspects of the current situation” (p.151). The inability of the patient to recognize this transference as transference is part and parcel of the resistance. However, it is also part and parcel of the cure, as we shall see.

Freud’s stroke of genius, here, is to hold onto the aim of interpreting the transference and tracing it back to its early objects, while understanding that this goal must be reached by a circuitous and seemingly irrational route. He writes that the analyst must begin by “handling the transference...giving it a right to assert itself into a definite field...We admit [the compulsion to repeat] into the transference as a playground in which it is allowed to expand in almost complete freedom and in which it is expected to display to us everything in the way of pathogenic instincts that is hidden in the patient’s mind” (p.154). And here, Freud introduces us to his concept of the transference neurosis, in which “all the symptoms of the illness” are given “a new transference meaning” (ibid). It is only this new version of the illness, which occupies “an intermediate region between illness and real life” that the neurosis can be cured.

Working through, the final concept in the title of the paper, is Freud’s idea that the patient must be helped, over time, to develop a greater understanding of the resistance so that he or she can continue the work of associating in spite of the pressure to act. However, Freud cautions his reader-pupil not to despair at the growing strength of the resistances. Only at their peak can their source and meaning be fully understood. In this paper, Freud returns to the subject he opened up in “The Dynamics of the Transference.” The transference truly is the most difficult part of the

analysis, because it serves the resistance, but also the most crucial, because it allows the patient to relieve his infantile conflicts and compromises in *statu nascendi*, with the analyst in the role of his early objects. Early conflicts, fixations and traumas cannot be dealt with in effigy. Thus, the analyst must allow these feelings to be real, to expand, and to overtake the analysis, in spite of all of his very natural inclinations to bring this efflorescence to a halt or to prematurely gratify them. More than allow, because Freud's "handling" speak to a facilitation or an encouragement. The analyst must use the patient's early imagos of dependency situations to seduce the patient into yet another engrossing, dependent relationship where infantile experiences can come to the fore.

What, then, when the patient falls in love? It creates a much greater difficulty for the analyst than a patient who refuses to comply with anything the analyst, out of a regression to anal retentiveness or a patient who denigrates him, in a spectacular reliving of anal expulsive sadism. These enactments are more likely to bring up feelings on the spectrum of fight and flight. These feelings do not tempt the analyst into overstepping the bounds of his profession, most of the time. But the expression of genital love presents a temptation that even Freud's most brilliant pupils were unable to pass up, the most famous example being Jung's affair with his patient Sabrina Spielrein (Kerr, 1993). However, other example abound. In a late interview with Kurt Eissler, Reich reported that sexual inappropriateness with patients was often the way that many neurotically inhibited analysts sought to deal with their sexual conflicts (Reich, 1967). All the more troublesome, given that Freud's paper on

“Remembering, Repeating and Working-Through” had encouraged to let the transference flourish. Should this hold true for erotic transferences as well?

Freud’s “Observations on Transference Love” was written in the context of these questions, to provide caution to his dissidents who had gone astray. Interestingly enough, it is the only paper on technique in which he makes reference to the concept of “counter-transference,” in naming the analyst’s temptation to give in to his patient’s sexual advances (1915b, p.160). The transference is so difficult to handle because it incites within the analyst a set of equally real and unreal (displaced, infantile) feelings that must be experienced, managed and used in interpretation. Freud writes that the analyst’s job has “no model in life,” that “He must keep firm hold of the transference love, but treat it as something unreal, as a situation which has to be gone through in the treatment and traced back to its unconscious origins” (p.166). However, unlike in earlier papers, Freud allows himself to ask the question, “can we truly say that the state of being in love which becomes manifest in the analytic situation is not a real one?” Indeed it is real, he answers. One cannot even argue that it is a distortion, in that every time a person falls in love it is on the basis of early, infantile imagos that have been displaced onto present love objects. However, he states that because love is “provoked” by the analysis and is “greatly intensified by the resistance” the analyst has an ethical responsibility not to give in to, but rather to help the patient to a place of insight (p.168).

Freud describes the analyst in a “threefold battle” in the clinical situation (p.170). He must fight against the demands of the patient, the denigration of psychoanalytic methods by society, and his own impulses, “which seek to drag him

down from the analytic level” (ibid). The analyst “knows that he is working with highly explosive forces that that he needs to proceed with as much caution and conscientiousness as a chemist. Although he despairs about the difficulties inherent in psychoanalysis, he compares it to the *ferrum* and *ignis* of Hippocrates, the last resorts of medicine. He ends on an optimistic note claiming, “we shall never be able to do without a strictly regular, undiluted psycho-analysis which is not afraid to handle the most dangerous mental impulses and to obtain mastery over them for the benefit of the patient” (p. 171).

Reading the papers on technique from the perspective of the analyst’s subjectivity presents an interesting picture of Freud. Whereas Freud could be deeply authoritarian about the fundamental conflicts of the mind, the organizational structure of psychoanalysis, and the public behavior of his disciples (Gay, 1998; Grosskurth, 1991; Roazen, 1992, 1995) the papers on technique show Freud advocating for a flexible technique that takes into account the differences of personality in both the patient and the analyst. One may ask the question of why Freud could allow for such an island of flexibility in an otherwise rigid approach to relating to his peers and students. To this reader, it seems to come from a growing awareness of the fact that the emotional forces that are given life in the analytic situation are deeply personal, intense, and disturbing to both participants. Further, both members of the couple were asked to behave in paradoxical ways. The patient was asked to experience the depth of his or her primitive longings, while tolerating the analyst’s refusal to gratify them and obeying the instructions to free associate and to inhibit small actions in the treatment setting and major actions outside. The patient

was asked to experience real feelings, and treat them as unreal. At the same time, the analyst was asked to surrender him or herself to immersion in his or her preconscious, using the data of his or her innermost mind to read the mind of the patient, and allow the patient's affective world to stir up affects of concordant intensity. These could be used for interpretative ends, but sharing with the patient was discouraged. The patient's longings, from oral to genital, were to be encouraged and then handled without being gratified, all with the end goal of helping the patient to understand the natural history of his or her neurosis.

By reading the papers sequentially, we see Freud beginning with a vague understanding that the analysis is a two person field, and that the desires of both the patient and analyst will be communicated from one to the other, unconsciously. At first glance, Freud treats this as a somewhat easy enough issue to deal with. The analyst must keep his desire from the patient. However, as the papers advance, so does Freud's understanding of the intensity of transference. He elaborates difficult transference reactions that must be brushed aside, as distortions. But then he realizes that these feelings are real and must be encouraged to effloresce in the treatment situation. A transference neurosis must be established. And finally, the analyst himself will respond to these real feelings with real feelings of his own that must be harnessed for analytic work rather than drive gratification.

While Freudians have often been accused of dismissing the analyst's subjectivity, in Freud's papers on technique we have a picture of an analyst who is a very ordinary human being, asked to do extraordinary superhuman things, much as the patient is asked to do. The analyst must abandon himself to primary process



experiencing (and what could be more subjective and personal than that?) and then renounce it for a greater good. This is a very egalitarian picture of psychoanalysis, in which patient and analyst are seen as more similar than dissimilar, in a fight together against the intensity of unconscious wishes and drives. The problem is that the analyst and patient cannot be temporally in synch. Nor can the analyst give over to his or her internal world with the same, chronic abandon as his analysand. Post-Freudian analysts were left with the theoretical challenge of how to describe the mind of the analyst and the mind of the patient in unison, recognizing the subjective challenges and delights for each participant, while describing the optimal functioning of both minds as they oscillated between primary and secondary process, ultimately arriving at insight.

Ellman (1991, 2010) has suggested that Freud's technique papers were written during a period when Freud was most interested in object-relationships, and that he therefore privileged the interpretation of the transference. Ellman (2010) also suggests that this was precisely the time at which Freud was the most active as a clinician, for the most part seeing non-analysts for therapeutic analyses rather than didactic analyses. He suggests a correlation between Freud's later theories and a withdrawal from the bulk of his non-didactic clinical work, which was spurred by his flagging energy, failing health, financial concerns, and the demands of institutionalized psychoanalysis.

Freud's work from *Beyond the Pleasure Principle* until his final book *An Outline Of Psychoanalysis*, which was published posthumously, introduces what has been termed the structural theory of psychoanalysis. It is beyond the scope of this

paper to trace its entire development, and the interested reader is referred to *The Standard Edition* (Freud 1919, 1923, 1940 in particular).

For our purposes we shall conclude by looking at Freud's description of clinical technique and therapeutic interaction as it was laid out in the outline. It is Freud's last word on psychoanalytic technique. Freud starts the section on technique by describing the ego as besieged by the demand of reality, the id and the super-ego, but nevertheless required "to preserve its own organization and maintain its own autonomy" (p.172). Freud redefines pathology, in this context, as "a relative or absolute weakening of the ego which makes fulfillment of its task impossible" (ibid). Freud continues by defining cure in relation to this definition of pathology. He writes,

Our plan of cure is based on these discoveries. The ego is weakened by the internal conflict and we must go to its help. The position is like that in a civil war which has to be decided by the assistance of an ally from outside. *The analytic physician and the patient's weakened ego*, basing themselves on the real external world, *have to band themselves together into a party* against the enemies, the instinctual demands of the id and the conscientious demands of the super-ego. We form a pact with each other. (p.173, my emphasis).

Where in the technique papers Freud speaks of the relationship between patient and the analyst, here he characterizes the relationship between the patient's ego and the analyst<sup>1</sup>. Freud goes on to describe the necessary complications that arise, negative transference and unconscious ego resistance in particular. He reminds the analyst, in

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<sup>1</sup> Bettelheim (1982) has accused the translators of standard edition of attempting to make Freud sound more scientific by substituting the jargon of "ego" for the German "das Ich," which has a more colloquial feel. The problem seems more complex and to lie within Freud's thinking itself. All throughout his post 1919, there is a constant slippage between using ego to talk about the self and using the ego as a structural principle of mind. Freud's emphasis on the translation of energy and object relations into structure in *The Ego and the Id* suggest that Freud ultimately tended to use the term in his major theoretical works in a way consistent with the translators of the standard edition and Hartmann, who constantly sought to differentiate between the ego as a collection of mechanisms and functions and self-representation.

no uncertain terms that negative transference is caused by the fact that the patient's sexual wishes must never be gratified. In fact, "even the subtler methods of satisfaction, such as the giving of preference, intimacy and so on, are only sparingly granted by the analyst"(p.176). He describes that the transference as a "menacing illusion" in which the patient's experience of transference as real can become "inaccessible to all evidence" and that without careful handling of this "danger" the analysis is likely to fail (p.177).

Freud ends the section on technique by talking about the potential for analytic failure He writes that

the final outcome of the struggle we have engaged in depends on *quantitative* relations—on the quota of energy we are able to mobilize in the patient to our advantage as compared with the sum of energy of the powers working against us. Here once again God is on the side of the big battalions. It is true that we do not always succeed in winning, but at least we can usually recognize why we have not won. (p.181)

I believe that there is a distinct relationship between Freud's pessimism in this last paper and his decision to speak about the relationship between the analyst and the patient's ego. To do so makes the relationship appear both less personal and less symmetrical. If, as Ellman suggests, Freud felt besieged by having to work within the transference, and that his treatment failures became more and more painful to him, then it would be consistent that he would invoke language suggestive of distance. When patients fail to improve in treatment or extreme, negative therapeutic reactions occur, the analyst experiences disequilibrium, both narcissistic and intellectual. The sense of having failed the patient because one is not a good enough therapist or because one does not have a robust enough patient can push the analyst to develop new explanations or to blame the patient. It is plausible that Freud's new theory was a

compromise formation between the need to develop a new theory to account for the treatment of deeper pathology and the problems of therapeutic action, but also to distance himself emotionally from his patients and to shift the responsibility of therapeutic outcome away from himself. The concept of the death instinct and primary masochism in *Beyond the Pleasure Principle* and the description of the superego as the “pure culture of the death instinct” (p. 53 )in *The Ego and the Id* can be thought about in similar ways, as having both creative and neurotic origins.

Another reason for Freud’s reticence may indeed have had to do with his later treatments of students and adherents of the psychoanalytic movement, as described in Roazen (1995) and Kardiner (1977). In his later treatments, Freud was forced to negotiate the multiple roles of ideological benefactor, therapist, paid instructor, tutor and fundraiser in many of his treatments. The strict analysis of the transference could not have been achieved due to issues of countertransference and also the lack of privacy surrounding Freud and his work.

Whatever the reasoning might be, there is a retreat from the complex descriptions of therapeutic interaction in the papers on technique. In the later papers the trials and tribulations of analytic treatment are reduced to abstractions and related to cosmic, instinctual forces. In the next chapter, I will discuss how this trend in Freud’s thought, rather than the earlier one, became a foundational, ideological principle in the development of Hartmann’s ego psychology, and will also explore the consequences for this *choice* between two Freuds for the development of technique during the Hartmann Era.

### CHAPTER 3: TECHNIQUE AND THE HARTMANN ERA

In the last chapter I concluded with a brief review of Freud's structural theory and hypothesized that thinking in terms of ego-psychology and the second dual instinct theory may have helped Freud to gain distance from the emotionally taxing demands of clinical thinking and relating. In this chapter, I shall briefly review the intervening thinkers between Freud and Hartmann who focused on the implications of structural theory, and then consider the work of Hartmann more closely. It can be argued that Hartmann's refinement of ego psychology represents a way out of the paradoxes presented in Freud's papers on technique. In particular, concepts like adaptation to reality, autonomous ego functioning, and neutralized energy were used to create an analytic stance that stood for the analyst's ability to see himself, the patient, and the interaction from the outside, and to rationally deliver to the patient the optimal analytic treatment. Some critiques from within ego psychology will be explored towards the end of the chapter.

The rapidity of the paradigm shift to ego psychology can be ascribed to several major intellectual developments within mainstream psychoanalysis that followed one another like dominos, rapidly accelerating the codification of a new psychoanalysis. The first, and perhaps most groundbreaking shift was Freud's introduction of his structural metapsychology (Freud; 1919, 1923). His topographical theory (1914a, 1914b), which was in ascendancy during the time he wrote the papers on technique, emphasized that suffering was a result of repressed unconscious urges that continued to make themselves felt as symptoms, to the dismay of the conscious mind, which was seeking to repress them. The structural theory, however,

emphasized that all mental phenomena were products of unconscious conflict between three different agencies of the mind, the id, the ego and the superego, all of which functioned largely outside of consciousness. These unconscious conflicts between the agencies were thought to be the origin of psychopathology.

