

Discussion of "The Mind of the Analyst: From Listening to Interpretation" by Mme. Baranger

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A topic more timely for this Congress than "The Mind of the Analyst: From Listening to Interpretation" is hard to imagine. Recent years have witnessed a growing number of contributions to our literature dealing with the inner experience of the analyst as he listens and as he reaches conclusions concerning the mental processes he observes in his patient. If, in keeping with the topic of a recent international Congress, we are pursuing the search for a common ground, it is here, I believe, that we can find it, in the experiences we share in the standard setting of the psychoanalytic situation. At some time each day every analyst ponders how he proceeded from listening to interpretation. These issues, indeed, are the very center of our concerns.

We are grateful, therefore, to Mme. Baranger (1993) who, from her long and deep experience, placed at the beginning of her contribution the real, the practical issues that bring analyst and analysand together. The patient comes to treatment for some pressing need. Once he has sought out the services of a psychoanalyst, whether he has said so in words or not, the patient feels that there is something wrong with how his mind works, that something is out of his control, and it must be due to factors working in him of which he is not aware. Otherwise, he would not consult a psychoanalyst. Elucidating the influence

of unconscious elements on mental functioning is the province of the psychoanalyst. The real professional relationship is a constant feature of the analytic situation and, however remote it may seem from the task at hand, at some level of his thinking the patient's productions are directed toward the therapeutic task.

From the very beginning, the relationship of the two subjects in the experiential field is asymmetrical, and this is as it should be, for they both have different functions to perform in this common endeavor. Both analyst and analysand are committed to the goal of helping the patient overcome or at least alleviate his difficulties. This is the abiding framework within which treatment takes place. There is always an unconscious selection of presentation, burdened though it may be with the weight of conflict.

What appear in consciousness in the course of treatment are derivative representations of the patient's persistent unconscious fantasies (Arlow, 1969a, 1969b). These fantasies are specific, even idiosyncratic, for the particular individual. Over the course of years they have shaped his mental functioning, character, interests, sublimations and symptoms in keeping with the underlying conflicts that these fantasies articulate. This is what underscores Mme. Baranger's observation that the first things that the patient says at the beginning of a session, especially when they concern the analyst, represent the theme for the rest of the session.

I would agree with Mme. Baranger that the image of the analyst's Unconscious (and here, to be consistent, one should use the capital U rather than the small u) serving as a resonance box for the patient's Unconscious is a flawed metaphor. I also agree that the concept of projective identification has its shortcomings in explaining what goes on in the analyst's mind between listening and insight. It is too easy a solution to a very complex interaction. Together with the resonance box and projective identification, I would include Isakower's (1957) concept of the "analyzing instrument," which, it seems to me, is just another version of the resonance box metaphor. But I do feel that I must take issue with the concept that the unconscious fantasy appreciated by both patient and analyst is a creation of the field. Mme. Baranger follows Bion (1952), when she says that the unconscious fantasy, the creation of the field "does not exist in any of the participants outside of the group situation. This is what we mean by the basic unconscious fantasy in the field of the analytic situation." (p.17) Rather, I would maintain that, through various processes to be described, the patient's unconscious fantasy is communicated to the analyst and shared with him. This is the crucial intermediate step that enables the analyst to pass from the role of passive listener, through insight, to be the active transmitter of interpretation.

How one comes to understand the unconscious thought processes of another person is a problem that has intrigued

analysts from the very beginning. Freud (1915, p. 159) at first was quite reassuring. He said, "Every beginner in psychoanalysis probably feels alarmed at first at the difficulties in store for him when he comes to interpret the patient's associations and to deal with the reproduction of the repressed. When the time comes, however, he soon learns to look upon these difficulties as insignificant." Freud goes on to emphasize that the important thing is to study the vicissitudes of the transference. In spite of this reassurance, the fact that, after so many years of analytic practice, the theme of this Congress relates to this very problem indicates that the difficulties are far from insignificant.

With these considerations in mind, let us examine in greater detail what happens in the mind of the analyst as he listens to his patient. We would do well to begin with the task which we have assigned the analysand. He is supposed to follow the fundamental rule, that is, to report without criticism whatever occurs to consciousness. This procedure affords the patient an opportunity to objectify his thoughts, to project them and to study and judge them, but in the presence of an audience of one, the analyst. I need not expand upon the difference between saying one's thoughts out loud in isolation as compared to doing the same in the presence of another person. Beres (1957, p. 409) states that in the analytic situation, "what is communicated is a creation of the analysand who becomes, in a

sense, a creative artist. The analyst is the audience to whom the creation is communicated, but his role in the process is not...a purely passive one." In actual practice, the analyst, of course, is not a passive listener. From time to time he intervenes. In doing so, he stops the patient from pursuing an exclusively passive reportorial role. The activity of the analyst, accordingly, has the effect of bringing about a split in the patient's functioning. Although the patient has been assigned the task of being a passive uncritical reporter, he is interrupted from time to time by the analyst, who now directs him to be a more active observer and to reflect on his own productions. In this sense, he is being invited to imitate the way the analyst operates. This process facilitates at least a partial identification with the analyst. This analysis of the interaction between analyst and analysand was pointed out by Sterba in 1934.

