Psychoanalytic Ethics That Go Beyond Oaths or Codes:

Seeking Safety from Within the Analytic Dialogue Itself

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"Want some?"

An analyst, a few years out of training, told me a story from his psychoanalytic candidate days. In the third year of his four-session-per-week analysis with a prominent female training analyst who was approved by the institute at which he was training, he was in the midst of work on the difficulties he tended to encounter within his closest relationships, particularly with the women who would rotate through his life as romantic partners. The closer he and a given lover would become, the further he tended to feel himself straying from his own free will and desire. His attraction to the woman and his freedom to feel and express it would start to fade out, replaced by a reflex-like tendency to become overly concerned about the woman's emotional well-being. He would go from being a lover to a caretaker, and it felt as if there was nothing he could do about it once the transition began. His longings would turn elsewhere, routinely to women who, he fantasized, would be robust enough so that his attraction to them would never be killed off by the emergence of his dreaded, "protective" concern. The women he had been involved

with over the years typically experienced him as loving, empathic, and even passionate, and they attached themselves to him, believing they had found, in him, the partner who was "the one". Yet his history was littered with attachments such as these that eventually, agonizingly and with profound guilt, he would have to break free of. He was a reserved person, yet often able to be playful and outgoing in his closest relationships. Why, he wondered, could he not sustain his access to the aspects of himself that were most alive once caring and concern entered the picture in his loving relationships?

His analyst, working within what has currently come to be known as the relational tradition, seemed to have the idea that he was too uptight and that he needed to "loosen up" and become more capable of mutual, playful forms of relating. She wanted her analysand develop a capacity for keeping in touch with his own, personal desires by interacting with him in such a way that demonstrated that *she* not only could keep in touch with but also actively assert her own, "true" self (cf., Winnicott, 1971). Her idea seemed to be not so much to teach her analysand how to be but to push him into a relational negotiation of need and desire, both his and hers, that would expand his capacity to retain contact with his aliveness while appreciating the aliveness of the other person. The previous years of their work had been characterized by multiple cycles of "rupture" and "repair". This was clearly not an analyst who believed in being unobtrusive in her work.

In this context, there came a session that this analysand, then a candidate in his early 30's, entered his analyst's office at the midday time of the session, through the door that was left open for him. He was rushing (as candidates are often known to

do) and had not had time to grab a sandwich for lunch, and he was hungry. There in the consulting room he found his analyst, sitting in her Stressless chair, feet up on the footrest, eating an aromatic bowl of ravioli with tomato sauce and Parmesan cheese that was perched on her lap.

"Oh, are you ready for me?" he asked, thinking she might have been running late and that she trying to finish up her lunch before their session.

"Yes, I am," she replied. "Go ahead and close the door."

He sat in his usual upholstered chair, across from her. She smiled and continued to eat.

He sat for a while, reflecting on the situation and becoming increasingly upset. He was already familiar at this point with his analyst's tendency to push the limits in his sessions. She had previously conveyed to him that she believed he needed to be more flexible and tolerant of the differences between them. When he had told her that he needed her to be more careful in her handling of the boundaries in the analysis she had responded that she could try, but she was who she was, and it would be to his advantage to simply tell her when something she was doing was bothering him and then they could "work it out together."

But this moment, possibly due to the mere fact that he hadn't had lunch and was hungry, was the straw that broke the camel's back. (Some might say that it was actually heftier than a straw.)

"I can't believe what you're doing!" he finally blurted out. "How can this possibly be appropriate for a session?"

She swallowed and stuck her fork in the next ravioli, but paused before taking it, looking over at him blandly.

Fuming, he tried to collect himself and to address the situation, as was his habit, with a rational plea: "You know *I* didn't have a chance to eat lunch. I'm hungry. But I have an appointment with you and so I have to wait until later to eat…"

"Want some?" she interrupted, holding out her fork, a plump ravioli speared on its tines.

"No, thanks!" he exclaimed, not quite sure if she was seriously responding to what he was trying to say by offering him some of her food.

Things deteriorated from here, my colleague recalls, with him arguing that she was going too far with her insistence that he "loosen up and relate to [her] as a human being." She countered that though she was his analyst and trying to help him, she was not there to be oppressively controlled or restricted by him or any analysand. "There is more than one person in the room," she urged. "There is enough room for us both to get what we need.

"You're supposed to have what *I* need as your highest priority here," he responded. "That there is a relationship between us doesn't mean that you're free to do what you want at my expense."

"I think this is important," the analyst said, trying to focus herself and her analysand on what might be gained from the current rupture. "You have needs; I have needs too. Couldn't it be possible to attend to the needs of both of us?"

In retrospect my colleague, the analysand, marks this exchange as a watershed moment, one in which his cumulative concerns about this analyst's way of working

with him became sufficiently clear for him to seek consultation with another analyst and, ultimately, leave his treatment to work with a different analyst (who was not the consultant). He believed that the (first) analyst may have been on to something relevant with regard to her sense that he would ultimately need to find a way of navigating through the mutual give and take of an intimate relationship if he was ever to have hope of simultaneously being more fully himself and being deeply involved with a partner. But he viewed this analyst as alarmingly unable, or unwilling, to listen when it came to her impact on her analysand.

"At best, she was too attached to her idea of how things should go in the treatment and how I needed to relate to her, which made her turn a deaf ear to the distress she was causing me," he said. "At worst, she was working from a stance that was incredibly narcissistic and self-serving. She may have rationalized that she 'needed' to go ahead and eat her ravioli, and to stand up to me if it bothered me, so that I would be forced to experience the grit of true intimacy," he reflected. "But maybe she was just hungry and felt like eating."

The Challenge of Psychoanalytic Ethics

People do not do what they are supposed to do, and psychoanalysis has always observed this. Regardless of the extent to which they become civilized–responsible, interpersonally connected and attached–people regularly act in ways they promise not to act, including ways that are selfish, destructive or oblivious to the feelings of those with whom they are relationally embedded.

This holds true even when the people in question have been analyzed and, even still, when they become psychoanalysts (cf., Gabbard, 1995; Gabbard & Peltz, 2001; Slochower, 2003). Honesty, integrity and care for others are all too often overridden by desire and fear, or their derivatives. People's best selves are forced to share life with their worst selves. The differences between people in this regard are a matter of proportion; no one escapes being bad some of the time. People may have personal values or principles. They may adopt codes or laws. But they will still fail, ordinarily rather often, to live up to the aspirations those morals and rules were intended to ensure. And any instance of apparent virtue may hide vice beneath its surface. Psychoanalytic exploration has revealed time and time again that one of the best ways people find to be *bad* is to be exceedingly *good*. The more righteous the stance, the more we may suspect that we are not seeing the whole picture. Irreducibly conscious *and* unconscious, people are complicated and always seem to be full of contradictions.

