How analysts think and why they think the way they do: 
Reflections on three psychoanalytic hours
Edited by Arden Aibel Rothstein and Samuel Abrams
Madison, CT: International Universities Press. 2003. 165 pp. Reviewed by
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This book evolved out of a conference celebrating the 50th anniversary of the New York University Psychoanalytic Institute at the New York University Medical Center. At the meeting Dr. Claudia Lament presented a case to four discussants: Kathleen Lyon, Shelley Orgel, Peter Neubauer and M. Nasir Ilahi. The first three come from a more or less ‘classical Freudian’ perspective according to the editors, and Ilahi represents the British object-relations point of view. What is unusual about this volume is that the editors decided after the conference to engage the participants in further written dialog. Thus, we have here two more cycles of interaction among the discussants.

While the title of the volume suggests the book will explain how and why analysts think the way they do, I would like to paraphrase that to ‘how some analysts think.’ The perspective of self-psychology and outlook of a relational analyst were missing, though self-psychological thinking had clearly influenced some of the participants. Nor did I come away with a very solid idea of the ‘why’ they think of the clinical material as necessitating the particular theoretical perspective that each has, rather than any other. That said, I enjoyed the dialog immensely. I read most of the book riding home from work on the bus and I found myself wishing that the trip were longer so I would not have to stop reading. What I liked about the book was the detailed clinical material and the chance to struggle personally with the ideas of the discussants.

Dr. Lament’s patient, Mr. A, was a middle-aged entrepreneur and writer, despondent over the break-up of an affair with a married woman. He seemed engaged in the analysis, but reached a phase in which he was very critical of the analyst and spent long periods in silence. After much frustration, Dr. Lament found herself in a reverie, seeing a lonely little boy futilely trying to make contact with a depressed mother. She imagined the mother angrily yelling, ‘Get out,’ while the boy’s father kept a ghostly distance. She began to understand her patient’s rage in the context of his thwarted efforts to make real contact and saw his transference to her as a version of his relationship with his unresponsive, unreachable mother. Mr. A’s experience had been ‘beyond words’ originally, hence the repetition of his silence in the analytic sessions.

In the hour following these insights, Dr. Lament felt she made contact with Mr. A’s loneliness, rage and despair in a new way, establishing a basis for a more trusting relationship.

1Words like ‘fragmented,’ ‘self,’ and ‘self cohesion’ appear a few times in the text.
Kathleen Lyon, the first discussant, emphasized Mr. A’s identification with his alternately depressed and enraged mother and thought his feeling that words were useless might be an attempt to destroy the analyst. Mr. A could not find a comfortable integration of separateness and connectedness. Dr. Lyon later usefully reminded us that our theories not only inform our data, but also create data. Shelley Orgel took the clinical material further, examining in detail the vicissitudes of silence and speaking as they reflected separation, connection and differentiation in the analytic hours and he noted how powerful empathic silence was therapeutically in Dr. Lament’s case.

Then we heard from the representative of British object relations, Nasir Ilahi. Not surprisingly, Mr. Ilahi at times allied himself with the Kleinians, as, for instance, when he suggested that Mr. A is in a paranoid–schizoid position. I was shocked to discover that I, a pretty solidly committed self-psychologist, found much to agree with in Mr. Ilahi’s discussion! When he interpreted Mr. A’s dream of having a flat tire as evidence of his feeling ‘impotent—deflated,’ I thought we must be on the same page. When he said that Mr. A was unable to respond to Dr. Lament’s question about what he was feeling during the silent period because it was beyond his capacity to put his feelings into words, that the feelings had already been communicated non-verbally and that the decoding of this was the analyst’s task, I thought, ‘Yes!’ Of course, I would be thinking of a depleted, unmirrored or fragmented self as the underlying problem, unlike Ilahi, but clinically the self-psychologist and the British object-relations thinker were simpatico in many ways.

In his discussion, Ilahi took pains to emphasize his differences with the other discussants, so I am sure he would be pointing out all the ways he and I differ. Yet I never got a clear idea of the specific reasons he insisted so doggedly on the differences when there are so many similarities. While a thoroughgoing comparison of modern Freudian and object-relations thought would be far beyond the scope of this book, as Ilahi himself acknowledges, a little more detail would have been useful. After all, why would one choose one theory over another, other than because one believed it to be a true representation of psychological life? We all use some sort of evidence to decide. One of the rough and ready tests I use, taught to every analyst, is: ‘Does a particular point of view—and the resultant interaction/intervention/silence—deepen the associations?’ Of course, then we run upon the problem that one woman’s deep is another man’s shallow. A major point the editors make is that theory informs all that we do and I have just talked myself into agreeing with them here. Still, I would like to know more about why Ilahi has chosen to be a member of the British Independent group, Neubauer a developmentalist, and so forth.

Peter Neubauer followed Ilahi in the first, live panel. He saw the analyst’s task as providing developmental assistance in order to restart an arrested process. In his later discussion, he left it up to the creativity of the analyst to provide a path for this resumption of growth. Here again, I am missing a self-psychologist, who might remind us that Kohut and his heirs, the intersubjectivists, have an extensive set of ideas about how to stimulate psychological growth.

Before each cycle of discussion the editors provide a summary of what is to come. I found their comments murky. Until I read the actual presentations, I could not fully see what the brief summaries meant. Readers can do just as well without the introduction.
Later, when the editors describe the questions they asked to try to pin down the participants, they show their mettle. It is the respondents who are not always so precise in answering. Dr. Rothstein asks Mr. Ilahi pointedly why he considers his position so different from the others when most of the others see a lot of similarities. Dr. Lyon, a presenter, also asked Dr. Ilahi how, specifically, he would put his interpretations into words. I wondered the same of all the discussants. What exactly would each one say to the analysand. This is the sort of detail one needs whether one is a neophyte or a sophisticated analyst trying to compare theories clinically. I have found when doing supervision that supervisees feel helped when I specify not only how I am understanding, but also how I would intervene—or not—and why, linking that to my theoretical beliefs as well. Of course, my approach is in the spirit of providing food for thought, not on insisting how treatment should be done. This is the same spirit the editors have tried to create in this volume.

Despite the ways the volume did not totally fulfill the mission of its title, I was very engaged with this book and I think most psychoanalytic readers would be. I suggest reading with a pen, underlining and making notes in the margin. Participating actively in the dialog is fun and in the end one defines one’s own ideas more clearly and refines new questions to wonder about. The opportunity to participate mentally in a detailed clinical discussion, to agree and disagree, makes this book worthwhile.

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**Mellemværende. En diskussion af begrebet borderline**

*Being in between. A discussion of the concept of borderline*

By Judy Gammelgaard

Copenhagen: Akademisk Forlag. 2004. 256 pp. Reviewed by
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Borderline patients suffer from an inability to play. They cannot use a potential space where in their imagination they can use available objects as if they had created them. In their development catastrophes have taken place where a mother has not been there, or not been available when she was there. Attempts at creating an inner world where imagination and play may develop, and thus a sense of reality may develop, have been met with absence. Later attempts in new relationships or new circumstances tend to be futile exactly because they lack this intermediary space where a meeting with the other as a subjective human being separated from oneself can take place. Borderline patients live in a situation where symbolic expressions can only be understood concretely as containing a persecutory message or a threat. The other does not really become ‘an other’ and the self is not really a self.

