Artist and Analyst

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ALTHOUGH THE TIMES HAVE BEEN infrequent, because she doesn't like to work with an audience, there have been occasions when I've had the chance to observe my wife in her studio in the process of painting. The thought that invariably crosses my mind is how she ever came to be able to do this thing which to me seems beyond comprehension, even though I'm watching it occur and can see the technical process going on in front of my eyes. I know her art background; I know with whom she studied; in which countries she was trained; what painters most influenced her, and even many of the basic principles that guide her; but the sum total of this knowledge, except at some superficial level, does not seem to account for what emerges as she works, either in the moment to moment process or at any phase or stage along the way. She also teaches painting, and many of her students go on to have shows of their own—but except for rare instances her students' work looks nothing like hers. What, then, can be said about the interface between what a painter does and teaches with regard to the role of what was initially taught during training?

It might be argued that the analyst-painter analogy is too thinly drawn to be usable because the analyst's efforts are directed by a continually evolving interchange with another human being, while the painter is presumably directed by his or her internal vision in a one-way transformation of some internal or external reality. That is, unlike the analyst, the painter's creativity is determined largely by the blend of raw talent with what has been taught, so that the original learning has been "forgotten" as a set of rules to simply be applied while painting; what has been learned is digested into the painter's personal identity and emerges as a disciplined element of self expression that is inseparable from the creative act itself. In

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other words, "technique" in a skilled artist doesn't show; the finished product, because of this, has no appearance of having been "painted by the numbers." The argument is compelling but omits the one feature that makes the analyst-painter analogy both interesting and, I believe, valid. A painter whose internal vision renders objective reality into a representation of that vision is, no matter how gifted or experienced, limited in creative expression. Like the analyst, the painter must permit an interactive process to take place through which the painter's understanding of what he or she wants to create and how it is to be created, changes as it is expressed on canvas. In this sense, each painting is created as a new act of learning regardless of what was learned in the formal training process of becoming a painter. Each painting must be allowed to possess a changing identity of its own as it is being painted, and this identity must be allowed to instruct and inform the painter as to how it is to be painted in an evolving rather than a preconceived way.

In the same way, each analysis for any given analyst should be generated by an interactive learning process that occurs while the work is going on, and which shapes the analyst's vision of what is to be created (a vision the analyst must hold of the patient as "more" than he is now) and how it is to be created; that is, the originally learned principles through which analysis is done are constantly being negotiated as the work is taking place with a given patient.[1] If they are not, the analyst, like the painter, will have to fall back on a combination of whatever basic skill he or she possesses, plus whatever was initially learned as "the right way" of doing it. Cer-

[1] The paradox of the analyst as holder of the patient's potential has been eloquently developed by Friedman (1988, pp. 27–34) who states (following Loewald, 1960) "that one sort of childhood need which is not only sought in analysis, but is also fulfilled by analysis, is the need to identify with one's own growth potential as seen in the eyes of a parent. Being reacted to like that not only provides hope in general but structures reality in a relevant and promising fashion" (p. 27). But, says Friedman, "Hope can only be a present hope, in the shape given it by the patient's present psychological configuration. . . . In other words, the analyst must accept the patient on his own terms, and at the same time not settle for them. If he does not accept the patient on his own terms, it is as though he is asking him to be someone else, the patient will not have cause for hope, and he will not recognize the analyst's vision. If the analyst settles for the patient's terms, he is . . . betraying the patient's wish for greater fulfilment" (p. 34).

tain paintings will be unpaintable, certain patients will be "unanalyzable," and the finished product in all cases will have a distinct aura of having been "painted by the numbers."