This keeps life interesting, and complicated, and sometimes makes it tragic. Disillusionment is a common, recurrent experience, even for those whose lifelong experience of trauma of one sort or another "ought" to have left them knowing what to expect. Learning from experience is only partial at best; usually human beings cannot stand to look trauma straight in the eye; they cannot bear to remember all they have been through. With dependency as a basic predicament, reflexively deployed dissociative defense serves as "protection" from abuse or neglect at the hands of those who are depended upon. And it is established early on: when it comes to relationships with parents or other caretakers, it is hazardous to

consciously register failures of care, let alone speak up about them. Rather than jeopardize care with an outward expression of focused anger, dissociative avoidance or implosive, self-directed responses are all too common.

And this poses a challenge for how we should think about doing safe and ethical psychoanalytic treatment. Psychoanalysts (and all psychotherapists) are always imperfect, always subject to ways of participating in the process that may be harmful rather than healing. We are all interpersonally constituted; how we treat the other comes into being through multiple, induced, dissociation-based enactments of various sorts, including those that will involve some degree of reopening of past wounds. The question is not "*if*" we will harm in the process of trying to heal, but "*when*?" So, can a way to reliably mitigate the frequency of re-traumatization be found? And can we create the conditions in the analytic situation to look at, talk about and repair the things that, despite best efforts, go wrong and cause harm?

Neither externally based guidelines–in the form of oaths, codes or held theoretical views–nor internally based structures–in the form of analytic ideals, values, intentions or beliefs–can be totally relied upon for the protection of the patient from unintentional harm by the analyst. The analyst is, after all, subject to ordinary, extensive, human unconsciousness. The complexity, ambiguity, unawareness and unconsciousness inherent in the psychoanalytic process and characterizing its participants make reliable legislation of safe conduct a virtual impossibility. And virtuous rules or codes–as necessary as they may be for structuring, guiding and overtly securing the treatment process–may all too often

serve as hiding places for the untoward things they purport to prevent, to the extent that they implicitly ask for obedience rather than inquiry.

I want to offer, here, an approach to ethical psychoanalytic practice that emphasizes the analyst's authorization of, and receptivity to, the analysand's own capacity to perceive and to express problems in and possible harm from the analysis and the analytic relationship. I want to argue that only such an *experiential and relationally derived* approach to maintaining safety can, ultimately, be relied upon to achieve the aim of recognizing negative impact, neutralizing its effects and, perhaps, turning its handling into a source of healing. This approach to *sufficiently* safe–and ethical–practice involves, foundationally, the analyst's maintaining a position of being a subject of analysis at all times during the process. By this, I mean the analyst's conduct and character are intentionally placed in a position where they can be observed, reflected upon, described and associated to, by both analyst and analysand. And this requires vigilant and effortful work to counteract the analysand's dissociation-based reluctance or inability to accurately seeing and being open about what the analyst may be doing wrong, indeed what may be wrong with the analyst.

The limitations of authority-based codes and principles

There are a number of problems with external forms of guidance toward ethical conduct. We would like to be able to dictate that each psychoanalysis will be conducted in such a way that the analysand's emotional growth and well-being will be the analyst's highest priority. But experience seems to show that this is not

always the case. As human, imperfect, vulnerable and unconscious as the people who become psychoanalysts are, we repeatedly observe them doing things that hurt rather than help. The fact that some instances of initially traumatizing conduct may, ultimately, become the sources of working through and healing for patients (provided that the analyst is willing to explore what happened with the patient (Mendelsohn, 2002)), does not sufficiently reduce the concern that blind, exploitative, selfish behavior and its impact will not always be prevented by external rules. The psychoanalytic process is so complicated that the gray areas where no third party may be watching would seem to far outnumber the areas where transgression is detectable and ethical conduct can be enforced.

There are also problems with having as our starting point, when embarking on a psychoanalytic journey, some notion that, "If I were not kept in line by the rules and guidelines, these are the places where I would go astray." The mere existence of a codified moral pathway should draw our attention to the notion that we fear, in the absence of such a pathway, that we will quite possibly be lost. In saying this I am not intending to take a position against having ethical codes or guidelines—they serve important purposes, most significant of which is that they remind us what we could usefully be thinking about when doing our work—but I feel painfully aware that such codes or guidelines are an artifact of our ethical unreliability and doubt. There exists a psychoanalytic code of conduct because we believe we will have the impulse, if not the tendency, to act unethically.

In an era gone by, psychoanalysis relied on austerity (abstinence) as a kind of pervasive attempt to avert exploitation, harm or other abuse or ethical

transgression. But such abstinence, while providing a sense that there exists a safeguard, does not, ultimately prevent misuse within the analyst-analysand relationship from occurring. And it may, in fact, close rather than open explorations of such a possibility owing to the fact that the analyst who believes that he is abstaining is less likely to see himself as potentially implicated when things go wrong (and he is also less likely to promote and take with due consideration the analysand's reports of misconduct). In using the word "misconduct" here I am intending its most broad—rather than specifically legal or professional—meaning. I want it to refer to any instance of mishandling in a given treatment that has negative impact—unintended or otherwise—on the patient. The degree of such misconduct may range from quite mild to severe. I think that the taking seriously of even minor mis-attunements, impingements, mishandlings or other less severe forms of misconduct when conducting an analytic treatment makes the occurrence of the more severe forms less likely. This is the case for two reasons. One, the problems can be "nipped in the bud" before developing into more sustained and cumulative problems and two, since they have been taken seriously before, the patient will be encouraged to report them, including their more serious instances, in the future.

The stance of abstinence and anonymity might have created power and security for the analyst through its fostering of "regressive" experience in relation to the analyst-parent authority figure. But was there an inherent safety-related cost to this in the form of insidiously diminishing the analysand's confidence in her own experience and freedom to speak about problems arising in the analytic relationship with the presumption that they could, very well, be real?

Through the democratization of psychoanalysis and the "relational turn" toward recognition of coparticipation and mutuality, the analyst's abstinent, anonymous stance was revealed as problematic in its wishful simplicity. Maybe the analyst could hide in terms of his location in the room (behind the analysand and out of sight) but he could not eliminate his personal, largely unconscious, idiomatic impact on the analysand. The analyst was doing more to the analysand, all along—whether acknowledged or not—than he could consciously know or intend to be doing. The solidity of the analyst's "well-analyzed" authority, also, was increasingly revealed as questionable. The analyst could no longer presume himself to be (or predictably be presumed by the analysand to be) "the one who knows better than anyone else," (See Lacan, 1968). Gradually, the role of the analysand moved in the direction of involving authorization to speak up and to question. The contemporary relational analytic patient has migrated toward a position where he can presume that the analyst may have something to do with the problems that arise in the analytic relationship, that it is not just the analysand's character and history that may be the culprit.

