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Collaborating with the Unconscious Other: The Analysand's Capacity for Creative Thinking

Lee Rather Ph.D.

*But it is sometimes just at the moment when we think that everything is lost that the intimation arrives which may save us; one has knocked at all the doors which lead nowhere, and then one stumbles without knowing it on the only door through which one can enter--which one might have sought in vain for a hundred years--and it opens on its own accord. (Marcel Proust, *Time Regained*, p. 898)*

Note: In the interest of confidentiality, all case material has been disguised or fictionalized. It is constructed of composites of several patients and multiple real-life scenarios with details altered to ensure anonymity. Any similarity to real persons, living or dead, is coincidental.

Introduction

In discovering that “the ego is not master in its own house”, Freud (1917, p. 143) recognized that he followed Copernicus and Darwin in further decentering (Ogden, 1992a, 1992b) humanity from an illusory sense of privileged position in the universe. In this paper, I wish to assert that this “dis-illusionment” bequeathed to us by Freud must be worked through by each analysand for the psychoanalytic process to fully evolve. The analysand not only must recognize and accept that he is not master of the house, but also must learn to collaborate creatively with other intrapsychic inhabitants. Using theoretical concepts derived from Freud, Klein and Bion, I want to develop the idea of an internal object relationship which forms the basis for the “psychoanalytic function of the personality” (Bion, 1962a), that is, the capacity to perceive and make use of psychic reality for the purpose of emotional growth.

Specifically, I would like to call attention to an intrapsychic element essential to the analysand's development, an element which I term "the creative collaboration with the Unconscious Other". The term "Unconscious Other" is meant to signify the analysand's subjective experience of a foreign presence, a strange "not me" or "it" which exists in relationship with the "me", and from which various phenomena are felt to emanate. These phenomena appear to "fall into the mind" as if from another mind, the mind of the Unconscious Other. The process of psychoanalysis depends upon the development of a creative internal collaboration between the analysand and this Unconscious Other. Grotstein (1981) describes the dreamer who dreams the dream and the dreamer who understands the dream as the "arcane thinking couple" who produce and comprehend the dream. In this sense, psychoanalysis helps this necessary intrapsychic couple to begin communication, work through difficulties, and thrive in partnership. As Bianchedi (1998) suggests, what must develop is a dialogue between the different parts of the personality.

To state my thesis succinctly, the psychoanalytic process requires the analysand to collaborate with the Unconscious Other. This internal relationship is essentially constituted by the analysand's capacity for "reverie" (Bion, 1959, 1962a, 1962b) in relation to the Unconscious Other. The capacity for reverie must evolve in all analysands, and is predominately the function of three factors. The first is the internalization of the mother's capacity for reverie in the mother/infant couple, and the second is the internalization of the analyst's reverie in relation to himself and to the analysand. The importance of both mother and analyst has been widely discussed in object-relational, interpersonal, and transference/countertransference terms, and will not be discussed in detail here. Instead, my focus in this contribution will be on the third factor, the influence

of paranoid-schizoid and depressive anxieties (Klein, 1930, 1940, 1946, 1957) on the way in which the Unconscious Other is experienced as an internal presence. For my purposes here, I am conceptualizing this factor as an intrapsychic process occurring within the analysand.

I will begin by further describing the clinical problem, and briefly reviewing some familiar approaches to it. I will then discuss the Unconscious Other as an internal object and elaborate its place in the creative aspect of the analysand's analytic process. Finally, I will present a theoretical framework and provide clinical examples for the purpose of redefining difficulties that are encountered in analytic work, but generally considered in more familiar terms such as transference, resistance, therapeutic alliance, working alliance, lack of observing ego, impasse, and non-analyzability.

The Clinical Problem

“What should I talk about?” asks the analysand. In developing an approach to the interpretation of dreams, parapraxes, and free association, Freud pioneered the way for analysts to detect levels of unconscious discourse unfolding in muted parallel to those generated by the conscious mind. The patient is asked to “free associate”, to say whatever goes through the mind without censorship: “Act as if you were sitting at the window of a railway train and describing to someone behind you the changing views you see outside” (Freud, 1913b, p. 135). With interruptions to free association acting as a psychoanalytic Geiger-counter, and with the recognition that the manifest content of free association and non-verbal phenomena could be read like a dream text, it became possible to bring

unconscious processes to light within the transference, thereby providing a point of therapeutic leverage.

The recommendation to speak freely and spontaneously reflects the recognition that little is gained by directing the analysand to speak about psychological issues. Such discourse quickly becomes stale and repetitive, the equivalent of chasing one's own psychic tail. Furthermore, such an attempt is inherently paradoxical, since one cannot consciously choose to speak about problems which are by definition unconscious. As Freud wrote:

“..... the patient has above all to learn, what never comes easily to anyone, that such mental activities as thinking over a matter, or concentrating the will or attention, avail nothing in solving the riddle of neurosis...” (Freud, 1912, p. 119).

In entering psychoanalysis, the analysand is invited to make a cross-cultural journey. In his “culture of origin”, a high value has been conferred upon rational-linear thought aimed at deliberate focused problem solving. In becoming an analysand, he enters a world in which an alternative perspective prevails. Here, the *sine qua non* of local customs and values is a respect for the significance of a wide variety of involuntary phenomena, including dreams, parapraxes, disorderly associative links, gaps in thinking, thought blocking, puns, double-entendre, silences, spontaneous somatic and sensory sensations, non-verbal enactments, and so on. I will henceforth refer to such occurrences collectively as the analysand's “spontaneous analytic phenomena”.

