

KNOWING,
NOT-KNOWING
AND SORT-OF-KNOWING
Psychoanalysis and the
Experience of Uncertainty

Editor

Jean Petrucelli, Ph.D.

For the American Psychological Association
Division of Psychoanalysis (39)

KARNAC

CONTENTS

<i>ACKNOWLEDGEMENTS</i>	xiii
<i>ABOUT THE EDITOR</i>	xvii
<i>CONTRIBUTORS</i>	xix
<i>INTRODUCTION</i> <i>Jean Petrucelli</i>	xxv
<i>PART I: STALKING THE ELUSIVE MUTATIVE EXPERIENCE</i>	1
<i>CHAPTER ONE</i> The enigma of the transference <i>Edgar A. Levenson</i>	3
<i>PART II: THE KEYNOTE ADDRESSES</i>	21
<i>CHAPTER TWO</i> <i>The nearness of you: Navigating selfhood,</i> otherness, and uncertainty <i>Philip M. Bromberg</i>	23

CHAPTER THREE

- The unconscious as a knowledge processing centre 45
Arnold H. Modell

- PART III: DISSOCIATION—CLINICAL, DIAGNOSTIC,
AND CONCEPTUAL PERSPECTIVES ... FROM
MURDER THROUGH ABUSE TO MASOCHISM 63

CHAPTER FOUR

- Shooting in the spaces: Violent crime as
dissociated enactment 65
Abby Stein

CHAPTER FIVE

- Dissociative identity disorder: The abused child
and the spurned diagnosis: The case of Yolanda 79
Sheldon Itzkowitz

CHAPTER SIX

- Dissociation and dissociative disorders: Commentary
and context 83
Elizabeth Howell

CHAPTER SEVEN

- Multiple personality disorder and spirit possession:
Alike, yet not alike 99
Elizabeth Hegeman

CHAPTER EIGHT

- Masochistic relating, dissociation, and the wish to rescue
the loved one: A view from multiple self-state theory 115
Peter Lessem

- PART IV: WHEN EXPERIENCE HAS A MIND OF ITS OWN 133

CHAPTER NINE

- Things that go bump in the night: Secrets after dark 135
Jean Petrucelli

<i>CHAPTER TEN</i>	
Psychoanalytic treatment of panic attacks	151
<i>Mark J. Blechner</i>	
 <i>CHAPTER ELEVEN</i>	
On getting away with it: On the experiences we don't have	165
<i>Adam Phillips</i>	
 PART V: HOW DO WE KNOW AND HOW DOES IT CHANGE? THE ROLE OF IMPLICIT AND EXPLICIT MIND/BRAIN/BODY PROCESSES	175
 <i>CHAPTER TWELVE</i>	
The right brain implicit self: A central mechanism of the psychotherapy change process	177
<i>Allan N. Schore</i>	
 <i>CHAPTER THIRTEEN</i>	
The uncertainty principle in the psychoanalytic process	203
<i>Wilma S. Bucci</i>	
 <i>CHAPTER FOURTEEN</i>	
Implicit and explicit pathways to psychoanalytic change	215
<i>James L. Fosshage</i>	
 <i>CHAPTER FIFTEEN</i>	
Life as performance art: Right and left brain function, implicit knowing, and "felt coherence"	225
<i>Richard A. Chefetz</i>	
 <i>CHAPTER SIXTEEN</i>	
Bridging neurobiology, cognitive science and psychoanalysis: Recent contributions to theories of therapeutic action: A discussion of Chapters 12, 13, 14 and 15	243
<i>Sandra G. Hershberg</i>	

PART VI: HOW BODIES ARE THEORIZED, EXHIBITED AND STRUGGLED WITH AND AGAINST: GENDER, EMBODIMENT, AND THE ANALYST'S PHYSICAL SELF	251
<i>CHAPTER SEVENTEEN</i>	
Lights, camera, attachment: Female embodiment as seen through the lens of pornography <i>Jessica Zucker</i>	253
<i>CHAPTER EIGHTEEN</i>	
Purging as embodiment <i>Katie Gentile</i>	265
<i>CHAPTER NINETEEN</i>	
The incredible shrinking shrink <i>Janet Tintner</i>	281
PART VII: I KNOW SOMETHING ABOUT YOU: WORKING WITH EXTRA-ANALYTIC KNOWLEDGE IN THE ANALYTIC DYAD IN THE TWENTY-FIRST CENTURY	295
<i>CHAPTER TWENTY</i>	
I know something about you <i>Jill Bresler</i>	297
<i>CHAPTER TWENTY ONE</i>	
Double exposure ... Sightings of the analyst outside the consultation room <i>Barry P. Cohen</i>	305
<i>CHAPTER TWENTY TWO</i>	
Who's afraid of Google? <i>Caryn Gorden</i>	315
<i>CHAPTER TWENTY THREE</i>	
Six degrees of separation ... When real worlds collide in treatment <i>Susan Klebanoff</i>	325

PART VIII: OMISSIONS OF JOY	333
<i>CHAPTER TWENTY FOUR</i>	
Instances of joy in psychoanalysis: Some reflections <i>Joseph Canarelli</i>	335
<i>CHAPTER TWENTY FIVE</i>	
The underbelly of joy <i>Rachel Newcombe</i>	343
<i>CHAPTER TWENTY SIX</i>	
The intersubjectivity of joy <i>Karen Weisbard</i>	353
<i>CHAPTER TWENTY SEVEN</i>	
The healing power of joy: A discussion of Chapters 24, 25 and 26 <i>Sandra Buechler</i>	365
<i>INDEX</i>	371

INTRODUCTION

This project of knowing, not-knowing and sort-of-knowing began in the Men's Department of Bloomingdales, which is where I was standing when I received the phone call from Jaine Darwin, Chair of the APA's Division of Psychoanalysis (39) Program Committee, inviting me to chair the Division's 2008 Spring Conference in New York City. I knew at that moment what I didn't want to know that I knew—that something was going to be asked of me to which I "should" say no but would, in fact, say yes. Jaine Darwin's mission was to choose the unsuspecting sacrificial lamb and convince her or him that the task was not daunting, while leaving out the actual sacrifices of life and time that one would have to make. Well ... mission accomplished ... because those of you who know and respect Jaine, as I do, also know that Jaine does her job well. I was in, and thus began this adventure.

The first step was to pick a co-chair: I turned to one of my oldest and dearest friends of thirty some years, Melinda Gellman. Together Melinda Gellman and I chaired the five day conference, the annual meeting of Division 39 (Psychoanalysis) of the American Psychological Association. The meeting was called "Knowing, Not-Knowing and Sort-of-Knowing: Psychoanalysis and the Experience of Uncertainty".

How did we come to this topic? Several influences—Bromberg, Stern, Hegeman, Davies, Lyons-Ruth, Mitchell and others—seen through Elizabeth’s Howell’s book, *The Dissociative Mind*, studied in a reading group led by Donnel Stern that inspired our thinking. Elizabeth Howell (2005), in her masterful overview of the dissociative mind, underlines how dissociation pervades psychic life. Even though dissociation theory has existed side by side with the concept of repression in the history of psychoanalytic thinking, for many years it was less examined, treated as if it belonged only to trauma theory. Today, though, because the relational model, in which the concepts of dissociation and the multiple self have become central, is widely appreciated in psychoanalysis, dissociation is receiving much more attention within psychoanalysis than it has before. Co-chair Melinda Gellman and I decided that it was time to feature dissociation, to give it the prominent place it now deserves on the map of Division 39.

The second step was to gather a conference committee. We chose the members: Seth M. Aronson, Philip Blumberg, Andrew Eig, Robert Grossmark, Jill Howard, Sheldon Itzkowitz, Jill Salberg, and Janet Tintner. This talented and innovative group met with us on the Upper West Side of New York City for two years, brainstorming and designing this enormous event. In our pursuit of what we knew, didn’t know and sort-of-knew, we addressed conference themes, panels and fun events that spanned the principles of uncertainty from postmodern analytic thinking to rock and roll. We allowed ourselves to think and play outside the analytic box, venturing into the terrain of not-knowing and sort-of knowing, hoping to create a memorable lived-through event that would engender ongoing curiosity and liveliness in our work as psychoanalysts.

