Discussion of "What Is This Movie Doing in This Psychoanalytic Session?" by Dr. Marshall Edelson

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This contribution by Edelson actually consists of three distinct, but nonetheless related, streams of ideas which finally merge as an exposition of the author's principles of technique. First, although he specifically disclaims any such intention, the author offers a detailed critique of Dr. Silverman's technical interventions (Silverman, 1987). For this reader at least, the mode of presentation was quite confusing. To begin with, Silverman presented a record of his patient's productions, interlaced with his own reflections, personal doubts, recollections and possible interpretations, etc. These were followed by his articulated interventions and a record of the patient's responses. However, before we have an opportunity to identify with the patient and the analyst so as to get immersed by way of identification in the therapeutic interaction, we begin to hear the questions, the doubts and the suggestions that Edelson calls to our attention. To me, at least, the result was somewhat confusing and I found it advisable to get the text of Dr. Silverman's original presentation and to read it for myself. This is not to suggest that in any way the record of the therapeutic interaction was not accurately reported in this paper. It was accurate, but nonetheless, the mode of

presentation proved distracting. At one and the same time, the reader has to orient himself to several different levels of experience. First, we follow the record of the patient's productions, inhibitions, doubts and defenses and how she responds to Dr. Silverman's interventions. At the same time, we have the record of the analyst processing her material, as well as his own reflections, his uncertainties and misgivings. And then there is Dr. Edelson, surveying what the patient has said, what Dr. Silverman has said and thought, and what he himself had observed about the therapeutic interaction, together with his own reflections and observations of the process. How to correlate these various levels of psychoanalytic experience is a daunting task for any presenter.

Against the background of the current controversy over the role of intersubjectivity in the psychoanalytic experience, Dr. Edelson's paper raises the fundamental question: "What constitutes evidence in the psychoanalytic situation?" My answer is a simple and direct one, namely, the patient's experience -- what he says, what he hears, what he sees and what he reports he senses. Unless communicated to the patient, intentionally or unintentionally, the analyst's personal reactions and thoughts, illuminating as they may be, do not constitute evidence concerning the function of the patient's mind. It is communication in its broadest sense that is the essential modality of psychoanalysis.

Psychoanalysis consists of a special form of discourse (Arlow, 1995), and it is through this form of discourse that meaning and insight emerge from a meticulous analysis of the interchange between analyst and analysand. On this point, Dr. Edelson and I seem to be in complete agreement, and I suspect Dr. Silverman would join us in this view.

I have long been impressed how works of art -- literature, drama, cinema, dance, painting and sculpture -- have the power to evoke in the reader, listener or observer derivatives of some persistent unconscious fantasy, a compromise expression of intrapsychic conflict. To a large extent, the evocative power of any such instrumentality resides in the tendency of the human mind to interpret impressions and sensory experience in metaphoric terms (Arlow, 1979b). All this really means is ~~not~~ much more ~~than~~ that new experiences are apprehended and conceptualized in terms of past experience. Within the psychoanalytic situation, this largely unconscious method of processing information facilitates the analyst's intuitive grasp of the nature of the patient's unconscious processes. But, as I indicated in previous publications (Arlow, 1979a, 1987, 1992, 1993), this is only the beginning of the process that leads to interpretation. It does not follow, as some individuals mistakenly believe (Busch, 1997), that I suggest that what had been apprehended intuitively can or should be transmitted directly to the patient as an interpretation. The

intuitive response of the analyst may or may not be idiosyncratic to him alone, i.e., a manifestation of countertransference, using countertransference in its literal sense. It is a first step in the process of developing insight. What has been grasped intuitively has to be confirmed cognitively. The methodology of such cognitive confirmation I have described on previous occasions and will refer to it later in the course of this discussion.

The second focus of interest in this paper is contained in the title, namely, "What is this movie (*Now Voyager*) doing in this analytic session?" In a certain sense this title is misleading since it limits our expectations, whereas the author's interests are much broader and deeper than the title suggests. He uses the role of the movie in the patient's associations as a launching pad to explore and explicate principles of technique. Here the question arises: How does one deal with a work of art (in this case the movie, *Now Voyager*) when it appears in the course of the patient's associations? The answer is by no means a simple one. Much depends upon the style and the orientation of the particular analyst. In addition, one has to consider both the nature of the transference at the moment and the analyst's knowledge or ignorance of the particular work of art. I was struck in Dr. Edelson's presentation by his intimate and penetrating knowledge of this particular movie. Did he review it before writing the discussion of Dr. Silverman's presentation? Or was it

perhaps the result of a set of rich impressions retained in memory because of some specific meaning the movie represented to him? One may ask, as a general rule, when such material appears in a patient's associations, would it help if the analyst were to rent a video of the movie and see it for himself? It could be quite helpful. Renting a video, however, is easy enough in the case of a movie, but what about the references to the characters in *Don Quixote*? I doubt if it would be practical for the analyst to try to catch up with Cervantes in order to clarify a particular set of associations.