While Freud discovered that psychoanalytic meaning is to be developed from these phenomena, clinical experience demonstrates that some analysands move into this new world more easily than others, and that all encounter some degree of difficulty. The analysand may consciously accept the analytic situation and frame, while simultaneously exhibiting a tendency to discount, dismiss, or denigrate spontaneous analytic phenomena as they arise.

For example, a patient concludes his report of a dream by commenting: "Typical dream stuff, my dreams are so nutty, they make no sense. I have no idea why I would dream something so stupid." Another patient punctuates a story consciously intended to illustrate her affection for her sister by picking lint off her sweater and dropping it with a disdainful flourish on the floor of the consulting room. When I comment on this, she quickly assures me that "it's not some kind of unconscious thing, it's just a habit, or nervousness or something". Another patient observes that when she speaks about her mother, her stomach "begins to growl". She tells me this is simply the result of indigestion and stress, and in any case, she has merely used a figure of speech. Still another patient makes a verbal slip: she intends to say "glove box" but instead says "love box". She moves on quickly, teasing me affectionately for my "old fashioned Freudian" interest in her slip. While there are many important differences between these patients, they each share a disinclination to entertain the existence of an unconscious aspect of the personality communicating independently of conscious control and beyond a sense of intention.

The achievement of a psychoanalysis is the evolution of a potential space (Winnicott, 1971; Ogden, 1985) in which both analyst and analysand approach these spontaneous analytic phenomena with curiosity and respect, thereby creating the maximum opportunity for further emotional integration and growth. In this paper, I am proposing that many difficulties encountered in developing an analytic process may be conceptualized as a breakdown in the collaboration with the Unconscious Other.

Other Approaches to the Problem

Before proceeding, I would briefly like to review other useful approaches to conceptualizing the clinical problem under discussion. To begin with, the clinical interactions just described might first be considered in terms of resistance and transference, the twin bulwarks of the classical edifice. In terms of resistance, perhaps the patient who slips in saying “love box” would not like to know that sexual fantasies are emerging, even at the very moment she affectionately teases me and plays “hard to get”. Perhaps the patient who dismisses his dream-life as “nutty and stupid” is especially anxious about the content of the particular dream he has just reported. Perhaps the patient picking lint off her sweater cannot at that moment gracefully tolerate awareness of her hostile arrogance toward her sister.

Within the expanded concept of transference which Klein (1952) referred to as “total situations” and which Joseph (1985) has so beautifully explicated, such interactions might also be considered as enactments of the internal object world. Perhaps the analyst and his efforts are being contemptuously disposed of like lint from the sweater. Perhaps the patient with the “nutty” dream is expressing a defiant or perverse transference to the “psychoanalytic fathers” and their cherished dream theory. At a more primitive level,

perhaps this same patient is expressing a pre-oedipal transference anxiety in which an untrustworthy maternal object cannot be depended upon to help with the dreaded elements of the latent dream content.

Within the ego psychology tradition, several important contributions relevant to conceptualizing the analysand's capacity to work with unconscious material have been advanced. Sterba (1934, 1940) developed the concept of a "therapeutic dissociation of the ego" which allows the analysand to establish "a new point of view of intellectual contemplation" (1934, p. 120) with regard to emotional experience in the transference. Sterba described in detail the dynamics by which the analysand achieves a split between an experiencing ego and an observing ego which operates in identification with the analyst. While part of the ego remains cathected to instinctual energies and defenses, another part evolves which can focus on reality and make use of the analyst's interpretations. Zetzel (1956) proposed the concept of the "therapeutic alliance" which provides an atmosphere of acceptance and safety. With the early mother-infant object relationship in mind, Zetzel emphasized that developing the therapeutic alliance was a reciprocal process, requiring not only that the patient identify with the analyst, but also that the analyst identify with the patient. Greenson's "working alliance" (1965), a related concept, refers to the more circumscribed phenomenon by which the patient identifies with the "work ego" of the analyst and becomes an analytic collaborator. Kris (1952, 1956) proposed the concept of "regression in the service of the ego" which he discussed in terms of the ability of the artist or analysand to deliberately regress to less structured states of mind in the service of creative or analytic work. Loewald (1960) brought a new perspective to the therapeutic action of psychoanalysis in conceptualizing the analyst as a

new object whose interpretations foster a process of disintegration which is mediated by integration at a higher level. Of particular relevance here is Loewald's observation that this process "*creates the possibility for freer interplay between the unconscious and preconscious systems*, whereby the preconscious regains its originality and intensity, lost to the unconscious in repression, and the unconscious regains access to and capacity for progression in the direction of higher organization" (p. 25, my italics).

From a different theoretical vantage point, Winnicott (1949, 1958, 1965, 1971) wrote extensively about the capacity to create personal meaning from external and internal phenomena. He linked this capacity to the development of a "transitional space" which bridges subjectivity and objectivity. Winnicott (1949) describes the outcome of an environmental deficiency in the mother-infant pair in which the child's "continuity of being" (p. 245) is not preserved, and a precocious "mind" arises in an effort to provide the missing maternal holding function. This sort of mind is designed not to achieve the integration of the psyche-soma, but rather to establish omnipotent intellectual control through the minimization of subjectivity. This leads to a partial collapse of transitional space, appearing in the analysis as a difficulty playing with and creating meaning from the spontaneous analytic phenomena which naturally arise.