At the same time a parallel process takes place in the analyst's mental functioning. What I propose to do is to examine the experience of the analyst while listening to his patient, in terms of a complementary split in ego functioning and its consequences in terms of identification, empathy, intuition and introspection.

Clearly we must begin to consider how the patient's productions affect the analyst, what makes it possible for the analyst to divine the hidden message or communication in what the

patient has been saying. We must also consider why the analyst intervenes at any particular point. These, as Mme. Baranger has pointed out, are the essential aspects of the therapeutic interaction and of the interpretive work.

The interchange between patient and analyst is a rich and exceedingly complex process, involving much more than resonance and countertransference. In the therapeutic interaction, as in any ordinary conversation, mutual understanding derives from the power of human speech to create states of mind in the listener akin to those of the speaker (Arlow, 1979b; Loewenstein, 1956; Rosen, 1967). In an earlier communication (Arlow, 1979a), I attempted to describe the preliminary stages from which the process of insight and interpretation emerge. While listening passively to the patient, the analyst experiences the patient's verbal productions as his immediate sensory perceptions. They occupy his attention almost exclusively. At that moment the patient's presentations constitute what is presented to the analyst's consciousness and, as a result, he has become identified with the analysand. The analyst thinks and feels like the patient, a process that is enhanced and intensified by having shared over some period of time the patient's feelings, hopes, disappointments and secrets. Sharing confidences fosters an emotional bond between two people and intensifies the process of identification. Identification then facilitates the operation of one of the basic requisites

of the psychoanalytic interchange, namely, empathy. Under the conditions of the analytic situation, and as a result of the analyst's training, the analyst begins to think and feel how the analysand thinks and feels. When the analyst becomes aware that the mood or thoughts he has been experiencing represent commentaries on the patient's material, he has made the transition from simple identification to empathic comprehension. If the analyst fails to take that step and remains in the state of identification, he is sympathetic but not empathic. This is one of the most common factors underlying many forms of countertransference. Thinking with the patient is quite different from thinking about the patient (Beres and Arlow, 1974).

The capacity for empathy must begin in childhood somewhere after the child has reached the stage of object constancy, although important precursors may be traced to an earlier period. The capacity for empathy has its roots in those existential dilemmas which face every child in whatever part of the world he is raised, no matter what the nature of the social conditions of his culture. Most of the problems for which he seeks answers are insoluble -- the origin of the world, the meaning of death, the nature of sexuality, the relation to powerful adults, the privileges or inhibitions that are imposed upon him, etc. These problems can be comprehended only inadequately and the solutions the child fancies are based upon limited information, usually misunderstood, and upon primitive

concepts of causality, together with a propensity for wishful thinking, often of a hallucinatory nature. On the basis of his meager scientific resources, the child's solutions tend to be fantastic in nature and, in significant measure, roughly uniform from individual to individual and even from culture to culture. They bear the imprint of the common fantasy structures created by children throughout the world, the structures that form the base of the typical unconscious fantasy systems that are to be found at the core of our patients' difficulties. These primitive conceptualizations of the child's existential dilemmas form the bases for what Freud (1908) and Hanns Sachs (1920) have called unconscious fantasies shared in common, the universal matrix out of which myth, religion, literature, art and, of course, neurosis develop. The sharing of unconscious fantasies entertained in common is an inexorable dimension of the aesthetic experience. It is one of the essential components of the analytic experience.

We thus can see how the analysis partakes of the nature of the creative process. It is in a sense a highly aesthetic experience. Using various modes of communication, the patient exerts an influence upon the analyst quite akin to the devices employed by the creative artist. The patient's body posture, mode of behavior, facial expression, all transmit meaning which augments and elaborates what the patient articulates verbally. The timbre of the voice, the rate of speech, the metaphoric expressions and the configurations of the material transmit

meaning beyond what is contained in the literal words alone. All of these influence the analyst, mostly subliminally, and are elaborated by him unconsciously. In effect, the patient has brought to bear upon the analyst the power of the creative artist to evoke conscious, derivative representations of an unconscious fantasy. These derivative representations are hierarchically organized. In the course of the individual's development, they vary in form, but not in essential content (Arlow, 1969b). As Mme. Baranger has indicated, they cannot or they need not be interpreted in sequential fashion.