The first paragraph is my summary of Gammelgaard’s comprehensive and rich discussion of the borderline concept. Too brief and sketchy, and maybe too similar to well-known theories. One should, however, read the book and be wiser. ‘Being in between’ is the key phrase in Judy Gammelgaard’s work on the borderline patient.
as experienced by a psychoanalyst in the consulting room. This concept refers to an existential dimension in these people’s life; no place, just ‘in between’.

She uses the concept of borderline broadly, as referring to certain structural organizations of the personality with different clinical phenomenology but whose difficulties in close relationships are characterized by the opposite movements of clinging and rejecting behaviour. They have a deficient ability to symbolize absence, which then is experienced as loss and as a feeling of nothingness.

The author’s position is situated in the Winnicottian tradition, where importance is given to problems in the intermediary space and to difficulties in creating a transitional space and transitional objects. She extends this position, however, by emphasizing the importance of sexuality, the sexual problem of the borderline patient, the sexuality embedded in the relationship to the mother in the course of development. She follows a French discourse and discusses the enigmatic message inherent in the general and perverse seduction by mothers or the necessary and excessive violence in normal and pathological development, referring to the French psychoanalysts Pontalis and Aulagnier.

Gammelgaard makes a highly original contribution to the literature on the borderline condition by bringing together her own clinical observations and theories with French and British traditions, thus creating an exciting space for reflection on borderline phenomena, as we see them in clinical practice, both in the so-called typical borderline patient and as aspects of mental functioning in other patients.

These patients oscillate between excessive closeness, a feeling of being invaded, and distance and utter lonely desperation; or, as Gammelgaard puts it, they wander ‘without direction in a landscape without life’ (p. 230). With these patients, it is not so much, or not at all, a question of discovering meaning but of creating meaning and links where nothing of the kind existed. Therapeutic work concerns in other words helping the patient out of severe existential dilemmas, where opposites and irreconcilable tendencies exist side by side and where there is no possibility to find rest, except through momentary actions, fantasizing or use of fetish objects.

The book presents a thorough review of the literature on borderline phenomena. It goes, however, beyond that to include an original discussion on the relevance to this subject of existential philosophy. Claiming that Freud’s original theories on psychopathology are mostly based on the model of neurosis, the author both expands this understanding and also presents the contributions of post-Freudian analysts, as well as her own original development of these. She claims that the borderline concept

reflects some problematic borders in those regulating mechanism that are the necessary lines of demarcation, for on the one hand to make it possible to communicate and create contact, and on the other to create protection against what may be felt as a threatening invasion. (p. 11)

The book starts with a historical chapter where the author presents the development of the borderline concept from the late-19th century, through the introduction of the diagnosis of borderline condition in the 1930s, up to the debate on the condition over the last 20 years. Then follow two chapters that discuss two dominating
explanatory models for borderline, the ‘trauma-model’ and the ‘mother–child interaction model’. What characterizes both approaches is the attempt to find causes and explanation from the study of the pre-oedipal phase, contrasting this with the oedipal phase’s importance for the understanding of neurosis. The author argues that these models (represented by several authors, among others Masterson and Rinsley, Fonagy and Target) unduly rely on a causal explanation, from studies on the empirical child–mother interaction extrapolated to adult psychopathology, thus implying a linear model of causation. Gammelgaard acknowledges the value of developmental empirical research, but she wants to nuance the understanding of how the present and past interact in psychoanalytical understanding—‘not as linear, causally determined processes, but as a continuous process of transformation’. While the contribution to the understanding of how ‘the psychoanalytic child’ differs from the empirical child is enriching, her reading of many of the authors she argues with seems too one-sided, as at least some of them do not present such a naïve concept of causality.

In the next chapter the author introduces her key Danish concept of mellemværende (dictionary definitions include: ‘scoring’, ‘accounting’ or ‘having a difference with’, the last being capable of being interpreted as ‘having an old score to settle’). The author prefers to underline the more existential dimension: ‘being in between’. The borderline patient lives in a no-man’s land, never finding rest and a secure base. It appears from her descriptions, however, that the borderline personality behaves as if he/she always has a score to settle with someone, which then leads to all kinds of difficulties in personal and intimate relations. This concept is discussed in a sophisticated way in relation to psychoanalytic and continental European existential thinking, using among others Sartre’s concept of ‘bad faith’ as a quality that characterizes the borderline person’s relationships to others. This is perhaps the most original aspect of this work and gives fresh insight into the borderline person’s difficulties in life.

In the next two chapters, Gammelgaard provides an in-depth reading of the development of the borderline concept in psychoanalytic theory. She traces how Freud struggled with these phenomena in his attempts to understand the difference and the relationship between neurosis and psychosis. The concepts of Verneinung (denial) and Verwerfung (rejection, forclusion) are seen as central for the understanding of these patients’ relations to reality. She argues that Kleinian theory, especially concerning splitting, although useful, may be insufficient to explain what she understands as the far more serious and comprehensive fractures in the structure of the ego of the borderline patient. These fractures affect all functions of the ego and its relations to other parts of the personality. She then applies her understanding to an analysis of a borderline patient. In this moving case history, she traces how her patient, Finn, struggles with a profound feeling of loneliness. Attempts to create relationships are accompanied by fears that, because of a lack of secure boundaries, what approaches him from the other totally lacks background or context, and therefore becomes threatening overall. Finn had, like Sergei the Wolf Man, experienced an imaginary ‘castration’ in an alien part of himself, which was then denied. The author uses Lacan’s elaboration of Freud’s concept of Verwerfung and claims that, even though the borderline patient is not psychotic, this concept
may be better suited to understand the borderline patient’s rejection of the once-accepted symbolic castration.

The argument is dense and seems to this reviewer sometimes a little imprecise, but these chapters give a refreshing new perspective on the psychopathology of borderline patients.

In the last chapters, Gammelgaard develops her *mellemværende* theory of being in between, settling the score, through her extensive reading of Winnicott’s theories on transitional phenomena. She records the borderline patient’s inability to be creative and to use transitional objects and transitional spaces to an unbearable experience of the negative, ‘the dead mother’ in Green’s (1983) terms. The function of the mother in development, through her ability for reverie, holding and containing, is emphasized as underlying the borderline patient’s experience of self and others, both in his/her early relationships and in present ones, including the relationship to the analyst.

For the borderline patient, therapy means not only being able to find a place, but also to some degree ‘to settle the score’, the latter implying a reworking of old scores that nag him and pervade his relationships with others. The analyst’s task in this endeavour, although hard and cumbersome, as amply demonstrated by the author’s work with Finn, is nonetheless feasible. According to Gammelgaard, treatment success is dependent on a more comprehensive theory of both the development of borderline conditions and a deeper understanding of how the borderline patient functions in his/her daily life.