Building on Winnicott, Bollas (1981), describes what he terms "normotic illness", a disturbance which consists of "partial deletions of the subjective factor" (p. 135). Bollas' normotic is disinclined to entertain the subjective emotional world, and inclined to see himself as an object among objects. He is above all a factual, pragmatic creature who idealizes objectivity and lives within the world of things rather than meanings. In a

related vein, McDougall (1980) describes a type of patient she refers to as the “anti-analysand”. This patient accepts the analytic frame and cooperates consciously with the analyst, yet no internal change or development occurs. McDougall’s account of the dynamics of the anti-analysand is complex, but of particular relevance here is her observation that such patients disavow “otherness”, fearing the threat of its influence. Winnicott, Bollas, and McDougall are each describing a psychic calamity in which the dialogue between the objective and subjective parts of the self is insufficient, leaving the patient without the possibility of meaningful, enriching internal emotional input.

Metapsychological Considerations

I would like now to return to Freud and his 1917 paper, *A Difficulty in the Path of Psychoanalysis*, in order to develop an alternative line of thought. In this paper, Freud addressed the difficulty in accepting that the ego is not master in its own house. I would like to suggest that resistance occurs not only to the specific contents of the unconscious, but also to the very existence of the “other” from which unconscious phenomena emanate. This can be described as a fundamental background resistance to psychoanalysis at both the individual and social level. In general, this background resistance tends to be taken for granted by analysts as a fact of psychic life, as basic as gravity. However, I believe we have much to gain by considering it in more detail and working out the implications in terms of the dynamics of the internal object relational world.

I am proposing that this fundamental background resistance can be conceptualized in terms of the analysand’s difficulty collaborating with the aspect of the psyche which

produces spontaneous analytic phenomena. This internal relationship was implied in Freud's use of the everyday German pronouns for "I" and "it" (Ich and Es) before their translation by Strachey into the more depersonalized Latin terms "ego" and "id". The pronouns "I" and "it" capture something of the experience of relating to a radically different "other" present within oneself. The translation of the German term "freier Einfall" into "free association" also loses something of this implied relationship. The term "free association" emphasizes the conscious effort of the analysand to speak in a certain way, whereas the German "freier Einfall" underscores the fact that associations occur involuntarily or literally "fall into" the mind from another mind that must be worked with. It is this collaborative relationship with the Unconscious Other as an internal presence which must be established if the creativity essential to the analytic process is to evolve.

What is the relationship of the Unconscious Other to the concepts of the unconscious and of internal objects? While Freud noted that "it is possible to suppose that the character of the ego is a precipitate of abandoned object-cathexes and that it contains the history of those object choices" (1923, p. 29), Freudian analysts tend to conceptualize the unconscious as consisting of libidinal and aggressive instinctual drives and repressed wishes. By contrast, Kleinian analysts tend to postulate an unconscious consisting of internal objects and various identifications with them. The Kleinian conception of internal objects may be traced back to the observation of Abraham (1911, 1924) that the internal world of manic-depressives was felt to consist of objects that could be moved in and out of oneself, as if the psyche operated according to the principles of the alimentary canal. Klein extended this idea to normal development, gradually developing a theoretical

corpus founded on the concepts of unconscious phantasy, splitting, projection, introjection, and the gradual accretion of an internal object world. In classical theory, the sole internal object described by Freud is the superego. By contrast, Kleinian thought conceptualizes a pantheon of persecutory and helpful internal objects interacting in complex ways. The individual experiences the inner world, consciously and unconsciously, as if the internal world were comprised of such objects. A comprehensive survey of internal objects described across psychoanalytic theoretical schools may be found in Grotstein (1982).

The Unconscious Other may be defined as the total of the system Ucs. (Freud, 1900) that has reached consciousness in the form of the unbidden spontaneous analytic phenomena described earlier. The conscious subject then registers the phenomena as if they emanated from an internal presence felt to be an “other”. One could say that the phenomena themselves suggest the presence of the Unconscious Other. From the Kleinian perspective, it is in the nature of the human psyche to form object relationships with that which is encountered. Thus, as a relationship comes into existence with the “Unconscious Other”, this relationship will be shaped by the internal object relation world. In this sense, one could speak of each analysand’s particular “internal transference” to the Unconscious Other.

To speak of the Freudian “unconscious” is to describe the elements of the psychic system in experience-distant language. To speak of the Unconscious Other as an internal “presence” is to take a step into the emotional world of the analysand, and to describe it in “experience-near” (Kohut, 1984) terms. To speak of an object relationship with the

Unconscious Other is to recognize that this internal presence is encountered through the prototypic anxieties stemming from internal objects.

The Analysand's Creativity and the Unconscious Other as Analytic Muse

From the perspective of the analysand, spontaneous analytic phenomena are felt to emerge from the mysterious depths of the personality in an unbidden and involuntary manner, independent of conscious interest, desire, or need. Like artistic inspiration, they cannot be willed into existence. The fact that these phenomena are beyond control imbues them with a quality of "otherness" in relation to the consciously-experienced "me". The analysand who begins to evolve an analytic state of mind has an experience of collaborating with an apparently independent Unconscious Other who offers up raw material to be worked with by the conscious deliberate part of the personality. In this sense, one might say that the Unconscious Other stands as analytic "muse" to the creativity of the analysand.

What I am suggesting is that the psychoanalytic process and the creative process bear an important resemblance in terms of the necessity for intrapsychic collaboration. In considering this, it is useful to distinguish creativity from talent. Freud's investigations into art and literature (1908, 1910, 1913a, 1914, 1928) suggest that artistic themes linking the unconscious of artist and audience are a necessary but insufficient prerequisite for "great" works. The magnificence of Shakespeare's *Hamlet*, for example, does not rest simply on the resonance of Oedipal themes, (Jones, 1949), but has more to do with elements of form, idiom, symbol, and drama which lift the work above other similar works. Talent consists of the ability to employ such elements in a manner recognized as

having aesthetic value, and, in comprehending talent or genius, Freud (1928, p. 177) conceded: "...analysis must, alas, lay down its arms". Considering the creative process itself rather than the mystery of artistic talent, or the polemics of aesthetic value, I am defining creativity for the purposes of this paper as the act of "making or bringing into existence something new".