Our collaboration resulted in a rich blend of more than 80 panels, presentations and meetings. The conference was held at the Waldorf Astoria Hotel in New York City and we had over 1100 attendees.

The success of surviving the conference gave me the courage to undertake another massive project—the compilation of this book, which unfortunately represents only a fraction of the many wonderful papers that were presented at the conference. This anthology is comprised of 27 chapters written by various clinicians and scholars, diverse in their thinking, type of training and backgrounds.

So much of our work is steeped in uncertainty, a fact that Freud recognized in 1893 when he described “the blindness of the seeing eye” as an experience in which one knows and does not know a thing at the same time. His insight, startling at the time, and still provocative today, has generated many competing theories regarding the way the mind is structured, leading to questions about the art of psychoanalysis such as:

Are we uncovering layers of repressed material and/or encountering a multiplicity of selves?

What psychic processes keep certain experiences out of the awareness of patient and analyst?

What is the place of dissociation and trauma in psychoanalysis?

What does the body communicate and how does this material express itself?

How does the body express or collude with not-knowing?

How do we learn from and use uncertainty in our clinical work and within ourselves?

And, of course, the overriding question for psychoanalysts:

How do we come to know the things we know and tolerate the ambiguity inherent in not-knowing or, more confusing still, sort-of knowing?

This anthology grew from clinicians grappling with these and related issues. The chapters invite exploration of the way the mind is structured around knowing and not-knowing. Analyst and patient confront things they know they know and things they know they don't know, but they also confront things they sort-of-know or sense they know. The contributing authors of this book, from multiple points of view and theoretical positions, consider, in their own ways, what makes an experience knowable, unknowable, or sort-of-knowable.

It seems fitting to begin this anthology with a chapter by Edgar A. Levenson, because his work reveals an unmistakable respect, even reverence, for the ultimate unknowableness of human experience. Part One of this book, “Stalking the Elusive Mutative Experience”, includes only his paper, “The Enigma of the Transference”. Throughout his 60 years of contributing to psychoanalytic discourse, Levenson has maintained an interest in the process of therapeutic action. Levenson challenges us as psychoanalysts to consider the phenomenology of what we do when we ... do what we know how

to do. He introduces the unique kind of confusion or uncertainty or not-knowing that invariably precedes new understandings and new beginnings.

Levenson reminds us that metapsychologies are essentially ontologies; that is, they are worldviews, and as such are ineluctably immersed in their time and place. He takes the position that they are neither right nor wrong, but rather relevant or irrelevant.

Part Two, Chapters two and three, consist of the two memorable keynote addresses delivered at the conference by Philip M. Bromberg and Arnold H. Modell. Their papers have been preserved as oral presentations.

In Chapter two, “The Nearness of You: Navigating Selfhood, Otherness and Uncertainty”, Philip M. Bromberg addresses what he considers “the next phase” of psychoanalysis—how we, as clinicians, can contribute to not only effective psychotherapy but more centrally to our evolution in thinking about the “individual mind” and the “relational mind”. He offers the view that the affect-based, right-brain to right-brain dialogue between self and other, if it lacks a cognitive context for too long a time, leads to what we are calling “sort-of-knowing”, as well as to the quality of uncertainty that is basic to the experience. Bromberg suggests that “sort-of-knowing” is always at least somewhat dissociative; that is, we are aware of it more implicitly than explicitly. This chapter deals with “sort-of-knowing”, both as a normal mind/brain process that helps us get through each day with minimal stress, and “sort-of-knowing” as a means of protecting ourselves from what may be too much for the mind to bear. Bromberg draws upon a work of fiction to illustrate how certain people, those for whom the early development of intersubjectivity has failed to take place or has been severely compromised, are in times of emotional crisis, especially vulnerable not just to “uncertainty” but to the annihilation of the boundary between selfhood and otherness. They can become unable to navigate this boundary. Bromberg’s chapter illustrates how the ability to strengthen one’s readiness to process trauma depends on a relationship with an important other who relates to one’s subjective states as important to him or her—and to whose mental states one can reciprocally relate.

Arnold H. Modell in his keynote address, Chapter three, “The Unconscious as a Knowledge Processing Center”, writes about the

unconscious as a process, uniquely constituted in each individual's history, an "area of the psyche in which knowledge is processed". He reflects that the psyche "retains in memory a lifetime of emotionally significant experiences and emotionally salient fantasies", while the unconscious waking state works continuously and synthetically, functioning analogously to the unconscious at work in dreams. Modell draws our attention to the recontextualization of memory "in accordance with later experience", as "fully consistent with contemporary neuroscience's understanding of memory". Highlighting the function of memory in organizing and maintaining an unconscious self, Modell also considers loss of self feeling, the "inner feeling of vitality and aliveness of the self ... noticed only in its absence", as a dangerous state: "When this occurs the consequences can be disastrous, for the individual has lost touch with all that they value ... when the self lacks a sense of its own vitality, a sense of its own aliveness, it is also unable to simulate or imagine the future consequences of one's action".

Part Three (Chapters four to eight), entitled, "Dissociation—Clinical, Diagnostic and Conceptual Perspectives", elucidates dissociation by focusing on three of its most extreme manifestations: psychopathy, dissociative identity disorder (DID), and masochism. Chapter four, Abby Stein's paper, "Shooting in the Spaces: Violent Crimes as Dissociated Enactment", explores the links between early maltreatment and adult aggression, through the lens of contemporary psychoanalytic theories of dissociation and enactment. Using case material, Stein disputes prevailing beliefs about criminal character and motivation—for example—that criminals operate "without conscience", that sex murderers are driven by deviant fantasy, or that psychopathy is "inborn". What emerges is a more nuanced picture of the ways that childhood trauma shapes criminal violence.

Chapters five to seven take on the clinical, diagnostic and cultural challenges presented by Dissociative Identity Disorder. Sheldon Itzkowitz, Chapter five, discusses his remarkable DVD video clip of a therapy session with "Yolanda", a woman diagnosed with dissociative identity disorder. Itzkowitz's video clip clearly and poignantly illustrates his patient in the throes of her identity shifts and the dramatic changes of posture, speech and cognition that accompanied these changes in her self-states or, in DID language, "alter" personalities. Itzkowitz's case of Yolanda is then discussed

in Chapters six and seven by Elizabeth Howell and Elizabeth Hegeman, respectively.

Howell, in Chapter six, "Dissociation and Dissociative Disorders: Commentary and Context", interweaves a discussion of Itzkowitz's case with an exploration into the history of DID and a discussion of the dissociatively based contradictions in public knowledge of this condition. In her discussion of Itzkowitz's case, Howell explores the relationships, interrelationships, and functions of various alter personalities in DID cases. She defines the concept of "procedural" identification with the aggressor, which clarifies the underlying dynamic behind self abuse in DID and the lack of its awareness, and likewise reflects on the astonishingly high prevalence of child sexual abuse in DID patients, exceeded only by the frequency of its denial. In discussing the history of DID she takes us from Freud and Janet through the present day to locate various reasons why this diagnosis had all but disappeared and why it has come back into focus. Howell also considers how the dissociative organization of individuals may mirror the dissociation of our society.

In Chapter seven, "Multiple Personality Disorder and Spirit Possession: Alike, Yet Not Alike", Hegeman brings her experiences as an anthropologist and a psychoanalyst to bear on a discussion focusing on the similarities and differences between spirit possession and DID. Occurring in non-Western cultures where multiple self-states are culturally acceptable, the possessed is embedded in some cultural contexts that contain and accept the experience of possession. Hegeman compares these cultures to our Western culture where the self is conceptualized as singular and bounded, and the person suffering from DID is more likely to be pathologized, ostracized, and shamed. This comparison of spirit possession and DID highlights the effects of our cultural rejection of altered states, showing that it overlaps with rejection of the traumatized self to create the "not known", rejected, dissociated self.