One could have wished for a more comprehensive demonstration of how this understanding may be applied to clinical practice. I must also say that I sometimes felt the book was too long, with too much repetition. Repetitions may, of course, be useful when dealing with complex material, but straightforward statements of the arguments might have made it easier for the reader.

These are minor problems in the book. Gammelgaard has delivered a thorough and highly original contribution that deserves wider distribution than is possible in the Danish language.

Reference
Green A (1983). The dead mother. In: *On private madness*, p. 142–73. London: Karnac.

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*Interpréter le transfert* [Interpreting the transference]
Edited by Félicie Nayrou and Georges Pragier
Paris: Presses Universitaires de France. 2004. 176 pp. Reviewed by Marc Babonneau,1 116 bd Deltour, F-31500 Toulouse, France — marc.babonneau@wanadoo.fr

The question of interpreting the transference is giving rise to new debates that may be interesting to consider—moving beyond the classical distinction between ‘interpreting the transference’ and ‘interpreting in the transference’—concerning

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1Translated by Sophie Leighton.
concepts, currently accepted in France, of the coexistence of the transference and the countertransference, contributions from contemporary psychoanalysis and its various currents and, finally, modifications in accordance with current clinical practice. This collaborative reflection by analysts from the Paris Psychoanalytical Society, taking account of these various parameters, reviews the situation in this volume dedicated to this theoretical and clinical subject that is regularly explored in psychoanalysis.

The first part of the book presents a theoretical contribution formulated by four authors, each bringing their own original viewpoint to bear on this subject.

Jean-Luc Donnet (‘Interpretation of the transference’) takes his starting-point from the setting, which gives rise—as he puts it—to ‘the analytic nature of the situation’, in which, in the co-construction of the session, transference interpretation is interwoven with the interpretation of the material presented in the session. This allows the transference to be redeployed in new forms that can be interpreted in the deferred action.

In the course of an interview with Marie-Françoise Laval-Hygonenq (‘For a theoretical coherence of the interpretation’), Michel de M’Uzan also contrasts transference interpretation with interpretation of content, but in a different way from the previous author. With the importance that he characteristically accords to the status of the interpretation, de M’Uzan emphasizes the economic conditions that are at work in the patient when the interpretation occurs, as well as the status of the analyst’s thought at that moment, with its consequences on the effects that are specific to the way in which it is formulated. Reminding us that interpretation is intrinsically connected with the quality of the transferential (and countertransference) valency, he argues that its unique character is related both to the analyst’s state of thinking and identity, on the one hand, and to the state of receptivity that he then gives to his patient, on the other. Taking issue with the explanatory interpretation, de M’Uzan recognizes as a true interpretation only that which, imbued with a certain seductive quality, enables the patient trapped in his transference fantasy to hear the words that he is attributing to the object to which he is referring at that moment in his treatment.

In ‘Interpretive activity and organizing recovery’, Paul Israël presents a direct clinical example. The interpretation given to the account of a session clearly demonstrates the way in which, beyond the immediate effect of traumatic shattering, it subsequently allows new redeployments of the psyche to develop as this initial effect wanes, opening up new perspectives to the patient in her work of thought.

Having reminded us that the transference as a symbolic concept goes far beyond the setting of the analytic situation, Marilia Aisenstein (‘Some notes on the question of transference interpretation today’) identifies three specific levels within it: a) that moving from the somatic to the psychic; b) that to or through language; and c) that, most commonly mentioned, to the object. The classical ‘transference interpretation’ relates to the last level. Aisenstein points out how difficult this work can be with patients whose disturbance consists precisely in their relationship to the object. With reference to Rosine Josef-Perelberg’s work on what is inaccessible and unfathomable, she cites the use of the rigorous treatment setting with these patients as a source of
information and hence of analysable material (in Winnicott’s sense, the creation of a transitional space). These new clinical methods challenge the very concept of transfer-ence and consequently of the transference interpretation. Taking as a metaphor the poetic example of Hugo von Hofmannsthal’s ‘The woman without a shadow’, who could find fulfilment only by overcoming that shadow part that she was lacking, the author demonstrates to us that here ‘the interpretation seeks to create this “shadow” zone, an area of darkness that is necessary to thought and to life’.

There follow three clinical accounts, accompanied by discussions and commentaries concerning the status of the transference interpretation, according to each of the situations described.

In her clinical account (‘Suzy or gooseflesh’), Martine Janin-Oudinot presents two transference interpretations that occur at key moments in the treatment: the first, at the beginning, aims to pinpoint a lateral transference impulse; the second, in the closing weeks, is formulated on the basis of an experience communicated by the patient during the session. Each of these two interpretations has its own outcome but Janin-Oudinot brings out the common denominator, the traumatic dimension that is inherent in any true interpretation. The author demonstrates the value of this, which consists in giving way to new openings that could not otherwise have occurred. Based on this account, Pierre Chauvel (‘Interpretation—Construction and trauma’) returns to the traumatic effect inherent in this form of intervention by the analyst. He develops the discussion in a different direction; refuting the fairly widely accepted idea that the construction is nothing but a substitute for the interpretation, destined, beyond the transference (as far as possible), to offer the patient a solution for trying to work out an unthinkable trauma, he shows us that there can be ‘transference constructions’ with connections that are just as closely interwoven with the question of trauma as they are in interpretations in the strict sense of the word.

In the second report (‘Two steps aside from the interpretation’), Françoise Cribier sets out to demonstrate the capacities for increasing complexity and for continuing development in relation to the process that pertain to the transference interpretation. Indeed, she points out the mutative possibilities that stem from this, moving the patient away (two steps aside) from the basic transference, which would otherwise run the risk of amounting to nothing more than a monotonous reproduction of the alienating relationship to the primary object. Based on these observations, Claude Le Guen (‘Motor representations of the transference’) takes up the concepts of trauma and experience without representation to formulate his theory of what he terms ‘motor representations’. In contrast to thing-presentations, and even more so to word-presentations, these are akin to affect and represent the drive. Returning to the idea of the alienating relationship to the primary object and citing the case presented by Cribier, Le Guen shows how, through her immobility, her patient conveys her countercathexis of every separating impulse that would free her from this alienating relationship. He thus opens up an entire specific perspective on the reading of certain types of treatment through the decoding of motor representations that may be in operation there.

Bernard Chervet (‘Precipitative transference, dreamwork and interpretation’) shares the interest of most of the authors of this work in the qualitative change in
the patient’s psychic functioning that follows the analyst’s interpretive functioning. Transcending the classical opposition between transference interpretation and dream interpretation, he reminds us that every interpretation works on what is repeated and recollected. If the intensity of what is repeated exceeds a certain economic threshold, it eliminates what is recollected, without any possibility of being reified or represented. The analyst’s work may consist here in generating this ‘two steps aside’ shift proposed by Cribier; the motor representation, as described to us by Le Guen, can then return.