In the artistic world, creativity implies bringing together materials, sounds, movements, and ideas in new ways. In the analytic world, it implies combining the raw material of spontaneous analytic phenomena into new configurations from which psychic growth can ensue. To progress, the analysand must respect and pay attention to spontaneous analytic phenomena in the same way the artist or inventor respects his inspirations and materials. He must take them seriously, and work with them consciously and deliberately. In doing so, the analysand is essentially performing a creative act, or more precisely, an act of creative thinking based on an internal collaboration with the Unconscious Other as "analytic muse".

In Greek mythology, the Muses inspire the song of the poet, and in modern parlance, the term "muse" refers to the artist's sense that the source of inspiration lies outside oneself. Musicians, for example, often express the sentiment that they have not so much written a piece as they have channeled it from a mysterious source. Novelists describe the manner in which fictional characters take on a life of their own, with stories and plots unfolding in surprising directions independent of the author's preconceived plans. In science, the story of Kekule is often used to illustrate the role of the muse (e.g. Grotstein, 1981). Kekule's most important ideas emerged from a reverie and a dream in which

dancing carbon atoms linked themselves into snake-like chains, one of which seized its own tail. Kekule's willingness to work with these spontaneous images led him to the ring theory of the benzene molecule, a cornerstone of molecular biology. Creativity, it is often suggested, requires both inspiration and perspiration. Creative thinking in analysis emerges from the interaction of two aspects of the personality: the Unconscious Other as muse, generating inspiration in the form of spontaneous analytic phenomena, and the conscious analysand receiving these and working with them deliberately to create understanding for the purpose of emotional growth. This is the intrapsychic collaboration upon which the analytic process depends. However, as in any collaboration, there are difficulties to be overcome.

Difficulties In Collaborating with The Unconscious Other

As stated earlier, this necessary creative intrapsychic collaboration requires that a state of reverie be sustained in relation to the Unconscious Other. The capacity for such reverie depends on three factors, the first two of which are the internalization of the mother's function of reverie, and the internalization of the analyst's. I will briefly discuss these before moving on to the third factor, which is the influence of paranoid-schizoid and depressive anxieties on the way in which the Unconscious Other is experienced as an object.

With regard to the infant/mother couple, Bion (1959, 1962a, 1962b) suggests that the infant is besieged by experiences which cannot yet be tolerated or symbolized. Bion used the term "reverie" to designate the mother's state of receptivity in taking in the infant's feelings and giving them meaning. The infant projects the raw "beta" elements of

experience into the mother who receives and transforms them into "alpha" elements, which can be re-ingested by the infant in a more tolerable form. This process, also termed "alpha function" by Bion, is the essential relation between container and contained. Through gradual internalization of this repeated sequence, the infant begins to develop the capacity for alpha function, formulating a sense of an internal container which becomes the foundation for tolerating psychic pain and generating creative thinking. While the internalization of the mother's reverie lays a foundation, the fact that every mother has psychological limitations of her own implies that for each of us further development of the capacity for reverie will be necessary.

A second crucial opportunity for this growth occurs in psychoanalytic treatment where the patient may gradually internalize the analyst's capacity for reverie, both in relation to the analyst's own unconscious (i.e., countertransference), and in relation to the patient's. When things go well, the analyst is able to contain and struggle with that which the patient cannot yet tolerate. The analyst is then able to convert beta elements into alpha elements and make these available through interpretation. Interpretations by the analyst are mutative (Strachey, 1934) not only because of their specific content, but also because they represent and provide an opportunity for the internalization of the analyst's provision of reverie, containment, and alpha function.

Since the mother and analyst are familiar elements which have been extensively discussed, I will move on to my principle area of interest, the way in which the Unconscious Other is experienced as an internal object. What I would like to call attention to is the fact that the analysand himself must gradually become both mother and

“intrinsic analyst” (Grotstein, 1981) by evolving a capacity for reverie in relation to the Unconscious Other. As with all relationships, this one too is characterized by an amalgam of paranoid-schizoid and depressive anxieties which profoundly effect the potential for reverie and understanding. This can be investigated according to three dimensions: 1) the existence of paranoid-schizoid anxieties which constitute the Unconscious Other as a persecutory object; 2) the analysand’s capacity for symbol-formation in the relationship with the Unconscious Other; and 3) the analysand’s tolerance for depressive position dependency in relationship with the Unconscious Other.

The Unconscious Other as Persecutory Object

The first dimension is the presence of paranoid-schizoid anxieties which result in the analysand relating to the Unconscious Other as a persecutory object. The central anxiety of the paranoid-schizoid position is that the loving connection with the gratifying “good” object will be destroyed by the hateful connection with the frustrating “bad” object. This fear gives rise to primitive splitting and the projection of the dangerous feelings, which in turn increases persecutory anxiety. With regard to the analytic process, the consequence of such projection may be a situation in which the patient dreads what will emerge from the Unconscious Other, now constituted as a fearful internal presence in relation to which reverie cannot be sustained. What spontaneously emerges from the Unconscious Other is felt to be frightening, persecutory, dangerous, toxic, and so on. Steps are taken to avoid as much contact as possible, resulting in the destruction of the relationship with the Unconscious Other, and consequently the paralysis of analytic potential. The following clinical example illustrates these difficulties.

