

**To the Analyzing Instrument and Beyond:
Reconstructing Evenly Hovering Attention**

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**A dissertation submitted to
AUT University
in partial fulfilment of the requirements for the degree of
Master of Health Science (MHSc) in Psychotherapy**

2008

School of Public Health and Psychosocial Studies

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Attestation of Authorship

I hereby declare that this is my own work and that to the best of my knowledge and belief, it contains no material previously published or written by another person or material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

Signed: _____

Dated: _____

The question is: Can we know without being conscious that we know? This is the problem of unconscious mentation. (Beres, 1980, p. 23)

But I have had good reason for asserting that everyone possesses in his own unconscious an instrument with which he can interpret the utterances of the unconscious in other people. (Freud, 1913, p. 320)

Acknowledgements

I would like to acknowledge the support and assistance of the following people:

My dissertation supervisor, Margot Solomon, Head, Department of Psychotherapy, for her invaluable guidance, and for knowing when to say something and when to allow me silence, so that I could roam and wander.

Dr. Andrew Duncan, probably the most generous clinical supervisor one could ask for.

Dr. Stephen Appel, for discussing and encouraging my choice of topic, and for so graciously sharing his thoughts.

My peers, in particular Andrew Kirby, for walking along this journey that we both decided to begin some four years ago, then strangers in a foreign land – and for pointing me in the direction of a most capable proof-reader, Shobha Nayar.

My family, my parents, back in India, who have watched from a far distance, and been so supportive.

Most importantly, my wife Charmaine, both for listening and for her words of wisdom. And our little ‘boy’ Sparkles, a source of much joy and sleepless nights, a cat in corporeal form, but in spirit, a young soul just passing through our world.

Ethical approval for this dissertation was approved by the AUT University Ethics Committee (AUTEK) on 27th April, 2004, reference number 02/33.

Abstract

This dissertation explores the attentional processes by which the psychotherapist arrives at clinical inferences in his work with clients. In particular, the focus is on one of the early tenets of psychoanalytic technique, Freud's direction around evenly hovering (suspended)/free-floating attention as a vehicle for the registration of the unconscious material embedded in the client's communication/free association. A systematic review of the literature was conducted, drawing on the existing knowledge base for narratives around experiences of 'unconscious knowing' by psychotherapists connected to the idea of evenly hovering attention. This consisted of the work of four psychoanalytic clinicians: Reik, Isakower, Jacobs and McLaughlin – who have built on Freud's concept, and have to that extent offered their own interpretation/s of how evenly hovering attention comes to occupy the central role within psychoanalytic practice. The intent was to bridge, make sense of, and interpret these different representational systems/structures in order to arrive at some implications to inform psychotherapy practice. The discussion underscores how the psychotherapist's use of non-linear, undirected and associative mental processes, both within and outside the therapy situation, furthers the understanding of unconscious processes. Vignette/s from my own clinical practice and those of the four psychoanalytic clinicians reviewed, are included to typify the operation of these respective forms of evenly hovering attention.

To the Analyzing Instrument and Beyond: Reconstructing Evenly Hovering Attention

Introduction

In this dissertation I explore Freud's recommendation that the analyst¹, as he listens to the client free associate, place himself in a state of evenly hovering/suspended or free-floating attention - *gleichschwebende Aufmerksamkeit*² (Hoffer & Youngren, 2004). An old psychoanalytic concept, this recommendation has for some reason been the subject of little investigation (Calef & Weinshel, 1980). That, in itself, could qualify as reason enough for my choice - however, my decision had to do with my feeling that Freud was in some sense coming to be 'forgotten', dismissed as a modernist, his thinking and ideas about practice considered outdated, and archaic in this era of post-modernism. In my own practice, I was finding that the thinking and practical guidelines of 'older' - as versus contemporary – analysts or schools, held equal, albeit different value for the psychodynamic psychotherapy endeavour.

The analyst who views the analysand's free association as fundamental to the psychoanalytic situation, functions unlike the analyst who translates the patient's speech about his life into a metaphor of his relation to the analyst in the here and now. The former, in his silence, allows the patient the experience of insight evolving from a self-generated process, the reflection upon the movements of his own unconscious (Bollas in Molino, 1997). The latter, the interpretive analyst, promotes cure through object relationship, through an attitude of embrace – an approach that is exceedingly popular in present times. It is, however, not without its drawbacks, for lost is the opportunity that the first path contains for the recognition that we live in a solitary space, our understanding of ourselves limited, and partial at best (Bollas in Molino, 1997). That there can exist through life, a

¹ I use the terms (psycho)analyst, (psycho)therapist, interchangeably throughout the dissertation - in that following Symington (2004) who writes, "I hope readers will realize that some psychotherapy is in fact psycho-analysis and vice versa. That someone has been made a Member of a Psycho-Analytic Institute is no guarantee that what he does is a psycho-analysis. On the other hand someone who is a psychotherapist may be practising psycho-analysis" (p. 1).

² Translated variously in English as evenly hovering, evenly suspended, or free-floating attention (German *schweben* – to float).

day-to-day interpretive companion/partner to our unconscious, is nothing short of an illusion.