But, ironically, as the analytic situation experienced such a democratization (Mitchell, 1998) and the analyst's role lost the impervious authority it once had, many a relational analyst was freed from acting with some of the restraint and unobtrusiveness (Grossmark, 2012) that seemed to come with being "the one who knows." Now, in privileging the right of greater, more interactive expressiveness on the parts of both partners in the psychoanalytic dyad, the analyst was potentially liberated to speak as a co-participant, less restrained by the position of primarily

being a minimally influencing observer. In many instances the quality of the analyst's speech came to have a pronounced sense of partnership and mutuality. (For some analysts riding the relational wave there was simply an increase from the analyst of *all kinds* of speech, a casting aside of the belief that it was generally better for restraint to prevail. Then psychoanalysis was faced, I believe, with a new kind of problem, a new potential for misuse within the analytic situation: now analysts could (consciously or unconsciously) exploit their patients as objects of emotional caretaking, gratification, romance, friendship, intellectual stimulation, anxiety mitigation, etc. in manners more brazen than before. The problem of potential misuse or abuse in the analytic relationship got expanded in that understandings of what is going on and what *should* be going on in the analytic relationship became more complicated and, thus, lent themselves less readily to predetermined standards, codes or principles than had previously been the case. It was no longer simply or clearly out of bounds, for example, for the analyst to be disclosing erotic feelings or other personal details directly to the analysand without any particular concern that damage could be done to the analysand's freedom to speak that might be hard to undo. The analytic relationship was increasingly recognized as fraught with ambiguity regarding the participants' needs and desires (just as any "real" interpersonal relationship would necessarily be). As the rich complexity of the analytic situation and relationship is increasingly recognized, it has become less and less clear what the analyst could or should be doing in order to help (and avoid hurting) the analysand.

Yet the increasing awareness that analysis involves extensive mutuality, that analyst and analysand are co-participants does not inherently lead to the conclusion that analysts will, inevitably, use their analysands. Deepening recognition that analysis is a co-participatory process necessitates expansion of our thinking about what is going on and what the implications of such expansion might be for how we think about analytic danger and safety. Instead, we are forced to accept that there can be no source of relational misuse or abuse, and also no basis for a remedy to those, that resides outside of the interpersonal analytic relationship itself. Accordingly, both analytic participants must wind up being responsible for looking out for problems. And both must be authorized to speak of those problems frankly while working toward remedy.

We are called to adopt a relational ethical stance in which the analysand is authorized to be attentive to and speak up about (try to articulate) interpersonal danger, in the analytic relationship and elsewhere. This is necessary in order to counteract the analysand's ordinary, human tendency to dissociate problems that inevitably arise with the analyst's care. Concomitantly, such a stance will require that the analyst, when attempting to address difficulties that arise in the analytic relationship, will have to consider that those difficulties arise in the analysis itself. The analyst must, in this case, be as open as possible to the idea that what he is doing, in the here and now, is not good for the analysand, even if it goes with the analyst's preferred way of practicing or even if there are apparent historical antecedents to the analysand's fault-finding that would tempt the analyst to attribute the expression of negative impact to those not in the room.

Previously, I (Hart, 2009) have laid out a basic analytic stance that is consistent with the relationally based approach to ethical considerations that I am describing in this paper. In essence, I have proposed that the analysand's sense of emotional safety during the analytic process depends on the analyst's availability to be a subject of exploration in the analysis, to reside in a position I termed that of *the analyst-analysand*. I wrote:

> There are two basic components of such availability:
> 1. *In relation to self*: the analyst perpetually engages his or her own associative experience while working, much as he would if he were in a personal analysis, approaching the work with the assumption that there are two analysands in the room, both of whom are involved in the unconsciously unfurling process of immediate experience. Although the primary focus is on the analysand, both analysand and analyst stand to be changed by the analytic experience.
> 2. *In relation to other*: the analyst continually strives to cultivate an internal state of receptivity to information about the analysand's experience of the analyst, both positive and negative, fantasy-based and reality-based, implicitly or explicitly communicated.
> Persistent effort is made to convey a willingness to be the (optional) object of the analysand's exploration, interpretation, supervision and criticism (p. 268).

I described how the analysand's sense of safety could be maximized by through the analyst (as analyst-analysand) attempting to be as willing as possible to be reflected upon, by the patient and by himself, as if he were simultaneously *in analysis* while working as his patient's analyst. In contrast with the use of deliberate self-disclosure, the analyst-analysand position, with its roots in the ideas of Ferenczi (1932), Searles (1979), Wolstein (1976), Ogden (e.g., 1994), Bollas (e.g., 1999), Spotnitz (1976), and Epstein, (1999), viewed analytic safety as something obtained not from technical rules or from the analyst's avowal (or disavowal), but from her

uncommon receptivity to exploration and inquiry including in in relation to that which is directed toward the analyst herself.

Here I am extending this line of thought as I focus on the ethical safeguards provided by empowering analysands to speak out, increasingly emancipated from concerns about relational consequence.

One of psychoanalysis' main goals is echoed in the ethical stance that I am describing in this paper: to enable the analysand to become increasingly able to speak for herself, where such speaking involves a resolve to attend to her own internal and interpersonal experiences and perceptions and to formulate language to represent such experience. Freedom of awareness and freedom of speech are the things that are sought, not any particular sorts of contents that must be accessed. The freer the patient is, in the analytic situation, to notice and to formulate the broadest range of things possible, the more likely it is that he will find his way to what needs to be said.

Here are two examples of how the analyst may work toward this goal. One is from an initial session, the other from the third year of a psychoanalytic psychotherapy.

"James"

I am in the office late in the afternoon in the first session with a new patient, who I will call "James," a young man of 22 who tells me about his history of childhood sexual abuse and subsequent chronic depression, anxiety and substance abuse. He tells about the five different therapists he has seen. Most have been for

only a hand-full of sessions each. One, the most valuable from his perspective, has been about forty sessions with Dr. R. As I ask James about the details of the different therapies he has tried, it becomes apparent that he has tended to flee therapies he finds wanting rather than stick around and talk about what is wrong with the therapist in question. He uses phrases like, "We just didn't click," and "That therapist was pretty good and experienced, but he was a little rough around the edges."

"How," I inquired, "was he 'rough around the edges?'" sensing that this dismissive euphemism might refer to something noteworthy.

"In our fourth or fifth session he told me that it was too bad my [abuser] was no longer alive because if he was alive then it would probably be therapeutic for me to bash his brains out with a brick," he said, flatly.

"What did you think he intended in saying *that*?" I asked

"I don't know. That's what I was wondering."

"Did you ask about it, say anything?"

"No," he replied.

"Why not?" I asked.

"I was too surprised. Too stunned… I didn't know what to say." "And," he went on, "he was older, like an authority figure. I figured he knew what he was doing. But it was weird. I don't know if we had another session after that or not, but I got out of there."

"It didn't feel like you could say anything about it to him," I reflected. "You had to just leave."

"Right. That's right, it didn't. I guess that's true. But with Dr. R [the best of the lot], I felt much more able to talk about anything. He seemed more professional."

"Mhmm," I responded.

A bit later, approaching the end of our first session I returned to the issue of speaking about negative experience in therapy. "So, James," I said, "I am learning about you that you are sometimes inclined to keep troublesome things you might experience in therapy to yourself and, maybe, flee rather than bringing them up."

"I supposed that's right," he responded.

"OK, so, I would like to convey that I think it would be better for the prospect of your getting the most out of it if you could say when you notice something negative, something that comes up that bothers you."