Clinical Illustration 1

Mrs. A, a 50 year old woman seen twice-weekly on the couch, felt paralyzed by an life-long inability to make full use of her abilities and creative talents. She was also plagued by anxiety in her interpersonal relationships. She told me that she realized she needed help, but dreaded the “agonizing process” of therapy. In particular, she feared running out of things to say, and falling into torturous silences. As treatment progressed, there was indeed a quality of agony in the sessions. The hours were characterized by long silences saturated with a fearfulness for which transference interpretations seemed of little help. Mrs. A came to each hour armed with an agenda of things to discuss, which she inevitably exhausted, only to fall silent, and "go blank" and terror-stricken. The silences felt as if we had sailed out to the edges of a flat earth and were perched on the brink of the horizon, ready to fall off. But into what? When Mrs. A occasionally related dreams which were quite evocative from my perspective, she herself was at a loss to think about them or to allow any associations to occur to her. Instead she sat frozen in a fearful silence.

Overtime, we were able to understand that Mrs. A feared her silences and associations, because as she put it: ”something might come to me and I don’t know what it is....I guess I want to know what it is first”. Indeed, Mrs. A did not want to think about anything unless, paradoxically, she had already thought of it beforehand and therefore knew what it was ahead of time. Instead of a receptivity or curiosity about what might emerge from her mind in spontaneous fashion, Mrs. A, dominated by persecutory anxieties, feared being ambushed, surprised, or terrorized by the Unconscious Other. She was unable to sustain a state of reverie and provide a container for the offerings of the Unconscious Other, because she feared that she would be persecuted or damaged. Quite

understandably, she severed her link with it entirely and destroyed contact. Consequently, the intrapsychic conditions of reverie, containing, and alpha function which form the basis for collaboration with the Unconscious Other, and which are essential to the analytic process, could not come into existence until these anxieties had been worked through.

Problems in Symbol-formation

A second important dimension of the collaboration with the Unconscious Other hinges on the capacity for symbol-formation (Klein, 1935; Segal, 1952, 1955). Assuming the analysand has worked through persecutory anxieties exemplified in the first case example, he may now be more open to the Unconscious Other and spontaneous analytic phenomena will be more easily tolerated in consciousness. However, they must still be worked with in order to attain symbolic and not simply concrete status. Klein (1935) described the function of symbols in displacing the child's anxiety away from its source in phantasies related to the parents. Externalization of these phantasies into symbols is driven by the need to put the primal objects at a safe distance. In this sense, symbols may be thought of as substitute objects, and the process of symbol-formation has both defensive and creative aspects.

Symbol-formation is directly related to projective identification, both taking place along a continuum of intensity. While Klein focused on the defensive aspects of projective identification, Bion called attention to its communicative aspects. We might place Klein's conception at one end of a continuum, where the primary purpose is defensive evacuation and control, and Bion's conception at the other end, where

communication is sought. At the communicative end of the continuum, symbol-formation involves a meaning being projected into the symbol, but because the process is not so violent, the boundary between self and object is maintained. The symbol retains its essential identity while standing for something else. At the other end of the continuum, however, the drive toward evacuation and control may be so urgent that the self/object boundary is destroyed, resulting in what Segal (1955) termed the symbolic-equation. Here the symbol is not felt to represent the original object, but to be the original object. The capacity for symbol-formation, and therefore the relative balance between concrete and symbolic thinking, varies widely among analysands resulting in a range of impairments to creativity and psychoanalytic capacity. Symbol-formation is essential to the internal communication and collaboration between the analysand and the Unconscious Other. To quote Segal:

“Symbols are needed not only in communication with the external world, but also in internal communication.... And this, like any other form of communication, can only be done with the help of symbols. The difficulty in dealing with schizophrenic and schizoid patients lies not only in that they cannot communicate with us, but even more in that they cannot communicate with themselves”.(Segal, 1955, p. 169)

Clinical Illustration 2

Mr. B, a 60 year-old man in four times a week psychoanalysis, began treatment in a state of general discontent, presenting a life history that was exceptionally bland, and devoid of pleasure, meaning, and significance. Although overtly motivated, the material in analysis was stale, repetitive, and unimaginative. Seldom did new material or elaboration of old material appear, and the interpretations we were each able to generate

had the quality of tedious psychoanalytic sloganeering and cliché. The characters on the analytic stage appeared more as abbreviated, two-dimensional cardboard cut-outs, than as living, breathing, flesh-and-blood creatures with whom Mr. B was entangled. Mr. B lived in a constant state of irritation because people seemed to him to act inexplicably and unpredictably. In his struggle to understand interpersonal situations, he emphasized concrete fact and but was unable to create symbolic, emotional meaning. Careful attention to Mr. B's state of mind revealed the presence of daydreams, spontaneous associations and fantasies and so forth, but Mr. B dismissed anything that didn't immediately pass muster with his rational mind. Initially I misunderstood this as a resistance flowing from the need to avoid the anxiety of the unfamiliar. However, as Mr. B eventually recognized: "Actually, the problem is I don't have the slightest idea what I'm supposed to do with these sorts of things".

I believe that patients like Mr. B, who express puzzlement over "what to do with" feelings and spontaneous analytic phenomena, are demonstrating impairments in symbol-formation. They are caught somewhere along the continuum between the extreme symbolic equation (which is psychotic in nature) and the depressive position achievement of symbol-formation. Patients whose capacity for symbol-formation is more developed instinctively comprehend that "what one does" is to create new symbolic meaning, and that this leads to understanding and a degree of mastery in relation to one's internal world.