In the final chapter in Part Three, Chapter eight, "Masochism and the Wish to Rescue the Loved One: A View from Multiple Self Theory", Peter Lessem examines masochistic relatedness from a multiple self state perspective that posits the centrality of dissociation in psychic life. For some masochistic patients, Lessem writes, disavowed vulnerable self states are identified in the exploitative loved one. He posits that rescuing the loved one from their perceived plight feels

crucial to the patient's own well-being and therefore structures in large part, his or her experience of the relationship.

Moving into the realm of experience, Part Four, "When Experience Has a Mind of Its Own", includes a series of papers by Jean Petrucelli, Mark J. Blechner, and Adam Phillips. These papers focus on the phenomena of how sometimes experience can lead the mind, be it through dissociation, panic or the experience avoided by the act of getting away with it. Petrucelli, in Chapter nine, "Things That Go Bump in the Night: Secrets after Dark", explores the role of secrets in two clinical cases, a student/dominatrix and a physical trainer/night binger, with "secrets" being the dissociation between the different parts of the self. The effects of these secrets revealed on the patient and their family are explored. According to Petrucelli, although dissociation may help one to cope in some situations, it ultimately complicates life at other moments and contributes to the silence of secrets. Secrets, she says, can be one way that the mind deals with experience, creating double lives that seem to have lives of their own, and can only be revealed when they are truly ready to be known.

Chapter ten, "Psychoanalytic Treatment of Panic Attacks", Mark J. Blechner, reports his clinical data on three patients. He describes an effective treatment that offers a different perspective on panic disorder from the approach that suggests that with panic disorder—no real danger exists and that the patient's anxiety is inappropriate. While each of the three patients had different backgrounds, each had a life circumstance that should have caused him or her to be very afraid and each dissociated from the seriousness of the fear-causing situation. Blechner suggested to his patients that they might begin to tackle their anxiety disorder by addressing the fear-causing situation directly, something that actually enhanced their anxiety. However, in every case the panic attacks stopped. Blechner suggests that for some patients dissociation may play a major role in panic attacks.

Adam Phillips muses in Chapter eleven, "On Getting Away with It", on the difference between not doing something because you believe it is wrong, and not doing something because you think you might be punished for it. What does the prevalent childhood wish to get away with things entail? Since the super-ego requirement of guilt is integral to Freud's model of the mind, Phillips wonders

what the structure and function of this fundamental, apparently unrealistically evasive wish to get away with things might be. He considers the possibility that the fantasy of avoiding being caught facilitates developmentally essential forms of transgression.

Part Five, "How Do We Know and How Does It Change: The Role of Implicit and Explicit Mind/Brain/Body Processes", includes Chapters twelve through sixteen. These chapters explore the ways in which knowledge and research about the implicit and explicit domains, in the context of relational experience, reconfigures concepts of memory, learning and a sense of self in the developing brain and, furthermore, contributes to a theory of mind. The findings of Allan Schore, Wilma S. Bucci, James L. Fosshage, Richard Cheftetz, and a discussion by Sandra Herschberg, emphasize the primacy of relational experience and how this experience informs our notion of how psychoanalysis leads to change, particularly in the areas of attachment, infant observation, and neuroscience.

Allan Schore, in Chapter twelve, "The Right Brain Implicit Self: A Central Mechanism of the Psychotherapy Change Process", utilizes a neuropsychanalytic perspective to describe how right brain implicit functions operate at the core of psychotherapy change processes. Schore discusses the critical roles of not only implicit cognition, but implicit affect, communication, and regulation in the psychotherapeutic context, especially in patients with early forming severe self pathologies associated with attachment trauma. A major focus of his work is on right brain unconscious processes in both patient and therapist that are expressed in stressful affect-laden clinical enactments, an essential relational context of the change process. As he has written for the last two decades, Schore argues here that the right brain represents the psychobiological substrate of the human unconscious.

Wilma S. Bucci, in Chapter thirteen, "The Uncertainty Principle in the Psychoanalytic Process", explores how, from the perspective of multiple code theory, the analytic interaction is seen as inherently unpredictable, emerging for each person and each dyad, determined by activation of subsymbolic bodily experience and connection to the symbolic domain, in memory and in the present, in the constantly changing matrix of the relationship.

James L. Fosshage, Chapter fourteen, "Implicit and Explicit Pathways to Psychoanalytic Change", discusses how the interconnections

of the implicit/non-declarative and explicit/declarative systems are pivotal for understanding the pathways to therapeutic change. Based on how these systems encode information for processing and the various factors that enable conscious accessibility of the implicit, Fosshage proposes two fundamental, interrelated pathways of change, one involving explicit reflective exploration and the other focusing on implicit learning that occurs in the psychoanalytic encounter.

Richard Chefetz, Chapter fifteen, “Life as Performance Art: Right and Left Brain Function, Implicit Knowing, and Felt Coherence”, explores how the “wish to die” may be a fantasy escape-hatch from an unbearable world, and how, if the wish progresses to an action, tragedy is the outcome. He examines the example of a woman who had an unusual childhood habit that formed the basis of an adult communication that involved her fantasy of suicide, a fantasy that had become action and was proceeding toward conclusion. Chefetz highlights the importance of attention to dissociative processes and implicit ways of knowing as enactive communication and its transformation to explicit knowledge. He maintains that the achievement of a sense of “felt coherence” is an implicit goal of mindedness that is an extension of attachment goals of “felt security”. In Chefetz’s chapter, a neurobiologic heuristic is proposed that adds to our understanding of dissociative process. The importance of the left brain in emotional understanding expands the model of right-brain to right-brain emotional communication.

Sandra G. Hershberg, in Chapter sixteen, “Bridging Neurobiology, Cognitive Science and Psychoanalysis: Recent Contributions to Theories of Therapeutic Action” discusses the chapters by Schore, Bucci, Fosshage and Chefetz and comments on the ways in which implicit and explicit domains are conceptualized cognitively, neurobiologically and psychoanalytically, informing the ways in which we think about psychoanalytic change and therapeutic action.

The first chapters of this book addressed the role of experience in knowing, not-knowing, and sort-of-knowing. Then the focus moved to a consideration of the role of the brain. Part Six, “How Bodies are Theorized, Exhibited and Struggled With and Against: Gender, Embodiment, and the Analyst’s Physical Self”, shifts the focus to the body. In the first installment of Part Six, Chapter seventeen, “Lights, Camera, Attachment: Female Embodiment as seen through

the lens of Pornography”, Jessica Zucker remarks on how women’s bodies have always been a site of desire, pleasure, and objectification, and how 1970’s and 80’s feminist thought grappled with the ways in which our culture viewed female sexual desire and longing as something to be sequestered and tamed inside the domestic and relational sphere. Zucker presents another perspective on female sexuality, one that was also developing during this period. This second perspective moved the debate out of a binary stalemate into the complications and paradoxes that continue to define issues of female sexuality and embodiment to this day. In her research, Zucker interviewed twenty women who work as actors in pornography and tried to understand the enormous complexities of these women’s self-states. Zucker asked them to reflect on how they made meaning of their lives vis-à-vis the choice to merge sex with work. What emerged were poignant narratives reflecting pivotal developmental moments in mother-daughter relationships which, in turn, shaped their own sexual embodiment.

Katie Gentile, in “Purging as Embodiment”, Chapter eighteen, focuses on a treatment with a 24 year old woman who, in the first month of therapy, got pregnant with a boyfriend she was not sure she wanted to continue seeing, and with a child she did not want, and married within two weeks only at her mother’s insistence. This woman purged multiple times per day, but did not binge. Gentile explores how much of this woman’s story was told with her body and how the author/analyst responded in kind, as a primary avenue of relating in the treatment. Gentile views this case through feminist and multicultural theory.