"Do you mean that?" he responded quickly, surprising me with his playfully delivered directness. Then, turning more serious, "Won't I hurt your feelings?"

"Well," I said, trying to think on my feet, aware of a vague sense of anticipatory dread that I may soon receive what I have requested, "I can't give an ironclad guarantee that nothing you could say would hurt my feelings, but I can say that I still would want you to say whatever came up. And I will probably be OK."

"Hmm," he replied.

"In fact," I added, perhaps unnecessarily, "when I am working and I am being told about the problems that are coming up, I usually feel that that is a sign that the work I am doing is going better than when I am not hearing complaints and they are instead being put into the background."

"OK," he said. "Well…, …OK: I feel good about talking to you and I think I could work with you. But I noticed you did look away a few times while I was talking. And it made me think you might not be really paying attention, not really interested in what I was saying at times. But other than that it's been fine."

"Oh?" I asked. "When did I do that?"

He described noticing several instances when he was talking that I had broken eye contact and looked off to the side. He had actually turned to check to see if there was a clock somewhere in the direction I was looking, but, failing to find one, he had registered these moments as signs that he was saying things that I had heard too many times before from other patients, things that were so cliché as to become meaningless and boring to me.

I was somewhat shocked at the experience he was reporting since I had felt so engaged in the session and what James had been saying from the start of the session right up to that moment. But I tried to consider what he was saying as if it could be an accurate perception of something real, even if I had no conscious access to it at that point.

"I'm glad that you have taken me up on my invitation so promptly," I said. And we went on to identify the details of what he had actually been saying when I looked away and how he had conceived of my possible disinterest in those things. I was careful not to disavow his sense of my disinterest, but my curiosity about what he had experienced surely conveyed that there was plenty about him that I found interesting. Despite my strong sense of uninterrupted engagement in the session and now with what he was saying, I tried internally to entertain the possibility that

he was noticing an aspect of disinterest or disengagement that pertained to some anxiety within myself that could have triggered a dissociative turning away. We explored that he had refrained from mentioning any of what he had noticed despite its significant deleterious effect on his sense of my reliability as someone who could empathize with him.

In such moments of exploring something that has been bothersome I find it useful for my tone be rather neutral and matter-of-fact. There can be so much temptation to reflexively undo that which I am being blamed for by enacting its opposite in the way that I subsequently listen and inquire. I have learned that many patients are willing to take me up early on my invitation for them to refrain from sparing me their criticisms or other negative observations. Many patients, perhaps most, have not had such encouragement of frank participation in their previous therapies. Nor have they had it in their personal lives.

The work of inviting such frank, openness on the patient's part is never finished. The conveyance of the analyst's readiness to hear about any sort of negative perception or negative impact must take place again and again, even with patients who have been able to be open previously. In response to both ordinary and extraordinary relational trauma, instantaneous dissociations, large and small, are the default. No patient is ever permanently convinced that the coast is clear and that there will be no fall-out from his honesty.

Here is another example of working to enable a patient to speak up, this one drawn from later in the treatment process:

Kim

"OK, so, I just remembered that there was something I wanted to tell you," Kim, a 50 year-old scientist suffering from depression which is related, among other things, to a chronic autoimmune disease that leaves her perpetually more incapable and tired than she thinks she should be, says, a few minutes into her weekly session. (This was the middle of our third year of work.) "I actually had a bad time this week, since pretty much after last Tuesday."

"The day of our last session," I said, refreshing my willingness to hear about fallout from our work.

"Yes. I felt bad after the session. And things got worse after that. And I wound up having a terrible week."

"Yeah?" I responded.

"Yeah. And I think I thought about it and I think the mood I was in was due to feelings that I had from that session," she hesitated. "And you said you wanted me to say things like this…"

"Indeed," I replied.

"So, I felt bad and I realized: I don't think it's good, I don't think it's right, to badmouth my parents the way I was doing."

Feeling a dawning sense of disappointment on hearing that what I had experienced as a significant advance in Kim's ability to speak frankly about painful and significant aspects of her parents' treatment of her, she, in fact, had experienced with a sense of conflict and residual guilt, I waited for her to say more.

"I mean," she continued, "they are people who are doing their best. And for me to criticize them because I have bad feelings in response to some things that they do…it doesn't seem right. If *I* feel bad about something, that's *my* responsibility. I should deal with it; I should get over it, or be able to find some other way of thinking about it so as not feel that way. Or at least not dwell on it in my therapy sessions. I really don't see how it helps to keep talking about it and to badmouth them."

"You were badmouthing them?" I asked.

"Yes. I was saying negative things about them and it feels wrong to do that," she said with an uncharacteristic force and assertiveness.

I reflected on what Kim was saying with a certain degree of incredulity. Last week's session had seemed, to me, to be an important one, a milestone in which she was able to speak more freely than she had in the past about several specific experiences with her parents in which she was undermined and invalidated by their combination of critical skepticism and overbearing, bossy caretaking. Tending toward extreme degrees of loyalty, but also tending toward significant levels of depression (to the extent that she tended to implode rather than get angry at others, even when they were really bad to her) she had been uncharacteristically able to talk about her parents' conduct and her reactions to it without filtering it through her habitually self-critical, morally absolutist lens. I saw what she was saying as a kind of backlash. Her tendency towards a self-punishing response to being mistreated was so deeply entrenched that last week's moderate foray into describing a bad experience with openness and accuracy—about the transactional details and about the feelings it brought up for her—proved too much to tolerate.

She now had to undo last week's "transgression" by reaffirming a stance in which she was "responsible" for all of her feelings and those feelings that were negative or unwanted were to be dealt with by being forgotten or suppressed in some way. From this position, if she didn't have something nice to say, it was never OK to say something. And, conversely, talking about any sort of bad experience with her parents amounted to nothing more than putting them down, "badmouthing" them. She operated under the fantasy that unkind feelings or negative recollections had a way of traveling through the air to her loved ones, and they would be hurt in the process. It was her job to protect her parents from harm by refraining from saying or even thinking "bad" things about them. She, thus, eliminated her parents' exposure to the "badness" of her "negativity." The last session had represented too much of a departure from this strategy for protecting those she cared about.

But, at the same time, it was not lost on me that while Kim was apparently taking one step back from allowing her self to say what she felt in relation to her parents, she was taking two steps forward in allowing herself to tell me about how our last session had had ill effect. She was telling me more directly and in more detail than she had before how she believed that what I was encouraging her to do had had ill effect and was not good for her. All of my encouraging her to convey the details of her experience, even when it was not clear to her why this would be of any use, all of the curiosity I conveyed about certain omitted specifics in her accounts (which repeatedly drew her attention to her moralistic way of construing her ordinary, human emotional reactions, were of questionable value. The effect hadn't been, and was not going to be, good for her wellbeing. Instead, she needed, she was "now

realizing", to cultivate and refine her skill at dissociating feelings that were unwanted. And she needed to learn how to intentionally steer her attention to positive thoughts and feelings. Accessing the feelings that were in her indiscriminately and seeking to further clarify and articulate them would be going in the opposite direction of the one she presently wanted to go.