A change in the model of pathogenesis also required changes in the theory of clinical cure. Published in 1934, Sterba's "The Fate of the Ego in Analytic Therapy" remains *the* reigning, basic explanation of the mechanism of therapeutic action in many psychoanalytic circles. Sterba begins his article by reminding the reader that the ego is the executive of the personality, and that it is ultimately the ego that regulates the inhibition or discharge of drive derivatives. As such, it is the ego that must be the point of address in clinical psychoanalysis. Transference interpretations are used to create a temporary "dissociation within the ego" in which a part of the ego experiences the transference, while another part of the ego identifies with the analyst's point of view. This identification allows for a "new point of view of intellectual contemplation" (p.121). The analysand is helped to see his or her transference resistance through the analyst's eyes, leading to a lessening of defenses, a greater influx of instinctual material, and an understanding of its origins. The patient's becomes able, after many repetitions of these sequences, to "articulate in words" his or her once unconscious conflicts (ibid). In Freudian metapsychology, the use of language is thought to be one of the major ways of binding drive energy. Thus, verbalization of conflicts is thought to provide the ego with greater controls over drive expression.

In her 1936 monograph *The Ego and the Mechanisms of Defense* Anna Freud highlighted another important aspect of the structural theory. Beginning with her father's theory of signal anxiety (1926), she diagrams the ways in which the ego defends itself from the "incursion" of unconscious impulses by a process of "counter attack [into]...the territory of the id. Its purpose [is]...to put the instincts permanently out of action by means of appropriate defensive manoeuvres (p. 8). From a technical perspective, the analyst's role is to listen for these incursions and subsequent defenses in the free association of the analysand, and make them conscious, thereby helping the analysand to gain mastery over his or her instinctual conflicts and once unconscious methods of defense, and to give him or her choice over which impulses to gratify and how to inhibit them.

Waelder's paper, "The Principle of Multiple Function: Observations on Overdetermination," was published in the same year and diverges somewhat from Anna Freud's understanding of how the patient could be listened to and how conflicts should be interpreted. Waelder begins with Freud's idea that the ego is the site of the convergence between the demands of the id, the superego, and reality and the mediator of these demands. However, following Nunberg (1931), who endowed the ego with a "synthetic function", Waelder postulates a more active ego than had Anna Freud. The ego's task is to find a compromise formation, a path of action that satisfies as much as possible the id's instinctual cravings, the superego's moral imperative the ego's need for self-preservation within the parameters of reality. This subtle difference from A. Freud suggests a clinical vision in which the analyst would listen less to instinctual incursions and reactive defenses and more to fully

synthesized ideas. It would be the analyst's job to decode these synthesized entities into their constituent parts. Reading Waelder, one imagines an analytic setup in which the analyst much more actively interprets and the analysand is much more dependent on the interpretation.

Fenichel, the first analyst to attempt a comprehensive treatise on his technique, makes scant references to the analyst's personality and to the analyst's countertransference. However, these topics are discussed briefly towards the end of *Problems of Psychoanalytic Technique*, after one of the most sophisticated and readable discourses on defense analysis that exists. Fenichel identifies the analyst's narcissistic needs, defenses and libidinal strivings as potential sources for countertransference acting out, but notes that little is said about this subject probably because "nothing can act as protection....except the effectiveness of the analyst's own analysis and his honesty with himself. If the analyst knows what is going on within himself, though he will not therefore be free from sympathies and antipathies, for example, he will control them" (1941, p.73).

On the following page, he even goes so far as to chide analysts who, out of "fear of the countertransference" oversubscribe to Freud's dictum to be exclusively a "mirror" to the patient, and that "the patient should always be able to rely on the humanness of the analyst" p. (74). Reasons for this are not provided, save Fenichel's observation the motivation is similar to those of the patient who misuses the ceremony of the analytic couch to isolate the work of analysis from this daily life. Fenichel is aware that the patient gets something out of the analyst's ability to feel his feelings in an unrestricted manner, but lacks the wherewithal to place it in a



theoretical context, and perhaps a theoretical framework that would accommodate it, as well. This is especially surprising, given all that Freud was able to say *theoretically* about the use of the analyst's free floating attention to his preconscious. For Fenichel being too human may occasionally serve the analyst's defenses or instinctual needs, but it is not something to be overly worried about. The good analyst can control such feelings and get back to the analysis of defense.

To review, the structural analyst was charged with listening for different content than the topographical analyst. According to how Freud's represents himself in the technique papers, the job of the topographical analyst is to make the analysand's repressed unconscious life available to him through the medium of the transference. In the previous chapter, I have shown how Freud became more and more aware that this required paradoxical functioning of the analyst in because transferences unfolded in a two-person field.

The structural analyst is focused on making the patient aware of the unconscious aspects of his ego, specifically their defensive function in relationship to unconscious anxiety. Although the transference continues to be an important part of the analytic process, it is handled secondarily as either something functioning as an unconscious defense or something unconsciously defended against. From a clinical perspective, unconscious defenses are much less noisy than full-blown transferences. They also tend, in a neurotic patient, to be directed intrapsychically rather than interpersonally. Therefore, the analyst can often call attention to them as something extrinsic to relationship between analyst and analysand. Insofar as the analyst does involve himself personally, it is to remind the analysand of their cognitive

cooperation in learning about the interplay of the analysand's instincts and defenses, as Sterba had schematized.

A depiction of the analyst as somewhat stripped of the stormier aspects of his subjectivity is what comes through from these writings. Whereas Freud once described an analyst buffeted by the patient's transference and his own preconscious reactions and countertransferences, the analyst of the late 1930's was thought to be armed with a special way of listening that would allow him or her to see and interpret the interplay of impulses and defenses, as they appeared in the transference. The analyst's fundamental rule, from Freud's technique papers, is not referenced as a cornerstone of technique. Stripped down as it might be, the reader gets the sense that although the early ego psychologists were theoretically interested in unconscious defenses, and less interested in transference, they were somewhat flexible or perhaps inattentive to subtle issues of interactions.

One cannot understand the development of psychoanalysis in post-war America, and its greater conservatism without a thorough consideration of the theoretical contribution of Heinz Hartmann. In fact, Martin Bergmann (2000), a preeminent scholar of psychoanalytic history as well as practicing 'psychoanalyst, has termed the period from the end of world war two until the late 1970s the Hartmann Era because of Hartmann's hegemonic influence on psychoanalytic theory and the strong intellectual relationship between this theory and so-called classical psychoanalytic technique. In another edited collection, *Understanding Dissidence and Controversy in Psychoanalytic Technique* (2004), Bergmann stresses that post-Freudian psychoanalysis has always been marked by revisions, evolutions and

transformations of Freud's original thought, and that thinkers have consciously or unconsciously chosen to demonstrate their thinking as inside or outside of orthodoxy. Heinz Hartmann is a prime example of the orthodox trend within psychoanalysis, always seeking as he did to ground his thinking in Freud's writing. However, the implications of his shifting emphasis onto the place of the ego in psychoanalytic theory and technique can only be understood as transformative. Spiritually speaking, his work represents a radical break from Freud, in its emphasis on rationality, reason, and freedom from conflict. This difference becomes particularly apparent should one compare the writing of Hartmann and Freud's technique papers.

Hartmann's first published work, *Ego Psychology and the Problem of Adaptation*, outlines the program for a new approach to psychoanalytic theory. In particular, Hartmann stresses the need for a general, psychological theory of mental functioning that is consistent with empirically demonstrated theories of development. Towards the very beginning of the work, he boldly states that "not every adaptation to the environment...is a conflict" (1958, p. 8) and proposes "that we adopt the provisional term *conflict-free ego sphere* for that ensemble of functions which at any given time exert their effects outside of mental conflicts (pp. 8-9). Further, he argues that if the central question of development is adaptation, then the individual must be studied in the context of his or her environment, the adaptive context. He writes that, the degree of adaptiveness can only be determined with reference to environmental situations (average expectable—i.e. typical—situations, or on the average not expectable, i.e. atypical—situations)" (p. 23). Hartmann envisions human

development proceeding out of an initially undifferentiated state, in which higher-level ego functions exist in a rudimentary forms, by virtue of their biological, inherited, instinctual nature. For Hartmann, the formation of the ego and the id are later developments provoked by the demands of reality.

In his 1950 paper, “Comments on the psychoanalytic theory of the ego,” he returns to this theme, writing,

I should rather say that both the ego and the id have developed, as products of differentiation, out of the matrix of animal instinct. From here, by way of differentiation, not only man’s special “organ” of adaptation, the ego, has developed but also the id; and the estrangement of reality, so characteristic of the id of the human, is the outcome of this differentiation...(p. 79)

Hartmann’s early, undifferentiated state of biological instinct shares little in common with Freud’s concept of the drives, which carry sexual and aggressive wishes and which Hartmann argues are related to the historically later “estrangement of reality.” For Hartmann, the rudimentary ego functions are seen as autonomous with regard to intra-systemic conflict and can theoretically remain autonomous unless they later become embroiled in psychic conflict. Furthermore, ego activities that have their origin in psychic conflict can later become secondarily autonomous. In the 1939 monograph, and many times thereafter, Hartmann comes back to the idea that the use of the intellect cannot be treated as simple defensive maneuver that has become internalized as an ego-syntonic character trait. Rather, the capacity for the attachment of word to thing presentations, the knowledge of reality and the internalization of thought as trial action “cannot possibly be derived from the ego’s relationships to instinctual drives or love-objects, but are rather *prerequisites* of our conception of these and of their development.” (p. 15).

The point is well taken. From the perspective of cognition, the Oedipus complex (central to ego psychology) requires an extremely developed mind capable of stable object representations, triangular, intentional thought and differentiated representations of self and object. The incestuous and violent fantasies of the Oedipus complex are considered drive or *trieb* from Freud's point of view. But from Hartmann's point of view instinct is something much more basic, potentially non-conflictual, and preprogrammed to mature in a normal organism faced with an average, expectable environment.

For Hartmann, his work represents a continuation of Freud's because of his emphasis on psychic structure. In an important position paper co-authored with Kris and Lowenstein, they write, "Briefly, since a structural viewpoint was introduced into psychoanalytic thinking, hypotheses established previously must be reintegrated" (1946, 12). They continue by asserting that this must be articulated in scientific language, and that each of the psychic agencies "can be characterized according to their developmental level, though the amount of energy vested in them, and to their demarcation and interdependence at a given time (p. 14). Further, the authors eschew the tendency to speak of the relationship between the agencies as anthropomorphic, and prefer instead "to speak of different kinds and degrees of tension between the two psychic organizations" (p. 16). Importantly, in this paper they also define development through the lens of differentiation and integration, in which "differentiation indicates the specialization of a function; integration the emergence of a new function out of previously not coherent functions or reactions" (p. 17). In their view of development, articulated throughout the paper, the programmed

unfolding of the ego is aided or impeded by the provision of love and nurture and phase appropriate deprivation. When deprivation is too severe or phase inappropriate or when gratification is insufficient or provided in a phase inappropriate way, differentiation and integration within the self do not occur, and ego development is too impaired to promote a normal Oedipus complex and its resolution, leading to superego pathology and improperly functioning defenses.

For Hartmann, this is largely understood in terms of transformations or the failure of transformation of psychic energy. Before discussing this more specifically, it is necessary to review the reasons for this choice of explanatory principle. It can be argued that for Hartmann, this insistence on transformations of energy is what he believed linked him most deeply to Freud. In chapter 2, the reason for Freud's structural revisions as a reaction to clinical process were raised, specifically the idea that thinking in terms of conflicts between the Eros and the death instinct allowed him some distance from the day to day, affective, involvement in his clinical work along with the problems of counter-transference. Eros and the death instinct are more on the level of Hartmann's instinct, in the sense of being emptied of wish content and biological givens.

Bergmann draws our attention to what must be the relevant quote from Freud (2000, p.4). It is one that is often alluded to in the work of Hartmann but rarely quoted. In *The Ego and the Id*, which introduced the tripartite model of the mind, Freud writes:

We have reckoned as though there existed in the mind—whether in the ego or in the id—a displaceable energy, which neutral in itself, can be added to a qualitative differentiated erotic or destructive impulse, and augment its total cathexis. Without assuming the existence of a displaceable energy of this

kind, we can make no headway. The only question is where it comes from, what it belongs to, and what it signifies.

It seems a plausible view that this displaceable and neutral energy, which is no doubt active both in the ego and in the id, proceeds from the narcissistic store of libido—that is desexualized Eros (1923, p. 44).

In a certain sense, Hartmann's entire oeuvre is devoted to answering Freud's "only question," namely, the origin of neutralized libido and its functioning in the psychic apparatus. According to Hartmann, "the ego habitually uses a mode of energy different from that used by the drives" and that "if libidinal energy serving the function so the ego comes too close to the state of instinctual energy (sexualization) this results in a disturbance of function (1952, p. 20). Thus, he posits a process of "neutralization...[that is a] more or less constant process...[and] also outside the sphere of the ego" (p. 21).

In a later paper on sublimation, Hartmann (1955) makes the argument that neutralization is an analogous and more comprehensive concept than sublimation. Although neutralization, like sublimation, depends on an alteration in the quality of drive energy, neutralization applies to both libido and aggression from pregenital and genital sources. Further, while sublimation is a highly specialized defense, Hartmann wishes to define neutralization as a basic principle underlying all ego functioning that therefore possesses its own autonomy. He writes that "once the ego has accumulated a reservoir of neutralized energy...it will develop aims and functions whose cathexis can be derived from this reservoir, which means that they have not always to depend on *ad hoc* neutralizations." (p. 20). As a result of this, the ego has a special independence from conflict, which results with a less mediated relationship towards reality and greater adaptive capacities than ever imagined. In his paper on the reality

principle (1956b), he argues that “the reality principle seems to represent the modifications imposed by the ego on the functions of the other principles and is therefore not quite on the same plane as the others. (p. 244)

Hartmann’s writing is dense and theoretical and does not make use of clinical examples that would provide explicit information about his thinking about psychoanalytic technique. Bergmann and Hartman (1990) point to only one explicit reference to technique, found in the 1939 monograph. Here, Hartmann argues against a psychoanalytic technique that aims only at the lifting of repression. He writes that

interpretations not only help to regain the buried material, but must also establish correct causal relations...We cannot assume that the ways in which children connect their experiences...could satisfy the requirements of the mature ego, not to speak of the requirements of a judgment which has been sharpened by psychoanalytic means of thinking...An additional process comes into play here which may justly be described as a scientific process. It discovers (and does not rediscover), according to the rules of thinking, the correct relationship to each other...Indeed, a great part of psychoanalysis can be described as a theory of self-deceptions and of misjudgments of the external world...Thus, psychoanalysis is the highest development of thinking directed towards the inner life, in that it revises and regulates adaptation and fitting together. (1939, 63-5)

Bergmann (2000) suggests the following implications for technique: The analyzed person is different from the non-analyzed one, not only because he or she has richer access to the past, but because his or her life history has undergone reorganization of cause and effect, bringing the biography closer to the reality principle (p. 26). He calls attention to a relevant passage from Lowenstein (1954), who writes that

In the analytic situation the analyst plays a double role for the patient. From the point of view of the id, he becomes the object of his drives in the transference. From the point of view of the ego, the analyst represents to the patient an additional, autonomous ego more capable than his own of resisting the distorting influence both of the defenses and of the drives. The analyst



himself works with relatively intact autonomous functions, provided they are not impaired by counter-transference (189).