In ‘The full space, the empty space and the transference interpretation’, Rosine Josef-Perelberg addresses the title theme of this book, beyond neurosis, in the context of what are usually called ‘difficult cases’ who are with her in treatments conducted at a frequency of four or even five sessions per week. With such damaged personalities, who have a permanently precarious sense of existence that derives from the extreme fragility of their basic narcissism, she demonstrates the necessity of what she calls ‘the constant presence of the analyst’ as a precondition and *sine qua non* of transference interpretation. This is only possible, in these situations, if the analyst is not overwhelmed by feelings of excessive fullness or emptiness (feelings reflecting the intrusion or abandonment that these borderline personalities experience in their relation to the other?).

In ‘Variations on a general theory of the transference–countertransference’, Michel Ody demonstrates the importance of the work carried out by Perelberg; she has to rework internally what the patient communicates to her of his drive in order to derive from it a thought content that she then returns to him as something ‘thinkable’. Thus, with these extreme cases we rediscover the views already expressed in the theoretical part of the book (particularly by Donnet and Aisenstein).

Also with reference to Perelberg’s account, Laurent Danon-Boileau (‘Interpreting displeasure in thinking’) describes the common purpose of the transference interpretations that she cites, which occur in a context in which the subject may be manifesting some displeasure in realizing the possibility of moving away from the identification with the primary object. The analyst then becomes the interpreter of this displeasure in order to create a support and to prevent the subject’s effort at thinking from lapsing into avoidance. This is what Danon-Boileau terms the patient’s act of ‘putting into the representative’.

Based on her institutional experience with severely psychotic patients, Martine Girard (‘The withheld interpretation and the psychotic(’s) transference’) shows her work both as a psychiatrist and as a psychoanalyst in a service in which the setting and the circumstances of her practice condition the concept of transference interpretation in a particular way. In the situations that she describes, this takes on a broader meaning and consists above all in the reflection that the analyst engages in privately in order to free herself from her difficult experiences and to reopen constantly for the patient newly expanded possibilities of understanding. It is on this form of withholding that this reopening, in the transference and the countertransfer-ence, depends.

Marie-Lise Roux (‘Psychoanalytic practice and psychotics’), who has substantial experience in this same field, modulates the preceding account by highlighting
the ‘non-interrogative’ quality of the words used by the patient and by questioning, in relation to the specific nature of the term and given the force of the impulses at work, the validation of the very term transference, which is to be understood here in a much wider sense than it usually is.

In ‘Abandoning interpretation’, Josiane Chambrier and Victor Souffir ask in relation to the theme of interpretation and the transference what happens when the psychiatric institution is at the centre of the situation. Are the undeniable effects of psychic transformation that Girard describes to us not connected here with the interpretive effect of the setting itself, which is so different from the classical treatment setting? This brings us full circle to the viewpoints put forward by Donnet at the beginning of the book.

In ‘A penetrating interpretation’, Denys Ribas returns to the characteristics of Girard’s ‘withheld interpretation’. Although it is undoubtedly ‘withheld’, it is in no sense absent because it exists at the very heart of the exchanges between her patient and herself. Based on his own experience with young psychotic patients, Ribas likewise emphasizes the capacity for reopening and renewal that such an approach engenders with this type of patient. He thus corroborates, at the end of this book, the breadth of the term ‘transference interpretation’ as something that henceforth can be applied in the new fields of analytic listening and method to the techniques used with patients whose severe forms of psychic disturbance nevertheless leave them access to the kind of modification that has been offered to us by the model of Freudian thought for over a century.

Such are the essential dynamics of this book, which—returning to this basic concept of ‘transference interpretation’—retraces its purely theoretical essence and reformulates its applications in a progressive development that is fundamentally rigorous while also considering the expanded forms that psychoanalysis can take in relation to a revised and contemporary clinical practice.

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_Gustav Mahler: A life in crisis_

By Stuart Feder

New Haven, CT: Yale University Press. 2004. 315 pp. Reviewed by Penny M. Freedman, 8220 SW 151 Street, Miami, FL 33158, USA — penfreed@bellsouth.net

This book is a biographical study of one of the 20th century’s great composers, written by a musically informed psychoanalyst. As such, its authorship poses a few challenges which might have undermined the work of a less scholarly or meticulous writer.

A wish, for example, to capture or ‘explain’ the essence of artistic genius or creation psychoanalytically might have lured any one of us into a postmortem psychoanalysis of the composer. Few, if any, of these efforts succeed and, worse, they often trivialize the person and work of the artist. In the end, that which is essential to the creation of a masterpiece cannot be analyzed and so it seems wiser not to try. It is also a thankless task to write about music. Melody, rhythm, tonality and harmony do
not lend themselves to verbal transcription—and why bother? One listens to *music*, not descriptions of it.

Feder, however, despite the potential pitfalls, succeeds in writing a well-crafted, complex and meticulously documented narrative of Mahler’s life and work and, in the process, sheds light and clarity upon the intersection of emotional life, personal history and musical product. By carefully chronicling the course of the composer’s life and interweaving its events with his creative output, Feder provides insight into the ways in which artistic product can serve to externalize and symbolize aspects of inner experience. Rather than interpreting, he juxtaposes elements of Mahler’s experience with his work, allowing the relationship between them to emerge, much as the deepening images of a Polaroid® photograph. Information is drawn from several primary and secondary sources: Mahler’s own commentary and letters, the diaries of close friends and family, life events, his poetry and comments written in the margins of his scores. The material provided is extensive and, as any good analyst, Feder does not stray far from it.

Starting in his earliest years, Mahler suffered nearly unbearable loss. Born one year after the death of his parents’ first child, he lost eight more of his 11 siblings—most of them during childhood—and at age 29 lost both of his parents. Two years later, he himself nearly died. At the age of 40, he married 19 year-old Alma Schindler, and the couple had two daughters, the older of whom died at 5. At the time of her death, Mahler discovered the heart disease which would end his own life four years later, and this condition seriously curtailed the intensive physical activity which he had cherished. Shortly thereafter, Alma began an affair with architect Walter Gropius, and this continued for the rest of the composer’s life. These losses resulted in Mahler’s living his life shadowed by the twin fears of abandonment and death. These informed the content of his music and poetry, as well as the texts he chose to set to music.

Although the book is well documented and meets a high standard of scholarly research, my feeling was one of reading a novel. This was due in large part to the seamlessness of Feder’s narrative. He moves with deceptive ease over wide-ranging topics—richly colored psychological descriptions of the people who filled Mahler’s life; their enmeshed triangular relationships with each other and with Mahler; the composer’s conversion from Judaism to Catholicism; his many devastating losses; his poetry; the literary works which inspired him; detailed studies of scores; love and betrayal; physical illness; emotional angst and finally his meeting with Freud. Each of these is richly embroidered with unexpected detail, including—among other things—a remarkable review of the medical contributions and professional lives of Mahler’s physicians. These are set against the backdrop of late-19th and early-20th century European history, its flourishing culture, ever-present anti-Semitism and the increasingly dark shadows cast by Hitler’s rise to power.