"Which report should I heed," I wondered to myself as I listened, "The one that says, 'This analytic work it not what I want to be doing because it makes things worse?' Or the one that is demonstrating that Kim is moving in the direction of being able to speak more assertively and openly with me–and gaining personal strength in the process?"

I also wondered how absolute her protestations actually were. I noticed a distinct sense in which she was saying that the last session was "bad" for her—and, clearly, at least in a sense, it had been since she had felt depressed for much of the week and had not functioned at her best level—but she was also saying in her enacted participation that the session quite likely had been good for her in some important ways. If her literal words were on the side of stepping back from seeing the value of contacting and acknowledging negative interpersonal impact, her demeanor was continuing, in this session, the positive steps initiated in the last one in the direction of expressing rather than jettisoning the bad feelings that she had. Our exchange now felt, simultaneously, like a *renunciation* of her newly acquired ability to contact and to express her bad feelings, and a consolidating *affirmation* of this capacity, one that seemed likely to make it easier for her access and process such feelings in the future. I tried to listen to both of these actions both respectfully

and imaginatively. And I tried to refrain from concluding that we were either on or off the right track.

The challenges of receiving information about negative impact

I would like to turn to a particular challenge associated with the stance I have been describing, one that comes up when we encounter the more intense expressions of hostility. One of the hardest things to sort out for those practitioners who are trying to incorporate into their work a stance that places attention to the analysand's negative experience in the foreground is how to make a distinction between listening to expressions of negative impact on the one hand and suffering at the hands of an analysand's destructive, critical attacks on the other.

The analysand's character defenses that incorporate emotional self-regulation through destructive, domineering, subjugating patterns of relatedness (what we commonly group under the headings of "borderline pathology", or sometimes antisocial manipulation) can make it very easy for certain patients to say what is *wrong* with the analyst. And the analyst working in the manner I am describing is at risk of being susceptible to receiving such criticism with more openness and less self-protective distance than would be optimal. The analyst's own sense of guilt or personal badness and an associated, unconscious wish for punishment (what we might describe as masochistic aspects the countertransference) can also lead to the destructive subversion of the analyst's stance of receptivity to the analysand's negative experience.

The important guiding principle when attempting to make a distinction

between whether the analysand is opening up or "opening fire" is that *the patient's complaints must be as specifically heard as possible.* There are many patients who are quite comfortable ragefully complaining about the analysis or the analyst. But such complaints, if listened to with detail-oriented curiosity and openness to the possible validity of what is being expressed, will often show themselves to be too general, excessive, or caricatured. Or they may reveal themselves as being intended by the analysand—either consciously or unconsciously—to induce a certain compromised emotional state in the analyst that the analysand's hostile destructiveness seems to demand. The crucial role that the analyst must play in the face of such harm-inducing attack is to both not succumb or allow oneself to be injured and to enable the patient in moving towards being able to identify and express the actual, *specific* problems to which the destructive attacks on the analyst's self only indirectly refer.

Following Spotnitz (1976), Epstein (1984, 1999, 2008) in his explication of a seminal psychoanalytic approach that puts attention to the analysand's negative experience–and the analyst's emotional processing and containing of such experience–at its center, has addressed the distinction between imploded aggression and destructive forms of aggression that are outwardly expressed (see, also, Barnett, 1980). Epstein recommends a stance involving receptivity to criticism when imploded aggression is a centrally organizing defense on the analysand's part but, following Winnicott (1971), recommended the use of counterbalancing aggression–in the service of the analyst's survival, for both self and analysand–when

the patient's aggression is meant to do damage[1]. I have found that the analyst who listens closely to the patient's account of negative experience and tries, with an open mind, to consider it as a genuine possibility (even when it may, at first hearing, sound quite implausible) will be able to arrive at a determination between destructive aggression and anger that needs to be expressed. This determination is based on the level of here-and-now relevance, applicability and clarity. Following Levenson's (1988) pursuit of the particular, the analyst engages in a detailed inquiry (Sullivan, 1954) through either asking questions, listening receptively or both, in order to access as vividly as possible that which is being reported by the analysand.

Here are a couple of examples of the kind of destructive attack that could be approached by inquiry intended to render it more real and specific:

The analysand who says, "You act like you understand me because you want to use me to confirm your own goodness. You are good at acting as if you are listening, you care, and understand what I am going through because this is how you make yourself feel good about yourself in your special, little, healthy, conventional life." In response, the analyst might wonder and, *perhaps*, selectively inquire, "How do I act

[1] I have actually come to view explosive (in contrast with implosive) styles as variants of underlying implosive defensive processes. Critical, devaluing patients may seem to be quite comfortable relating to the analyst in a negative manner, finding all manner of deficiencies and faults in the analysis and the analyst. Attention to the details of such habitually hostile relatedness regularly reveals that the analysand is actually sparing the analyst exposure to deep criticism and, instead, expressing a repetitious set of complaints that do not have an intimate relationship to who the analyst actually is and what the analyst actually has done (or is doing). The destructively critical or hateful analysand, in effect, keeps the analyst at an emotional distance (in terms of both love and hate) and, thus, leaves the analyst more protected from actual analytic information about herself than would be possible if the analysand allowed the analyst to register with sufficient specificity such that accurate perceptions of the analyst's unconsciousness would be possible.

like I understand you? How have you seen or learned that I am interested in confirming my own goodness? How can you tell when I am acting: is it all of the time or just at certain moments? Is the good feeling you see me arriving at an illusion? If I'm making myself feel good at your expense, what is your understanding of how or why I otherwise don't feel so good?" etc.

Or the analysand who says, "There is something strange about you, something wrong, something that is just *off*. Like you were one of those weird kids who had to pretend to be social but actually were an autistic misfit. I think you have–what do they call it?–Asperger's or something, and you became an analyst because it was a good disguise for your inability to really connect with people." In this case, the analyst might wonder, "Are you trying to hurt my feelings with this pernicious message? What, if anything, is the problem that my said Asperger's poses to you? Do you believe what you are saying to be true? If so, what do you intend achieve in saying it?"

In both of these examples the analyst tries to find links between the generalized attacks and some more specific details of experience, if any can be found.

Here, in contrast, are a couple of examples of things that are expressed by patients say that are difficult for the analyst to hear but that consist of the reporting of negative experience rather than trying to hurt the analyst:

A mother of a young child tells her childless, female analyst (who is in her early 40's and engaged in the process of trying to have children), "I worry that I should be working with someone who has had children of her own. So much of what I am dealing with has to do with my role as a mother, and here I am trying to get help

with these things from someone who is not a mother herself. You have given me some good advice and helped me understand some things about my children that I was having trouble understanding, but I worry that what I have gotten from you comes from books and studies rather than from personal experience. I fear that there are some things that you just can't—couldn't—understand."