This distinction between the analyst as the object of the drives and the analyst as an additional ego goes to the heart of the matter. In Freud's technique papers, the paradox that the analyst faces due to having to occupy both of these positions, for the patient, is expanded and left unresolved. In the opinion of this author, Freud's inability or unwillingness to avoid resolving this paradox is particularly poignant, and speaks to the "tragic vision of reality" (Schafer, 1970) undergirding Freudian psychoanalysis. If one takes Freud seriously in the technique papers, there must exist some felt relational possibility between patient and therapist, even though it must be renounced for the analysis to conclude. The feelings of loss and the difficulties of renunciation are *real* feelings for *both* patient and analyst because the transference is *the* mechanism on which all emotions are based.

In his work, Freud presents no articulated concept of conflict free functioning, and as a result subjectivity is always split as a result of the competing topographies, agencies, or drive dualities. Thus, epistemologically speaking, one can aim to know oneself, one's feelings and one's motivations, but failure in complete self-knowledge and self-control is part of the structure of experience. This is not so for Hartmann and the Hartmann era.

First of all, for Hartmann, there is a clear understanding about the difference between normal and pathological functioning, because "it is obvious that what we designate as health or illness is intimately bound up with the individual's adaptation to reality" (1939, p. 318). Moreover there is little worry about the philosophical concern that

reality may be unknowable and ungraspable. Instead, there is a reliance on the idea that the reality one adapts to is on that is “intersubjectively accepted” (1956a, p.44).

As shown above, adaptation is a process by which autonomous potentialities within the undifferentiated phase are nurtured, leading to greater differentiation and integration of the ego (as well as the id). The greater this differentiation and integration is, the more and more libido becomes neutralized. A high quantity of neutralized libido promotes greater ego-autonomy, and therefore a higher knowledge of reality. Increased ego functioning, in turn, allows for autonomous ego functions to resist becoming regressively drawn into conflict and for defenses born of intra-systemic conflict to develop secondary autonomy when adaptive.

As Bergmann has shown, the analyst in this theoretical framework is valued for his thinking and for his ego functioning. Indeed, the whole work of an analyst is reconceived as the deployment of ego functions that have been automatized and neutralized in the analyst’s own training analysis. Thus, the analyst uses a wide array of his or her own ego functions to slowly bring unconscious content to light and to help the patient make new connections between heretofore repressed ideas. Simply speaking, neurotic anxiety is a result of poor adaptation to reality, a product of thinking that has not developed to a level of optimally scientific rationality. Insofar as reason and intellect exist as potentially autonomous capacities in every normal individual, due to biological inheritance, there is no reason to doubt that with a reasonable analyst employing a reasonable technique the analysand will ultimately reach a level of optimal development, given parameters of inheritance and trauma.

If the analyst's role is to reasonably elucidate and reorient the analysand's thinking, then countertransference becomes a problem, because it represents a regression in the analyst's ego functioning. For the Freud of the technique papers, countertransference is a continuous, natural complement to the transference. For the analyst of the Hartmann era, a countertransference in a well analyzed, appropriately functioning analyst could only be a fleeting experience, like a parapraxis, that the analyst would ultimately be able to correct. Further, when the analyst decides to make an alteration to the standard rules of technique, he or she could and should be certain that he or she is doing so from a rational and objective point of view. Therefore, he or she could be certain that it was "parameter", introduced on the basis of a valid assessment of abnormalities in the structure of the patient's ego (Eissler, 1953). In order to elucidate the contrast with early Freudian thinking, one needs only to look back to the first paper on technique, in which Freud shows that even a fundamental technical procedure like dream interpretation can become contaminated by the analyst's wishful, countertransference fantasies around dream interpretation and the patient's perception of this transference. Although Freud often describes the use of parameters (For a prime example, see Freud's (1909) *Analysis of Phobia in a Five Year Old Boy*.), They are not consistent with his thinking about the fragility of the analyst's neutrality and the myriad possibilities for countertransference acting out.

This line of thinking leads directly to the orthodox position, stated by Annie Reich in 1951 and restated in 1960. Reich (1960) argues that a distinction has to be drawn between the analyst's countertransference and the analyst's trans identifications with the patient, which could become caught up in countertransference conflicts but

are not by definition part of the countertransference. She writes (and italicizes) “*in the case of the analyst, the process of identification and externalization is cathected with minimal amounts of energy and must have been preceded by a far-reaching process of neutralization.*” (p. 391). Thus, certain kinds of empathy have been re-conceptualized as a conflict free ego functioning. Interestingly, in this paper, Reich makes reference to Freud’s idea of listening with one’s own unconscious, but does quickly pass it over. It seems that this idea, although impossible to truly recast in ego-psychological terms, remained part of the vernacular during the heyday of ego psychology, showing off the fact that the revolution heralded by ego psychology had a bric à brac quality in spite of its attempts at total coherence.

It is important to highlight that the Hartmann era was not monolithic, and that as early as the 1950s, analysts were pushing back against the conceptual limitations placed on the role of the analyst’s subjective involvement within the analytic process. I have chosen to discuss Tower’s “Countertransference” (1956) in detail, first because Tower is a direct interlocutor with Annie Reich. Reich’s 1960 paper ends with a scathing ad hominem attack on what Reich views as Tower’s countertransference acting out. Second, a discussion of why Tower’s critique was not ultimately successful will serve as a bridge to following chapters.

Tower begins her paper with a long discussion of the difference between countertransference reactions and character traits in the analyst, stating that much of what the analyst feels to be countertransferences to the patient are actually preconsciously known aspects of his or her own ego. Countertransference proper is unconscious, and refers only “to those phenomena which are transferences of the

analyst to the patient” (227). She argues that these “interactions between the transferences of the patient and the countertransferences of the analyst, going on at unconscious levels, may be—or perhaps always are—of vital significance for the outcome of treatment” (ibid). Further, and perhaps most importantly, she questions the idea that interpretations alone are curative and suggests that “the interpretive activity of the analyst are the media through which these deep underground channels of communication develop” (p. 228). This is a bold rejection of analytic dogma about interpretation, in the context of ego psychology.

Tower states that the analyst is not the master of his or her reactions to the patient. Unconscious transferences still develop no matter how well analyzed the analyst may be. Second, rather than keeping them out of the room, these neurotic aspects of the analyst, as they combine with the neurotic aspects of the analysand are crucial, rather than harmful. Tower’s assertion that they are crucial to the treatment follows from her questioning the dominant theory of therapeutic action. Interpretation and insight are the only curative mechanisms of analysis, but rather a frame for relational aspects that are evolve through the treatment and are negotiated paraverbally or non-verbally.

Tower continues:

I have for a very long time speculated that in many—perhaps every—intensive analytic treatment there develops something in the nature of countertransference structures (perhaps even a "neurosis") which are essential and inevitable counterparts of the transference neurosis. These countertransference structures may be large or small in their quantitative aspects, but in the total picture they may be of considerable significance for the outcome of the treatment. I believe they function somewhat in the manner of a catalytic agent in the treatment process. Their understanding by the analyst may be as important to the final working through of the transference neurosis as is the analyst's intellectual understanding of the transference

neurosis itself, perhaps because they are, so to speak, the vehicle for the analyst's emotional understanding of the transference neurosis. Both transference neurosis and countertransference structure seem intimately bound together in a living process and both must be taken continually into account in the work which is psychoanalysis. (p. 332)

These are bold words. Tower appears to be arguing that major curative factor in psychoanalysis is the analyst's emotional understanding of the analysand's transference, which is difficult to understand in the context of ego psychology. From an ego psychological point of view, a trial identification with the patient would be an appropriate way of gaining data from which to make interpretations to the patient. Here, the analyst's emotional resonance with the patient is one end in and of itself. This is a point that cannot and will not be understood until the relationship to the analyst can be spoken about in developmental terms.

Tower lacks a model of the mind that would validate her conception of the appropriate place and use of the analyst's subjectivity. Although she does speak about structure, it is not articulated as a transformation or neutralization of energy. This puts her outside the theoretical language of her day and perhaps may have left the historical reader with the feeling that her work was not scientific enough to stand as part of the movement towards a general psychology

Whatever Tower's metapsychological limitations might be, her clinical thinking is sophisticated. She is aware of the subtle ways in which even classical psychoanalytic technique unfolds in a two-person field. She uses the analogies of theoretical physics and quantum mechanics to describe how even atomic changes can have enormous outcomes. As if taking a cue from Freud's paper on dream interpretation, she writes, "It is in the nature of the transference resistances as they are

built up by the patient that they should ferret out and hurl themselves against the weakest spots in the therapist's armamentarium" (p. 234). Although Tower's model raises more questions than provides answers, she does paint a very different vision of the analyst's mind at work. The analyst no longer stands outside the patient observing the resistances, but gets enmeshed in the patient's transference. The analyst must allow him or herself some "drift" into slightly irrational ways of acting, thinking or feeling, before knowing the patient's unconscious transferences (ibid). It is a vision that reaffirms that both the patient and the analyst have an unconscious, and that this unconscious survives analysis and even facilitates its resolution. We shall return to Tower later, as her influence is acknowledged by the contemporary Freudian school.

The decades following World War Two were marked by an attempt of the first generation of American psychoanalysts to systematize psychoanalysis. Plant (2005) has commented that this trend represented the encroachment of psychiatry, which sought to train psychiatrists in the practice of psychoanalysis much as other doctors were trained in the competencies of their specialties. The paradigm of this approach could be found at Menninger's, in which a psychoanalytic training program existed within a department of psychiatry. It was this culture that gave birth to the American psychoanalytic textbook, the most famous and sophisticated representative being Ralph Greenson's *The Technique and Practice of Psychoanalysis* (1967). In a move very revealing of Greenson's character and motives, he names Fenichel as his analyst in the acknowledgments section of his textbook. In doing so, seeks to establish himself as the heir to Fenichel's legacy as *the* writer on technique and position as an unwavering, orthodox Freudian.

Greenson's legacy is his schematic subdivision of the relationship between the patient and the analyst into the transference neurosis, the working alliance and the real relationship. For his definition of the transference, Greenson's drew on Freud's schema of the distorting displacement of early objects onto the analyst. His concept of the working alliance is drawn from Sterba's concept of the analysand's identification with the mind of the analyst at work, but also included Fenichel's (1941) similar concept of the "rational transference" and Zetzel's (1956, 1963) concept of the therapeutic alliance. When discussing the "Real Relationship," Greenson makes passing reference to the fact that it is difficult to define the meaning of the word "real" but settles on a definition that includes "the realistic and genuine relationship between patient and analyst" (p. 217). By real, he means not colored by the distortions of the transference, and gives, as an example, a patient who accurately identified some of Greenson's talkativeness as the source of his annoyance. It is the analyst's task to know when to interpret the transference, when to shore up the working alliance and when to be genuine with the patient. Under the heading of genuineness, Greenson speaks about allowing for spontaneous human reactions, admitting to mistakes and encouraging the patient from time to time. Of the separation of these registers, he writes:

All patients in psychoanalytic treatment have realistic and objective perceptions and reactions to their analyst alongside of their transference reactions and working alliance. These three modes of relating to the analyst are interrelated. They influence one another, blend into each other, and can cover one another. ***Despite the overlapping, it is clinically and practically valuable to separate these three reactions.*** (217, my emphasis)

Like Freud, Greenson realizes that different reaction to the analyst can be used for different purposes. And the job of the analyst is to know what kind of reaction the



patient is having and what to do with it. However, unlike Freud, Greenson strives to isolate these modes of relating from the transference and countertransference. They are not transference and countertransference no matter how much they might overlap and blend it with it. This is interesting, given that in his reference to Fenichel's rational transference, he is referencing a concept based upon the idea that the analysand's identification with the analyst's working ego is an aim-inhibited, sexual transference. Moreover, Greenson is suggesting that the analyst's genuineness is somehow not germane to the interpretative process, which certainly would have implications for the language and delivery in which interpretations are packaged.

However, what also makes this work important to the study of the analyst's subjective involvement and relational stance is the amount of space devoted to the personhood of the analyst at the conclusion of this volume, and the fact that for all of this, there is no chapter or section in the entire textbook devoted to countertransference. In these final pages, Greenson seeks to explore the skills, traits and unconscious motivations that he believes would lead an individual to become a psychoanalyst, and to function well in that position. However, he begins the discussion with a very firm disclaimer that "the analytic situation makes such arduous emotional demands upon the analyst that unless talent is supported by an analyzed character structure, it will not prove to be enduring." (p. 380). Greenson continues by linking the traits of his ideal analyst to a host of instinctual positions, many of which have their origin in the oral stage of merger and closeness with the object. He goes so far as to cite Kris' (1956) paper on regressions in the service of the ego, noting that the analyst's special capacities are an example of "controlled regressions" (p. 382).

However, on multiple occasions during this discussion he returns to Hartmann's 1955 paper "Notes on the Theory of Sublimation" and stresses that, "the point of origin of a given motivation is not the decisive factor in determining its value or detriment. What is significant is the degree of deinstinctualization and neutralization that has taken place." (p. 398).

*The Technique of and Practice of Psychoanalysis* can be read as a snapshot of psychoanalytic technique at a transitional moment. It is both a response to the challenges from the late 1950s and early 1960s, which asserted a different view of countertransference as well as the importance of pre-oedipal dynamics in both the analyst and the analysand. However, it is also an attempt to retain some of the most important aspects of classical ego psychology, namely the characterization of the psychoanalyst as having, as a result of his analysis and training, greater areas of neutralized functioning and therefore more reflective ability and sophisticated instinctual controls than the analysand. Indeed, it is only within the frame of Hartmann's ego psychology that Greenson has license to respond to his analysand in both interpretative and non-interpretative ways, with more or less authenticity, without any risk confusion about the meaning or origins of his actions. For him, they are not countertransference, but further aspects of technical know-how. Countertransference proper is a danger and requires further analysis.

This schema, in which the analyst can conceive of his role as both interpretative and one of building rapport, and in which he or she has license to both think about his interactions with the patient outside the perspective of transference and interact accordingly, does indeed speak to the clinical reality of what a patient

might require during analysis. However, from an intellectual perspective it is simply too shaky, to subdivide ego functioning into instinctual and non-instinctual, and relationships into transferential and non-transferential.