In contrast to Mrs. A, Mr. B could tolerate the emergence of spontaneous analytic phenomena into consciousness without undue anxiety. However, he was then unable to

creatively construct useful symbolic meaning from these phenomena. While it is not unusual for patients to contend that “sometimes a cigar is just a cigar”, for Mr. B, a cigar tended to remain always just a cigar, and other possibilities appeared to be genuinely perplexing to him. He had difficulty moving beyond the surface of concrete fact into the symbolic world in which dreams, associations, actions, and other spontaneous analytic phenomena could be used for emotional learning and development. Mr. B’s difficulties in symbol-formation could be understood as a result of intense projective identification in which the boundary between self and object was eliminated in certain respects. For reasons which I cannot detail here, he sought emotional security by attempting to convert himself into an unfeeling, data-processing robot. Projective identification for the purpose of controlling others resulted in a feeling of being surrounded by bizarre, malfunctioning robot-people. Mr. B also experienced his Unconscious Other as a weird and defective mental nuisance which was beyond repair and best ignored. Until this emotional situation was worked through, the analytic process was limited to pseudo-introspection and pseudo-insights which lacked the vitality emerging from more fluid symbol-formation in relationship with the Unconscious Other.

Dependent Anxieties in the Depressive Position

The third important dimension of the creative collaboration with the Unconscious Other hinges on the capacity to bear the anxiety aroused by dependence in the depressive position relationship to the object. The central anxieties of the depressive position emerge from awareness of the whole object which has an existence of its own separate from the needs of the subject. Klein discussed the complications arising from simultaneously loving and hating the same object, focusing on the oscillation between

destructive and reparative phantasies. In later writings (1957) she turned attention to the interplay of envy and gratitude in relation to the whole object which is recognized as absolutely essential, yet not totally accessible. The fact that the object is a separate other and possesses what is needed creates potential frustration and helplessness because it is no longer subject to omnipotent control. To bear love we must bear dependence. Herbert Rosenfeld (1971, 1975) has elaborated the aspect of the personality which opposes getting help from the analyst, contrasting the sane “infantile self” with the malignant “narcissistic self”. The capacity for love and dependence is located in the infantile self, while the forces of envy and destruction are located in the narcissistic self. The potential pain, separation anxiety, and sense of smallness which naturally accompany dependence are opposed by the narcissistic self which idealizes a sense of omnipotent self-sufficiency.

Although the Unconscious Other is, objectively speaking, oneself, it is experienced as a separate and independent other with a “mind of its own”. What it sends forth in the form of spontaneous analytic productions exists beyond the control of the analysand. One might say that associations, dreams, parapraxes, and so forth emerge from the bountiful breast of the Unconscious Other. As the analysand realizes that the Unconscious Other has something to offer, for example an informative dream or an evocative slip of the tongue, there exists the potential for anxiety over dependence. The analysand must tolerate this experience of dependence in order to sustain reverie in relation to the Unconscious Other. This may be resisted either through manic defenses or through envious attacks. In the manic configuration, the analysand may deny the need to collaborate with the Unconscious Other, clinging to an omnipotent phantasy of total self-

sufficiency. Alternately, destructive envy may arise to spoil what is offered through denigration and dismissal of spontaneous analytic phenomena. The following clinical example illustrates some of these dynamics.

Clinical Illustration 3

Mr. C, an entrepreneurial scientist seen twice-weekly on the couch, began treatment deeply disturbed that his business partner had skills that he himself did not possess. In speaking with me, he confined himself to laborious intellectualizations, paradoxically dismissing the usefulness of free association and dreams, while trying his utmost to apply the psychoanalytic theories he had decided to teach himself. He was often impressed by my interpretations: “Where did you get that one”, he would say, with apparent admiration. “You see, this is why I hate myself, because I can’t think up interpretations like you do”. Gradually I realized that his unconscious intention was to conduct his therapy himself. All he wanted from me was confirmation that he was using his newly-acquired theories properly. What at first appeared as self-hatred was better understood as the desire to possess all necessary skills himself and to need no one else. In retrospect, I believe I can now better understand his attempt to figure everything out intellectually at the expense of trusting intuitions, hunches, and spontaneously emerging associations. His reluctance to rely on a business partner, a therapist, or his Unconscious Other, flowed directly from his unconscious idealization of omnipotence. He was intolerant that anyone other than his consciously experienced self might have something to offer.

For a host of reasons that could be linked with early family dynamics, Mr. C could not tolerate dependence without feeling intolerably small and “bad”. His unconscious ideal became a state of manic omnipotence in which he could be all and have all. A true partnership in which each partner contributes something that the other cannot was emotionally unacceptable to Mr. C. While consciously interested in psychoanalytic theories and intellectually valuing his dreams and so forth, at a deeper level he wanted nothing to do with the Unconscious Other, and the usefulness of collaboration was denied in the service of omnipotent manic self-sufficiency.

Clinical Illustration 4

A similar situation obtained in the case of Mr. D, a patient in four times a week psychoanalysis, mentioned earlier with regard to his “nutty” dreams. Mr. D’s complaints concerned his problems forming intimate relationships with women. He could flirt with pleasure, and carry on brief affairs, but not get seriously involved. The same could be said of his relationship to the spontaneous phenomena emerging in analysis. He was often delighted by the complexity, humor, and playfulness of his Unconscious Other. The slips, dreams, and metaphors emerging from this sector of his personality were indeed colorful and often, I thought, wise. Mr. D was able to make room for them, elaborate them, and play with them. However, he was unable to really take them seriously. To expand on his presenting complaint, he was able to manage a flirtation, or casual fling, but not to enter into a serious committed intercourse with the Unconscious Other.