As the analyst listens, the next step in the process of arriving at insight occurs when identification and empathy are augmented by intuition. Intuition consists of silently and effortlessly conceptualizing and organizing into a meaningful pattern and outside the scope of consciousness the significance of the patient's material. This is done against the background of the myriad observations, the impressions, facts, experiences -- in a word, all that the analyst has learned from the patient. It takes place usually without any sense of the intermediate steps involved. What occurs consciously to the mind of the analyst is some thought, image and/or affect. Essentially analysts experience these mental representations as their free associations to the patient's material. However, the thought that appears in the analyst's mind rarely takes the form of a well-formulated, logically consistent, theoretically

"Society, however, which thus influences the individual, is not a thing apart, external to the individual. Its whole existence and activity are in and through individuals, who transmit its commands one to another, and influence one another, by word and deed, in ways determined by the spirit of society. It may, therefore, be said with justice that every individual member of society carries in his own being thousands of hidden hypnotic agents, whose commands are stern and peremptory. 'Such and such shall be your opinions; such and such your actions.' The individual obeys, unconsciously. His opinions and his actions are framed to order. At the same time, he finds cogent arguments in favor of his opinions, and sound reasons for his actions. He is not conscious that it is the spirit of other men that thinks in his brain and actuates his hand, while his own essential spirit, his inner Ego, is sometimes utterly at variance with the resulting ideas and actions, but cannot make its voice heard because of the thousand tongues of the external Ego (what a French philosopher, Bergson, calls the 'verbal ego') in which society enfolds him.

"We may go further. Society does not create its spiritual stock-in-trade and its way of life afresh in every generation. These things come to birth in the earliest stages of society, being a product of the conditions of life, then proceed through a long course of development till they attain a form that suits that particular society, and then, finally, are handed down from generation to generation without any fundamental change. Thus society in any given generation is nothing but the instrument of the will of earlier generations. The arch-hypnotizers, the all-powerful masters of the individual and of society alike, are the men of the distant past. The grass has grown on their graves for hundreds of years, it may be for thousands; but their voice is still obeyed, their commandments are still observed, and no man or generation can tell where lies the dividing line between himself and them, between his and theirs.

"When, therefore, we hear people talking loudly about their 'inner consciousness,' by which they pronounce judgment on truth and falsehood, good and evil, beauty and ugliness, we have a right to remember what we should find if we could analyze this 'consciousness.' We should

find that the elements of which it was compounded were almost entirely the different commands of different hypnotic agents in different ages, which, through a complex chain of causes, had become united in this particular body of men, and had found its manifestation in their individual Ego..." (pp. 91-94).

Ahad Ha'am wrote this essay in 1892, thirty years before "The Ego and the Id." In this essay, he elaborates a concept of moral functioning which operates largely unconsciously and the moral forces of which exert a dynamic influence on behavior and thought. Furthermore, these influences are operative from early in life and they are historically determined. They reflect the vicissitudes of the experience of the individual's forebears, of the lessons learned from the ideal images of the community's past. Early in life identifications are made with such individuals and their teachings, and these identifications continue to exert an unconscious, i.e., hypnotic, effect upon each member of the community. These are identifications that compel obedience. The group experience through its cultural institutions, the family, schools and religion, perpetuates the influence of the leader and transmits that influence from generation to generation. All of the features of the psychoanalytic concept of the superego may be recognized in these elements, with, of course,

the very notable exception of the relationship to the passing of the Oedipus complex.

It is not necessary to belabor the point. Both Freud and Ahad Ha'am drew nourishment in common from the wellsprings of 19th Century European thought. So did hundreds of others of their contemporaries in whose works subsequent authorities have found ideas strikingly parallel to those enunciated by Freud. Similar social, cultural and historical factors applied to all of these writers. To be sure, certain influences from the external world may have been more significant in the case of some authors as opposed to others. Certainly Freud's experience as a Jew in anti-Semitic Vienna was important. The question is: Was it decisive? It is, I believe, almost impossible to demonstrate which of the elements that played upon Freud's development proved to be the germinal factor of his genius. To pursue this line of thought would force us to face the Marxist banality that Freud, Ahad Ha'am and the rest of them were products of their times. Ahad Ha'am and many others like him reaped the benefits of the more beneficent elements of the social, cultural and historical forces of 19th Century Europe, and consequently were able to see and to understand many things in a new light. It remained for Freud, however, to be able to benefit from all of these elements, to see beyond what others

were able to perceive, and to integrate his knowledge and his insights into a new conception of man and his mind. How he did it, I do not know.