Charles Brenner's project, begun in earnest in the 1960s, was an attempt to purify structural theory of what he considered to be lacunae, defects and remnants of the old topographical theory. A follower of Waelder, Brenner's final view *The Mind in Conflict*, returns to the idea that everything in the mind is a product of conflict, and therefore that ideas such as conflict-free functioning needed to be abandoned. In a 1979 paper entitled "Working Alliance, Therapeutic Alliance and Transference" Brenner is far from such a rejection of Hartmann's metapsychology. However, in this paper he strenuously objects to bifurcations of the therapeutic relationship and the therapist's functioning created by thinkers like Zetzel and Greenson. Brenner begins by reducing the issue to a simple and testable proposition. He writes, "After all both Zetzel and Greenson have said, in effect, that their clinical experience has convinced them that analysts must be more than merely analytical in their behavior with their patients. They must have "intuitive adaptive responses" (Zetzel); they must create the right "kind of atmosphere" (Greenson)"(p. 140). Brenner, after reviewing Greenson and Zetzel's clinical material, comes to the conclusion that what is described is either more interpretative than the analyst acknowledges or that it represents an attempt to use suggestive techniques to sidestep analyzing the resistances. Indeed, Brenner argues that anything that has become emotionally saturated in the treatment, for the analysand, no matter how rational, is a result of the transference and should be worked with in that way. An analyst who responds reasonably, with the hope of

strengthening the working alliance, is in a state of resistance to analyzing the resistance. Thus, for Brenner, the move away from an interpretative state is nothing more than a countertransference gratification. For whatever reason the analyst has decided not to confront the transference.

It is interesting to note here, that Brenner's (2006) final scholarly publication explicitly (2006) rejected the idea of psychic agencies, neutralized energy and conflict free functioning. Although Brenner never advocated for an expressive use of countertransference, in technique, he uses razor sharp logic to show that all mental functioning involves compromise formation. Thus, the analyst's emotional experience may remain concealed from the patient, but the analyst should always assume that his decision to do or not to do certain things during the clinical hour both gratify and frustrate instinctual urges.

Another analyst who argues vociferously against non-interpretative relating was Paul Gray, the heir to Anna Freud and champion of close process listening. In his collected papers, *The Ego and the Analysis of Defense* (2005), Gray reminds his reader that the origin of the anxiety motivating intrapsychic defenses is, for a neurotic individual, the superego. Any attempt to help the analysand over his resistances is actually an undue assertion of authority, as the analyst attempts to substitute himself for his patient's superego, thereby establishing different standards of right and wrong for the patient. Gray returns to Sterba and Freud's conceptualization of therapeutic action, that the analyst must help the patient to observe his mind in conflict by modeling for the patient a certain way of listening to the patient's associations. There is simply no place for anything else.

In a contemporary reading of Helene Deutsch's (1942) paper on the as-if patient, Bass (2007) calls attention to Helene Deutsch's attempt to mobilize a patient's transference by providing him tickets to see her lecture. In her formulation of the case, the patient's panic at encountering the analyst in public provides momentum for the case to go forward. Bass makes the point that such boundary violations with the difficult patient were frequently a response to the more difficult patient during the Hartmann era and that the communal agreement not to think about the unconscious meanings, for the analyst, of these parameters reflected an as-if process in the analytic community. One can see, from the above examples, how an analyst could abuse the concept of the analyst's superior, more neutralized mental functioning to justify what are potentially counter-transference enactments.

Although there are many angles from which to critique Hartmann, his emphasis on how the ego comes to develop and to know about reality is important. Hartmann was very interested in how interaction with the environment promoted ego development, but he unfortunately did not present clinical or theoretical material to help the reader understand the nature of those transactions that facilitated ego integration and differentiation. He also failed to delve sufficiently deeply into the nature of reality as anything more than the physical environment and the consensual beliefs held by those who populated it. In the next chapter, we will turn to another author, Hans Loewald, who also followed Freud and grappled with a set of problems and constructs similar to Hartmann. His solutions will help show the way towards the development of contemporary Freudian theory.

## CHAPTER 4: LOEWALD'S RADICAL EGO PSYCHOLOGY

In this chapter and the one following, I put forward the idea that Hans Loewald's theory functions as an intellectual bridge between the thinking of the Hartmann Era and contemporary Freudian psychoanalysis. In this chapter, I hope to give a bird's eye view of Loewald's development. From time to time, I will interject to discuss the ways in which Loewald worked with intellectual coordinates similar to those of Hartmann while arriving at theoretical conclusions with radically different implications for psychoanalytic technique.

Even from a superficial reading one can clearly appreciate that Loewald prioritizes a reconsideration of what "reality" signifies, from a psychoanalytic perspective, and what this in turn means about the basic relationship between the ego and reality, as suggested by his first published paper, *Ego and Reality* (1950). Although this is not the most often cited of Loewald's papers (and Loewald is a frequently cited author in the contemporary psychoanalytic tradition) it underpins all that comes after it, insofar as it broadly rejects any conceptualization of self and reality that defines reality as an extrinsic given to which the self must adapt. Rather, Loewald argues that "the psychological constitution of ego and outer world go hand in hand" (p. 11). He shows that in order to think about undifferentiation one cannot think of an "ego as mediator between the internal and external world, where there is as yet nothing to mediate" (ibid). Loewald speaks of a stage of "primary narcissism" where there exists an experience of "primary reality" and primary objects" (ibid). In this hypothetical, early state, there is no recognition of the difference between object

and environment or the experience of need and the object/experience of satisfaction.

Therefore,

to start with, reality is not outside, but is contained in the pre-ego of primary narcissism, becomes, as Freud says, detached from the ego. So that reality, understood genetically, is not primarily outside and hostile, alien to the ego, but intimately connected with, originally not even distinguished from it (12).

Certainly, this cannot contradict the common sense truth of Hartmann's theorizing.

For all thinkers who embrace any degree of materialism, there is a material reality and there are biological entities that either succeed or fail at adaptation. But psychoanalysis is a theory of mental processes, and therefore there is a special status accorded to how the individual comes to experience and thinks about his or her experience. Thus, for Loewald to shift the spotlight away from objective reality to a reality that is constituted through a sorting out of ego and environment from primary reality, is to build a theory on very different principles. The individual creates reality through unconscious processes of projection and introjection. Loewald also puts forward the idea that the synthetic function of the ego is actually an attempt at always trying to return to this basic unity, "by integrating and synthesizing what seems to move further and further away from it" (ibid).

Loewald goes on to suggest that there is something inherently defensive about conceiving of ego and environment as intrinsically separate rather than dependent or co-constituting. He calls attention to changes in Freud's willingness to enter into deeper, less differentiated strata of the mind, over the course of his career, contrasting the epigraph to the Interpretation of Dreams, in which Freud identifies with Aeneas' brave to descent into Hell with his quotation of Schiller, in *The Ego and the Id* (Let him rejoice who breathes in the rosy light of day" [Loewald, P. 13]). Prefiguring a

longer discussion in his 1960 paper on therapeutic action, Loewald ends this paper by suggesting that the mind shifts considerably from moment to moment between varying levels of regression. In his view, it would seem that people are more alive (though not necessarily more 'stable'), the broader their range of ego-reality levels is. He writes, that “Perhaps the so-called fully developed, the mature ego is not one that has become fixated at the presumably highest or latest stage of development, having left the others behind it, but is an ego that integrates its reality in such a way that the earlier and deeper levels of ego-reality integration remain alive as dynamic sources of higher organization” (p. 16)

Loewald seems to be quietly issuing a challenge to the mainstream analysts of the Hartmann era. The first tactic is to take aim at Hartmann’s attempts to situate psychoanalysis within the hard sciences and to take an objective, outsider view of the adaptation of the undifferentiated self to the environment. The environment that matters for Loewald is the lived world that is constituted by the process of coming to be a subject. Certainly, a more objective reality exists but this is not the reality that psychoanalysis should privilege. In a later paper (1986), Loewald strengthens this argument by drawing a parallel between psychoanalysis and modern physics, because in both fields there is a subtle, ongoing co-determination of subject and object and observer and observed. To explain how the individual constitutes the reality that matters is not ascientific, but does reject a naïve scientism of subject/object differentiation from earlier scientific paradigms of science.

Furthermore, Loewald’s undifferentiated, primary reality is a very different undifferentiation than Hartmann’s, because Hartmann seems to speak only about the



non-differentiation between ego and id in the early psyche. For Loewald, the early undifferentiation is *also* the undifferentiated state between the infant and the early object, which is not experienced as object but instead as a part of the primary reality experience. If, as he seems to be, Loewald is arguing that the infant's early state of undifferentiatedness from maternal functioning is structurally held over in the mature ego, and that analytic technique is fundamentally related to the growth of the ego by tapping into this holding over, then there will be major ramifications for technique. And indeed this is more explicitly stated in Loewald's later writing.

It must be mentioned, outright, that Loewald does not give up on the idea that it is ultimately the analyst's mental functioning that is transmitted to the analysand. However, if one assumes a primary, undifferentiated reality, the traces of the mother's early thinking through her experiences of the baby cannot be split off from other relational aspects. And perhaps the same goes for the analyst and analysand's relationship under the sway of therapeutic regression.

In his 1960 paper "On the Therapeutic Action of Psychoanalysis," Loewald states that he is attempting to describe and understand the relationship between "the significant interactions between patient and analyst and structural change" (p. 16). For Loewald, structural change is specifically defined. He writes, "If 'structural changes in the patient's personality' means anything, it must mean that we assume that ego-development is resumed in the therapeutic process in psycho-analysis. And this resumption of ego-development is contingent on the relationship with a new object, the analyst" (ibid).

As an aside, Loewald states at the end of his introduction that “On the Therapeutic action of Psychoanalysis” is “not a paper on technique. It does not suggest a modifications or variations in technique” (ibid). This must be a negation in the psychoanalytic sense, insofar as Loewald is thinker deeply attuned to the issues of logical and philosophical consistency. A radical re-envisioning of the psychoanalytic relationship would by necessity entail a change in the analyst’s way of conceptualizing his role, and by extension a change in technique. In fact, I speculate that Loewald was so aware of the visionary and revisionary consequences of his work that it must have been tremendously anxiety provoking to publish this paper in the intellectual atmosphere of ego psychology, which envisioned a very discrepant picture of the analyst’s mind at work. With anxiety comes the need for such a disclaimer. Also, perhaps, one his mind, was the way in which authors like Freud and Hartmann had turned away from looking at primitive aspects of mind for what Loewald clearly thought were defensive reasons.

Loewald begins the first section of the paper, which is focused on the “object-relationship” by criticizing the fact that for ego psychologists “the analyst is seen, not as a co-actor on the analytic stage on which the childhood development, culminating in the infantile neurosis, is restaged and reactivated in the development, crystallization and resolution of the transference neurosis, but as a reflecting mirror, albeit of the unconscious, and characterized by scrupulous neutrality” (p. 17). This re-description of the transference neurosis raises question and demands more explanation, because without redefining terms such as transference and neutrality they would need to be jettisoned. To dismiss the importance of these concepts would

be to label oneself as anti-Freudian, both intellectually as well as politically. It also raises questions about what exactly it means to be a co-actor on the stage of the patient's infantile neurosis.

Loewald envisions a process in which the analyst makes himself available for the development of a new 'object-relationship' between the patient and the analyst (ibid), which paradoxically disorganizes the patient's ego because

“regressive” rediscoveries of oneself as may occur through the establishment of new object-relationships, and this means: new discovery of 'objects'. I say new discovery of objects, and not discovery of new objects, because the essence of such new object-relationships is the opportunity they offer for rediscovery of the early paths of the development of object-relations, leading to a new way of relating to objects as well as of being and relating to oneself. (p. 18)

Loewald is suggesting that the regressive disorganization inherent in the transference neurosis stems from the psychic apparatus being pulled into two contradictory developmental directions. Under the sway of the repetition compulsion, the analysand seeks to transform his relationships with all new objects into facsimiles of his infantile ones. At the same time, something in the nature of the therapeutic object relationship allows for this regression to be a discovery, and for this discovery to create the potential for kinds of object relationships.

According to Loewald, that something resides in the analyst's neutrality and defined in starkly new terms. The ego psychologists had linked neutrality with abstinence, both for the patient and for the analyst. The analyst's relating could be considered neutral if it had been successfully neutralized and mastered by the ego. Loewald's definition is more firmly related to the analyst's state of mind vis à vis the analysand's regressive experience. The work of the therapist is double-sided in that

he or she must mirror the patient the patient's transference distortions, while at the same time envisioning how the patient and analyst could interact, or how the patient and his objects could interact were it not for the defenses which have distorted the patient's core self. He writes, "if the analyst keeps his central focus on this emerging core he avoids molding the patient in the analyst's own image or imposing on the patient his own concept of what the patient should become. It requires an objectivity and neutrality the essence of which is love and respect for the individual and for individual development" (p. 20). For Loewald, neutrality is not deinstinctualized or unbiased. Neutrality is a form of love that helps to facilitate the analysand's becoming him or herself.

Loewald sees the analogue for psychoanalytic relationship in the parent-child relationship. He describes it thus:

The parent-child relationship can serve as a model here. The parent ideally is in an empathic relationship of understanding the child's particular stage in development, yet ahead in his vision of the child's future and mediating this vision to the child in his dealing with him. This vision, informed by the parent's own experience and knowledge of growth and future, is, ideally, a more articulate and more integrated version of the core of being which the child presents to the parent. This 'more' that the parent sees and knows, he mediates to the child so that the child in identification with it can grow. The child, by internalizing aspects of the parent, also internalizes the parent's image of the child—an image which is mediated to the child in the thousand different ways of being handled, bodily and emotionally. Early identification as part of ego-development, built up through introjection of maternal aspects, includes introjection of the mother's image of the child. (ibid)

Like in ego psychology, the role of the analyst is to foster an identification between the analyst's mind at work on the patient and the patient's view of him or herself. However, for ego psychologists, the affective milieu that the analyst brings to this process is simply a side effect or tactic. The working alliance and real relationship

come into play as tools, to soften the rigor of the interpretative process of psychoanalysis. For Loewald, the identification offered to the patient is more than cognitive; it is an identification with the analyst's love for the patient. Furthermore, identification involves taking in the analyst's interpretative mind at work. The split between cognitive and affective aspects of the analytic endeavor should be reconsidered in light of this definition of identification.

Analytic love involves a recognition of the patient's stage of development alongside the creative imagining of future developmental stages to which the patient can be helped to grow. Without the analyst being available to play a part in the transference neurosis, the analysand cannot regress to the appropriate levels of ego-disorganization. Without standing far enough away from the vortex of the patient's regression, there is no hope of lighting to path to developmental progression. Given the level of the analyst's affective motivation in the inducement of transference disorganization and ego re-organization, Loewald abandons the idea of scientific mirroring as the correct expression of neutrality for this context.