During the course of my training at the White Institute, I was fortunate to have had three supervisors (Edgar Levenson, Earl Witenberg, and David Schecter) who, in the way they interacted with me and how they listened to the work I presented, represented the kind of openmindedness that generates creativity. These three learned as they taught and changed as they learned. This way of being, which they shared in common, had a profound impact upon me in what they said as they worked with me, despite the fact that no two of them said things in similar ways and each had different vantage points from which they viewed the nature of the treatment process. In fact, I learned throughout my years of candidacy at the Institute, that the people from whom I was learning the most were people who were as different from one another as thinkers, as committed individualists could be, but I didn't realize I had learned that until years later. So, in terms of what I was actually "taught" or how useful any of it really was, I didn't really know that, until much later. What I did know, even at the time, was that these people were not only smart, they were honest; they said what they believed and let me do with it what I would . . . and what I could. They were models for something that Lincoln Kirstein (1969) put into words in a description of the life and work of Eugene Smith, the photographer. "Honesty is not a profession. Honesty consists of what the individual brings to his work. Silence is golden, but the blank page tells no tale." Each of the people who most influenced me during the course of my training filled the blank page differently, but they thought for themselves and didn't ask if what they believed was permissible. This was their legacy to me. I have taken something from what each taught and arrived at something that I believe in; something different from each, and in some ways even at odds with their views, but clearly informed by them.

I can divide the history of my thinking about psychoanalysis into two phases for the purpose of this discussion. The first is roughly defined by the time period starting with the onset of my analytic training at the White Institute in 1969, taking a path that led to the publication of my first analytic paper 10 years later, "Interpersonal

Psychoanalysis and Regression" (1979). The second period, which I would say is still going on, feels in some ways like a refinement of the first, in other ways like a redefinition of the first, and in yet another way both periods feel to me as if they are temporary phases on route to something as yet unthought.

My focus from the beginning was on clinical process rather than on theory, and specifically on the treatment of severe character pathology—the so called "difficult" or "unanalyzable" patient. It was the first period, I would say, that was most shaped by the congruence between what I was taught and what I practiced; and the second period by the interpenetration between what I practiced and what I taught and wrote.

Let me start with the first. When I look back on my years as an analytic candidate I am amazed at how long I held on to the innocent belief that except for one or two people, there was a more or less harmonious fit between the ideas that were represented by the senior people at the Institute, and that if I smoothed out the seams and added a few stitches here or there I would end up with an approach that somehow represented the analytic thinking of all of the founders of the Institute (and all of the senior faculty), even though it required major stitching for me to manage this. Trying to get Fromm and Sullivan to sound like members of the same family is just one example. I was never very taken with Fromm as an analyst but I responded to Sullivan's ideas with passion. I even liked his quirky writing style. I read his work and tried to comprehend what was the real key to fitting his ideas into what I was being taught in classes and in supervision. What I didn't know was that I was being trained at a time when understanding Sullivan was much more difficult to achieve than it had been in the past because of a shift in philosophy that was taking place in the Institute with regard to the analyst's more open use of himself in the analytic field. It was a shift that was taking place among certain senior people at White but not among others. It's not that the new emphasis wasn't acknowledged; it was that the shift was to an analytic stance so different from Sullivan's own that depending upon who a candidate was working with in supervision, he could be potentially unable to read Sullivan's *Psychiatric Interview* (1954) as anything more than a technique for doing the initial history taking and then, when that was over, he works the "other" way; that is, allows full use of himself within the transference-countertransfer-

ence field rather than trying to stay out of it. While it was quietly admitted that Sullivan didn't like to work with transference and countertransference as basic to the process of analytic communication, it was usually presented as though it were simply an idiosyncracy of his, and that he would of course use it appropriately when it arose. Sullivan's theory of therapy (at least the way Sullivan presented it when he wrote about it), was based on two interlocking dimensions; exploration of detail and attention by the therapist to what he called a gradient of the patient's anxiety level as the inquiry was taking place. Because some of the first generation analysts trained by Sullivan translated this to mean that participant observation is primarily confrontational with the ultimate goal of consensual validation being the correction of distortion,[2] it was never made clear that the heart of his technique was tied to staying out of the transference-countertransference field as far as possible. It was not idiosyncratic. It was based on a principle that was absolutely necessary, at least in the initial phase of the work, in treating seriously disturbed patients (such as the schizophrenics with whom he worked).[3] Leston Havens (1973, 1976) made clear that what Sullivan was doing wasn't based simply on working with the externally observable data field; he was doing his version of what someone like Bion had discovered in a different context. He was working at processing an intersubjective field of projection and introjection, and that his approach rested on what Havens astutely labeled "counterprojection."