An analysand who is in the field (and who, thus, has greater than ordinary access to the details of his analyst's personal life) tells his analyst that he was emotionally shaken after recently learning of the analyst's divorced status. "How can you help me with my marriage, I worry, if you have not been able to succeed at marriage yourself? I'm aware that marriages end for all kinds of reasons and I don't know what happened to yours. But it still worries me, that I'll be guided by someone who needs guidance himself…I also worry that on some level you would resent me if the difficulties in my marriage were resolved (whereas yours were not). So, on some unconscious level you could be rooting for my marriage to fail, for me to join your club."

With these contrasting examples, I am trying to highlight the inherent challenges for the analyst of occupying a position of receptivity to the analysand's reporting of negative impact. It is no simple task to differentiate destructive attack from vocalizations of criticism that represent the analysand's affect-laden expression of things that are actually hurting, inducing anxiety or interfering with the analysand's freest levels of expression in some other way. In these instances, the analyst is forced to rely on his knowledge of the analysand's personality and also his own associations to what is being conveyed. The analyst may internally ask, "Is the

analysand trying to realize and convey her injury, or is she, more primarily, trying to *injure*?" In the latter case, the analysand, rather than engaging in a talking cure (which involves the formulating of her experience), is attempting to establish emotional equilibrium by subverting the process and *doing something to the analyst,* something that will affectß the analyst's ability to go on responsively thinking and feeling. It is useful in such situations for the analyst to remember that expression of injury is both permissible and necessary, even when it may involve the analyst and a recognition of one or more instances of the analyst's failure to be therapeutic and is, accordingly, hard for the analyst to bear. But the analysand's actions that intend–consciously or unconsciously–to menace, hurt, damage or destroy the analyst's emotional integrity or well-being are neither useful nor permissible in an analytic process.

When I have encountered forceful complaints from analysands about my negative impact but I have not been sure what is going on with respect to the issue of free expression versus destructive assault, I will think quite a bit about the question of whether or not the analysand is interested in putting me in harm's way. I may even seek the analysand's consultation in this regard, asking a question like, "Are you trying to put into words how bad you feel, or are you trying to use your words to make me feel bad?" Or, "I notice that I am feeling uneasy here in the room with you. Are you intending to have this effect on me, to scare me in some way?"

My experience seems to show that analysands are often able to momentarily join me in reflecting on such questions without their being unnecessarily derailed from the primary task of putting what comes to mind into words. In instances where

it becomes clear the analysand has, in fact, been involved in attempting to do harm in some way, such inquiry, posed assertively yet not punitively and with a measure of counterbalancing aggression (c.f., Epstein, 2008), can have the effect of channeling the analysand toward more expressive, less destructive modes of communication in the analysis.

When working as an analyst and receiving information about negative impact from an analysand, I must be able to simultaneously be in touch with two poles that exist in dialectical tension with each other: the analysand is right about what he is saying and the patient might be wrong about what he is saying (where "wrong" is meant to signify not so much simple projection of a distorted sense of my conduct but, rather to describe an experience that the analysand is having that is, in all likelihood, too simple, only partial).

So, the truth in what the analysand sees and says when she is conveying negative experience is seldom the whole truth, *though it is probably at least a part of the truth*; it should probably be regarded by the analyst as partly accurate and partly oversimplified. The structure of the analytic relationship, in which one person is the analyst and one person is the analysand (or therapist and patient, if you like) is needed in order for the analyst to tolerate the uncertainty of his impact at any point in time, even when there exists the very real possibility that that impact, in at least some respects, is negative. This is one of the necessary asymmetries (Aron, 1992) characterizing the analytic relationship that I believe is indispensable. That relational analytic participation always involves mutually analytic co-participation

(Fiscalini, 2006) should not, I would urge, be taken to mean that both analyst and analysand are free to report negative experience to each other. The analyst, in promoting the analysand's freedom to express all experience, both positive and negative, must relinquish his own non-reflective freedom of speech in this regard. While there may be instances where the analyst's liberty to criticize without condemning could be sensitizing and disinhibiting for the analysand, by and large the analyst will have to find alternative contexts–most notably analysis or supervision–within which to be expressive about the analysand's negative impact.

Self-disclosure and the inadvertent induction of taking care of the analyst

The analyst, while attempting to be open to whatever the analysand may think, particularly with respect to the analysand's observations of negative experience or negative perceptions of the analyst, will seldom be neutral with respect to these things. The analyst always has the task of containing, perhaps concealing, his own vulnerability so that the analysand may speak freely.

Analysts who work from a position where they have recognized that such containing and concealing is not fully possible (due to the ubiquitous capacity possessed by all people for conscious and unconscious perceptiveness of a high degree of the psychological lives of others) have sometimes elected to "play their cards face-up" (Renik, 1999; c.f., Hoffman, 1983; Maroda, 1999) and put their personal data out there via intentional self-disclosure so that the analysand does not undergo the compounding problem of mystification on top of whatever difficulty resides in the analyst's details themselves.

While there is validity to this position, at least to a certain extent, what these self-disclosing analysts insufficiently appreciate is the extent to which their stance complicates the analysand's task of freeing himself to speak as fully as possible, primarily for the reason that in the process of the analyst's disclosure there is, ordinarily, an inducement of a caretaking role in the analysand.

Analysts who strive for a certain degree of privacy or anonymity are, in a sense, intentionally rejecting the ordinary caretaking impulse possessed by all analysands and they are doing so based on the recognition that such caretaking is likely to constrain the analysand's freedom.

"Coasting in the countertransference" and "Taking the time"

In his important book, Coasting in the Countertransference (2008), Irwin Hirsch tries to address "conflicts of self-interest between analyst and patient" not from the standpoint of ethical rules or principles, but from the perspective of the analyst's own capacity to engage in personal reflection and to take responsibility for his actions (or failures to act) in the process of doing analytic work. Hirsch's argument is an important one in that it attempts to look behind the façade of the analyst's free or unstructured participation and examine the extent to which many received ways of "working" don't involve the analyst's really working at all. In fact, it is just the opposite, according to Hirsch. He persuasively demonstrates how analysts may inadvertently or even quite consciously use the structures of the analytic situation for the seeking of emotional refuge, fleeing from anxiety or other similar fulfillments of their own personal, emotional self-interest. With much courage,

Hirsch explicates an analytic stance in which the analyst must take stock of the extent to which he is "coasting"–that is, pursuing personal well being at the expense of fostering the analysand's fuller exploration and growth–and then force himself to subordinate personal comfort in favor of a more stressful analytic role involving dedicated, disciplined inquiry into areas that the analysand and analyst might otherwise seek to avoid.

We could contrast Hirsch's dedicated, if dutiful, salvo that the analyst keep "pressing", keep working to move the analysis (uncomfortably, at times, for both analysand and analyst) forward, with Birksted-Breen's (2012) plea that analyst's not squeeze out the psychological space and the time for reverie experience in analysis, the element, she argues (following Bion, Ogden and others), that allows for the emergence of symbolic thought. Birksted-Breen, who is the current editor of the *International Journal of Psychoanalysis*, is responding, I think, to multiple pressures on the open-endedness of the psychoanalytic process: managed care, the "empirically validated treatments" movement, relentlessly interpreting Kleinians, Interpersonalists who perpetually engage in detailed inquiry, and those of us who are electronically connected at all times, hurtling our way into the hyperlink based future where this is no "wasted" moment.