The final section of Loewald's paper returns to this idea of the temporal movement between primitive and mature states as the crux of therapeutic action. Loewald reminds his reader that Freud's clinical concept of transference was preceded by an economic definition, most clearly spelled out in Chapter 7 of *The Interpretation of Dreams*. This definition closely mirrors his description of the analyst and the patient in interaction. The transference of cathexis between unconscious impulses and preconscious representations is what allows the unconscious world to reach greater levels of representation, ultimately verbal symbolization. Loewald

reminds the reader that the human creativity and generativity reside in an ongoing link between primary and secondary process, or between unconscious mental life and reality. Without the infusion of libido from primitive investments, the objects encountered in the outside world are without meaning to the individual.

This developmental capacity depends on early objects in the environment to give structure and meaning to the infant's most primitive impulses and experiences. Loewald writes that psychoanalysis is "a repetition—with essential modifications because taking place on another level—of such a libidinal tension-system between a more primitively and a more maturely organized psychic apparatus." (p. 30). The hope of the psychoanalyst is that this differential tension will then be internalized as a flexibility and openness of mind rather than the internalization of any particular object.

Finally, Loewald critiques the ego psychologists for whom it is "implied...that the realistic relationship with the analyst has nothing to do with transference" (p. 32). For Loewald, as for Freud, there is no relationship that is not transference, insofar as transference is needed for the external world to receive any cathexis at all. Further, Loewald returns to the idea that the transference neurosis must be resolved, and he does agree insofar as the patient must leave analysis having abandoned most or all of the transference distortions previously projected onto the image of the analyst. But the fate of the new-object relationship, whose analytic function has been described in the preceding paragraphs, is to be internalized as a new way for the patient to think through or relate to his or her experience. Thus, for

Loewald, psychoanalysis is a transference cure, but of a kind of transference very remote from suggestion.

Loewald's writing is so abstract, philosophical and unsaturated by concrete examples that its interpretation tends to reveal the tendencies of the interpreter most of all. For me, it seems that Loewald is challenging the basic behavioral rules for the psychoanalyst. Even more importantly, he radically revises the picture of what the analyst optimally experiences, affectively, with respect to him or herself and the patient. By suggesting that the analyst must fall in love with the patient, Loewald is implying that he or she must develop a narcissistic investment in his patient. It is this narcissistic attachment that allows the analyst to merge into and empathize with the patient's regression but also to hold developmental goals in mind. Take, as an example, the contradictory feelings of a parent toilet training the toddler. He or she must both internally rediscover the joys of anality and empathize with the wish of the child never to learn to control his or her bowels but also dream about how of child will ultimately come to mirror the maturity of the parent.

Loewald seems at least preconsciously aware that the parent's own conflicts around crucial developmental points usually play a role in the development of a child's neurotic or psychotic defenses, and that too much narcissistic involvement is likely to make the needs of the child fade away. This is why Loewald also introduces an idea of respect for the child's core self, which will grow into the most mature version of itself, given a kind and facilitating environment. Still, much remains for Loewald to sort out in later papers, specifically how internalization takes hold and a refinement of the definition of the analyst's mind at work—how much of the

analyst's data is derived from subjective impressions and how much is derived from carefully honed listening.

Loewald (1973) begins his paper, "On Internalization" by reminding the reader that developmental maturation is the outcome of the internalizations of early object relationships that predate the Oedipal period. For him, the superego, the internalization of most concern for the classical ego psychologists, is secondary to much earlier "processes by which inner and outer are being differentiated by recurrent sortings and resortings" (p. 14). Loewald further reminds the reader while the observer of a mother and baby sees two different individuals in interaction, "this clearly is not the psychological situation for the baby. Nor is it the psychological situation for the mother at all times at any rate during early infancy" (p. 15). He goes onto to say that,

early levels of psychic development are not simply outgrown and left behind but continue to be active, at least intermittently, during later life including adulthood. They coexist, although overshadowed by later developmental stages, with later stages and continue to have their impact on them....That is to say, the distinction between inside and outside—the basis for what we call object relations and objective reality—may become blurred or vanish for certain aspects and during more or less brief periods of reality organization; a dedifferentiation may take place by which the two become re-merged and subsequently re-differentiate from one another in novel ways—psychic events which are most important for the understanding of creative processes. (ibid)

Having read "On the Therapeutic Action of Psychoanalysis" it is possible to discern that Loewald is not speaking strictly about development but also about psychoanalytic process. As in his earlier paper, he reiterates the necessity of the analysand's regression to more primitive states of ego organization, but goes even further, in his formulation that the analyst qua mother must undergo similar processes of regression to states of merger with his or her analysand, as a way of fostering ego



development. We again encounter the importance of the analyst's narcissistic investment in the analysand. However, this seems, for the moment, to contravene Loewald's insistence that the analyst must operate at a psychic differential from the analysand in order to create analytic process. However, it is precisely this tension that is never abandoned, but instead informs Loewald's dialectical thinking about the analytic process.

Loewald speaks of this stage of development and the therapeutic object relationship as an identificatory stage, by which he means "a merging or confusion of subject and object" (p. 15). However, internalization, the next stage, implies that "a re-differentiation has taken place by which both subject and object have been reconstituted, each on a new level of organization (ibid). It is the loss of these identifications that leads ultimately, to structure formation. But Loewald also makes the point that "Mental life is so constituted that it oscillates between the two poles of internal identity, which makes object relations in the true sense possible, and identification which dissolves the differences between subject and object" (p. 16). Structure, itself, is the oscillation between merger and differentiation, the capacity to move back and forth between the two. This is a restatement, in a somewhat different form of Loewald's idea that adult functioning will continue to make use of primary process thinking, insofar as it is necessary to invigorate more bound, adult ways of thinking and reasoning.

Finally, towards the end of the paper, Loewald makes a single, brief reference to psychoanalytic technique. However, it is an illuminating one. He writes, "Therapeutic analysis, of course, represents or should represent such an

internalizing phase in life... Thus it is an inner necessity, not an arbitrary requirement for the sake of frustration per se, that an analysis, to be successful, be carried out in relative 'abstinence'..."(p. 16). This is the caveat to the aforementioned necessity of experiencing regression to states of undifferentiated togetherness with the patient. In Loewald's psychoanalysis, mental health coincides with the patient's ability to utilize primitive experience in the service of adult thinking and adult relationships, much as the representation inherent in dreams involves the transfer of cathexis from unconscious to preconscious representations. Mental disorder involves a breakdown in this circuit. For the circuit to exist, it must have been created by an experience of two minds in contact, an infantile mind and a more developed psyche that could oscillate between loving empathy and disidentification. In psychoanalysis, this process can be recreated by the contact between the analyst's neurotic mind and the analyst's more integrated psychic functioning. The analyst empathizes, through feeling along with the patient and playing out a new version of old neurotic relationships. At the same time, the analyst can see beyond the repetition to a future new-object relationship. Abstinence, in this context, is redefined as a part of the seeing outside or seeing beyond, a very facet of the analyst's mental functioning and not a technical measure foisted upon the patient. The analyst is meant to have, in his or her own mind, the same vivid contact between unconscious and preconscious/conscious thinking that he hopes to develop in the analyst. How he or she makes use of this dynamism for the sake of the treatment will mainly be described in two of Loewald's late papers.

“Reflections on Psychoanalysis and its Therapeutic Potential” (1979a) was published in the same year as Loewald’s more famous paper “The Waning of the Oedipus Complex” While in the second paper, Loewald argues that the Oedipus complex is never destroyed, in the first paper he makes a more subtle, but also shocking point that the analytic relationship never becomes fully real. In some ways, this appears to be a reversal of his bold position in “On the Therapeutic Action of Psychoanalysis” in which he argues that because all relationships are essentially transference, psychoanalysis too, holds out the possibility of a real, new object-relationship. In the 1960 paper, Loewald considers it theoretically important to collapse the differences between the analytic relationship and the parent-child relationship, in terms of its crucial real importance and developmental value. As in his theory, dedifferentiation must be followed by a period of re-differentiation at higher levels. By concentrating on the differences between psychoanalysis and all other relationships, Loewald achieves a higher level of integration and maturity within his theory.

For while the analytic relationship shares the quality of personal engagement with the other, intimate relationships, here is at the same time, and from the beginning, a “countermovement of disengagement” because of

dissolution and abnegation of whatever factual reality the relationship tends to assume are part and parcel of the analytic method from the start. The reason is that individuation and what we consider mature object relations, while originating and culminating in intimacy, involve and are dependent on separation, alienation, and renunciations along the way from infancy to adulthood. Without these there cannot be effective internalization, that is, the building of a stable self that can maintain viable object relations. (1979, p. 155-6)

Psychoanalysis is unique because it can conceive of its own ending. At least the analyst can conceive of its own ending, and effacement because it knows that psychoanalysis aims at internalization, and internalization can only occur where there is abstinence and separation. It is in this context that Loewald returns to the metaphor of the play that he first employed in the 1960 paper. He writes,

It has the substantiality and the evanescence of a play, as well as that quality of a child's play: it seems to exist for its own sake and at the same time to be a rehearsal for real life. The analytic method of treatment requires simultaneously unusual restraints and endurance of frustration together with an uncommon quality and degree of intimacy, spontaneity, and freedom—and this, although in different ways, from both partners. (1979, p.156)

With two decades of thinking through the issue of internalization and transference behind him, Loewald is finally in a position to clearly convey the analyst's state of mind during the analytic process. At first glance, it is a split consciousness that both merges and differentiates itself from the analysand's state of mind. However, insofar as splitting is static and implies a cleavage of two states, it is more appropriate metaphor for the ego psychologist than for Loewald. This is because in Loewald's model, there must be a continual oscillation between the analyst's mature and primitive states of mind, his or her immersion and distance taking from the analysand's transference. This process is also a structure. (Indeed another theme of Loewald's oeuvre is to highlight more clearly the relationship between process and structure in psychoanalysis without making use of energetic concepts).

The metaphor of the play is particularly poignant, insofar as it captures this oscillation that has become a structural quality of mind. To be a successful, an actor must know how to surrender psychically to his or her role, but also realize that it is a

role. At the same time this secondary consciousness about the finiteness and unreality of the play cannot interfere with the emotional immersion in the role. In fact, knowledge of the play's finiteness is what allows the actor the freedom to regress. Without this realization the experience of inhabiting the new state of consciousness thrust on the actor by his role would create a psychotic anxiety state triggered by the loss of self. In a similar way, the psychoanalyst must make him or herself available to regressions in the transference and projective identifications from the patient, knowing full well that a time will come when the analytic play will be over. This ability to stand in two places at once is a structure, and it is also what makes the analyst's role bearable and therapeutic. From a Loewaldian perspective, everyday interpersonal relationships perpetuate the neurotic styles of their participants because they do not generate internalization processes. Relationships end precisely when one or both participants is no longer gratified by acting in the other's play. It is precisely at this point that the analyst's greater psychological integration intervenes to structure the analytic situation and to make it therapeutic.

Of the analytic process, Loewald can now write:

Unless the analyst grasps that he is, on the now pertinent level of the patient's mental functioning, drawn into this undifferentiated force field, he will not be able to interpret adequately the transference meanings of the patient's communications. To do so, he has to be in touch with that mental level in himself, a level on which for him, too, the distance and separateness between himself and the patient are reduced or suspended... The analyst—as is true, though on a relatively more advanced level, in the case of the more familiar transference manifestations—for a stretch joins the patient on a potentially common level of experience. On that basis the analyst can translate, as it were, that form of experience, by means of articulate and specifying language, onto a level that is further differentiated, thereby enabling the patient to join the analyst, for a stretch, on the path to higher differentiation and articulation of experience (162-3).

Here, Loewald is quite clear. If the analyst has not actually regressed within himself, and experienced an empathic resonance with the patient, his secondary process is useless, because it will not communicate anything meaningful to the patient. At the same time, Loewald is convinced that empathic resonance without secondary process interpretation may be therapeutic but is not psychoanalytic. Only some frustration, in the analyst, as he does the work of moving beyond the resonance, and in the patient as he asked to move beyond his transference wishes, will create internalization. Loewald suggests that it is insight but only insight emerging from these internalizing experiences that matters.

Loewald's broadened conception of the analyst's mental state is matched by an equally broad re-conceptualization of the patient's modes of communication, in a paper entitled "Perspectives on Memory," Loewald (1980) returns to his undifferentiated primary reality concept. He clarifies that the infant does not "differentiate a perceptual act (having occurred) from a memorial act (occurring now). Memory...and perception are identical for the infant" (p. 155). Loewald uses this idea to challenge the pejorative, orthodox, psychoanalytic ideas about acting out, in the clinical situation (For an example of the conflation of activity with primitive mental states and defense, see Greenacre [1968]). Loewald asserts that activity can be an "enactive" form of remembering (1980, p. 164), where the patient "instead of *having* a past, *is* his past, he does not distinguish himself as a rememberer from the content of his memory" (p. 165). He further describes this as an "inner splitting" where "*conscire*" (Loewald's term for self reflection) is lacking (p. 166).

For Loewald, *Concscire* is a deeply important psychic attainment, not because thought has replaced action, but because there is an interpenetration between higher-level thinking and more affective, basic experiencing. Thus, Loewald places the analyst's technique in a more subtle and flexible position regarding the patient's activity. Activity is an early form of communication to the self and to objects, which may not appear to be so because at such an early moment the subject may yet experience him or herself as undifferentiated from the object to which he or she communicates. The job of the analyst, however, is to know about these early states, to accept them and even to regress alongside them so that his or her level of differentiation from the analysand is small enough to be growth promoting. At the same time, it is ultimately hoped for that the analysand will be able to recognize that acting out is an abortive or less developed form of memory. While a classical ego psychologist would be forced to quickly reveal and interpret defensive functioning, Loewald would seemingly advocate for holding back or joining the analysand in the service of allowing this memorial activity and transference to emerge. In other words, Loewald might forgo analytic observation of the ego and even allow himself some freedom of emotional or enactive regression with the analysand in order to get beneath the surface. This particular facet of Loewald's thought will be crucial when we return to the concept of enactment in contemporary Freudian psychoanalysis, specifically as it differs from relational concepts of enactment.

In one of his final papers, "Transference-Countertransference" Loewald (1986) speaks most boldly about the analyst's mind, and argues that "it is ill-advised, indeed impossible, to treat transference and countertransference as separate issues.

They are the two faces of the same dynamic, rooted in the inextricable intertwinings with others” (p. 276). All relatedness, he states, is transferential and all relatedness unfolds in the context of the other’s relatedness. The analyst’s transference to the patient and the patient’s transference to the analyst are symmetrical. Indeed, he argues that both the patient and the analyst can have countertransference, which is simply a way of contextualizing whether the emotions are primary or reactive. This is simply a matter of which perspective one chooses on the interaction. Loewald continues by giving a number of clinical examples in which he used his own countertransference as a source of understanding of the patient’s transference, sounding much like a relational, Kleinian or contemporary Freudian analyst.