In traditional psychoanalysis, Havens writes (1973, pp. 195–197):

> the patient's attention is called to the transference distortions. The psychoanalyst wants the patient to understand what he, the patient, is doing. In short, analysis encourages rather than prevents projections . . . [In] Sullivanian technique . . . *awareness* of the projections may even be avoided and

[2] Clara Thompson (1953, p. 29) put it as simply as that "in Sullivanian terms, therapy consists of the gradual *clarifying for the patient* of the kind of things he is doing to and with other people, *as a result of his distortion of them*" (italics added).

[3] Sullivan's strongest and most direct statements addressing this issue can be found in the published proceedings of a case seminar led by Sullivan, on the "treatment of a young male schizophrenic" (Kvarnes and Parloff, 1976, pp. 122–124, 215–217).

> their rapid *reduction* or *elimination* sought. . . . At the same time that he is helping the patient gain distance on his delusional assumptions Sullivan is disengaging himself from those delusional assumptions. . . . Therefore, insofar as the real current world, including the doctor, is playing into the patient's projections, the doctor must dissociate himself from that world if he is to help the patient gain perspective on his projections.

I could not see this as a candidate, nor could I see it when I first read Havens. It was too discrepant with what I had learned to believe. It was years later on rereading Sullivan that it finally penetrated. Reading Sullivan simply as a clinician leaves little doubt that this is what he was doing no matter how much he chose to talk the language of operationalism, and this is what he meant by what he called "an anxiety gradient." If you find yourself caught up in the patient's projections you have made an error. He didn't use the term "empathic failure", but in this respect Sullivan was the grandmaster of empathic attunement long before Kohut had even thought about narcissistic transferences.

But what about the use of the transference-countertransference field as a creative force? What about the power that comes from addressing it openly? Here was Sullivan's weakness, and here is where the split occurred. It was not presented as a split, nor would I imagine that most of the people who represent this group would even now agree that it was. At the time I was trained, analysts like Tauber, Levenson, Feiner, and Wolstein were already in place and influential as representing a point of view. Levenson was my first supervisor, and I think he was finishing writing *The Fallacy of Understanding* (1972) while he was supervising me. His concept of "perspectivism" as a listening stance, once I caught on to it, changed my work totally; but it left me with the problem of how to use this stance within an analytic field that takes into account the variability among different types of patients in their capacity to make use of it. I knew that in one respect Sullivan was right and in another he was wrong. I knew that there were certain patients for whom staying out of the field and allowing a process of counter-projection to occur, was absolutely necessary, at least for a period of time. But I also knew that becoming caught in the field was not an error but an inevitability just as Tauber, Levenson, and others were proposing. Learn how to use this inevitability creatively; this was the message I heard, but I had to find my own path in order to implement it. Once I caught on to this I stopped "painting by the numbers" and began asking my own questions.

However, I had to put more and more stitches into the fabric in order to try and reconcile Sullivan's "stay out of the mess" approach with this (to me) transformational stance of allowing oneself to become caught up and using one's own subjective state as observable data to be explored with the patient. I began to reflect on the fact that there was a large group of my patients for whom what seemed most important to them was being allowed to show who they were by being it rather than telling it. Exploring, for them, meant taking away their chance for the only authentic form of communication possible. They needed to be a mess with me, and for me to know them, I had to become part of the mess in some way that I could feel internally. It couldn't be contained within a framework of perspectivistic exploration; they wouldn't, couldn't, and didn't accept that approach as anything but another technique to not have to be with them as they are; they would experience it as a violation of their very being. With these patients, during certain periods, Sullivan's counterprojective stance came closer to what was therapeutic, but it still failed to address what seemed most central to the patient; it didn't really touch their pain; it was too logical; too reasonable; too externally operational. They seemed to need attention focussed on their state of mind itself rather than on what went on between themselves and others. They needed something that approached what Sullivan advocated as an exquisite attention to detail, but where the details were experiential rather than objective events. Focussing on external events (that is, what went on between the patient and someone else in some situation) made the goal one of "understanding". Understanding is for the purpose of achieving greater clarity, for correcting distortions, for seeing things a new way, etc. These patients, at these times, did not need to be "understood"; they needed to be "known", to be "recognized." This could happen only by the analyst living in the mess with the patient, feeling all the hopelessness, negativity, and pain, and keeping focussed on the details of the patient's state of mind without trying to point out what was being missed or changing the level of discourse to something more distant from the subjective experience itself; in other words, staying away from trying to bring about anything believed to be consensual validation.