Not all works of art lend themselves with equal ease to psychoanalytic exploration in the context of a particular patient. The effect of a novel is not identical with that of the movie. While the basic unconscious fantasy of the author finds its derivative expressions in the novel, it may elicit a general, widely applicable reaction on the part of the readers. Yet there are at the same time very special elements that each reader is free to bring to the fictional characters. In the case of a movie, the underlying story line, of course, dominates, but in this instance the director has greater power than the novelist to determine the effect to be produced. The flow of the music, the angle of the camera as it focuses on particular elements, the nature of the lighting, etc., all put to the fore the particular affective and ideational elements that the director has in mind. To be sure, it

is still not completely effective and individual variations, depending upon the psychology of the observer, occur nonetheless. In this connection it is important to note what Beres (1957) has pointed out, namely, that there are many aspects of the creative process of art that enter into the form of the psychoanalytic interchange. What a movie director does consciously a patient may pursue unconsciously, influencing and affecting the analyst through her dress, the tone of her voice, the mode of communication in speech or action, the figurative language she employs, etc. Especially in the second session reported by Dr. Silverman the patient seems to be in a teasing, provocative mood, an invitation to countertransference enactment.

I am in agreement with the spirit of Dr. Edelson's exploratory interest of the movie. The literary or cinematic works that the patient introduces in the course of his or her associations I regard as a borrowed daydream, a derivative representation of some conflictual, unconscious wish that the film has stimulated in the patient. The same dynamics apply, perhaps even more so, concerning the patient's personal ad, "Stop tilting at windmills and come to your Dulcinea." In this, her own creation, the patient indisputably identifies with Dulcinea. Thus, one can ask "What is Dulcinea doing in this inhibited, sexually frustrated patient?" That ad is a compromise derivative of an unconscious conflictual wish. I am quite certain most

analysts would probably respond technically in a different manner if the patient reported it as "I had a dream last night. I saw Dulcinea saying to Don Quixote, 'Stop tilting at windmills and come to your Dulcinea'." Or the patient might have said, "In the dream I was Dulcinea, etc." Dr. Edelson is quite right in noting with some astonishment that only two of the discussants of Dr. Silverman's material made reference to the movie.

The point that I wish to make is that the intuitive grasp of the material is only a signpost in the direction where a correct interpretation may reside. A sudden *eclairissment* should not be taken as an epiphany. The analyst's insight has to be validated, not only by what has been learned in the past about the patient's problem, but by an examination of the text of the patient's associations as they appear in the immediate context. An aphorism attributed to Lionel Trilling serves as a timely warning in such situations. He is reputed to have said, "People don't read books; books read people." A book or a movie may "read" different people in different ways in spite of the universal appeal of the basic, underlying, shared unconscious fantasy, which furnishes the essential appeal of the work of art. Accordingly, in this particular instance, one could have pursued the analysis of the underlying transference fantasy by asking the patient's thoughts about the particular aspects of the movie she mentioned or about Dulcinea. Actually, even this measure may be superfluous inasmuch

as the patient mentioned other clearly related material, e.g., fantasies of being an airline hostess or a nurse. These, too, if one preferred, could have been explored at greater depth. There are many choices available to the treating analyst who has many advantages over outside commentators, among which, quite significantly, is his long-range knowledge of the development of the analysis and the specific nature of the transference at this particular moment. The patient does not identify completely with the character of the heroine in the movie, but only with those features that resonate her own unconscious conflicts. How she elaborates the derivative representations of her unconscious conflict may differ widely from how the character in the movie behaves. There are limits to how far one can pursue the parallel between the dynamics of a real patient and an artistically created one. As an example of how one can be led astray even from one's meticulous methodology, I cite the author's speculation about a possible fantasy that the analyst might have had in connection with the patient's wish for larger breasts. I do not know if there is any definite reference to breasts in the movie, but how the patient's wish for larger breasts could eventuate into a wish for the analyst to have larger breasts in order to be a more nourishing mother is strained indeed.