Both Hirsch and Birksted-Breen are issuing important correctives for analytic practice. We mustn't coast, but some things can't be rushed. The psychoanalytic process contains places to hide or flee and also to stray, and the analyst must be mindful of them all. We do not want to respond to the "resistant" patient who says, "I can't see the point of just saying what comes to my mind," by getting "busy" with

diligent, concrete, problem-focused, "active" participation. Instead we want to work in such a way that the patient's aversion to speaking freely can itself be explored and, ultimately, overcome. Nor do we want to get too comfortable, in our own internal sanctuary of reverie, with the patient who is able supply an endless stream of material, when some form of confrontation or other action or, at least, engagement, would be in order. Instead we would want to overcome the safety of our own inertia to help move the treatment beyond the patient's and our own comfort zones.

This is where I think both perspectives would be enhanced by the incorporation of an emphasis on attending to the analysand's own sense of what is useful, needed, harmful, unwanted, etc. The analysand who is closely listened to for what he may have to say about what we are doing in the treatment is, in all likelihood going to have a lot of useful information to convey. The analysand can guide the analyst to make more informed choices about, for example, how overtly active or passive it makes sense to be. Hirsch puts too much emphasis, in my opinion, on figuring out and overcoming his own countertransference resistances *on his own*, outside of the dialogue between analyst and analysand. In trying to be as responsible as he can be, he takes too much responsibility for deciphering what would be most profoundly responsible at any given moment. The analyst must process what he hears from the patient associatively and reflectively, not act on it literally or autonomously. I am not recommending that the analyst simply ask the analysand what is wrong or what he should do and then simply do or correct that. But the analyst who is able to encourage and take seriously any and every point of

information that the analysand is able to give about the treatment's impact, both positive and negative, will be in a superior position to benefit from what amounts to the analysand's supervision and personal analysis less hampered by dissociative avoidance.

Problems encountered in working with people who have, as children, been forced to be their own parents

In such cases, the analyst's attempts at consultation on what would be best in the treatment may be received by the patient as a form of re-traumatization in the sense that the analyst is asking the patient to take care of himself, just as the patient's parents may have asked their child to raise himself. In this case the analyst works to find a balance between wanting to draw on the analysand's own wisdom about what is needed while at the same time working to convey that what the analysand is able to tell the analyst associatively about what would be useful is still subject to the analysts thinking and is still ultimately the analyst's responsibility. Give examples, one or two.

Grossmark (2012) has rightly portrayed that it can be vital with some patients, those for whom a personal sense of aliveness and continuity of being is damaged or lacking, for the analyst to be "unobtrusive" in the sense of, "allowing the [analytic] process to unfold, to accompany the patient, and to not close it off with interpretations or investigations of the relationship that do not come from within the patient." I would hold, however, that not all investigations of the analyst's conduct should be subsumed under the rubric of "interpretations or investigations

of the relationship." The analyst need not insist on the patient's engagement in a relationship-focused form of inquiry when he asks questions like, "What did I do?" or, "What would it be best (for you) for me to do now?" There are ways of attending to the analyst's impact that do not insist on, or even suggest, a focus on the analyst's own, separate subjectivity. I agree with Grossmark (who is following Balint) that the analyst should not, in his interpretation-making or question-asking insist on the analysand's departure from the nascent emergence of her own, subjective experience in the analytic process. But I differ from his view in the sense that I do not think that this awareness of potential obtrusiveness needs to send the analyst into what I see as an idealized, compensatory, parental role in which the freedom from impingement that the patient "needs" is provided by the analyst who understands what is needed. Instead, I believe that the analyst's facilitative handling of the analytic situation can be placed on firmer footing if the analyst is able to invite communication from the patient about what would and would not be useful. The analyst should always be trying to learn about what the patient might need rather than relying on an internalized, theoretical model that describes that need. If the analyst learns that instances of asking the patient directly what would be useful amount to impingements, the analyst has other ways of figuring out how to accompany the patient, such as persistently listening for signs of impact, both positive and, more importantly, negative.

And the analyst's questions must not be accompanied by the analyst's insistence that they be answered. The analyst must be willing to accept such

responses as, “I don’t know,” “Shut up,” “Figure it out,” or “You did nothing and there’s nothing you can do.”

The option of a consultant

The model that I have been setting forth involves the analyst’s assuming a stance that encourages the analysand to say anything and everything, most particularly including those things that may involve some negative contribution from the analyst or negative impact of the analysis itself. If all goes well enough then the multiple instances of the analyst’s failure to function in ways that are good for the analysand will more freely register for the analysand and will find their way into verbal formulation. This, in turn will lead to the analyst having an opportunity to listen, feel, consider and reflect on what she is doing (or not doing). Thus, in an ongoing manner, the analysand never has a wrinkle-free experience, but does have the experience of speaking up and being heard, and also of this speaking and hearing having perceptible corrective impact on the analyst’s work.

When there is a failure of this sequence to take place, a consultant should be considered as a necessary tool, as an assurance that the analysand has someone else to turn to who is not involved and will be prepared to listen when the analyst’s listening feels insufficiently reliable.

The analyst who internalizes and is comfortable with the possibility of the analysand’s making use of a consultant must work to find a balance between, on the one hand, trying to stick with the analysand through tough times and being willing and even encouraging of the analysand seeking help from someone outside of the

analytic relationship on the other. Analysts must be careful not to become too invested in being the one who is safe enough and open enough to tell *anything*. And on the other side, they must also be careful not to too readily extricate themselves from the processing of unpleasant interactions in the analytic relationship under the guise of respecting the analysand's freedom to flee.

I will discuss the vital importance of the use of a consultant in a subsequent chapter.

Food in a session, again

In bringing this paper to a conclusion, I would like to return to the psychoanalytic candidate who was driven from his analysis by his analyst's offer of "a bite" of ravioli. A year later, in treatment with a new analyst, nearing graduation from his institute, this candidate found himself in an uncanny recapitulation of the food-related turning point. This time he was in the role of the analyst and the "ravioli" took the form of an apple.

In the midst of a non-stop day of rushing between seeing patients, going to his own analysis and attending supervision, the candidate had to add an extra session with a patient who was in crisis and, thus, once again found himself hungry but without any time to eat his lunch. Checking the waiting room for, but not finding, his next patient, he decided that he would eat the most unobtrusive part of his lunch to tide himself over–an apple–while he awaited his patient's arrival. This patient was sometimes several minutes late for his sessions; the candidate hoped that this would be one of those late days so that he would be finished in time. But even if he

was still eating, he rationalized, the intrusion on his patient would be less if he was caught eating (and it bothered the patient) than if he refrained from eating but was then preoccupied with extreme hunger pangs during the patient's session.