In Chapter nineteen, “The Incredible Shrinking Shrink”, Janet Tintner, discusses the impact of her own weight struggles on her patients. Tintner focuses on her patients’ difficulty verbalizing conflicting feelings about her weight loss, utilizing case material to trace the stages of her process. Tintner illustrates the disturbing feelings underlying her hesitation and the hesitation of her patients to speak. Tintner reflects on the obstacles to authentic dialogue, especially when it comes to the body.

Moving now from the body to the interrelationship of technology and knowing, Part Seven, “I Know Something about You: Working with Extra-Analytic Knowledge in the Analytic Dyad in the Twenty-First Century”, is introduced by Jill Bresler in Chapter twenty.

The theme of this section is that current technology creates an environment in which it is increasingly easy to “know” each other via means we cannot control, thereby making it likely for analyst and patient to obtain knowledge of each other through means external to the analytic situation. Bresler studies the complexities of what patients and analysts know about each and how they know it.

Although the psychoanalytic inquiry is predominantly intended as an exploration of the patient’s psyche, personal history, intrapsychic and interpersonal dynamics, the analyst, as a participant observer in the process, inevitably presents him- or herself to the scrutiny of the patient. What patients allow themselves to observe and to know about their analysts provides the analyst with an in vivo experience of their patient’s ability to perceive, tolerate, and selectively inattent aspects of the other in the interpersonal situation. Barry Cohen, Chapter twenty one, in “Double Exposure ... Sightings of the Analyst outside the Consultation Room” reflects on clinical dynamics that arose in the treatment of a long term patient whose rigid reluctance to experience the individuality of the analyst became confounded when the patient serendipitously saw a television program featuring the analyst and his family.

Caryn Gorden, Chapter twenty two, “Who’s Afraid of Google?” focuses on a clinical vignette that focuses on the way in which extra-analytic disclosure (through an internet search) influenced an analytic treatment. Specifically, Gorden explores how an analyst’s privacy was compromised and how that event impacted the dyad and hence the analysand’s treatment. She explores the co-constructed, enacted aspects of the analysand’s intrusion into the analyst’s personal life, the multi-dimensional transference-countertransference configurations that arose, and how the patient’s “knowing” both interfered with and enhanced his treatment.

In Chapter twenty three, “Six Degrees of Separation ... When Real Worlds Collide in Treatment”, Susan Klebanoff explores a therapeutic dilemma involving self disclosure after she learns that her long term patient is a close friend of her cousin’s. Klebanoff discusses transference and countertransference implications of disclosure in light of both the patient’s and the therapist’s personal histories.

The final section, Part Eight—Chapters twenty four to twenty seven, “Omissions of Joy”, explores the inherent anxiety still faced by the analyst who decides to self-disclose. In particular, these

chapters address the disclosure of the analyst's joyful feelings. With few exceptions, the capacity for and experience of joy has received little attention within psychoanalysis. Analysts tend to think about it implicitly: that is, we hope analysis will enable our patients to lead richer lives marked by an array of joys. But what of joyful moments between and within each member of the clinical dyad during the analytic process itself?

When events of the analyst's life are revealed, their content often involves tragically sad or devastating situations that may be disruptive to the treatment. But what if an analyst's experience is joyous? Joy, our authors reflect, can be just as unHINGING as tragedy and equally transformative. In three of these chapters, psychoanalysts Joseph Canarelli, Rachel Newcombe, and Karen Weisbard write about private experiences of love and joy that turned their worlds upside down, paradoxically inducing secrecy and shame in themselves. Responding to these papers, Sandra Buechler highlights the papers' themes of loneliness, intimacy, and moments of joy. All four papers explore a desire for and ambivalence about being professionally known and not known when it comes to the experience of joy.

In Chapter twenty four, "Silence, Secrecy and an Analyst in Love", Canarelli considers some typical instances of joy within his analytic practice. Finding himself newly in love and consequently preparing to relocate his practice out of state, he considers the challenge posed by his own joy—namely, what to tell his patients about why he is moving.

In Chapter twenty five, "The Underbelly of Joy", Newcombe tells us that although she never thought she would leave New York City, she did. Newcombe had imagined belonging to the decade club, analysts who have practiced in New York City for three, four, or even five decades. But instead she found herself faced with loss, and love, and more loss, and the heartbreaking process of terminating with patients. In the midst of all this turmoil around leaving and endings, she shared the details of her life with only a few colleagues, convinced that a "real analyst" lives a chaos free life. Her newfound joy was overshadowed by shame, then loneliness. Newcombe's chapter is a story about the desire to be known personally and professionally and how silence turned into speaking.

In Chapter twenty six, “The Intersubjectivity of Joy”, Weisbard grappling with the tension between a one-person and the two-person psychology takes a more theoretical approach that relational psychoanalysis seeks to elaborate. She describes experiences of joy as intersubjective dilemmas that express both the need to be independent, separate, and unique, and the desire to be dependent, connected, and found worthy and lovable by others. To illustrate her ideas, Weisbard describes a personal experience that interacted with a clinical case, and that showed her how joyful experiences in the outside world can potentiate and deepen intersubjectivity and how this deepening may shift experiences of joy.

Sandra Buechler, in the final chapter (twenty seven) of this anthology, contextualizes these three papers, exploring the fundamental nature of joy as a human emotion. Buechler asks if we can make generalizations about what evokes joy in people or if, instead, each experience of joy remains unique and personal for each individual and beyond generalizations.

* * *

In gathering these wonderful papers together I realized that any such “tying up” really goes against the grain of this project and its theme. We know, do not know and sort-of know things in many different ways and for a vast array of reasons. From unconscious to conscious, from dissociation to affective aliveness, our experiences are multifaceted, pervasive, encompassing. Inside our minds and outside, in our relations with others, in our personal and our professional lives, the way we know, not-know and sort-of-know shapes and is shaped by the very complicated dynamics of social, cultural, political, physical, economic and familial relations.

And so, as much I would like to tag on a summary “happy ending” to this anthology (and maybe even tried to do so by concluding with the section on joy)—I would argue that psychoanalysis is not about simple narratives—those stories with a beginning, middle, and neatly packaged happy end. Rather, we keep learning that psychoanalysis is really about a myriad of possibilities, about all we continue to know, not know and sort-of-know. Indeed, it is an extraordinarily exciting time of new ideas opening up all over

the place, of constant shifts, emerging questions, and expanding horizons that reach beyond our wildest dreams.

This collection of papers, written by today's analysts writing from their own personal experience, spans individual minds. In immersing myself in their stories I have come to question and think differently about a number of things I thought I knew. Our authors draw experience and knowledge from anthropology, they examine the link between neurobiology and psychoanalytic thinking, they grapple with today's burgeoning technology, they address once taboo subjects, and they examine their own frailties. Moving from the pervasive to the particular, from the unseen to the seen, from psyche to soma, from the extreme to the normative, from murder and brutality, and finally, to joy, this collection represents the best of many dedicated clinicians and theoreticians who accept psychoanalysis as a mysterious art and who are devoted to working with, and through, knowing, not knowing and sort-of-knowing with themselves and their patients.

Each section of this book and each individual paper in this anthology stands on its own. My hope is that you will read and savor these papers much as you would a collection of short stories: with a curious mind, an open heart, and an understanding that there is so much more to know ... not know and even sort-of-know.

I am certain—yes, I know—that you will come away with much to ponder.

Jean Petrucelli, Ph.D.
Editor

CHAPTER ONE

The enigma of the transference

Edgar A. Levenson, M.D.

Psychoanalysis from its inception has been biased towards theory, metapsychology, presumably the font of the mutative therapeutic action. Far less emphasis has been put on the phenomenology of therapeutic action; that is, on *how* people change. This valorization of metapsychology is increasingly coming under scrutiny, however, as the erstwhile sharp-edged doctrinaire distinctions between positions blur and attention shifts to an emergent neuropsychological paradigm; at this stage of knowledge really more a metaphor than a genuine model (Pulver 2003). In other words, now that it is less clear that we are right and that you are wrong, we are all beginning to wonder what it is we are doing when we do what we all know how to do.