What I did miss in Dr. Edelson's discussion of the clinical material was a more consistent attention to the analysis

of defense. For example, at the beginning of the second session, the patient reports that good things happened to her. She got a response from a man to the funny ad. She wrote, "Stop chasing windmills and come to your Dulcinea." Quite correctly, Edelson points out that the first thing that a patient says at the beginning of the session frequently represents the abiding theme for the session and should be treated as such. The patient, however, made no further comment about the experience nor was she brought back to it. If the patient had said the same thing in an ordinary conversation to a friend, surely the response from the friend would have been "What did he say?", and later perhaps, "That was quite a striking ad. How did you come by it?" The patient's behavior in the session is a striking example of isolation and its defensive use should be demonstrated, not by labeling it but by countering it, i.e., "What was the response from the man to the funny ad?" If the patient then went on to discuss other matters, the analyst would be presented with the opportunity to point out the defensive use of isolation. In fact, the patient called the analyst's attention to the way she was communicating by noting that she was "rambling inconsequentially rather than continuing with what I opened up in the last session," as if, as Edelson astutely points out, the material of the previous session had nothing to do with the manner in which the patient opened the current session.

The dynamics of the interchange at the beginning of the second session are very striking. After calling the analyst's

attention to the fact that she has not been following through on the things that had been discussed, she tells the analyst, "I do want you to be my teacher, to be more active. Guide me, tell me. That would make it easier for me. Then I wouldn't have to do it." Yet a few moments later, completely out of the blue, the patient says, "I want to goad my father and make him mad. I don't want to make you into my father."

This is a striking sequence of thoughts. To begin with, up until now the father had not been mentioned at all. Now that she does mention him, it is in the spirit of a masochistic provocation. She wants hims to be angry with her. To this she quickly adds, "I don't want to make you into my father." Obviously she had to think of it before she could deny it. It is a clear example of what Freud (1925) referred to in connection with negation, namely, that certain ideas can be permitted to enter consciousness only if they appear as a negative. In the same spirit, when the patient wonders why the young man didn't show up after she informed him that he would not be permitted to sleep with her, she asks, "Do you think that's why he didn't show up? Did I chase him away?" These are really rhetorical questions representing affirmative statements. An affirmation or interpretation about the defensive use of the questions would have been useful at the time. The patient was becoming aware of her tendency to chase men away. In my experience, the same principle

applies with equal force in connection with statements made not only in the negative, but also the conditional, the interrogative, the subjunctive, etc. These all represent techniques by which a repudiated thought or wish may be "smuggled" into consciousness. After several encounters with these mechanisms in their material, patients will on their own recognize the compromise function of the grammatical mode, whether it is interrogative, conditional, negative, etc.

From the material it is clear that Dr. Silverman was entirely correct in positing the presence of a powerful masochistic wish. Confirmatory evidence for this wish abounds in the material, but I would like to point out one particular indicator of this process because it is so striking. While speaking of a certain disappointment she experienced, the patient says, "I was shot down in flames." This is a very striking image and it is as definitively determined a form of defensive compromise as if the image had occurred to the patient in a dream. How to deal with it in the clinical setting is another matter. In the present context, however, interpreted or not, it is further confirmation of the analyst's insight into the patient's underlying conflicts over masochistic wishes in the transference. From the technical point of view, it is clear that the derivatives of the patient's unconscious conflicts over her masochistic wishes make themselves apparent in many ways at the same time in the clinical material,

whether as a reaction to a work of art, a transference, a creative ad to be placed in the newspaper, a striking metaphor, etc. Which particular aspect of the material the analyst chooses to concentrate on and interpret in depth will depend upon many factors, differing from analyst to analyst, from patient to patient, and according to the stage of the analysis, among many other factors. The constant factor, however, remains the methodology of interpretation and it is this concern that forms the major part of Dr. Edelson's contribution.

This brings us to the third stream in this presentation, Dr. Edelson's description of his methodology of interpretation. He says, "I want to argue for small and against big theories, explanations and clinical interpretations in psychoanalysis. Theories, explanations and interpretations are answers (however tentative, provisional, probablistic or partial) to questions we ask about what we see and hear in the psychoanalytic situation. I have argued in the past for formulating small, rather than big, theories in a scientific context to satisfy cognitive interests." To me this represents a plea for an approach to draw conclusions from a close examination of the text, of the total interaction between analyst and analysand, rather than imposing upon the patient's material concepts derived from favorite paradigms or theories. With such an approach I am in complete accord and, in

fact, it corresponds to the principles I employ and have described as the basis for interpretation.*

During psychoanalytic treatment, fathoming the conscious and unconscious import of the patient's productions is based on a close examination of the text of the patient's free associations. Edelson states, "Free association....implies that a patient is free for a period of time to be reminded of and to report whatever reminds her of anything." To some readers this may be misleading, since it suggests bringing to mind something that has been forgotten. It should be recalled that originally Freud looked upon the technique of free association as a means for overcoming resistance to the recall of forgotten memories. Even in his very last writings, Freud (1937) emphasized that the essential technical task in psychoanalytic treatment was to get the patient to recall the forgotten past, and it was in this spirit that generations of analysts were taught to listen patiently and passively to the patient's productions until the repressed memory or a clearcut derivative of it bypassed the censor and "escaped" into consciousness. More recent formulations of mental functioning emphasize conflict and compromise formation. Such an approach