The candidate took a (satisfying) bite of the apple and then, while he was chewing, as luck would have it, the patient walked in. Staying the course, the candidate got up, closed the consulting room door, and returned to his seat so that the session could begin. In one hand was the pen he would use to take notes; in the other hand was the partly eaten apple. He waited for his patient to begin, but there was silence. He was unable to read the patient's expression.

Then he took another bite.

This patient, a graduate student about five years younger than the candidate, who had an extensive history of emotional abuse at the hands of an authoritarian, critical and emotionally sadistic father, had no compunction about laying into the candidate for his over-determined breach: "Which are you: at complete *novice* or a total *narcissist*? You're not supposed to *eat* in my session!" he exclaimed. "I am coming to *you* for help since I had parents who put their own needs ahead of mine, and *this* is what I get?"

The candidate, off-balance and feeling stunned by the patient's acerbic attack, was just then experiencing a dawning awareness that he had dissociatively initiated a return to the scene between himself and his former analyst. He felt ashamed at having allowed himself to carry his patient into an unfortunate, apparently traumatic reenactment. But he also felt a sense of righteousness in that his "transgression" seemed to him to be more limited and benign than the apparently

willful provocativeness characterizing his former analyst's conduct in the ravioli incident. He tried his best to resist the impulse to defend himself, warding off a strong urge to tell the patient that he had thought he would be a better able to work effectively if he didn't have low blood sugar.

"I can see," he began, evincing a calm, firm tone that was not the least bit reflective of his inner experience, "that I have gotten you very upset and angry by eating this apple at the start of your session. And I can see how it gave you the feeling that I don't know what I'm doing or that I was just doing what I want."

They sat in silence for a while; then the candidate spoke again: "Your words were pretty scathing, and you don't seem to think much of me at the moment. But I do believe that if we can talk this over it may turn out to be relevant in some way."

There was another, long pause of perhaps two minutes. The candidate's mind was filled with various, unclear understandings of what was happening, whether what was going on constituted a kind of torture, whether it was a genuine and even necessary expression of the patient's feelings, whether attempting to talk about it was futile since the patient was now seeming to refuse to participate in an exchange.

Then, he tried again: "I have to say, I don't know if I completely understand why what I did got you as angry as this."

Fortunately, the patient, who had recovered from his rage and found his way back needing to simply attack, was now preparing to resume talking and he took the candidate up on his invitation to do so. The patient expressed various thoughts, many of which were, indeed, still critical, in that and in subsequent sessions:

"You think you're so smart and sophisticated in your "relational" approach to analysis that you feel that anything goes, that the old, orthodoxy doesn't apply. But what if you're not as smart as you think you are? I'm scared you can you rationalize yourself into any way of behaving you want to, and some of it might not help me get better."

"I have the feeling that you wouldn't, with other patients, ordinarily do something like what you did, but with me you didn't care. Maybe you were even trying to get rid of me as a patient by being sloppy and provoking me. Or maybe you were saying 'fuck you!' for all the times I have frustrated your attempts to cure me."

"I believe that I actually am not fulfilling for you to work with because I usually challenge or correct your interpretations and I am usually disagreeable. And I'm emotionally controlled most of the time in my sessions, so I think you actually get bored and maybe feel deprived or hungry, and that's what made you eat an apple."

"I've seen that you often have a cup of coffee in our sessions and I have suspected that it is to keep yourself awake since you have difficulty finding what I say to be interesting. You don't seem interested in my dreams. Seeing you eating the apple was like you were using it to make things more interesting instead of boring. Like you knew I would get mad at you but you thought that might be better than another ordinary, boring session."

And these were the statements that the candidate was able to recall. He was certain there were several more. And as they stretched into other sessions and across weeks, with the exploration having an increasingly calm (but not necessarily warm) quality, the rupture of the apple gradually was repaired. In retrospect, the

candidate thought, it was really touch and go with this patient in those initial moments. The treatment felt like it could have ended with that one bite. He was convinced that his ability to "hold it together" and get the patient talking–rather than just yelling as he had started out–was one of the hardest, and most useful, things he had ever done in his analytic work up to that point. He had already been accustomed to working to help his patients express criticisms or other negative reactions when they arose, but this patient had been so bitter and attacking that it threatened to overwhelm him.

Conclusions

Given how complex and fraught with ambiguity we find the psychoanalytic relationship to be, given the tendency toward self-centeredness of human beings (practitioners included), and given that dissociative unawareness of interpersonal trauma is the rule rather than the exception (ensuring that violations will, without help, largely go unreported), is it possible to conduct a reliably ethical psychoanalytic treatment?

The presence of caring and devotion are clearly not the only things required. While we want it to help our patients live rich, full lives, with less pain and more pleasure than they would have if they never saw us, we are aware that, ideally, the analyst must care deeply yet not be overly concerned, in the sense that the analyst needs a disposition of acceptance that the analysis will, at times, inevitably not go well, at least at some moments. The relational movement, with its deconstruction of the standard, self-protective psychoanalytic edifices such as abstinence and

neutrality that allowed for a certain amount of distance has made it harder than ever for analysts to shield themselves from how much what they do in analysis matters on a very personal level. One, perhaps unintended, consequence of a more contemporary, less emotionally protected, stance is that it may actually can make it harder in many instances for the analyst to listen and be receptive to the analysand's negative experience. The "bad news" from the analysand becomes harder for the sensitive analyst to receive. And the analysand, sensitive to the analyst's sensitivity, is prone toward jettisoning negative experience rather than formulating it.

I am laying out an approach to ethical practice that involves placing inquiry–into issues of right and wrong, positive and negative, and healing or traumatic–*in the structure of the relationship itself*, inherent in the treatment process. By privileging the analysand's formulation of experience in the analysis and of the analyst (with particular emphasis on uncovering, noticing and formulating instances of negative experience), while simultaneously having the analyst assume a position of being maximally receptive to that which is expressed (as an *analyst-analysand)*, there is the greatest likelihood of identifying and correcting those experiences in the treatment that are not in the analysand's best interest. These are the negative experiences that otherwise have a high likelihood of being (dissociatively) overlooked.

I believe this has become a particularly important safeguard in the current climate in which an explosion of awareness of relational ambiguity has given rise to all manner of *unorthodox* conduct on the part of practitioners, conduct that is in

some instances innovative and compelling, in other instances unwieldy, self-serving and even abusive. The ethical relational analyst seeks to foster, in the analysand, an increasing ability to be aware of the impact and implications of what is happening in the analysis and also an ability to speak up when interpersonal dangers or traumas may arise. Our best hope for reliably conducting analyses that will "do no harm" and also, hopefully, do much good lies in harnessing the tandem abilities of the analysand's ongoing free, associative speech and the analyst's associative listening, experiencing and inquiring.

The analyst, who is willing to be an ongoing subject of the analysis and to engage frankly in the in exploration of impact, fosters the emergence of an analysand whose ethical treatment is more securely guaranteed. In the highly ambiguous and potentially corruptible situation of a psychoanalytic treatment there is no better person to look out for and to speak on behalf of the analysand than the analysand himself. It is the analyst's job to work in a manner that enables the analysand to courageously perceive what is happening and to put it into words.

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