Metapsychology, for all its claim to ontological truth, always reflects the current culture, the social context in which we are all imbedded, but of which we are largely unaware. As Gregory Bateson said, the point of the probe is always in the heart of the explorer (Bateson 1979: 87). The current emphasis on the vicissitudes of early mothering, especially as described in attachment theory, reflects a cultural change, from the patriarchal, Oedipal-oriented (conflict and envy) world in which I both grew up and became an analyst, to a

matriarchal, nurturing one in which mothering (early) and empathy is privileged. One also notes, not inconsequentially, that the demographics of psychoanalysis have shifted from largely male and medical to female and psychological along with a radical shift in the economics. Believe it or not, when I entered the field in the early fifties, psychoanalysis was the second highest paid medical specialty and we had waiting lists! Clearly this made for a therapeutic milieu that tolerated more frustration and tempted therapist less to over-aggressive interventions.

But does anyone entirely believe that if secure attachment takes place, all subsequent troubles are weathered: Oedipal, family, sibling, peer group, societal, mid-life and old age? Whatever happened to the father? It would appear that although we are ostensibly ecumenically intended, agreeing to disagree amicably, psychoanalysis is still split into what Cooper called a “growing plurality of orthodoxies”, adamant, entrenched, and highly politicized (Cooper 2008: 235). Yet, surely everyone from Freudian to relationist is on to something, has grasped some aspect of our proverbial elephant, the nature of mind.

Once the “Ghost in the Machine”, mind, and its correlate, consciousness, has become of cardinal interest (Levenson 2001). We are now in the Age of the Mind. The nature of consciousness is hotly debated in a virtually medievalist sectarianism amongst the mentalists, the functionalists, the materialists, and the mysticians (Damasio 1994). Suffice it to say that the debate centres on whether consciousness is merely an epiphenomenon of the brain—an inevitable outcome of organic complexity—or, whether it is of another essence altogether.¹ Consciousness, as Damasio says, is “the last great mystery and may lead us to change our view of the universe we inhabit” (Damasio 1994: 21).

I would suggest that our current focus should be, not so much on competing metapsychologies and their interpretive sets, as on how mind *works*; how experience is processed and integrated. As Jonathan Miller put it, “we are the unwitting beneficiaries of a mind that is, in a sense, only partially our own” (Miller 1995: 64). We must

¹ See Chalmers (1996) and Searle (1997) for a discussion of a belief in a fundamentally irreducible consciousness.

understand the phenomenology of change, how people comprehend their being in the world, and how the analyst's presence and interactions foster flexibility and growth.

Regardless of theoretical doctrines, all analysts are struck by two oddly autonomous parameters of observation: first, the flow of consciousness as it is evidenced in the patient's narrative—the unconscious associations, the “red line” of coherence that runs through the ramblings of a session—and second, the transference enactment, the way analyst and patient behave with each other in the course of the inquiry. Clearly, both the interpersonal and the intra-psychic co-exist: the relationship between the intersubjective world and the still mysterious internal processes of change must be synthesized. Integrating these two strikingly incompatible aspects of the analytic process has been, for me, consistently the most puzzlingly and yet rewarding aspect of the therapeutic endeavor.

The patient's flow of consciousness, the intra-psychic, is the classic *sine qua non* of the analytic process—not necessarily limited to free-association, since the same order is equally evident in a detailed inquiry. As Bollas put it:

[there is an] understandable and inevitable tension between the goal of free association and the wishes of the analyst to understand the material: as free association unbinds meaning—in what Laplanche terms and celebrates as the “anti-hermeneutics” of psychoanalysis—while interpretation creates and binds meaning. No sooner are such understandings established than the workings of the unconscious, evident through free association, break the interpretation into particles of meaning, which constitute a “use of the Object”, hopefully celebrated by the analyst's unconscious working along similar lines even as such use disperses his interpretive creations. (Bollas 1999: 70)

The second striking manifestation is, of course, the relationship between the patient and the therapist, the uncanny way the two play or enact, or re-enact, the very patterns that are under inquiry. This is of course the storied transference, these days considerably loosened from Freud's original constraints, but still clearly central to the process.

I want to proceed to two clinical excerpts. The first illustrates the coherence of the patient's unconscious flow of associations, which

seem, at least at first view, to be independent of the therapist's participation. It very much reflects Masud Khan's aphorism that we are the servants of the patient's process. The second example, also a dream, illustrates less the flow of unconscious associations than the intricate interweaving of content and transference enactments.

This first patient, a thirty-year-old man, has a dream about three weeks into therapy. He is "with another guy". Perhaps they are reviewing his portfolio. That's all. That's the dream. Who is the guy? He doesn't know. He is thinking of working for a friend of his mother's brother—his famous uncle Max, the family patriarch, who is wealthy and powerful and helps them all with their problems, financial or personal. Oh yes, there are snakes floating around overhead. Also something like hieroglyphics, bits of information. Any other associations? Other ideas? None. Suddenly he remembers that the dream takes place in his parent's garage, at their country house. What about the house? His parents own an isolated country house. He often visits there without them. He must enter the house through the garage, which is always left unlocked. He must first reach over a shelf in the dark to find the light switch. Then he must reach over deeper into the dusty, cobwebbed space to find the house key. Then he must take the key around to the front of the house and open the main door. Otherwise, he could enter through the garage, go down the stairs from the garage to the cellar—a very spooky place that he has always avoided—and then he can go up the back stairs into the house. He never *ever* goes into the cellar. The garage is scary enough since it is never locked. Every time he opens the door, he expects to be attacked by "a bum or bear or something".

Why doesn't he just have another key to the front door? Why not leave another key hidden near the front door? It's not clear; he never thought about it. Does his father go through all this when he uses his house? Where were the bits of hieroglyphics? The associations begin to proliferate: to the movie, *Indiana Jones and the Temple of Doom*. It seems that entering the garage is like the movie—always hidden rooms, monsters, having to reach through icky bugs and snakes—Indiana Jones' Achilles heel, his phobia. What about snakes? Constrictors ... not vipers ... constriction ... squeezed. He doesn't have a snake phobia, but he hates spiders!

Hieroglyphics come back into play. He was always interested in archaeology, thought it would be a wonderful thing to do. It is his

grandfather and father's interest. Grandfather would spend weeks meticulously repairing antique vases, from his homeland. His father also loved antiquities. When my patient was a child, his grandfather would play with him, breaking a vase, burying the pieces and having him find them, dig them up and reconstitute the item.

This profuse flow of associations to a very brief dream, some totally spontaneous, other a consequence of my detailed inquiry, seem to come from some entirely autonomous source. They are, to put it technically, metonymic not metaphoric; that is, they are private associations.² Only the patient knows their relevance, as compared to metaphor, which is in the common domain, a story. Certainly the therapist has no idea where it was headed, although he did ask detailed questions that focused the odd omissions.

One certainly could infer a transference subtext. The patriarchal Uncle Max who helps everyone, the fascinating game of inquiry and reconstitution (Freud, after all, considered psychoanalysis an archaeological process), the coded messages; all point to a view of transference and of the therapy. Is it a game to make the patriarch happy? Does it really engage him? The questions proliferate, but for the moment I want simply to show how this dream has a blatant associative aspect and a much more implied and less self-evident transference dimension.

The second dream is far more elaborate, richly metaphoric, and chock full of blatantly obvious transference implications. Indications of an associative flow are sparse. For this fifty-year-old woman, it is her first dream in vivid colour and occurs one year into therapy. She is at a conference where she meets Osama Bin Laden. He is her height, hazel eyes; something seems to be wrong with his right shoulder. He asks whether she hates him. She explains that she is Jewish and pro-Israel. She's telling him "straight". He's listening, looking her straight in the eye. Then Bin Laden wants to kiss her. He chews food and then passes it to her lips; like a mother bird or wild dog (note the polarities of nurturance—a bird or a carnivore). This, he explains, is "an old Indian custom". He has a virus, she is thinking of getting him medicine (she doesn't seem concerned about catching some disease from being fed by him).