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* At the Amsterdam Congress of the International Psychoanalytical Association in 1995, I argued against retaining the concept of psychic reality because the term meant different things to different people, depending upon their favorite paradigms or theoretical predispositions. Instead I suggested that we devote our energies and interest to the study of psychoanalytic methodology, to a consideration of how we reach conclusions in the context of the psychoanalytic situation.

seeks to delineate the elements in conflict and the manner in which the final compromise formation (Brenner 1982) is put together. While recollection is important and helpful when it does occur, it is not the primary goal of analytic technique. What the analyst concentrates on is how the patient's mind works and this is learned best, as Dr. Edelson suggests, from a close examination of the text of the patient's free associations.

Free associations represent a moment-to-moment record of how the analysand's mind operates, what he connects with what. What the analyst does is to supply the missing links that meaningfully link one element to another and to demonstrate the relationship of the various elements in the patient's associations to a pattern of meaning that emerges from their contiguity. This is the spirit in which I understand Dr. Edelson's concept of "small interpretations."

The principles that govern how meaning may be extracted from the flow of the patient's thoughts and, in particular, responses to the analyst's intervention do not differ very much from how understanding is achieved in ordinary conversation and communication. In all communication, meaning evolves first of all from the context in which the articulated expressions appear. In the psychoanalytic situation the overarching reality, the abiding context, is the fact that the patient is in need of help and he has turned to the analyst to be helped in a particular way. The

patient's current life situation, the nature of the transference at a particular time, the material of the previous session, the immediate events of the day, all constitute the context which serves as the framework for understanding the patient's immediate productions.

Because of the way that contextual considerations enter into the shaping of interpersonal exchanges, more meaning is conveyed and more is transmitted than the actual content of the spoken word (Rosen, 1967). As already indicated, context gives meaning that often does not have to be expressed in words. In addition, the contiguity of the spoken elements, the sequence of thoughts, repetitions, similarities and contrast of expressions, the use of unusual words, images and figures of speech, especially metaphors, all serve to transmit information in addition and beyond what might have been the speaker's intent.

Quite rightly Edelson maintains that understanding derived from this kind of processing of the patient's productions leads to appropriate, i.e., pertinent, helpful, meaningful insights that can be transmitted to the patient. Such "small interpretations" are real and pertinent and, therefore, helpful in fostering both insight and analytic progress. "Big interpretations," Edelson goes on to say, "in contrast to small, generalize over or are true on all or most occasions, so, if they are true in today's session, they are also likely to be true in

last year's or next month's session...if they are true of this patient, they may be true also of any number of patients who are members of the same class and who meet the same general criteria." He goes on to point out that patients often feel this sort of interpretation as an impersonal psychoanalytic formula and it may lead to resistance to further analytic exploration, a resistance that is iatrogenic in origin. The important point is to be able to demonstrate to the patient from the text of his or her associations how certain inferences, if correctly drawn, explicate the patient's difficulties. At the same time one has to avoid making sweeping generalizations about so-called "big interpretations." There are occasions when the cumulative experience of the effective microdynamics of interpretation places the analyst in the position to make a "big interpretation." He may be able to demonstrate how many psychic derivatives, symptoms, character traits and sublimations, normal and pathological, all represent different compromises emanating from the same unconscious conflict. The important thing would seem to be to demonstrate from the data how the patient's mind works. This is what we call insight.

Finally, Edelson reminds us of a very important principle of psychopathology that is often overlooked or not fully appreciated. He says, "I do not believe that a psychoanalyst needs to use remote events or states of affairs to explain present ones. The past has its effect on the present to the extent it exists in

the patient's mind now, in the form of memories, fantasies and images, in the stories and scenarios she tells and enacts now, and in the impulses and feelings associated with these. It is such scenes or stories, currently existent in her mind, that determine now just how she is seeing, interpreting and shaping the present." I have always regarded this as a most important principle in understanding technique and psychopathology, i.e., the past is embedded in the present. How the patient responds to the analyst's interventions often repeats a fragment of his own history. That is to say, the patient responds to an impulse or wish that the analyst has just called to his attention in the same way that earlier in life, during childhood perhaps, the patient responded to the same impulses when he became aware of them arising from within him. This is what I had in mind when I said that it is on the basis of the individual's persistent conflicts over unconscious fantasy wishes that the individual perceives, interprets and responds to the current events in his life or, contrariwise, misperceives, misinterprets and therefore misresponds in keeping with the effects of his persistent unconscious conflicts.

This paper is at once a most comprehensive, as well as intensive, examination of the vicissitudes of the interaction between patient and analyst in the psychoanalytic situation. It would take more than a single discussion to do justice to the richness of its content.

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