One might make the argument that Loewald does not do enough in this paper to speak to the issue of symmetry, insofar as it elides his more subtle formulations on the necessary different between patient and analyst. However, it must be remembered that Loewald arrives at this position having deeply engaged with the idea of the asymmetrical nature of the analytic process, which becomes internalized in the mind of the analyst, and then the mind of the analysand, after it has played out in the psychoanalytic situation. Theoretically, the analyst arrives at the analytic process equipped with an analyzing structure, built out of his own experiences as an analysand. Loewald writes that “countertransference has specific therapeutic significance...a technical term for the analyst’s responsiveness to the patient’s love-hate for the analyst.”(p. 285). Furthermore, “his responsiveness is a new rendition...of his specially trained ability to use his love-hate in the service of analyzing...the analyst’s enactment of his caring for another person”(p. 286). Here,



Loewald shows how a career long investigation of the terms of psychoanalysis allows him to dissolve the false distinction between analytic and non-analytic responsiveness. Analyzing is a form of care, embedded in a frame of reference where the ability to care is a result of a former process and the aim of a new process that promotes internalization and structure formation.

*Sublimation*, Loewald's final work, is a quietly magisterial restatement of his thinking about psychoanalysis. In the course of its pages, he weaves together the concepts of sublimation, differentiation/integration, and symbolization. He argues against the view that sublimation is the replacement of one form of energy by the other, and instead asserts that "in sublimation there is a symbolic *linkage* which constitutes what we call meaning" and that "the elements we call *instinctual* and *deinstinctualized* each acquire a measure of autonomy with one another" (p. 13). As in all the papers discussed so far, psychoanalysis aims at the differentiation of different psychical areas and their constant integration, or communication with one another. This stands in contrast to Hartmann's more rigid idea of sublimation, in which neutralized libido replaces sexual or aggressive instincts. For Loewald, this kind of process represents a repressive disconnection between spheres of the mind and is an example of a split rather than generative/creative ego functioning.

Later on, Loewald takes direct aim at Hartmann, reminding the reader that "narcissistic libido" his term for ego-libido "is no less instinctual than object libido and returns to Freud's conceptualization that all object libido represents modified sexual cathexes (p. 21). For Loewald, "the universal road to sublimation is therefore internalization" (p. 19) and represents a "reconciliation of the subject-object

dichotomy” or a “recreative return towards that matrix [of primary reality and primary narcissism ]”(p. 22). Symbolization is one form of this reconciliation between subject and object, mirrored intrapsychically by the relationship between forms of the thought inherent in the subject at different levels of integration and differentiation from primary reality. In order to symbolize, the link between the instinctual and the deinstinctualized must be preserved (integration) and not treated as equivalencies (differentiation). In order to characterize failures of symbolization, Loewald turns to the example of schizophrenia, where “there is neither a felt link between differentiated items of experience nor a disruption of that link” (p. 56). He speaks briefly about his experience treating a schizophrenic patient who had lost the ability to differentiate him from her father, and therefore to differentiate her sexual desire for Loewald from her incestuous wishes. In that moment “the symbolic relationship between two experiences had collapsed into a unitary experience...by their archaic merging into one” (p. 57).

Symbolization and sublimation, with their emphasis on integrative and differentiating reunion, link together with Loewald’s earlier formulations about psychoanalytic action. The analyst’s response to the patient must be integrative and differentiating at the same time; the analyst must join the play while continuing to think, and allow for enactment in the service of future memorializing activity. What is hoped for is that the circuitry of the patient-analyst relationship as a communicative structure of optimal, thought provoking tension would be internalized as the capacity to symbolize. Symbolization, is in part paradoxical because it both collapses and expands thinking, such that primitive and higher-level thought is more closely

integrated; however, this close integration promotes differentiation. This differentiation, parenthetically, deserves to be compared with object-relations concepts of “mental space” and indeed Loewald speaks extensively of Winnicott’s concept of transitional space in this work.

Loewald’s writing is complex, evocative, and unsaturated by clinical examples. As such, much interpretation is called for. I have tried my best to give an overview of his development and his thinking, while also recognizing that the commentary could expand infinitely. Hopefully it is clear that while Loewald continued to publish using the ideas about psychic structure, transference and the elaboration of unconscious fantasy, he also changed the theoretical landscape and diverged strongly from Hartmann’s more orthodox line of thought. Moreover in my opinion, Loewald’s acceptance of the analyst’s paradoxical ways of relating to the patient, as both a higher mind but also a regressive companion makes his work very close in spirit to the position put forth by Freud in the papers on technique. As seen in his final book, Loewald rejects the focus on psycho-economics and conflict free functioning. For Loewald, all psychic functioning should be understood within the context of early object-relations, unconscious processes of internalization and unconscious conflict. In my opinion, this represents a philosophical assertion of how one should think as a psychoanalyst and not a denial that out there somewhere there exists an objective reality, nor a rejection of biological concepts of innate development. Indeed, psychoanalysis is recursive insofar as it analyzes the meaning of how it speaks about itself. Loewald and Hartmann both draw on different aspects of Freudian thought that aim at different perspectives on how to think about and

analyze psychic reality. In our next chapter, I hope to show how Loewald's thought has been taken up productively in four different ways by four types of contemporary Freudians, who have recognized these paradoxes and sought to extend Loewald's thinking.

## CHAPTER 5: CONTEMPORARY FREUDIAN INTEGRATIONS

In recent decades, the contemporary Freudian school of psychoanalysis has developed as a group of thinkers that claims differences and similarity with both relational psychoanalysis and modern conflict theory. It has been referred to as a “self and object” Freudian theory (Ellman, 1998), a “left-wing” Freudian approach (Druck, 1998) “Modern Structural theory” (Druck, 2010) and an American independent tradition (Chodorow, 2004). It is a school of thought that continues to place emphasis on the connection with Freudian ideas, specifically the important role of the unconscious and the analysis of transference. However, it is also an inclusive and eclectic theoretical frame that emphasizes the importance of changes in thinking and technique derived from new understanding importance of narcissistic and borderline pathology (Druck, 1998; Bach, 1985, 1989, 2008 Libbey, 2011) psychic deficits (Pine 1990; Druck 1998), and intersubjectivity (Bollas, 2001; Ellman, 2010; Grunes, 1984; Jacobs, 1991; Steingart, 1977) in the psychoanalytic process. All attempts to define this school only grasp a piece of its particularity, which is reflective of its diversity. Katz has argued that the “roots” of this group can be “traced to Hans Loewald’s developmental and object-relational vision of psychoanalysis” (2013, p.34). This is also my point of view. However, I also believe that without understanding the Loewald’s role as attempting to think through the paradoxes presented in Freud’s multiple visions of the analytic process and his role as an interlocutor with Heinz Hartmann, it becomes difficult to see the Freudian aspects of contemporary Freudian theory.

I have claimed that Loewald's reading of Freud is most consistent with the description of clinical process put forth by Freud in the papers on technique. In these papers, Freud develops a vision of clinical process in which the analyst is required to be both inside and outside the evolving clinical reaction, to respond affectively as well as interpretatively, and to reflect on the process as simultaneously real and illusory. Loewald's concepts of therapeutic action, enactive representation, transference/countertransference, and sublimation/symbolization partake of this dialectic thinking. However, Loewald goes beyond Freud in challenging the split between subject and environment, thereby turning many oppositional concepts in classical psychoanalysis into fecund dialectical structures.

In this chapter, I present four contemporary Freudian concepts, Symbolization, Internalization, Enactment and Mentalization, which have their roots in Loewald's concepts of development and therapeutic action. These concepts are expanded by the work of four authors, Norbert Freedman, Alan Bass, Gil Katz, and Alan Sugarman, respectively. All authors agree with Loewald's point of view that psychoanalysis is an enterprise that aims to promote, refine and create structure within the analysand's mind, and that this outcome of mental differentiation and integration is the transformation of interactive, clinical processes into intrapsychic structure. As such, each author portrays a slightly different and sophisticated characterization of the analyst's mind at work.

In this work, the chosen authors stand as representatives of ideas that have been taken up by other thinkers. Neither these ideas nor these authors are put forward as the only or even most important contemporary Freudian ones, although they

certainly have standing within the contemporary Freudian literature. I have chosen them not only because they extend Loewald's ideas, but also because epitomize his tendency to think dialectically and in terms of open structures that communicate, while remaining in a state of optimal tension and separation. Their ideas sketch the future trajectory of Freudian psychoanalysis, specifically its continuing, differentiating dialogue with self-defined non-Freudian psychoanalyses.

#### NORBERT FREEDMAN: SYMBOLIZATION

Norbert Freedman is considered by many to be one of the forefathers of contemporary Freudian psychoanalysis. Like Loewald, he is a uniquely synthetic thinker, and from the beginning sought to bridge conceptual divides. His tendency to think dialectically and expansively leads him to proffer a theory of symbolization that contains and goes beyond Loewald's final paper on sublimation. Further, Freedman published extensively in the area of psychotherapy process research, and nearly all of his clinical papers provide findings and examples drawn from his research.

Ultimately, his work on symbolization is about the creation of links and the bridging of gaps between areas of mind, analyst and analysand, observed clinical processes and theories of psychoanalysis. It is no surprise that his first mature publication was entitled "On splitting and its resolution" and deals with "a crisis surrounding the experience of the early body self with re-emerges in adult discourse" (1980, p. 238). In this paper he outlines this resolution as an integration of bodily and symbolic forms and mature and infantile modes of thought, through nonverbal and verbal means, in the two-person field treatment field. Freedman's

tendency was to often publish two papers, in the span of a few years that dealt with a similar topic, from the point of view of the patient and of the analyst. Freedman's (1983) next published paper (takes up psychoanalytic listening as an attempt to describe this process of resolution from the point of view of the analyst's listening. He describes listening as undergoing regressions and progressions, similar to Loewald's papers on interaction and on countertransference. As I hope to show, Freedman's work on transformation and symbolization shows a deeper integration of Loewald's ideas on therapeutic interaction and countertransference, with his later concepts of symbolization and sublimation into a more unified theory of clinical process.

Freedman begins his paper on "The concept of transformation in psychoanalysis" by making the observation that the clinical thinking "dichotomies" are better understood as "shifts in mental organization" and raises the question as to how these transformations take place (1985, p. 317). He offers the formulation that "transformation is structure building" that implies both "reorganization of psychic structure" and the "retention of early, notably body experiences"(p. 318). He makes the reader aware that the transformation process is discreet from what is proposed by the concept of symbolism in classical psychoanalysis, in which a symbol stands for repressed mental content and aides in the process of repression. Transformation involves retention and integration and therefore may include repression but cannot be built upon a mechanism that implies the disappearance or compartmentalization of early experience and early structures. Instead, Freedman envisions a developmental process in which greater symbolization is the outcome of a dialectical process, in



which earlier and later forms of mental organization come into conflict and are resolved by a synthesis that preserves the initial conflictual elements in a unified state that goes beyond the sum of its parts.

Freedman identifies three major developmental conflicts that become sites of transformation in the development of symbolization. He argues that there are analogues in the development of the analysand during the psychoanalytic process. Briefly put, Freedman envisions that psychosomatic discharge is transformed into symbolic equation, symbolic equation to symbolism, and from symbolism to sublimated symbolization. Symbolic equation can best be understood as primitive imagery that cannot be recognized as such, while symbolism adds the dimensions of narrative and self-reflection to imagery. Sublimated symbolization draws on Loewald's idea that the unification of early experience with symbolic thinking can "go beyond the repetition of finding symbols for early wounds," meaning that it can become a creative by "transcend[ing] the satisfaction from the original object" (p. 329). To provide an example of sublimated symbolization, Freedman presents the poetic development of Rainier Maria Rilke, who was able to synthesize his ambivalence for his mother, and in the process create art that symbolized this conflict in the context of his yearning for an idealized state of consciousness.

A few more important ideas: Despite its distance from classical theory, Freedman's psychology is still a conflict psychology. However, it is a conflict psychology in the context of a transformation and symbolization. For Freedman, symbolization and transformation are object relational processes, and therefore conflict and its resolution imply a change in relationship to the object of fantasy in

both development and in psychoanalysis. He writes that “the emergence of transformation depends on the gradual and increasing awareness of these contradictory requirements of disjunctive experiences occurring under the hegemony of a libidinal object relationship” (p. 335). Conflict is only mobilized because of the presence of an object. Further, like Loewald, Freedman finds a constructive role for the patient and the analyst’s regression. He writes,

According to Loewald, the transition from primary to secondary process, from narcissism to object relatedness, from lower to higher structures involves disorganization and reorganization within the context of an object relationship. Like the mother who is the shaper of the drives, so is the analyst a shaper of the drives via language always creating a differential or tension state leading to higher organization. Analysis is both a process of induced disorganization and reorganization. . . . In the transition from thesis to antithesis, we noted the dual function of the analyst’s presence as the inevitable provocateur of the antithesis. . . . Thus, the analyst’s activity can be thought to provide both the inhibitory structure as well as the facilitating structure. (p. 336).

The remainder of Freedman’s work is a continued exploration of these ideas. How is conflict mobilized, and how does the analyst both provoke regression and support development? What is the analyst’s optimal state of mind and state of listening during the interaction that will ultimately be internalized by the patient?