² See *The Purloined Self* (Levenson, E. [1991]) for elaboration of this theme.

In contrast to the first dream, her associations are minimal: namely that her mother visited India twice (without her father). I point out to her the stunningly obvious—that I am her height, have hazel eyes and when she started in therapy with me a year earlier I'd just had shoulder surgery; my right arm (same side as in the dream) was in a sling for many weeks (the right side in both cases). This dream is a veritable palimpsest of unconscious process: first, the content, her apparent unawareness of perfectly obvious themes; her presenting me with the themes so that I can pre-chew them and force-feed them back to her—which, of course, I proceed to do by explaining the dream to her. Does she need to be told that her feelings about Osama are ambivalent? That he represents the therapist? All he lacks is a name tag!

She has wonderful dreams—at least at that stage of the therapy—that make me feel very clever and insightful and I usually fall for “interpreting” them to her. If they are so obvious why doesn't she see them? How can someone so smart be so dumb? It is a prime example of R.D. Laing's dictum about mystification: the patient learns not to know what the patient knows she knows but is not supposed to know (Laing 1967). In this dream, although there are many rich threads of inquiry into her history, the interactive replay of those themes with the therapist is most instantly obvious.

These two dreams illustrate the polarities in the dialectic between the intra-psychic process of unconscious flow and the interpersonal process of transference enactment. How do competing psychoanalytic groups deal with these two apparently dissonant aspects of the process? Why don't analysts simply use both parameters of therapy flexibly, moving freely between them? As the clinical cases suggest, each seems so striking that one is tempted to think, “Ah. So that's how it works!” And, as I shall elaborate, psychoanalytic groups do seem to privilege one or the other as a means of institutional definition.

It all used to be much simpler. In the Good Old Days, you either were or were not an analyst: this, of course, was decided by the powers that be. The White Institute was not. Simple as that. It was a pragmatic application of Popper's (1959) principle of falsifiability—you can't say what a thing is if you can't say what it isn't. Psychoanalysts defined themselves by declaring who wasn't. The struggle for status, prestige, patients and candidates invokes a polarization: them/us.

The minute you are convinced you are right and that your system is the only Truth—you've established a religion. Current ecumenism allows for multiple versions of psychoanalysis, some of which admittedly may strain the definition of the process. But at least we now talk to each other.

In 1983, Greenberg and Mitchell published their seminal *Object Relations in Psychoanalytic Theory* (Greenberg and Mitchell 1983). By subsuming virtually every psychoanalytic position under the rubric of "relational" (including the Kleinians, Kohutians, Interpersonalists, Winnicottians, and so on), they politically outflanked and isolated the Freudians; essentially pressuring them to participate in an ecumenical movement that may have had as much to do with pragmatics as any genuine substantive synthesis. Ironically, the Interpersonal position—the original apostates—may currently be closer to contemporary Freudians than to our other presumably "relational" cohorts.

At about the same time, Merton Gill presciently identified the problem in a paper read at the William Alanson White Institute (Gill 1983). Gill, who has been perhaps the most conciliatory of the Freudian analysts on the committee that in 1942 expelled the early group of Interpersonalists from the American Psychoanalytic Association (for among other shortcomings not conforming to the five-day/couch rule), had been drifting towards an interpersonalism of his own. He and I corresponded over my book, *The Fallacy of Understanding* and he came to White and attended some of our Clinic meetings (Levenson 1972). In 1982, he gave a remarkable talk at White, in defying the then current draconian bans, an act of no small moral courage. He had reviewed the entire corpus of Interpersonal writings, and with his fresh and original intelligence, he saw that there were, as he said, two dichotomies in psychoanalysis:

I refer to the distinction between two major cleavages in psychoanalytic thought. One cleavage is between the interpersonal paradigm and the drive-discharge paradigm. The other cleavage is between those who believe the analyst inevitably participates in a major way in the analytic situation and those who do not. I came to realize that I had assumed that these two cleavages ran parallel to each other, or at least that those who adhered to the interpersonal paradigm would also ascribe to the analyst a major participation in the analytic situation. (Gill 1983: 201)

You will note that he accepts the relational/drive dichotomy as valid. He goes on to say that variations in the use of the second parameter cut across Institutional and metapsychological loyalties and affiliations. He is, in essence, saying that within any psychoanalytic group, there will be marked variations in this second cleavage—variations which one might consider as a continuum of activity, running from analysts who see themselves as the curative event in the patient's life (charismatic or restitutive), to those who see the cure as the analyst curing herself (analysis of countertransference), to those who believe in the analysis of resistance and transference as getting out of the way of the patient's self-curative potential, some self-regulating (intra-psyche) activity on the patient's part. The spectrum runs from the mutative effects of the analyst's engagement to emphasis on the unimpeded flow of consciousness.

These are, obviously, different stations on the currently loosely defined and delineated continuum of "transference". Nevertheless, when psychoanalysts work, they—every one—monitor the interpersonal field closely, whether to influence it or in order to get it out of the way. This sometimes inadvertent attention to the transference may be far more relevant to the cure than metapsychological considerations.

Freud's (1905) case study of Dora is considered the emblematic origin of his thinking on transference. This three-month treatment ended with an abrupt and unanticipated termination. Dora had told Freud at the beginning of the session that she would not continue. Freud continued his inquiry, ignoring her statement. At the end of the session, she said goodbye pleasantly and came no more! Freud's first reaction was hurt—why did she treat me so shabbily? But Freud being Freud, he morphed his disappointment into the concept of resistance and transference.

Erik Erikson subsequently made much of Freud's complicity in the female repression of the day—that is to say, that Dora had good reason to be angry (Erikson 1968). I would like to take it all one step further and suggest that *her response was inevitable no matter what Freud did!* Psychoanalysis begins when even the best-intentioned efforts fail. It is the analysis—not the avoidance—of the failure that defines transference and countertransference and constitutes the major leverage of the process.

In 1914, in *On the History of the Psycho-analytic Movement*, Freud defined the centrality of transference:

Any line of investigation, no matter what its direction, which recognizes these two facts (transference and resistance. ed) and takes them as the starting point of its work may call itself psychoanalysis, though it arrives at results other than my own. (Freud 1914a: 298)

And about the same time in *On Narcissism*:

[T]he whole structure of psychoanalysis stands apart from metapsychological considerations, which can be replaced and discarded without damaging the structure. (Freud 1914b: 147)

People resist change, for whatever reason, and that resistance takes the form of an interaction with the therapist *that recapitulates, in action, the very issue under discussion*. Freudians saw this enactment as a resistance to a confrontation with unconscious fantasy, and consequently interpreted *away* from the transference in order to get back to the fantasies. Currently, most of us interpret *into* the transference since we see it as a fruitful area of inquiry. We all agree that what happens between the patient and therapist is integral to the cure. We differ on what it is: the elucidation of fantasies projected onto the therapist, or the field of interaction itself.

It is my contention that transference is far more enigmatic, indeed uncanny, than one might suspect, not simply a form of resistance to change as the Freudians would have it, but rather some *mysterious, inherent, correlate of the inquiry*—inherent, inasmuch as it may be a natural aspect of cognitive process, not an artifact of anxiety or defense.

So then, the two striking phenomenological aspects of the analytic praxis are the patient's flow of consciousness and the uncanny tendency of their simultaneous relationship to play out or *mirror* what is being said. If the patient tells you how hurt he was by his father's criticism when he was a child and then gets hurt that you are ending the session five minutes early, it may matter less whether you interpret it as a distortion carried over from his childhood, or as a real enactment between the two of you that he is over-valuing, or even if you wonder why on reflection you ended the session earlier, the real

value may lie in the recognition that *something is being replayed*. Why this should be so, requires the elaboration of a number of axioms.