Feder’s musical sensibility is most evident in his ability to bring Mahler’s work to life, writing about it in terms of its effect upon its audience. This is particularly notable in his analysis of the *2nd Symphony*, a work which brings the listener—by way of music and text—through the anguish of death to the final victory of resurrection. In the symphony’s final passages, Mahler’s poetry, ending with the words ‘I die to live again’, is set to music which Feder describes:
The states of sleep and waking and their attendant symbolism were constantly recurring ideas in Mahler’s music. For example, the massive choral entrance of the Second Symphony intones the word *Auferstehn* [rise again] triple piano [extremely soft]. When it is performed effectively, the listener may experience the sensation of shifting from a state of sleep, unawareness, to one of wakefulness. The beginning is barely audible but then sounds are dimly heard. Gradually the volume increases and the listener becomes fully aware of the music. (p. 73)

The themes of death and resurrection are invoked by Feder as a *leitmotif* of Mahler’s life and become the symbolic scaffolding for his depiction of the artist. When, for example, Mahler discovered the truth of Alma’s relationship with Gropius, he fell into a near-psychotic state of depression and anxiety, and this eventually brought him to his consultation with Freud.

Although little is known of the content of this meeting (and, to his credit, Feder does not try to fill in the blanks), it is certain that Freud assured Mahler that Alma would not leave him. ‘I know your wife’, he is quoted (in Alma’s diary) as saying. ‘She loved her father and she can only choose and love a man of his sort. Your age of which you are so much afraid is exactly what attracts her. You need not be anxious’ (p. 231). This assurance was sufficient to lift Mahler out of his despair and, within a month, move him to the emotional high of conducting the premiere of his 8th Symphony, played to an audience which came from the highest levels of Europe’s artistic and political community. Feder’s description of this concert is emblematic of the passion and aliveness which characterizes the rest of his book:

The premiere was Mahler’s moment of triumph … There were more than a thousand performers … the audience numbered three thousand. On Mahler’s appearance, all rose … The tension of anticipation in the audience broke briefly as Mahler shouted, ‘Hello!’ to the children’s chorus] and they answered back. Mahler poised his baton and gestured the downbeat, unleashing the massive, orchestral and choral incipient E-flat major chord, triple-forte. Never in the history of music had there been an opening such as this. Its power, augmented by the organ vibrations that filled the hall, thrust each of the listeners into an altered and elevated state of consciousness that would be sustained throughout the colossal work. At the end, silence hung for several seconds before the ovations burst forth. These lasted thirty minutes, as the orchestra stamped and the performers waved their scores. (p. 248)

The author creates no less excitement in his description of the encounter between Mahler and Freud. It was a meeting of titans in a small Leiden café, occurring at the end of Freud’s summer vacation. Freud had clearly made an exception to his usual rule in agreeing to meet with Mahler during this time—particularly since Mahler had cancelled two previous appointments with him. The two walked together through the small university town and spoke for four hours. In 1935, Freud briefly answered an enquiry from Theodore Reik regarding the meeting.

This visit appeared necessary to him, because his wife at the time rebelled against the fact that he withdrew his libido from her. In highly interesting expeditions through his life history, we discovered his personal conditions for love, especially his Holy Mary complex … I had plenty of opportunity to admire the capacity for psychological
Feder’s contribution to the sense of this meeting is his exquisitely detailed account of parallel lives of these men, the similarities in their culture, family constellations and psychologies. Only four years apart in age, they shared social, economic, educational and cultural roots. Both lived in Vienna, yet they had never met. They did, however, in Feder’s words, ‘[speak] the same language …; [there was] a kind of congruence of cognition that facilitated an immediate connection [between them]’ (p. 212). As I read of the histories which brought these two men together, I could only wish, with increasing intensity, that I had been an invisible, voyeuristic presence, accompanying them on their walk.

Feder obviously has little patience for much of the psychoanalytic commentary which poured forth upon Mahler’s death, especially from some members of the Vienna Psychoanalytic Society. There were pseudointerpretations regarding Mahler’s being a genius, ‘despite the fact’ that he had enuresis until the age of 9. According to Feder, there was ‘no corroboratory evidence whatsoever [for this, and the speaker was] probably repeating gossip’ (p. 239). Other ‘contributions’—this one from a physician—asserted that Mahler’s being a ‘fanatical swimmer’ was responsible for the heart disease which killed him. He had, in fact, inherited his mother’s cardiac defect and eventually died of subacute bacterial endocarditis. There are several other similar citations and one senses that, for Feder, who is meticulous in his research and tries to avoid easy ‘answers’, this sort of ‘wild analysis’ is particularly irritating.

While it is not the main thrust of the book, this work also illuminates important aspects of the creative process. There is a widely held belief, for example, that an artist’s suffering serves to motivate his creation. I personally do not believe this to be true. In Mahler’s case, it is clear that, while his many losses informed the content of his work, they were not its impetus. In fact, his times of greatest suffering were marked by his most severe creative blocks and an intense fear of—and wish for—death. But, despite his despair, he lived and regained his vitality, in large part motivated by his inextinguishable need to ‘be with’ his music. It seems then that creative genius is not the result of life’s trauma, but, rather, it is what allows those who possess it to sustain life, despite its trauma.

Throughout my own life, composers such as Mahler were not men; they were gods, disembodied beings who, in my child mind, lived hovering somewhere in the universe. I began my reading of this book imbued with this ‘composer worship’, but ended it with a strong sense of Mahler, the man—acutely aware of his mortality, his fears, his flaws, his gifts. And then I listened again to his music—one towering work after another—and once more experienced my childhood sense of awe. In reality, I don’t ‘get it’. I cannot find a bridge between the mortal and his creation. The man is so mired in reality. The creation so transcends his humanity and ours and so, once again, composers are gods and I end this reading with fewer answers than questions. So, I believe, does its author, and, for me, this is the work’s greatest attribute.
Jouer avec Winnicott [Playing with Winnicott]  
by André Green  
Paris: Presses Universitaires de France. 2004. 128 pp. Reviewed by  
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This book will inspire every reader of Winnicott. A perceptive and rigorous commentator on Winnicott’s thought, Green does not restrict himself here to acknowledging and assessing the influence exerted by the author of Playing and reality (1971a) on contemporary psychoanalysis and evaluating his theoretical viewpoints with reference to Freud and Melanie Klein. He also goes on to acknowledge the influence of Winnicott’s work on his own thought by indicating some specific reference points that are an invaluable guide to the essential trajectories in psychoanalysis today.

The theory of play developed by Winnicott is one of the essential paradigms of his thought, in which play constitutes one of the fundamental axes of the treatment. With play, Winnicott brings the analyst’s psyche and affects into the analysing situation, thereby reminding us that the patient can no more be said to exist without an analyst than the baby exists without his mother. The analyst’s involvement, his role in the progress of the treatment and the interpretations that he provides all combine to emphasize the importance of the shared affects and the role of the countertransference—in short, the analyst’s creativity in the treatment process.