Perhaps it could be said that Mr. D’s relationship with the Unconscious Other was further developed than in the first three cases. There was a recognition and appreciation

for what emerged, but ultimately, he could not take his spontaneous analytic productions seriously. The Unconscious Other was felt to be an aesthetically clever and evocative presence, but not one possessed of any clues or truths that could be applied toward growth and development. For Mr. D, the experience of the Unconscious Other was colored by parental objects, both of whom were represented internally as creative persons overly involved with personal pursuits at the expense of Mr. D's needs. They were remembered as well-intentioned and psychologically agile, but also as hypocritical in minimizing their self-centeredness. His feeling that they could not be counted upon when real help was needed gave rise to severe anxiety whenever love, dependency, and commitment became possibilities. These anxieties lead to an envious spoiling, manifesting in his conviction that no one had anything of real value to offer, whether they be parents, friends, lovers, or analysts. These elements formed the prototype of his relationship with the Unconscious Other, which was felt to be clever and amusing, but ultimately "nutty" and certainly not to be trusted as a collaborative partner.

These case examples illustrate the range of object-relational possibilities in the capacity for collaboration with the Unconscious Other. Mrs. A, operating with intense paranoid-schizoid anxieties dreaded the spontaneous analytic phenomena emerging from the Unconscious Other and negated it completely. Mr. B, with less intense paranoid-schizoid anxiety and a greater capacity for depressive position relating, could allow the Unconscious Other to exist, but difficulties in symbol-formation impaired his capacity to make more full use of its offerings. Mr. C was relatively capable of generating symbolic meaning in response to the Unconscious Other, but retreated from dependent anxieties in a search for manic omnipotence. Mr. D, recognized and symbolically played with the

offerings of the Unconscious Other, but as part of an envious response to dependence in the depressive position, spoiled the value of what was offered.

Clinical Usefulness of the Concept

Psychoanalytic theories and concepts evolve in an attempt to address problems that arise in clinical practice. As Bion reminds us (1962b, p. 67), all psychoanalytic concepts are inadequate, yet essential as symbolic representatives of ultimately unknowable and mysterious emotional phenomena. They are essential, not because they are necessarily “true” in an objective sense, but because they serve as metaphors and containers which enable us to process and discuss experience. Just as concepts such as transference, resistance, internal objects, regression in the service of the ego etc., have arisen to address clinical experience, I believe that the concept of “collaboration with the Unconscious Other” provides a way of understanding and formulating the analysand’s struggle to accept and work with phenomena emerging from the unconscious.

In particular, this concept identifies an area which has received little attention in psychoanalytic theory. While multiple concepts exist which address the vicissitudes of collaboration *between* analyst and analysand, there is a paucity of concepts that address the need for collaborative processes *within* the analysand. The concept of the Unconscious Other gives the analyst a way of thinking about and speaking about difficulties the patient encounters in recognizing the presence of subjectively experienced foreign aspects of one’s own psyche. Furthermore, since the analyst also has a particular relationship with his or her Unconscious Other, this concept also provides a tool to

process countertransference phenomena as they arrive unbidden from an “other” part of the psyche.

I have found the concept especially useful with patients who have begun to glimpse the influence of the internal relational object world on the transference and on their interpersonal relations. As they are faced with the task of moving beyond the surface and going deeper to encounter the more alien and obscure phenomena hinted at by dreams and other spontaneous analytic phenomena, this concept offers an apprehensible metaphoric framework for addressing anxieties that emerge.

Elaboration of Clinical Illustration 1

To illustrate what I have been discussing, I will return to elaborate my work with Mrs. A. I will first describe how the familiar concepts of reverie, containment, transference, and countertransference were useful, and then show how the concept of the Unconscious Other became helpful.

Mrs. A was so intensely anxious in the opening phase of treatment that she had great difficulty putting words and thoughts together. The sessions were characterized by staccato sentences and extended silences which Mrs. A described as torturous. When she did succeed in developing a more fluid narrative, a myriad of small gestures and vocal nuances testified to the undercurrent of dread seeping out between the lines. Though she understood from previous psychotherapy that dreams, parapraxes, and other spontaneous analytic phenomena were considered useful, she was unable to associate to these or explore them as they arose. Typically, she would make a few brief comments, “go

blank”, fall into silence, and look at me warily. If I remained silent for the moment, she became visibly more anxious, smiling nervously, her eyes darting around the room. Mrs. A often asked me to alleviate such distressing moments by suggesting other topics or guiding her with questions. I knew that responding in such a manner would not be helpful in the long run. The central challenge in this phase lay in developing an atmosphere of reverie in which we could both tolerate and sustain contact with the as-yet unsymbolized elements of her internal world. The technical problem was how to titrate my responsiveness in such a way that she did not become overwhelmed with anxiety, while at the same time not colluding in an enactment which would seal over her anxiety.

Since little verbal material was available to help me formulate the nature of her struggle, I was often at a loss for words myself. At times I responded by putting forward tentative interpretive remarks, though these tended to be rather generic. For example: "You seem to have run into something that frightens you", or "Perhaps you're having thoughts about me that you feel you can't say", or "It's as if you're worried about me not liking what you have to say and not wanting you here". Alternatively, I might make some empathic comments about the intense pressure she felt to keep talking and thereby protect herself from these scary moments. I sometimes commented that her difficulty in observing and articulating her internal experience was not an obstacle to our work, but rather the centerpiece of the work itself. Still at other times, perhaps having temporarily reached my own limits of reverie, I fell back upon supportive and educational comments, trying to reassure her that such silences were part of the normal ebb and flow of the psychotherapeutic process. Although the depth of understanding conveyed by my

comments was inadequate, my effort to understand her did serve a containing function which made it possible for her to remain in treatment and move forward.