First, all experience (perception) is an interpretation. This is not an issue of philosophic realism. How one experiences a bear, or for that matter a potential lover, depends, not just on the immediate circumstances (the bear is blocking your passage on the trail or sunning itself in a zoo enclosure), but on socio-cultural experience: that is to say, memory. Perception is ninety per cent memory—the “mind’s best guess” (Gregory 1966: 2).

Second, all interpretation is selectively biased. Perception is always distorted or constricted; however caused, it is the *sine qua non* of neurosis. But how? There is a spectrum of possibilities: simply the necessity to select from multiple perspectives; by the force of unconscious drive; by interpersonal anxiety (out of awareness); or by being misled by other people, deliberately or unconsciously (mystification). Our therapeutic endeavours with the patient are all about omissions, what is left out of awareness—be it by repression, inattention, dissociation, or mystification.

From my point of view, all experience is interpersonally determined. Cognition itself is interpersonal. The interpersonal modus is contagious anxiety. Sullivan’s concept posited that it was the anxiety of the significant other, the necessary caretaker, that frightened the child, causing a wave of contagious anxiety that then was responsible for the subsequent mechanisms of neurotic denial (Sullivan 1953). This disruptive anxiety creates a cognitive dissonance which is then obscured by the other, largely through the medium of language. The child is *mystified*; that is, he or she learns through the pressure of anxiety to not see what is there to be seen. They must learn to “close the eyes”. This was, one notes, the theme of Freud’s dream about his father’s death, and not incidentally the Greek meaning of *mystes*—to close the eyes, to not see.

This is not to suggest that there is not distortion at play in patients’ current lives. I am not implying that all the patient need do is see what is there to be seen. Mystification and its concurrent anxiety operate most strongly in early life events, but current events reiterate the earlier patterning. It is not that the patient is wrong about the present, but rather that the affect and, more importantly, the sense of semiotic confusion and impotence, resonate powerfully to earlier experience. The patient is not wrong in perceptions, but the

affect and sense of helplessness surely are. As Fonagy, the eminent attachment theoretician put it:

We move away from the model where an early relationship is principally seen as the generator of a template for later relationships. Instead, we argue that early experience no doubt via its impact upon development at both psychological and neuropsychological levels determines the “depth” to which the social environment may be processed. Sub-optimal early experiences of care affect later development by undermining the individual’s capacity to process or interpret information concerning mental states that is essential for effective functioning in a stressful social world. (Fonagy, Gergely et al. 2002: 7; my emphasis)

Axiomatic to my view of therapy is that one cannot *not* interact: one cannot *not* influence. The major instrument of mystification is language; language being not merely speech, but the sum of all its semi-otic cues: non-verbal—that is, tonal, prosodic—and nuances of irony, sarcasm, and humour. The child learns, as Laing put it, to not know what it knows it knows; that is, the child is essentially talked out of her perceptions. But language, unfortunately, is less about communication of information than about deception and control—power. This “anxiety of influence”, as every therapist is aware, may keep the patient from accepting insights from the therapist who may well be right but experienced as intrusive (Bloom 1973). So, again from the interpersonal view, resolving neurotic conflict means getting a better grasp of what’s going on around you and *to* you; that is, mastering the semiotic world of experience.

Mystification, then, is the gap between what is said and what is shown: between *langue* and *parole*, speech and language (Levenson 1983). Mystifications severely limit the possible range of responses, so that neurosis becomes a type of cliché. According to the old psychoanalytic aphorism: the patient knows only one way of doing something and that doesn’t work; or, alternatively, it works *too* well to allow change! It follows that the major instrument of demystification is the matching of what is said against what is done. The therapist and patient talk, and that talking is an interaction because it is not possible to talk without taking a selective position regarding the content; and that selective position is a bit of behaviour with the

patient. Speech *is* behaviour: to repeat the earlier postulation, one cannot *not* interact. The Interpersonal field of patient/therapist is an enactment of what is simultaneously talked about. This may well be not some consequence of psychoanalytic inquiry, or stress of the field, *but an intrinsic part of semiotic communication.*

This experience of transference enactment is often eerie. For example: analysts may find themselves imitating, or mirroring, the behaviour of patients. Years ago, I worked with a depressed and self-devaluing young woman. I caught myself, on leaving the office in the evening, imitating her strange gait. In another more extensive example, I had a vivid experience of this mimetic response. A sixty-year-old man was telling me about his childhood, how he felt tortured by his father's teasing, which was always ostensibly playful. He was the younger of two brothers, with an eight-year age gap, and he was always ragged about things he really could not be expected to have grasped at his age. As he tells me about the teasing, he begins to laugh and laugh and—when I said to him that he sounded on the edge of tears—he broke into sobs, saying how much he loved his father. Two weeks later, on his first session after his return from a ski trip, he turns on me in a rage as he is leaving at the end of the session, and says: “Why were you laughing at me when I first came in?”—staggering me.

After he left, I realized that I had started laughing when I had gone out into the waiting room to greet him. I thought I was glad to see him—but why laughter? And, in truth, as I tried to review it, I had been feeling, very faintly, something akin to ridicule. He was on to something and I told him so during the next session. I still don't entirely understand my reaction.

We tend to think of empathy as affective, as containing the patient's fear of emotional flooding; that is, empathy is the ability of the therapist to grasp the patient's affective experience and to contain it. But what of imitation? I suspect that imitation is a powerful therapeutic response, trying to capture the patient's experience by essentially embodying it. It is quite possible that patients may be, not so much relieved by the experience of the therapist's empathic holding, permitting a restitution of a developmental deficit, as much as being given an opportunity to learn, by imitation—from the therapist—a theory of mind, or empathy for others; that is, change may be less a matter of containment and restitution and more that of new learning.

Here we get into fascinating aspects of current neuropsychological research. The dichotomies between left and right brain are now long familiar and hardly require repetition (Schoore 1994). However, I would like to spell out some remarkable new findings on what have been called “mirror neurons”. There are fascinating developments in the phenomenology of learning, and—fueled by new techniques of brain monitoring—in the study of consciousness and mind. There are corresponding studies in child development and mother–child interaction. Children, we are told, learn first mimetically, imitatively. Acts such as tilting one’s head or sticking out one’s tongue call out an imitative response from very young infants. As the children mature, they imitate, experience the imitation, and then categorize the experience in language.

In a 1998 article, *Awareness, insight and learning* I tried to elaborate on the body/mind linkage and this possibility—that learning may be first bodily, first imitative, mimetic, and *then* cerebral (Levenson 1998). This suggests the interesting possibility that psychoanalytic insight may be first experienced and *then* formulated; that the direction of learning may be, not from the head to the body, but quite the opposite—a matter of what is said about what is experienced.

The rigid divide between perceptive, motor, and cognitive processes is to a great extent artificial: not only does perception appear to be embedded in the dynamics of action, becoming much more composite than used to be thought in the past, but the acting brain is also and above all a brain that understands. (Rizzolatti and Sinigaglia 2008: xi; my emphasis)

It is a common clinical experience that Interpretations of both meaning and awareness (Gill 1983) work better *after* enactment. If interpretations precede enactment it doesn’t work. At best, one gets intellectual agreement, compliance, from the patient.

Mirror neurons were first reported in 1995 by Iacomo Rizzolatti at the University of Parma (Rizzolatti and Sinigaglia 2008; Iacoboni and Mazziotta 2007). Mirror neurons are neurons that fire both when an animal performs and acts, and when it observes another animal performing the same act. This mirroring or imitation is felt by some researchers to be the next big thing in neurological discovery, the “great leap forward” in human evolution, the next cognitive

revolution, after the Copernican, the Darwinian, the Freudian, the discovery of DNA and the genetic code. Now the claim, admittedly florid, is made that empathy, language, and theory of mind may all depend on this mirroring capacity. Also claimed, but open to a good deal of question, is that autistic children may lack mirror neurons, and that that lack may account for their inability to empathize. However hyperbolic this may be, it is clear that mirror neurons may open the door to a new understanding of how people learn through interaction, through behaviour as well as language (Ramachandran 2000).