Old ideas then, by that characteristic alone, do not outlive their usefulness for psychotherapy practice.

The clinical question

Previously in my practice as a psychologist, I found that when in a state analogous to a light trance, noticing unconscious aspects of the client's material became easier. In contrast, purely conscious attempts to make sense cognitively, to weave intellectually, often came to naught. At times in my work with clients, I found myself as if 'adrift', where, for lack of a better word, I would begin to 'dream' about things. These 'waking dreams' (see Marcus, 1997) were varied, sometimes an image would come to mind, at other times the snatches of a poem, or the tune of a song, or I would suddenly recall an experience from my own life with uncanny vividness.

At somewhat of a loss to explain these clinical phenomena, I thought surely it could not be that what I had experienced was unique to me; that others had not made similar discoveries and struggled to understand them. And that was to be. Freud himself had known that apart from a more conscious attention to the client and the material being brought to the session, we were constantly paying attention unconsciously to the client's material,

To put it in a formula: he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound waves the electric oscillations in the telephone lines which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct the unconscious, which has determined the patient's free associations. (Freud, 1912, pp. 115-116)

What did Freud mean by this idea of an unconscious receptive organ, and the adjustment that the analyst needed to make? What were the mental elements that he saw as comparable to sound waves and/or electric oscillations? Like any telephone device, did the analyst's

unconscious need to ‘dial’ the patient’s unconscious? And what if he got a busy signal or a wrong number? I found myself intrigued.

At first glance, it appeared Freud had not enlarged on his idea. Over time however, others seemed to have addressed the idea albeit in somewhat different forms and language; ‘conditioned daydreaming’ (Fliess, 1942), the psychotherapist’s ability to “play” (Winnicott, 1971), to be “without memory and desire” (W. R. Bion, 1970), to be in “reverie” (Ogden, 1996, 1997a, 1997c). While all spoke to aspects of unconscious knowing, what was not clear was whether these clinicians considered their concept/s as having directly evolved from, or containing crucial components of Freud’s thinking.

For some, evenly hovering attention represents but a step in the evolution of psychoanalytic technique (Brenner, 2000). Early on, it appeared that Freud believed in an analyst listening to a patient thus that the analyst’s unconscious understands the patient’s unconscious without conscious effort and expectation. In time, Freud’s views changed, to the analyst listening for “every aspect of a patient’s conflicts” (Brenner, 2000, p. 548). However, no analyst can pay equal attention to all the material presented – there is the inevitable problem of selection. The moment certain material grabs the analyst’s attention; he loses contact with other parts of the client’s free association. Spence (1984) notes some of the assumptions that have come to form part of the folklore of free-floating attention – the illusion of an almost mystical, garnering of the unconscious, “Freud’s calculus, a psychological X-ray which allegedly allows us to read the inside of someone else’s mind” (p. 38) - and the belief in an uncommitted, neutral observer. The danger for Spence, is that we forget that listening always involves subjective colourings and projections of the listener.

Others have written of evenly hovering attention in terms of the shift in consciousness that the psychoanalytic setting engenders. The setting which consists of a specific ambience, one of timelessness, facilitates a freer expression of unconscious material (Sabbadini, 1989). In *freier Einfall*³ (McDermott, 2003), the client revivifies forgotten perceptual residues and repressed experiences, and pockets of conflicted emotional complexes. The

³ What ‘freely falls’ into the mind.

couch plays a critical role, with the analysand focusing less on objects in their surrounding, and more on the images that emerge in their own inner consciousness (J. M. Ross, 1999). Through this process, it is expected that the unconscious becomes preconscious and moves into the range of conscious thought. It is the work of psychoanalysis to foster the conditions for a 'meditative atmosphere', where altering or different states of consciousness can be fully integrated (Badaracco, 1975). Of the mind-set/mental stance of the analyst in this view, Calef and Weinshel (1980) describe evenly suspended attention as an altered state of consciousness which "favours bursts of insight" (p. 285), the discovery of new configurations between existing elements. In the evenly suspended attentional state, the analyst scans the surface of his own consciousness as he scans the surface of the patient's communication, and is "surprised by glimpses, as it were, of 'fish among the weeds under the water'" (Brown, 1977, p. 481). If he listens passively, attention fixed less sharply on the client, he picks up stimuli from his own inner life, his preconscious mixing with the client's material (Thomson, 1980). This process results in his 'seeing things'⁴ (Appel, 2000; Gardner cited in Poland, 1985).

With these divergent interpretations of a singular idea, how does the therapist understand and apply Freud's evenly hovering attention? That is the subject matter of this study.

Method

This dissertation employs a modified systematic literature review, which is "a comprehensive exhaustive search for primary studies on a focused clinical question" (Pai et al., 2004, p. 86), with a central objective "to summarize evidence on a specific clinical question" (Pai et al., p. 87). What is modified is the evidence reviewed, being primarily psychoanalytic psychotherapy literature of a qualitative nature, mainly at the level of the traditional narrative review.