According to Leiris (quoted by Pontalis, 2002, p. vii), Winnicott had ‘that rare capacity to turn the most arid of deserts into a playground’. However, this book not only refers to the introduction of children’s play into adult treatment, but also relates to a foundation in Freud, in the dreamwork or the famous fort-da game that was so brilliantly analysed in Green (2001), following on from Lacan (1977). This involves starting from the status of play in Freud’s works, from the Tummelplatz [playground2] that becomes the ‘play area’ in Winnicott. The entire analytic situation is in fact designed to enable the analysand to grasp the potential for symbolization connected with the repetition of his play in the treatment setting.

This book contains some, but not all, of the lectures that Green gave at the Squiggle Foundation, London, in 1987–98. A notable omission is ‘Object(s) and subject’. (In fact, there is an essential chapter in this work, which does not appear in the English edition, ‘Winnicott in transition between Freud and Klein’, based on a conference presentation in Milan, November 2000.)

In these lectures, Green puts forward a critical reading of Winnicott’s work that almost invariably broadens our understanding of the texts and provides essential clarifications of concepts that sometimes remain obscure or difficult to grasp. As Roussillon observed, although Winnicott is well known and recognized today, ‘it is far from certain that his thought, in terms of its radical innovations in contemporary theory, has been fully drawn out or that its true potential contribution has been elucidated’ (1999). It is therefore a major advantage to be able to read these

1Translated by Sophie Leighton.
2Strachey’s translation is ‘we admit it [the repetition compulsion] into the transference as a playground …’ (Freud, 1914, p. 154). In French, Berman (1975, p. 113) used arène [arena], while Laplanche (2005, p. 194) chose lieu d’êbats [playground].
lectures, which shed light on the many problematic aspects of Winnicott’s work while comparing them with those of his predecessors.

In ‘Winnicott in transition, between Freud and Melanie Klein’, based on a lecture given in Milan, November 2000, Green observes that Freud’s work has remained open-ended both because of its ambiguity and because he had left aside some clinical cases and theoretical questions that he was unable or reluctant to resolve. The psychoanalysts who have followed have developed his work along their own lines. This open end has become a star formation traced by the divergent trajectories that Freud’s successors have pursued. Accordingly, in these lectures, Green examines Freud’s models and the way in which they have been accepted or integrated within the work of Winnicott and Klein.

In ‘Posthumous Winnicott’, Green states that his reading of Human nature (Winnicott, 1988) enabled him to assess how far the synthesis proposed represented a continuation of Freud’s work. ‘Rather than breaking with Freud’, he writes, ‘this author has in fact completed his work’ (p. 2). Winnicott defined himself as a Freudian:

Freud did the unpleasant things for us, pointing out the reality and force of the unconscious … also putting forward, arrogantly if necessary, the importance of instinct and the significance of childhood sexuality. Any theory that denies or bypasses these matters is unhelpful. (1988, p. 36)

However, as we know, the theory formulated by the author of Playing and reality (Winnicott, 1971a) moved a long way away from the Freudian corpus over the course of time and his discoveries. Freud propounded the idea of a psychic apparatus. The psyche is heterogeneous, Green indicates, and it is the task of the psychic apparatus to make the different agencies work together. This becomes even clearer with the distinction between the id, ego and superego in the second topography, following the initial description in terms of conscious, preconscious and unconscious (Cs, Pcs, Ucs). For Freud, the personality rests on a primitive foundation, the id, which is largely innate. The ego and the superego are modified forms of this primitive foundation. In spite of their modification, they bear the imprint of their origin, ‘made in id’.

Winnicott certainly acknowledges the importance of the drives or the id. However, for him, the drives can only influence the development of the self after the process of psychic integration has taken place. ‘Whereas for Freud, at the outset “everything was id”, for Winnicott a minimal ego structure has to be in place before the existence of the drives can be registered in any conscious sense’ (p. 46). Winnicott accords to the drives their full importance (1988, p. 51). As Green observes, ‘He gives a more complete and profound account of drive theory than anywhere else’ (p. 11). Green notes the emphasis that Winnicott placed on emotional development:

This paradigm contains a starting premise: that the emotions, which play an essential role in the human psyche, are rooted in the body (just as Freud thought that the drives represented the roots of the psyche in the somatic). Hence, I would suggest, the importance of the concept of incarnation, which refutes the objection that seeks to equate psychoanalysis with psychogenesis and disincarnation.
Green writes that Winnicott gives an interesting insight into the accommodation of the psyche in the body, as a precursor to Anzieu’s concept of the skin-ego (1989), which can be shown to play an important role in borderline personality disorders.

This takes us far beyond any superficial reading of Winnicott, who is too often criticised by the hasty reader for overlooking the role of biological and somatic aspects, for instance in the aetiology of psychosis. A rapid reading of ‘Psychoses and child care’ can in fact leave the impression that Winnicott’s strong emphasis on the importance of maternal care implies an exclusively psychogenetic conception of psychosis. There is the famous paradox that ‘some degree of psychosis in childhood is common’ (1952, p. 98, my italics) and his claim that the psychoses are nothing but incomplete exaggerations of the intermediate area of illusion that initially exists between the mother and the child.

Green offers us a reading that (like any careful reading of Winnicott) takes us beyond a superficial critique of this kind. The concepts of integration, non-integration, disintegration and the accommodation of the psyche in the body provide us with a means of reflecting on the relations between psychosis and the psychosomatic field. Green therefore considers the concept of the psyche–soma connection to be inseparable from Freud’s notion of the drive, as a ‘concept on the frontier-line between the somatic and the mental’ (1911, p. 74).

However, Green also addresses the conceptual differences between the theories of Winnicott and Freud. ‘For the founder of psychoanalysis, in fact, everything begins with the body through its original expression in the drives. For Winnicott, this occurs at a secondary stage’ (p. 8). However, Green asks, how can we conceive of a psyche that is not initially rooted in the body?

I think that Winnicott regarded the two categories—psyche and soma—as distinct at the outset. They have the task of converging, which is not a given but a step along the path towards integration of the psyche and soma as a combined entity. In other words, the child has to grasp what emerges from his relationship with his mother. (p. 9)

Green considers many concepts, particularly in the ‘Winnicott in transition’ lecture, that represent points of divergence and convergence between Freud, Klein and Winnicott. He examines the concepts of the drive (a measure of the work of the psyche for Freud), the object (subjective at first for Winnicott, who is closer to Freud than Klein here), the death drive (a concept that Winnicott rejects), infantile sexuality or the Oedipus complex (considered as the achievement of health) and bisexuality (for Winnicott, a purely feminine or non-instinctual element).

Green emphasizes the agreement between Freud and Winnicott on the central importance of dreams. He notes that in Therapeutic consultations in child psychiatry (Winnicott, 1971b) dreams are mentioned 28 times, more frequently than any other subject. Green writes, ‘The chapter “Dreaming, fantasying, and living…” in Playing and reality is a real masterpiece within Winnicott’s work’. He stresses the role of formlessness while contrasting it with the rigid aspect of the form as

\[\text{Winnicott (1971a, pp. 26–37) contrasts the creativity of the dream with dissociated fantasmatic activity (day-dreaming).}\]
conceived by others (false self). Winnicott diverges here from Kleinian technique, which systematically interprets fantasmatic activity. He is closer here to Freud than to Klein. Winnicott distrusted excessively frequent interpretations that involve indoctrination and submission. This brings us on to playing, the game that is being played; that is, as a process. For Winnicott, the game operates a cure of its own and playing is intrinsically therapeutic.