Before turning to Freedman’s decisive paper on symbolization, it is important to briefly mention two papers written on transference and countertransference with the more disturbed patient (Freedman and Berzofsky, 1995; Freedman and Lavender, 1997). In these papers, Freedman and collaborators make the point that that in analytic listening the therapist experiences the patient’s wishes to “impart the inner objects—and introjects—into the consciousness of the listening analyst and therapist as object (1995, p.366). It is not so much the content of speech as the patient’s level

of symbolization, which is linked to “the articulation of aggressive affect” (p. 368) that “is bound to affect the listening process and the countertransference” (p. 370). In the later paper, Freedman and Lavender take up the same issue more firmly from the point of view of the analyst’s countertransference, beginning the paper by recognizing the dual role of countertransference as both an impediment as an important source of data. As with Loewald, the analyst’s ability to interact countertransferentially and to monitor his or her countertransference is the key to analytic functioning. Freedman and Lavender suggest that the countertransference can manifest as the ongoing introjection of the patient and the patient’s internal objects, which occasionally impinge on the analyst’s listening. Sometimes this “impingement” (p. 82) functions as an important point in the analyst’s symbolic functioning because it provokes “disidentification, counteridentification and interpretive connections. (p. 83). However, at some points countertransference can be harmful and “listening may fall to a zero point” (ibid)<sup>2</sup>. Freedman and Lavender go on to describe how their research has shown that the patient’s symbolizing or desymbolizing countertransference is processed immediately and preverbally in the analyst’s body schema. They suggest that this is an important evidence of the continued presence of the “earliest sensorimotor phase” in the analyst’s mature thinking (ibid). Freedman resists splitting up bodily and semantic representation, early and mature thought, transference and countertransference and development and regression into finite categories. Further, the analyst’s baseline is actually a form of countertransferential openness, rather than

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<sup>2</sup> These ideas on the multifaceted place and manifestations countertransference in psychoanalytic treatment were further investigated, empirically, in a single case study, Freedman et al (2009) “The ordinary and extraordinary countertransference”.

a state of objective neutrality. As Loewald suggests, the analyst must be in a state of transference to the patient in order to sufficiently introject and counter the patient's transference. These forms of thought are mutually determining centers of gravity laid out upon a continuum, a particularly Loewaldian and Freudian way of thinking. Furthermore, the idea transference and countertransference as emotionally laden projection and introjection in an object-relations matrix extends a line of Loewald's thought that has been taken up by Grunes (1984) when he speaks of the "interpenetration" of the analyst and analysand's internal worlds and significant object relationships as the cornerstone of therapeutic action.

"Symbolization of the analytic discourse" (Freedman and Russell, 2003) is perhaps the most comprehensive discussion of symbolization in Freedman's collected papers. Freedman and Russell refer to the dual nature of symbolization, as a process that creates unities between "*distinct spheres*, suggesting differentiation"(p. 42). This again creates an implicit link between Freedman and Loewald, who emphasizes the interwoven processes of integration and differentiation within primary reality. Freedman and Russell describe four types of symbolization that exist as way stations in the development of "incremental symbolization" (p. 81) but also "collaborate within their respective roles"(p. 84). They also underscore the autonomous role of desymbolization as a defensive aspect of mental functioning. Incipient symbolization is the translation of body states into affects. Discursive symbolization is the translation of experience into narrative and therefore spatial-temporal terms. Finally, dynamic symbolization the most complex of all forms of symbolization, occurs when divergent (Kris, 1984) conflicts emerge in vivid pictorial representation that cause the

relationship between the analyst and analysand to become “become triangular” (p. 63). Freedman and Russell write that, “when a presentational symbol is proffered, it has a particular effect on the interaction between speaker and listener” (ibid). This is due to the analyst’s emotionally laden introjection of the patient’s conflictual, unconscious fantasy, which has been given concrete representation.

Freeman and Russell are careful to say that such symbolization allows the analysand to “appropriate inner conflicts” rather than to resolve them, or neutralize them (p. 63). At the end of the paper, they suggest that the then current “reductive dichotomy” of the relational school fails to account for the interwoven processes of symbolization and empathy that occur within the symbolizing process (p. 81). This is an extension two major ideas from Loewald, most obviously symbolization and less obviously therapeutic action/interaction. Insight and transference are co-extensive, and transference is related more to the development of a symbolizing interaction than to the revival of infantile, object relationships. Of course, the symbolizing relationship is a kind of primordial transference that is relived in every successful analytic treatment. However, Loewald also emphasizes the enactment of more historically significant object relationships. This strand of Loewald’s thought is brought out more prominently by Katz, and discussed below. As Alan Bass will take up, Freedman’s concept of desymbolization almost functions as a corrective to Loewald, who tends to deemphasize the anxieties that foreclose upon benign forms of transference and internalization. Bass extends Freedman’s thinking about defensive processes by suggesting the reason for extreme resistances to symbolization.

## ALAN BASS: INTERNALIZATION OF DIFFERENCE

Bass is perhaps the most careful contemporary reader of Freud and of Loewald. In his book, *Difference and Disavowal* (2000), Bass integrates Loewald's concepts of internalization and differentiation with Freud's emphasis on defense. The link between the two writers is the conceptual unity between Freud's concept of primary narcissism and Loewald's discussion of primary reality. To paint in broad strokes, Bass shows that Freud possesses a rarely explored theory of primary narcissism that stresses the undifferentiated nature of self and object that precedes conscious thought as well as the operation of the pleasure principle. As for Loewald, psychoanalytic process functions through the internalization of interaction, a process that involves the reworking of this complex stage of self-object relatedness. At the same time, Bass emphasizes that the state of primary narcissism is the object of strong defenses because it represents the first encounter with difference. In the Freudian model of the mind, difference produces psychosomatic tension states, which are in turn defended against through hallucinatory wish fulfillment. The work of interpretation involves demonstrating the patient's consistent repudiation of the psychic reality of primary narcissism and its differentiating tensions.

Bass begins his book by discussing the concrete patient, specifically the concrete patient's resistance to interpretation. Like many before him, he wonders about the paradox inherent in the patient who comes to analysis but refuses the analyst's interpretations. He describes a number of poignant examples from the psychoanalytic literature and his own clinical work and makes the conclusion that the patient experiences something essentially traumatic about the *process* of

interpretation rather than the content of any one particular interpretation.

Interpretation is generally countered by the patient's insistence that reality as he or she perceives it is *the* reality. Because interpretations attempt to give significance to *unperceived and unperceivable* aspects of reality, the patient's insistence that seeing is believing leads to a direct repudiation of the analyst's interpretative stance.

From a Freudian perspective, the fact that there is resistance to interpretation must mean that there is anxiety around interpretation. This leads Bass to consider what it is about interpretation that inherently provokes anxiety. As a result, Bass focuses on the question of what a specifically Freudian theory and technique, which focuses on defenses against unconscious *content* (fantasies, conflicts) and their interpretation, would be able to contribute to the problem of resistance to a relational process. Bass is critical of both classical and relational approaches. An approach that counters the resistance to interpretation with further interpretation does not recognize the nature of the essential resistance and therefore of the essential anxiety. On the other hand, assuming that the patient will simply come to trust the therapist, drop the defenses, and internalize the therapist does not adequately address the fact that without undoing the defenses interpretatively, the patient will never experience the therapist as a related but separate mind with interpretations to proffer.

Bass cites a footnote from Freud's "Formulations on the two principles of mental functioning" in which he hypothesizes that "'thinking was originally unconscious, in so far as it went beyond mere ideational presentations and was directed to the relations between impressions of objects" (p. 221). Bass goes on to suggest that originally unconscious thought is therefore a matter of registration and

not of ideational thinking attached to words. It is also a form of delayed discharge and inherently raises psychosomatic tension. Following Freud's reasoning, original unconscious thought can act like an unpleasurable stimulus, which can be primally defended against. Since these registrations are originally unconscious, they can be defended against unconsciously.

The defense involves the perception of the "relations between impressions of objects" and its repudiation. This militates negative hallucination, which is then compensated for by positive hallucination, in the form of concreteness, which is similar in structure to a waking dream. Bass focuses on the fact that the dream or psychic concreteness is structured by an underlying "temporal immediacy"(p. 23) in which "temporal difference of delay is also elided" (p. 64). As a result "objectified fantasy replaces processive reality"(p. 268). The key here is the phrase *relations between impressions*; what is traumatic is the fact that existence is structured by relationships between separate objects. In my own thinking I understand this to mean that infantile helplessness results in the fact that absolute dependence on a separate object creates a narcissistic anxiety around survival that is traumatic and must be denied. Bass speaks about this primary reality and about analytic process as "differentiating" in order to stress the psychic reality that difference emerges in a processive, stepwise way from regressive pulls towards fusion. In analysis, "integration with the analytic environment inevitably repeats the trauma of Eros" and "repudiated difference is replaced by fantasy oppositions" in which the analyst is treated as a fetish or idealized/persecutory part object (ibid).



The clinical dimension of this theory rests squarely on a re-reading of Loewald's papers on Reality, Therapeutic Action and Internalization. Bass interprets Loewald's description of an "original unity" as "original ego-environment integration" (p. 95) and therefore as the primary narcissistic state described by Freud in which there is "no distinction between self-preservative and sexual instincts" (p. 65). Just as Loewald argues that the perception of absolute splits between internal and external world, or self and object is a defensive perception of reality, so too is the later split between narcissistic, libidinal, auto-erotic activity and reality oriented, dependent, object-relations.

Bass gives a reading of Loewald's paper on therapeutic action that deepens Loewald's argument that psychoanalysis represents interaction internalized, and that transference is ultimately preserved as a fluidity of the movement of thought across membrane between conscious and unconscious topographies, which leads to a richer integration of the self. Bass demonstrates that because of the change in Loewald's concept of primary reality, neutrality and interpretation must be redefined. He writes, "interpretation then, is not essentially the objective perception of unconscious content, but, as Loewald says, a differentiating interaction" (p. 138). The theoretical splitting of interaction from interpretation or insight from relationship is ultimately a reflection of the defensive splitting of primary reality meant to lower tension, much as the concrete patient attempts to lower tensions by disavowing the primary relatedness to the analyst in primary narcissistic states. Bass uses this idea of tension states to conceptualize primary narcissism as the intrinsically related to tension raising Eros and its disavowal to the tension reducing work of the death instinct. The same is true

for the “inclusion of the new object relation within analytic neutrality” (p. 130). To make neutrality into a sterile, non-relationship is to further engage in the splitting between self and object or between subjectivity and objectivity, as is any form of thought that dualistically distinguishes from new or old object.

As discussed, this process goes on against the background of the patient’s attempts to disavow the primary narcissistic elements of the analytic process. Bass is very clear that Loewald does not sufficiently emphasize that primary reality is a tension filled state that is often reacted to defensively. The analyst’s neutrality becomes his tool in the fight against the patient’s concreteness. Bass locates the patient’s defenses in attempts to control the differentiating aspects of reality that become salient in psychoanalysis. Enactive remembering undoes representation by substituting temporal immediacy for a representational narrative. Defensive, superficial identifications with the analyst substitute for internalizations of the analytic process.

Internalization in the therapeutic process is seemingly paradoxical insofar as it both effaces and underscores the difference between analyst and analysand. On the one hand the analysand is taking something in from the environment and locating it in the interior of the psyche. On the other hand, this cannot be accomplished unless the contribution of the analyst’s mind, raised to an optimal differential from the patient’s mind, is recognized. Bass writes that

From the standpoint of identification, of taking in the analyst as object, analyst and patient function as closed systems. When analytic process is effective, “unconscious ego processes” begin to transform this tension-reducing opposition into integration differentiation. But the transition from a defensively closed to a more open organization does not occur without anxiety. (p. 114).

Thus, Bass touches on important questions related to countertransference and neutrality. Within this re-conceptualization of analytic process, what is neutrality? What kind of countertransference most disturbs it? Bass suggests that the analyst must be attentive to his or her de-differentiating impulses, especially as these are smuggled in under the cloak of interpretation. For Bass, the tendency of the analyst to interpret *the* unitary meaning of unconscious content in contrast to *the* patient's unitary perception is countertransferential and motivated by anxiety about separateness, contact and differentiation. He writes, "when interpretation is taken only as the objective perception of unconscious content, the analyst is in the position of sharing the same view of reality as the concrete patient," (p. 138) and that "As we begin to understand the inevitability of defense against differentiating interaction from both sides of the couch, we also begin to understand the difficulty of moving beyond traditional objectivism," (ibid). The analyst's neutrality is coextensive with the ability to focus on processive rather than static aspects of reality, and to avoid dedifferentiating power struggles with the analysand, especially around areas of extreme anxiety, which produce concreteness.

Even from this shortened description, one can see that Bass preserves Freud's emphasis on the unconscious and on defense. He is clearly a follower of Loewald, in his ability to expand and preserve the essential Freudian constructs while questioning the basic philosophical underpinnings of the psychoanalytic project. In particular, he challenges some of Freud's writings that suggest that the conscious and unconscious minds are closed rather than interwoven systems. Bass also refuses to foreclose on paradoxes or greater unities. Here, form and content modify each other. Bass

struggles against the tendency to divide up complex problems thought into more conceptually limited, dualistic thought structures. This seems to come from a deep recognition about the dedifferentiating activities that can go on under the cover of thinking. This way of theorizing is quintessentially Freudian and Loewaldian.

#### GIL KATZ: THE ENACTED DIMENSION

In an important paper, Katz (1998) provides a thorough and sophisticated reassessment of the clinical situation and advances his concept of the enacted dimension of psychoanalytic treatment, which he defines as continuously evolving parallel text “interwoven and inextricable” from the verbal content of the treatment (p. 1132). This register results from interplay of the patient’s transference and the analyst’s countertransference, and is understood as a compromise between the patient’s and the analysts tendency to actualize their transference and countertransferences, respectively, and to remain unaware of this, all the while. Katz’s theory of therapeutic action implies that these subtle, transference-countertransference enactments must be lived through extensively before they can be symbolized. This process is what gives a sense of reality and meaningfulness to the treatment. Given the radical nature of this revision, Katz goes to great lengths to show how it naturally evolves from the work of a number of prominent analysts who remained firmly identified as Freudian while nevertheless raising questions about action and the role of the analyst’s countertransference in psychoanalytic treatment. In his paper, he engages deeply with these authors, laying out their ideas, questioning their conclusions, and finally seeking a contemporary Freudian integration.

Katz begins by calling into question the pejorative connotations given to action by psychoanalysts of the classical era, and instead follows Boesky's conception of "acting out" as the analysand's attempt unconsciously push for the actualization of the transference. Boesky cogently argues that this push is, like all things, a compromise between the wish to relive the transference and the defense against the knowledge of what is being relived, because of the anxiety that this symbolized knowledge would evoke. Perhaps more importantly, Boesky goes on to argue that because the push towards actualization has the function of giving reality feeling and intensity to the transference, there could, therefore, be no successful analysis without it.

Katz conforms to the zeitgeist in contemporary psychoanalysis by bringing in a developmental perspective on the complex roles played by language and action in representation and memory. He draws on Loewald's differentiation of representational (symbolic) and enactive memory (1980), his sensitivity to "language action" (Loewald, 1976), and also cites Busch's (1989, 1995) concept of "action-thoughts." Both authors draw attention to the fact that action predominates over language until the end of the Oedipal period, and that young children treat words as things and language as another form of action. Seminal memories from this period (precisely the period favored by analysis), are conceivably often encoded in language rather than action, or in action language. Therefore, it makes sense that they would initially be enacted rather than verbalized in psychoanalysis.

Further, in a footnote to this section of the paper, Katz considers how the balance between language and action may be tipped in cases of early trauma or with

patients with deeper disturbances. This will be expanded on further, below. More broadly, he cites an array of authors who have written clinically on action in analysis or on action prone patients, in order to remind the reader that there has been a move in contemporary psychoanalysis from forbidding and condemning the patient's action to an attempt to use an understanding of it to deepen the treatment.