During this period of my work I became interested in British object relations theories and their interface with interpersonal thinking. It was this path that led to my writing the "regression"

paper (or as I might have subtitled it at the time, "Please Don't Throw Me Out of the Family for Using a Dirty Word"). A recent statement representing the "independent tradition" of the British School may bring this issue into higher relief. Duncan (1989, p. 694) writes about the analyst as follows:

> In the confidence of his consulting room he considers equally, without fear or favour, objectively demonstrable data and non-demonstrable, deeply subjective phenomena. This particular distinction, like any other, will in a given instance depend for its relevance or arbitrariness on the analytic context. Certainly he does not consistently place them in austerely separate compartments. . . .

Sullivanian operationalism, with its goal of symbolizing experience by language, focussed on what was observable ("objectively demonstrable data") as the road that led most straightforwardly to an increased ability to perceive rather than simply enact. So too, may be described most of the theories that comprise the British school. The big difference is that Sullivanian operationalism, because of Sullivan's own philosophical bent, tends to be goal oriented while the British theories tend to be experience oriented. Sullivan conveys an interest in the patient's experience that is largely pragmatic. It is a means to achieve consensus, to move from an autistic level of experience to a symbolized and shared context of meaning. It is the autistic context (the enactment) that I am calling "the mess", and this is indeed how Sullivan seemed to feel about it when he wrote. The prototaxic was the illness; the parataxic was a little better because at least it could be put into words; but verbal meaning was the thing. All else was a means to that end. It was pragmatic through and through.

The British group, on the other hand, valued subjective experience as a state in itself. It was not equated with "the illness", with "narcissism", with "distortion". It was, in fact, the place where what Winnicott called "the true" self was located. But more than that, it was not held to be "unobservable" simply because its meaning could not be put into language. The world of internal objects was as observable as that of real people, as long as the field of observation is defined as intersubjective rather than as interactive, and the analyst does not choose to avoid being pulled into the enactment of what is unsayable in words but exists as felt meaning. If the therapist does not avoid this, (as the British did not avoid it) then the "observable" data, as Tauber, Levenson, and others have

shown, are coming from within the analyst's subjective state while he is with his patient. It doesn't matter (at least to me) whether one uses the language of one theory or another; if you allow yourself to enter the field, you are knowing your patient in a way that is inescapably observable by what you feel and what you are thinking and what you find yourself doing. It is not simply a step towards something else more rational and healthier. It is itself a field that has a validity for the patient that must be felt and recognized by the therapist as an end in itself. This is what Sullivan did not convey when he wrote, although I have to believe that he must have grasped it intuitively or he could never have helped so many severely impaired patients.

The field is really framed by a responsiveness between two subjectivities that are always reading one another. The analyst speaks as much through what he does not do or say as by what he does do or say. It is a stance that is as attuned as possible to the patient's need for recognition of his state of mind being valid for what it is, and no more. Sullivan's idea of the anxiety gradient touches on this but doesn't emphasize nearly enough what the British saw immediately, the centrality of a bond based on attunement to the patient's subjective experience as an end in itself, and not simply a process based on the absence of traumatically high levels of anxiety. When Sullivan wrote of the analyst's contribution he wrote as a pragmatist; the analyst was portrayed as a skilled worker; an "expert" in human relations, untouched as far as possible by his own unprocessed feelings while with the patient, and looking at the patient's "operations" with an "objective" eye.