All this certainly opens the door to a conception of psychoanalytic learning qua change as the matching of interpretation to transference. How does this speech/action parallel process translate into therapeutic praxis? I have written before of the algorithm of therapy (Levenson 1983). It consists of three components: frame, inquiry, and enactment. The frame is a set of constraints defined outside and before the psychoanalytic interaction. It provides the patient, and more importantly, the therapist, with a sense of safety and containment. It protects both participants from becoming over-anxious and limits the risk of mutual out-of-awareness interactions.

The therapist and patient engage in a verbal inquiry that may be free-associative or may be of a more detailed nature. Inevitably this leads, not to greater clarity, but to a deconstructed inquiry: coherence is lost, tangential associative threads emerge. Dreams and leaps of association occur. In the process of pursuing the inquiry, the enactment I have been explicating takes place.

Menninger called this direction of flow the “therapeutic cycle”; that is, when the process was proceeding correctly, the material cycled from the present, *through the transference*, and then to the history and back to the present. Note that the useful recall of the past only occurs after the resolution (enactment with therapist) of the transference (Menninger and Holzman 1973: 15). A therapy that links present difficulties to past experiences is educational but not quite psychoanalytic in scope, without the transition through the patient/therapist enactments.

Summary

I am proposing that the therapeutic power of psychoanalysis does not depend on the primacy of metapsychology, or on the presumably

mutative interpretations thereof. Metapsychology is ontology; and the claim to knowing—to having a coherent theory of causality and treatment—undermines our appreciation of how little we understand about how people experience change, and its underlying neuropsychological processes. Sullivan is purported to have said, God keep me from a clever psychoanalyst! Humility truly is the beginning of wisdom.³

Observation of the praxis of therapy—what it is that we actually do, the act of therapy—illuminates two cardinal aspects of the process: the patient's flow of consciousness, and the analyst's vocal and behavioural participation. In that process, Freud saw very early that patient/therapist interactions got in the way of change. What he saw as resistance to insight with all its ramifications, we now see as enactment. Enactment, as I see it, differs from "acting-out", that anathema of psychoanalysis. Acting-out is a breaking of the frame, when some out-of-awareness material emerges as a disruptive piece of behaviour in or out of the therapy room. How we assess enactment varies. I view it as an inherent part of the interaction, necessary to the process and the cure, not as a by-product of pathological defence.

One might well see this dialectic between speech and action in terms of the long-established neuropsychological paradigm of a right brain/left brain dichotomy. However, more recently, the discovery of so-called mirror neurons has suggested that mirroring may be a vital part of relating to another, as vital an *embodied* aspect of empathy and theory of mind as affective empathy; that is, I know you because I feel your feelings. The original distinction between sympathy and empathy is considerably obfuscated in current psychoanalytic discourse. Much of what therapists call empathic response is simply sympathy and solicitude, since the therapist often cannot have a real grasp of the patient's experience. For true empathy, we must experience to some degree what the patient experiences; mirroring or imitation may serve that purpose, albeit in an adumbrated form. Bodily learning, "embodied cognition", may be an essential part of the therapeutic process. To quote Saporita:

³ See Richards (2003) for an eloquent plea for a measure of humility.

Cognitive scientists and linguists are coming to a new appreciation of Freud's body ego in their recent emphasis on embodied cognition. This is an appreciation that the experience of the body in motion and the body's encounter with the world structure the way we think and the metaphors and language through which we conceive of ourselves and the world. There is evidence that the influence of the body and physical context is not limited to early development but has an ongoing influence on the structure of thinking. (Saporrrta 2008; my emphasis)

The inquiry (flow of consciousness, detailed inquiry, and drift of topics) and the transference enactment may not be different points on a therapeutic and theoretical continuum, but rather may be two sides of the same coin. The distinctions Gill (1983) made may define analysts' doctrinaire and institutional loyalties; however, I suspect, even if sometimes outside of their awareness, most analysts utilize both sides of the interaction—language and behaviour—because that is inherently the nature of things.

References

- Bateson, G. (1979). *Mind and Nature: A Necessary Unity*. New York: Dutton.
- Bloom, H. (1973). *The Anxiety of Influence*. New York: Oxford University Press.
- Bollas, C. (1999). *The Mystery of Things*. New York: Routledge.
- Chalmers, D. (1996). *The Conscious Mind: In Search of a Fundamental Theory*. New York and Oxford: Oxford University Press.
- Cooper, A.M. (2008). "American psychoanalysis today: a plurality of orthodoxies". *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*. 36(2): 235–253.
- Damasio, A.R. (1994). *Descartes' Error*. New York: Grosset/Putnam.
- Erikson, E. (1968). *Identity, Youth and Crisis*. New York: W.W. Norton & Company Ltd.
- Fonagy, P. and G. Gergely, et al. (2002). *Affect Regulation, Mentalization, and the Development of the Self*. New York: Other Press.
- Freud, S. (1905). Fragments of an analysis of a case of hysteria. *Standard Edition*. 7.
- Freud, S. (1914a). On narcissism: An introduction. *Standard Edition*. 14: 69–102.

- Freud, S. (1914b). On the History of the Psycho-analytic Movement. *Collected Papers*. London: Hogarth Press. 14.
- Gill, M. (1983). "The interpersonal paradigm and the degree of the analyst's involvement". *Contemporary Psychoanalysis*. 18(2): 200–237.
- Greenberg, J. and Mitchell, S. (1983). *Object Relations in Psychoanalytic Theory*. Cambridge: Harvard University Press.
- Gregory, R.L. (1966). *Eye and the Brain*. Princeton: Princeton University Press.
- Iacoboni, M. and Mazziotta, J.C. (2007). "Mirror neuron system: basic findings and clinical applications". *Ann.Neurol.* 62: 213.
- Laing, R.D. (1967). *The Politics of Experience*. New York: Pantheon Books.
- Levenson, E. (1972). *The Fallacy of Understanding*. New York City: Basic Books.
- Levenson, E. (1983). *The Ambiguity of Change: An Inquiry into the Nature of Psychoanalytic reality*. New York: Basic Books.
- Levenson, E. (1991). *The Purloined Self*. New York: Contemporary Psychoanalysis Books.
- Levenson, E. (1998). "Awareness, insight and learning". *Contemporary Psychoanalysis*. 34(2): 239–249.
- Levenson, E. (2001). "The Enigma of the Unconscious". *Contemporary Psychoanalysis*. 37(2): 239–252.
- Menninger, K. and Holzman, P. (1973). *Theory of Psychoanalytic Technique*. New York: Basic Books.
- Miller, J. (1995). Going unconscious. *New York Review of Books*. XLII: 59–65.
- Popper, K. (1959). *The Logic of Scientific Discovery*. New York City: Basic Books.
- Pulver, S. (2003). "On the astonishing clinical irrelevance of neuroscience". *J. Am. Psa Association*. 51: 755–772.
- Ramachandran, V.S. (2000). "Mirror Neurons and imitation learning as the driving force behind 'the great leap forward' in human evolution". *Edge*. 69.
- Richards, A. (2003). "Psychoanalytic discourse at the turn of our century: a plea for a measure of humility". *Journal of the American Psychoanalytic Association*. 51(suppl): 72–125.
- Rizzolatti, G. and Sinigaglia, C. (2008). *Mirrors in the Brain: How Our Minds Share Actions and Emotions*. London: Oxford University Press.
- Saporrita, J. (2008). "Digitalizing psychoanalysis and psychotherapy". *American Psychoanalyst*. 42(2): 1–9.

- Schore, A. (1994). *Affect Regulation and The Origin of the Self*. Hillsdale: N.J., Lawrence Erlbaum.
- Searle, J.R. (1997). *The Mystery of Consciousness*. New York: Random House.
- Sullivan, H.S. (1953). *The Interpersonal Theory of Psychiatry*. New York City: W.W. Norton.