Contrasting Winnicott with Klein, Green writes,

for Klein, play is not to be considered on its own account but reduced to the underlying fantasy that can be intuited there. For Winnicott, however, play is considered in itself and understood in terms of its function. Play and creativity are overtly associated. (p. 59)

One of the main divergences between Freud and Winnicott, however, emerges from their references to the object relationship. Winnicott disagrees with the idea of an ego and object that exist separately from the outset because he presupposes an initial state of non-integration.

In his paper ‘Metapsychological and clinical aspects of regression within the psycho-analytical set-up’ (1954), Winnicott observes that Freud considered the primary maternal bond as ‘self-evident’, without being aware of all its implications. Neither was he considering here the studies of patients who need to regress in the analytic situation. Green underlines the value of the perspective taken by Winnicott here, as he relates Freud’s clinical practice to the contemporary experience. For Winnicott,

the setting reproduces the primary maternal deficiencies and induces regression. This regression is organised to lead back to the initial state of dependence. The progress has to be connected with the authentic self, which becomes capable of recognising the environmental failure. (p. 50)

Here Green contrasts Freud with Winnicott. Freudian theory is based on the model of the hallucinatory fulfilment of desire. This constitutes the basis for the formation of the primary processes, the unconscious and the mnemonic traces. For Winnicott, quoted by Green:

this model does not correspond to a primary elementary situation but to a structure that emerges only when other preliminary problems have been overcome. Which are these? The question of the accommodation of the psyche in the soma and the body and the question of the relationship to reality. (p. 50)

Green emphasizes that this constitutes a crucial difference in point of departure, which probably stems from the fact that Winnicott was a paediatrician, unlike the neurologist Freud.

In general terms, Winnicott diverges from both Freud and Klein to the extent that he criticizes their incomplete understanding of the importance of the environmental, that is the maternal, role. Both exclusively emphasized the internal world, as if the object played a negligible role. ‘In a certain sense’, Green observes,

we can say that whereas Anna Freud was interested essentially in the role of the external object and Klein in the role of the internal object, Winnicott wanted to evaluate the role of the environment in the constitution of the psyche and to create a third category of object, the transitional object, existing as a potential space in the transitional area. (p. 56)
‘The intuition of the negative in Playing and reality’, given in Milan, April 1997, enables the reader to assess the influence of Winnicott’s work on Green’s own thought. Green readily acknowledges Winnicott (1971a) as one of the sources of The work of the negative (1999). The first chapter of Winnicott (1971a) describes different aspects of the negative as first perceived in normal development. For example, the transitional object is defined as ‘not-me possession’, without its usual positive connotations as an object of need or of fantasy. The object appears here as a negative of the self, which has many implications with regard to omnipotence. The experience of this initial not-me possession occurs in an intermediate area, a potential space, a third space that is represented by the transitional object. The ‘not-me’ object is not yet an external object. It begins as a subjective object before it is perceived in external reality. This is the first stage of the use of illusion, without which, Winnicott writes, ‘there is no meaning for the human being in the idea of a relationship with an object that is perceived by others as external to that being’ (1971a, p. 11).

However, this concept of the negative appears in Winnicott’s work principally in his description of pathological states,

If the mother is away over a period of time which is beyond a certain limit … then the memory or the internal representation fades. As this takes effect, the transitional phenomena become gradually meaningless … We may watch the object becoming decathected. (1971a, p. 15, my italics)

It is this disappearance of the internal representation that Green links with the inner representation of the negative, ‘a representation of the absence of representation’ (1997, p. 1074), which is expressed in terms of a negative hallucination or in terms of emptiness, blankness or loss of meaning.

As we know, the observation of the child with the string in the fort-da game relates to the paradox of the mother’s absence (lack of contact) while she is physically present. The string is the positive materialization of an absent and negativized connection. However, it is above all the session reported at the end of this first chapter of Winnicott (1971a) that makes most reference to the clinical dimension of the negative. To quote this patient’s well-known words: ‘The negative of him [her former analyst] is more real than the positive of you [Winnicott]’. For her, ‘the real thing is the thing that is not there’ (p. 23, my italics). As we may recall, this patient had been separated from her parents during the war and she did not follow the general custom of referring to her host family with the words ‘uncle’ and ‘auntie’. Never calling them anything at all was in fact for her a way of remembering her parents, a means of keeping them alive inside her. This is reminiscent of Georges Perec’s novel A void (1994, translated from La Disparition), in which he never uses the letter ‘e’: ‘Pour eux’ [for them]’, wrote Perec. This illustrates the difference between that which has been forgotten or repressed, in Freud’s sense, and that which has been erased. Green observes, ‘All these approaches to the negative show how close Winnicott was to the concept to which he never had the opportunity of according a theoretical status’ (p. 25).

Translator’s note: The pronunciations in French of eux [them] and the letter e alone are very similar.
Green (1997) also provides the reader with what we might journalistically call a real ‘scoop’! Here Green reveals that he took over from Winnicott as analyst of the same patient several years later in Paris. The comparison of a session conducted by Green with the famous session reported in Winnicott (1971a) is instructive in many respects. In this session, Winnicott described a treatment of the negative later theorized in Green (1999). The comparison of the two sessions, conducted by the two analysts in succession, is a rare treat that confronts the reader with an unusual clinical approach and theoretical elaboration. In his observation, Winnicott described very precisely ‘the death of the mother when she is present’, a negativity that appears during the conduct of the treatment in which ‘the only real thing is the gap; that is to say, the death, the absence or the amnesia’ (Winnicott, 1971a, p. 22).

We can leave the reader to enjoy discovering the metapsychological approaches adopted by the two analysts here. Winnicott’s session is dominated by the idea of the negative, of the non-existence that at a certain point becomes the real thing. Even if the object reappears, its reality as an object remains connected with its non-existence. Winnicott focuses his observation on the objects and on the space. Green does not underestimate the role of the drive. As he writes, ‘There is a striking contrast between the significant place accorded to sexuality in the dialogue with me and its total absence with Winnicott’ (p. 34).

Considering Winnicott’s work as an invaluable contribution to psychoanalytic theory, Green states that for him it is ‘the most important contribution in the post-Freudian era’ (p. 60), but he nevertheless expresses a few reservations with regard to Winnicott’s technique. The principal criticism that Green directs at Winnicott is for ‘having believed in the unconditional duty to represent a good-enough mother for the patients and, to a certain extent, to create the image of one. He thought that this had the power to cure them’ (p. 60). As well as this observation, there is the criticism, also made by others, that Winnicott systematically interpreted destructiveness in terms of its positive function. With respect to this, Hopkins (1998) has posed a very direct challenge to Winnicott’s analytic capabilities (see also Rabain, 2004).