In the second part of the paper, Katz takes up the analyst's inevitable countertransference action, and traces a similar development from condemnation to exploration. He begins with Sandler's (1976) paper on "role responsiveness" which describes the ways in which analysts are subtly pushed by patients to stand in and behave in ways similar to their internal objects. Sandler advises other analysts to permit themselves a measure of "free floating responsiveness" to the patient's transference, as a way to arrive at a greater understanding the patient's internal object world. However, Katz takes issue with Sandler's tendency to see role responsiveness in terms of discrete events within the treatment. As a corrective, he brings in the Tower's (1956) concept of "transference structures" and Boesky's (1990) concept of "unconsciously negotiated resistance," which conceptualize the analyst's own neurotic participation in the analyst's transference as subtle, ongoing processes, which ultimately benefit the treatment if the analyst can become aware of them and use them to understand the patient's intrapsychic world more deeply.

Finally, after citing this vast literature, Katz provides his contribution, a synthesis of these ideas, which he calls "the enacted dimension of analytic process." The enacted dimension is defined as an "unconscious interactive processes wherein the patient's enacted transference process elicits a countertransference in the analyst

that is experienced by the patient as an actualization of the transference...that occurs without awareness of intent. The observable outcroppings or endpoints of processes within the enacted dimension of the treatment are what are currently referred to as enactments” (p. 1163).

A number of important subtleties must be underlined here. Katz has taken us very far from the concept of gross action. In fact, he shifts us from thinking about enactments to actualization, in which the frame of reference is how the patient’s push to actualize his unconscious fantasy evokes largely invisible countertransference reactions on the part of the analyst, which are unconsciously experienced by the patient as a validation of his or her own unconscious fantasy. In his view, our attention must be focused not on how big or small an action might be, but rather on what any action, no matter how small, subtle, or seemingly natural might mean for the patient. Further, just as in Boesky’s conception of acting out and countertransference resistance the enacted dimension serves an important function as a compromise formation for both the patient and the analyst, and paradoxically works with and against the major thrust of the analytic process (insight and the resolution of the transference).

The actualization of transference and countertransference fantasies keeps both parties in the analytic process emotionally engaged, no matter how asymmetrical this is engagement is. At the same time, both patient and analyst are able to temporarily turn a blind eye to their unconscious wishes, which keeps anxiety at an optimal level. This is why major behavioral enactments generally arise at the tail end of largely silent periods of transference-countertransference interplay. Their noisiness signals

that patient and analyst are more ready to think about what has been going on right under their noses.

All this being said, it is important to note that the enacted dimension is not a technical maneuver; Katz reminds us again and again that they happen outside of consciousness, in largely microscopic and unintentional ways. It is the analyst's adherence to standard technique, which allows him to become aware that he or she has deviated from his baseline, and to reflect on what this might mean. Also, Katz's is also a two-person model of psychoanalytic process, which nevertheless resists the pull of more relational theories of intersubjectivity, because the focus remains squarely on the patient's unconscious fantasy and its elucidation through the analyst's participation, rather than taking up the idea that all experience is co-created and unique to the encounter between a particular patient and a particular analyst.

In 2013, Katz published a full-length book on the subject of enactment entitled *The Play Within the Play: The Enacted Dimension of Psychoanalytic Process*. It serves as a restatement and refinement of many of his ideas about enacted processes in psychoanalysis, including an expanded section on the relationship between trauma and the enacted dimension, and several chapters that discuss seminal, clinical papers in psychoanalysis from the perspective of the enacted dimension. Particularly useful is his integration of the enacted dimension with Loewald's emphasis on the role of new object experiences in psychoanalytic action. Katz argues that the working through aspect of the enacted dimension is not "simply *an experience with a new "better" object*. Rather, *it is a new experience with an "old."* *object—the original internal object*" (p. 57). By viewing therapeutic action in these



terms, Katz thinks dialectically. The patient's unconscious fantasy comes alive as interpersonal experience in the here and now. The new experience with an old object allows for a fuller experience of the new object as well as a changed representation of the archaic object. Insight about the role of unconscious fantasy and trauma is a firmly experiential process, insofar as it comes alive in dramatic form during the analytic process.

In Chapter 7, Katz asserts that the enacted dimension belongs to the "interpsychic" (p. 60) realm, which is neither interpersonal nor intrapsychic, therefore representing a third or transitional area of relatedness. However, he argues against collapsing the interpsychic dimension with relational ideas about the co-construction, because the enacted processes are ultimately thought about as the externalization of historical and fantasy constructions that the patient brings to psychoanalysis and externalizes. The form taken by this externalization, however, is shaped by the analyst's particular history and the form taken by his or her transference to the patient. This suggests that while every potential dyad would enact a patient's unconscious fantasy in a different form, the deeper origin of this enactment would always be the same. However, Katz's stress on the analyst's participation does leave room for the idea that some dyads may present greater potential for working through than others, recognizing the particularity of the analyst's impact on the patient. Without thinking about the interpenetrating relationship of self and other and past and present, Loewald's concept of the new object relationship risks being reduced to the

therapist's conscious provision of a corrective emotional experience<sup>3</sup>. The experience that emerges from the enacted dimension is corrective, but it is also organic and spontaneous, paradoxical and unconsciously negotiated, rather than provided prescriptively like a parameter or supportive intervention.

#### ALAN SUGARMAN: MENTALIZATION

The work of Alan Sugarman is a prime example of how Loewald's writing on therapeutic action, internalization and enactment can enhance and be enhanced by the concept of mentalization. In a groundbreaking work, Fonagy et al (2010) synthesized the research on the relationship between attachment, selfhood, the development of theory of mind, and psychopathology. They argue that secure attachment is based on the optimal perception and mirroring of the infant's mind by the primary caregiver, and that this early experience of having one's mind known is internalized as the ability to know and reflect on one's own mind and the minds of significant others, both concretely and abstractly. Mentalization has been used to understand the failures of theory of mind that are so pervasive in narcissistic and borderline pathology, and a mentalization treatment model for borderline personality disorder has been published (Allen and Fonagy, 2006). In a recently published interview Aron (Safran, 2009) offered the point of view that mentalization is a key ingredient in psychoanalytic outcome and is likely to have more longevity than other seemingly indispensable aspects of psychoanalysis, like the couch or daily frequency of sessions.

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<sup>3</sup> Wallerstein (1995) provides an important historical and theoretical consideration of this concept in *The Talking Cures*.

In many ways, mentalization may represent the common ground in psychoanalysis, and much of the contemporary psychoanalytic literature on technique has firmly shifted to a discussion of process, specifically the process by which the analyst's mind at work helps the analysand develop an attitude where self-reflection, perspective taking, and recognizing the potentialities of thinking about thinking are in ascendancy (Vorus; 2010; Tuch, 2007). Sugarman is an unusual author due to his ability to move between the language of ego-psychology and mentalization. Even more unusual is his commitment to writing about this integration without ever making reference to the Loewald's theories of therapeutic action or internalization. In fact, he most often makes reference to authors who are most closely identified with modern conflict theory, the heirs to Brenner's focus on conflict and compromise and Gray's focus on close-process attention and self-reflection (Druck, 2010). I believe that this is evidence of the ways in which Loewald's ideas have so pervasively taken hold of psychoanalysis, to the point that *pure* ego psychological approaches have become a rarity. Further, it suggests that the work of Loewald, with its embrace of paradox and elastic use of traditional terminology represents a fertile site for engagement with and internalization of new ideas from inside and outside psychoanalysis. This is yet another example of alignment of Loewald's concepts and his style of thinking of and writing.

In his first published article, Sugarman (1992) takes issue with the critique of classical psychoanalysis that conflates of the emphasis on unconscious conflict with the analyst's demeanor as cold and detached. Sugarman stresses that "behaviors such as anonymity have no intrinsic relationship to neutrality" (p.435) and that instead

“one can be passive or active, silent or verbal, and still remain true to the principle of neutrality so long as one’s interventions do not advocate the perspective of reality or any of the tripartite structures” (p. 436). He argues that the point of neutrality is to create an atmosphere of safety in which “the patient learns to attend to his inner workings and how they affect interpersonal relationships”(p. 435). The analyst’s state of mind and the directed activity of his or her thinking are more important than any particular behavior. At this point, Sugarman is lacking the conceptual framework to explain why the analyst’s state of mind is so important to the patient’s state of mind, and the relationship between safety and symbolic thinking. His integration of the concept of mentalization at the core of his thinking allows him to develop a theory of psychoanalytic action that gives conceptual importance to the quality of the analyst’s thinking and its integration with attachment.

Sugarman begins his first major article on mentalization (2006) by suggesting that mentalization can serve as a conceptual common ground and that helps to build bridges between theoretically diverse schools of psychoanalysis. He argues that “shifting the ground to an emphasis on the process of insightfulness integrates the importance of both the relationship with the analyst and his facilitation of insightfulness instead of artificially” because “patients internalize our awareness of them as thinking selves” in the context of a loving relationship (p. 968). Indeed, it is the relationship in analysis that is curative but only insofar as that relationship can be internalized as a new kind of self-reflection. Sugarman argues that understanding the mechanism of therapeutic interaction in this way requires a re-conceptualization of transference as “the interpersonalization of mental structure” rather than the revival of

lost or archaic object ties (ibid). The analyst's attention to the transference, then, is consistent with the modern conflict theorist's attention to the patient's mind at work, insofar as the transference is the externalization of thinking. What the patient re-internalizes is the analyst's thoughtful participation in the structure that has been externalized.

However, Sugarman is also aware that the analyst's involvement can go beyond or beneath benign reflectiveness and interest. In an important companion paper from 2009 "The contribution of the analyst's attention to mutative action: A developmental perspective" he boldly argues that the analyst's action, prohibition, boundary setting, and disclosures can function as part of the interpretative process. He suggests that the role of the analyst can be defined as "helping a patient move from developmentally earlier modes of mentalizing to developmentally later ones, This is most easily accomplished by first meeting the patient at the level at which he or she is communicating and helping the patient to eventually use the verbal, symbolic mode to observe and communicate his or her mind's working" (p. 262). Enactive interpretations are likely to give the patient a sense of agency, authenticity and reciprocity that can be built on symbolically, much as young children build their symbolic thinking on the foundation of non-verbal, somatically charged relationships with early caregivers. However, it is important to keep in mind, here, that Sugarman is suggesting that action not be consciously deployed as a technique. Rather "these actions are more than unfortunate by products and parameters. This inevitable action on the analyst's part is due to the nature and the ubiquitousness of transference and countertransference" (260).

Thus, Sugarman (2007) essentially argues that psychoanalytic technique should be elastic. Psychoanalytic work meets the patient on his or her level of structural integration and hopes to raise it to a higher level. The analyst's decision to use action or unconventional interactions or focus on certain kinds of content instead of others should be motivated by this criteria, not by authoritarian thinking on what kinds of issues merit psychoanalytic treatment and what kind of interventions are psychoanalytic versus therapeutic. In his most recent article on "The Reluctance to Self-Disclose: Reflexive or Reasoned" Sugarman (2012) takes on one such issue that has been treated as a shibboleth of psychoanalysis by some orthodox Freudians. He makes an argument that under some conditions patients are more helped by disclosure than anonymity. In particular, patients with rigid character distortions often require some transparency in the analyst's thinking to facilitate "the analyst's establishment of himself as a new object" who can be internalized to cope with "structural vulnerabilities" (p. 645). Another subject of this paper, the analyst's "reflexive" decision is taken on by Sugarman as an example of a psychoanalytic blind spot where the analyst is not submitting his own thinking to thinking, i.e. mentalization. The analyst's lack of technical freedom can be seen as a failure of mentalization around issues that are institutionally and neurotically linked to superego conflicts. He subtly underlines the failure of mentalization inherent in even seemingly high-level neurotic conflict.

These ideas are exceedingly consistent with Loewald's insistence that the analyst's transference to the patient is an important factor in the analytic process because it allows the analyst's mind to regress to a zone of optimal tension and

difference with the patient's mind. If the patient is entirely devoid of symbolic thought, the analyst who is functioning well will essentially be pulled into modes of enactive representation. Sugarman's expansion of the definition transference as interpersonalization of mental structure is also consistent with Loewald's expansion of the same concept by looking back in Freud to the broadest possible linguistic meaning of the world transference. Finally, mentalization is an internalization upon which all insight rests. Therefore, even with the most classical of patients, all insight depends upon internalization processes that lead to greater psychic differentiation of the mind (and more subtly, integration with the environment). Sugarman's work suggests an avenue for how Loewald's thinking could be translated into the psychological currency of contemporary developmental and cognitive psychology, and therefore for how psychoanalytic treatment could be empirically validated in ways that have become socially and intellectually necessary in our current, lived reality.

## CONCLUSION

In these pages I have attempted to trace one hundred years of Freudian thinking about technique, specifically the issue of how the analyst does or does not make use of subjective aspects of his or her mind, implicitly or explicitly, in the interpretative process. Because I have restricted myself to Freudian psychoanalysis, the concepts of the unconscious, insight, interpretation and structure have remained a constant core in an otherwise changing landscape. By stressing continuity, I have not attempted to emphasize the North American Freudian tradition as monolithic. Instead, I have hoped to bring out, against this background, the historical process by which contemporary Freudians came to appropriate rather than deny the paradoxical aspects of psychoanalysis, present since Freud. I also hope the reader has been made aware of the incredible debt owed by contemporary Freudian psychoanalysts to Hans Loewald, and his role as an intellectual interlocutor with Heinz Hartmann.

I am also painfully aware of what has been omitted. Each author could have merited a substantial paper if not an entire dissertation in his or her own right. I am aware of the geographical and theoretical boundaries I have drawn. My study suffers particularly from not being able to integrate the line of development traced here with the important contributions made by Kleinians, the British Middle Group and Self-Psychology. But perhaps my reader will allow me to convince them that it was an object lesson in how hard it is for one single mind or scholarly work to embrace and integrate different lines of thought, with different basic assumptions and different geographical locations.



In summary, I would be satisfied if my reader has internalized my assertion that Freud did not have a uniform vision of psychoanalysis, and that he blended paradoxical metaphors for the analyst's optimal mental state, and that this presented a set of difficulties and opportunities for the development of psychoanalysis. I hope it has now become clear that for me, the maintenance of this optimal tension between opposing ideas and the ability to sustain dialectical thinking while questioning dualisms is the hallmark of Freudian thinking.

In the final chapter, I have shown the ways in which contemporary Freudians have extended the work of Loewald, fleshing out highly abstract formulations into sophisticated ideas about clinical technique and the therapeutic action of psychoanalysis. It is my belief that these ideas represent the future of psychoanalysis as an intellectual project and as a psychotherapy, and that they will lead to both a greater internal sophistication and differentiation and integration with the larger world of ideas.

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