My interest in patients with severe character pathology—schizoid, borderline, and narcissistic conditions—developed because these people were not getting any better by simply applying the approach I had been taught. In fact, it seemed to me that when they did not get better it occurred through believing that they somehow knew something about the chaotic mess we were living through that I didn't have a clue about, and that without the language of "understanding," something was being created out of it that I was not to interfere with, either by "looking at what was going on between us" or by saying anything that would force a change in the level of rationality. Concepts that touched my work most deeply seemed to come from the British school at this time—ideas such as regression, projective identification, transitional

space, potential space, use of the object, holding environment, schizoid compromise, and part-objects—concepts that deal with what Sullivan would have called unobservable events—but which I was coming more and more to see were "unobservable" only if the analyst defined the field as primarily interactive rather than as intersubjective. There, indeed, the data that would make these experiences observable were missing, the analyst's use of his own subjective states and the changes in them, as a participant within a field that was allowed to become regressive without a stance that tries to prevent it.

Why do I see my position as inherently interpersonal rather than as simply object relational? Sandler and Sandler (1978, p. 294) have suggested that "object relationships can be regarded as role relationships. This is as true of the relationships in thought or fantasy to the various images deriving from the structures we call 'introjects' or 'internal objects' as of the relationships which obtain between the subject and persons perceived in the external environment." This formulation, which others have presented in different language, offers a conceptual link between "objectively demonstrable data and non-demonstrable deeply subjective phenomena" (Duncan, 1989) in the analytic situation, and makes the linguistic content of the external interpersonal field inseparable from the intersubjectivity experienced "internal world" without words. Put somewhat differently, what is taken into the self through the analytic process is not just the verbal meaning (the "correctness" of the analyst's words), nor just a representation of the analyst as parental figure or as separate entity, nor just an experience of the analyst's parental soothing function (as Kohut would see it), but a representation of the relationship itself as an evolving self-other configuration. What gets reorganized structurally by the patient are not just qualities of the analyst or functions the analyst performs, but a relational gestalt of experience that is constantly being repatterned as relative roles are being redefined.

This is the same point I made about the creative process for a painter. The growth of the painting rests upon the painters changing relationship to the painting as the painting develops; its changing identity must change the painter's conception as he or she paints. The analyst, too, must be working with the patient in a way that, in order to be effective, facilitates the patient's immediate experience of the analytic relationship as permitting an evolving

redefinition of the respective roles paralleling the patient's self growth. Only out of the creative use of such a context as "potential space" (Winnicott, 1971; Ogden, 1985) and the judicious exploration of its here-and now evolution, can genetic interpretation and historical reconstruction aid in the integration of new self structure rather than a global introjection of the analyst's "correct" interpretations. The direct connection between the interpersonal and object relational views lies in the analyst's ability to experience the field as a process in which ambiguity, paradox, and sometimes even chaos are felt to be relationally valid elements in the growth of self.

Questioning seems to be part of my basic nature. I can't read anything I've written without wishing I could take it back and say it in the way I think about it currently. Its the same with teaching; I seem to naturally raise questions about everything and focus on what the student or writer seems to be struggling with rather than on the rightness or wrongness of their solutions. I also question what I myself do and I don't in fact believe I understand how this thing we call psychoanalysis really works. And in a certain way, I'm always more excited by what I consider my failures than by what appear to be my successes. My failures are the evidence that, just as I suspected, there's more to it than the current self-satisfied view I am holding as my "truth." I have something real to take apart and look at. The failures force me to do it; with the successes, the effort is more optional, and sometimes I'm too lazy to say "Why was it good? Was it really? What if . . . ?" When I think my questioning has led me somewhere new, sometimes I will write a paper. And even though it enriches my interactions with students, supervisees and patients, another voice is saying, "If before you die or retire, you are doing even 50% of what you tell your students and supervisees they should do, then maybe I'll leave you alone." And that seems to be how it is with me.

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Some Reflections

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AT THE TIME I BEGAN MY TRAINING in 1959, the White Institute was for me the best of all possible worlds.

I was attracted to the work of Fromm and Sullivan, not only because they made sense to me, but also because, as thinkers, they embodied the essence of academic freedom. To them, academic freedom was not only a right, but also a responsibility. By this I mean a commitment, not so much to originating one's ideas, but to be responsible for one's ideas, to accept nothing as given, nothing on the basis of authority, nothing on the basis of what would make one feel congenial and acceptable to one's psychoanalytic community.

I felt repelled by what I knew about training in classical

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