Green wonders ‘if this attitude at one extreme and Lacan’s at the other were not the result of their psychopathology, rationalized and concealed behind theoretical standpoints’ (p. 61). However, is this not a criticism that can be applied in a general way? And if we accept that theories are connected with their authors’ psychopathological standpoints, would it not follow that they derive all their force from their very deepest sources?

Guntrip, who was Winnicott’s analysand, stated with reference to him that

the sources of theory … must be rooted in our psychopathology. This was implicit in Freud’s courageous self-analysis at a time when all was obscure. The idea that we could think out a theory of the structure and the functioning of the personality without it having any relationship to the structure and functioning of our own personality should be a self-evident impossibility. (1975, p. 156)

This, he adds, is probably how we intuitively sense our own psychic reality and, consequently, the psychic reality of others.
However, let us leave the last word to Winnicott himself. In 1952, he wrote to Melanie Klein,

This matter which I am discussing touches the very root of my own personal difficulty so that what you see can always be dismissed as *Winnicott's illness*, but if you dismiss it in this way you may miss something which is in the end a positive contribution. (Rodman, 1987, p. 37, my italics)

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Sandra Buechler begins with the premise that the vast literature on psychoanalytic treatments has cultivated intellect at the expense of feeling and spirit. Psychoanalytic writing, she says, appeals to the mind more than the heart and soul. For many psychoanalysts, this premise will have more than a ring of truth and will immediately conjure up stereotypic images of psychoanalytic treatment in the past century.

In this book, Buechler offers a scientific basis for the art of psychoanalytic technique. The author accomplishes this by articulating her theoretical framework, mostly derived from emotion theory (Izard, 1977), interpersonal theory (Sullivan, 1953), and attitudes about being human (Fromm, 1956), to contain and inform her already vitally present engaging clinical tool: her (emotional) self.

Deeply influenced by her research into emotion theory and her intellectual home at the William Alanson White Institute, New York, Buechler draws on her concept of the emotional system and attempts to elucidate her own personal use of emotion theory in the interpersonal matrix of psychoanalytic treatment. It is not resistance, maladaptive defenses, or an inaccurate interpretation that stymies treatment, for example, but lack of hope or unbearable loneliness that blocks the motivation to work. Buechler states, ‘Emotions are the most powerful modulators of other emotions … [and] are central to our conception of ourselves …’ (p. 5).

Buechler opposes her distinctly interpersonal heritage with the traditional neutrality and anonymity of American ego-psychology. Living in the climate of contemporary postmodernism, the challenge for American ego-psychoanalysts trained before its onset is to bring their vitality and aliveness forward so that it may inhabit, flesh out, so to speak, the stark scaffolding of classical ego-psychoanalytic writing and technique. In light of her training, Buechler illustrates how she has done it the other way around. She brings her aliveness to the patient immediately and does so in a vivid, case-focused manner. For example, she describes a treatment she conducted prior to her analytic training where, lacking a theoretical framework and technical experience, she used her humanness to bring a schizoid man to life.

Each chapter illustrates one of eight crucial qualities that comprise the clinician’s aliveness: curiosity, hope, kindness, courage, purpose, emotional balance, the ability to bear loss, and integrity. Beyond observing its presence, however, Buechler illustrates how each emotion functions in the treatment hour, in terms of influencing the patient and vice versa, in a two person participatory–collaborative enterprise.

This book weaves a multitude of clinical case examples with the emotional experiences contained within them that guide the action of treatment. Buechler articulates and differentiates an emotional language of treatment, but, most importantly, provides a discussion of the expansive and potentiating thrust behind each emotion. Buechler states emphatically, ‘Courage counts for more than any insight’ (p. 55). Understood as the ability to risk consciously doing harm or failing to help, Buechler states that the more we grasp the complexity of our task, the more courage it takes to keep making
close judgment calls. In one example, she explains that courage is expressed in the measured pursuit of truth: not so timid as to reassure falsely, nor so rash as to prematurely confront. More than any other quality, Buechler sees courage as increasingly necessary since analytic thinking lost the certainties of the classical model.

Very much entrenched in the ‘here and now’ interpersonal context, Buechler’s project examines what she (the analyst) feels and experiences with an astute eye on what and how her feelings influence and interact with her patient’s. The usual objection quickly comes up. Does the (American) interpersonal analyst, so tied to the ‘here and now’ relational context, give short shrift to the ‘there and then’? Does Buechler gloss over or fail to explore unconscious fantasy? Where are the enduring, deep (i.e. far removed from the analyst’s presence) structures organized primarily by the patient’s past? In many of these case examples, it seems that Buechler errs in just these ways. However, her project aims at something more subtle that can easily be missed. The patient’s past emerges as it is presently re- and co-constructed with the analyst’s person. Thus, the deep structures of the patient’s mind are very much manifested and accessed in the now externalized relational matrix.

It would be easy to misread this book as a justification for gratifying the patient, circumventing a necessary exploration of frustrations and disappointments. Another common criticism often directed at the interpersonalists might apply to this book: that treatment gains are too tied to the idiosyncratic personality and charisma of the therapist. Or the treatment successes described in this book are based on transference cures rather than insight-based autonomy. Yet Buechler’s approach is a more subtle study of the interpersonal and emotional mechanisms that enhance the capacity for insight, the way in which the analyst’s emotional presence and interaction with the patient facilitates the acquisition of quite mainstream goals. As an example, Buechler wrestles with how the analyst’s vitality might strengthen the patient’s ability to be curious and hopeful in exploring his/her mind.

At times, however, Buechler’s assumptions do overreach in her attempt to draw a marked distinction between the classical, modern, anonymous American ego-psychoanalyst and the contemporary, postmodern interpersonalist. She states, for example, that life experience is a liability and that there has been a lack of encouragement of integrating the analyst’s knowledge of art and literature in one’s work. I think this is simply not true. (Shakespeare is an often-quoted presence in many classical analytic case reports; the cinema perhaps more so today.)

Some examples seem overly sentimental and simplistic. Buechler can present herself as too sure of what the patient needs, advocating and sweeping the patient up into her hopeful, vital and enlivened vision for the patient before the patient has the chance to decide for him/herself. Curative influence is made up of more than good intentions and therapeutic exuberance. Buechler seems to oversimplify the complexity of characterologic problems, especially where patients are unconsciously invested in destructive patterns or may have a neurotic need to obey a charismatic therapist. She does not seem to consider these alternatives in her case examples. She acknowledges a patient’s ‘truncated growth after a 20 year treatment’ and states that it is the patient’s ‘belief in [Buechler’s] good intentions’ that maintains the treatment. (This is accepted as a good thing.)
Fittingly, Sandra Buechler ends her discussion by exploring the ways in which theory fulfills certain emotional needs, including the need to fortify therapists in their effort to maintain emotional balance. Some strengthen our determined zeal, courage or hope while others free us from excess anger, shame or guilt. Striving for emotional balance is the ongoing state while struggling through emotional intensities, facing the inevitable moments of imbalance, and fighting our way back. Buechler offers a book that does what she maintains emotions do: fortify and sustain us as we feel our way through the inevitable and destabilizing emotional intensity of our work.

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