As Mrs. A slowly conveyed more of her history, her mother emerged as a scornful woman who never admitted to mistakes, and aggressively denigrated others to make herself look better. Her father was depicted as distant and uninvolved. This unfolding material helped shed light on her internal world as it was manifesting in the transference-countertransference configuration. I began to notice I often felt hypercritical towards Mrs. A for being “difficult”, while at other times I had an eerie sense that she was coolly sizing me up and detecting my inadequacies. It was in conjunction with these observations that I began to clarify for myself the concordant and complementary (Racker 1957) aspects of my countertransference response to her persecutory internal world.

Gradually, I began to make my thoughts into words for her. What had been inarticulate began to take shape in the form of a persecutory maternal object whose world Mrs. A inhabited. She experienced her mother as triumphantly finding fault with her and it became evident that the dreadful “blank spaces” were the legacy of her mother's lapses in reverie. Step by step, we established links between her internalized parents, her expectations of me in the transference, and her incapacitating fears in the social world. We discovered that she expected people to ambush her with shameful evidence of her inadequacies and to criticize her mercilessly. Working through this aspect of the transference enabled her to begin to distinguish me from her persecutory internal objects and created a degree of freedom to think more freely. Her frozen silences could now be

explored as a response to the anxiety that I would humiliate her, and, as a result, she was able to abandon her prepared agendas and speak more spontaneously.

The alleviation of persecutory anxieties in the transference did have some influence on the way she related to dream material, occasional slips, and daydreams. Whereas earlier in treatment she had dutifully noted such phenomena, she had always done so in a most cursory fashion, returning quickly to the well-trodden path of describing daily life. Now she became more interested in these emerging internal phenomena. However, to our puzzlement, she was still largely unable to explore them or to generate associations to them, and would often fall into the familiar blank spaces. In this case, further work in the transference did not help to increase her capacity to work creatively or constructively with these emanations from the internal world. Exploration of this evolving predicament clarified that, while Mrs. A was no longer so anxious about my reactions to her, she was still very apprehensive about what she might encounter in her internal world.

It was at this stage that the concept of collaborating with the Unconscious Other was helpful to me in formulating the situation and in commenting upon it to Mrs. A. Since interpretations of her relationship with me in the transference were not sufficiently effective at this juncture, I began to supplement them with an interpretive focus on her relationship with the part of herself generating the dreams, slips, and so forth. For example, I would comment that she was experiencing her internal world as if her “dreaming self” were another person who wanted to sneak up and shame her. I suggested that because of this fear, she was unconsciously trying to keep as much distance from this other part of herself as possible, just as she did with actual persons we had discussed in

her interpersonal life. Mrs. A could readily comprehend and make use of this. She was able to produce and elaborate examples which confirmed the extent to which she endeavored to make sure no one discovered anything about her that she didn't want them to know. She was especially worried that someone might know something about her before she herself knew it. In addition to exploring the transference implications of this insight, I began to suggest that she was afraid that her dreaming mind (or the part of her mind making a verbal slip etc.) was like a person who knew something about her that she didn't know. This interpretive approach enabled her to understand an important aspect of her difficulty in being more open to spontaneously emerging analytic phenomena. She could see that she expected internal humiliation rather than help, and therefore could not risk trying to open a creative "dialogue with herself". In other words, with the aid of the links we had already established between her internal objects, her interpersonal relations, and the transference, Mrs. A was able to understand that she was relating to her Unconscious Other with familiar fears and with the similar defensive maneuvers aimed at keeping it under control or freezing it out. In this way, I could show Mrs. A how her relationship with the persecutory maternal object was coloring her relationship with the part of herself generating spontaneous analytic phenomena. While transference interpretations had been effective in helping Mrs. A distinguish me from her persecutory objects, the concept of the Unconscious Other was necessary to help her create an internal distinction between her Unconscious Other (e.g. her dreaming self) and the persecutory maternal object. The concept helped by providing an experience-near framework for containing and processing her anxieties about going deeper into her internal world. Using the model of emotional links proposed by Bion (1962b), I suggest that Mrs. A's relationship with the Unconscious Other was initially constituted by Hate

(H) and a foreclosure on knowledge (-K). Through our work, it now became possible for a K link to evolve, enabling her to become more curious about and work more collaboratively with her internal processes. Mrs. A could now think about her internal process as if she had to relate to an “other” personality within from whom she could learn. In this manner, the concept of collaborating with the Unconscious Other helped us to develop a deeper analytic process which gradually made possible a more creative use of free associations, dreams, parapraxes, and other spontaneous phenomena arising during the remainder of the treatment.

Conclusion

Long ago, Freud observed the difficulty in accepting that “the ego is not master in its own house”. In this contribution, I have attempted to elaborate the implications of Freud’s observation in terms of the dynamics of the internal object relation world. I have suggested that resistance occurs not only to the specific contents of the unconscious, but also to the very existence of the “other” from which unconscious phenomena are felt to emanate. The aim of psychoanalysis may be defined in various ways. I have focused on one aim here, conceptualized as the formation of a collaborative internal relation with an aspect of the psyche I have termed the “Unconscious Other”. In my opinion, it is essential that paranoid-schizoid and depressive anxieties related to the collaboration with the Unconscious Other be worked through for the analytic process to reach its full potential.

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The author is a psychologist and psychoanalyst Faculty Member at the San Francisco Center for Psychoanalysis (SFCP) and the Psychoanalytic Institute of Northern California (PINC). He is in Private Practice in San Francisco working with individuals and couples. Correspondence concerning this article should be directed to:

E-Mail--leerather@comcast.net