Ongoing debate exists regarding use of quantitative versus qualitative methods in the case

⁴ See also "Fertile eyes" "Les yeux fertiles" (Schust-Briat, 1996). For Schust-Briat, the analyst dreams for his patients - in a regressive state, and attention evenly suspended, the analyst receives on his 'mindscreen' images projected by the client.

of the systematic review methodology (Booth, 2001; Jones, 2004). The intent here is to conduct an interpretive rather than integrative/aggregative review/synthesis (Dixon-Woods, Agarwal, Young, Jones, & Sutton, 2004, 2005)⁵, with the goal of facilitating greater understanding of the clinical phenomenon under consideration (Suri, 2000). To begin, the research question was somewhat tentative, fuzzy, and specifying it was an iterative process in response to initial search results. To that extent the question served “as a compass rather than an anchor,” to guide the course of the project (Dixon-Woods et al., 2006, p. 3).

The research question:

How has the idea of therapist’s evenly hovering/free-floating attention evolved over the years in psychoanalytic thinking, specifically in relation to its original postulation as a technical recommendation by which the therapist arrives at an ‘unconscious knowing’ of the client’s material?

Structure of dissertation

The dissertation is divided into three main chapters, addressing three discrete epochs in terms of the movement and development of the concept of free-floating attention. Each chapter is structured around the clinical contributions of a particular psychoanalytic author/s who has attempted to elaborate Freud’s concept and has introduced clinical (practice) concepts of their own to capture and encompass the same.

In Chapter One, I explore Freud’s original postulations around psychoanalytic technique, and the work of Freud’s pupil, Theodor Reik, specifically his concept of the ‘third ear’. Chapter Two, examines the work of Otto Isakower and his seminal, but unfinished idea of the Analyzing Instrument. Couched in the languaging of its times, the Analyzing Instrument is the most direct link between Freud’s technical recommendation of the evenly hovering attention and unconscious memory.

⁵ These authors cite this distinction between aggregative and interpretive syntheses, as first made by Noblit and Hare (1988).

Chapter Three focuses on the work of two psychoanalytic theoreticians and clinicians, Theodore Jacobs and James McLaughlin. Jacobs proposes the analyst's access to his internal images as a bridge to the client, and McLaughlin amplifies and extends the idea of free-floating attention to outside the therapy situation, in his idea of 'transference sanctuaries' where the same can continue undisturbed. The final chapter presents a summary of the above theorists' ideas and briefly examines the implications they hold for the practice of psychodynamic psychotherapy, through reflection on aspects of my own practice.

Part of the Method in the conducting of the systematic literature review is included in the Appendix.

I have personally found it useful to hold in my mind the three main chapters as three major planetary bodies, in the orbits of which revolve numerous smaller and fragmentary satellites, that together constitute the said system. Alternatively, I have also thought of the dissertation as a house, with Freud and Reik forming the base/foundation of the house, Isakower as the central pillar, and the work of Jacobs and McLaughlin as the final roofing of this structure. These are images the reader may wish to bear in mind as heuristic devices towards an overview of the broader layout of the dissertation.

Chapter One: Freud and Reik

The genesis of the idea of Unconscious Receptivity

Sigmund Freud

Psychoanalysis was born with the shift in Freud's orientation from hypnosis as a technique. There was now no direct revealing of unconscious material, unconscious processes would need to be 'uncovered' from the content/structure of the client's free association (Rosner, 1973). The fundamental rule asked of clients in analysis and the demands this placed on the analyst were quite distinct; "the psycho-analyst works from the very outset with his own unconscious exposed, so to speak, and constantly 'worked upon' by his patients" (Zilboorg, 1952, p. 489).

Free association and free-floating attention: Heralds of a new science

For reasons known and unknown, Freud came to create psychoanalysis, based on its fundamental tenets of the unconscious and free association. Although Zilboorg (1952) concluded that the method of free association was actually a maturation of a developmental root in the history of psychology⁶, Freud himself stumbled onto free association through the recall of a remark of Bernheim's. That is, things experienced during somnambulism, seemingly forgotten, could be brought back into recollection. In the beginning, Freud appeared to insist on his patients giving him their associations, that is, until he discovered that this insistence was not entirely necessary, as "copious ideas almost always arose in the patient's mind" (Freud, 1923b, pp. 236-237).

Freud hoped to evolve psychoanalysis as a science (Pollock, 1980), treating his "discoveries as indifferent contributions to science" (Freud, 1914/1917, p. 15). The physician/analyst had two simultaneous roles, to observe and study the field, and then to find a way to initiate change in that field, to intervene (see Arlow, 1979). The former, by

⁶ First embarked on by Francis Galton, the English Psychologist, in what he referred to as 'associated ideas'.

large, is the subject of this current dissertation.

One of Freud's clearly articulated ideas about the observational situation was his recommendation that the analyst learn to hold – what was possibly his essential directive about the analyst's attention, memory and desire in the analytic situation – the evenly suspended or free-floating attention. Freud (1912) advised,

The technique.... consists simply in not directing one's notice to anything in particular and in maintaining the same 'evenly-suspended attention'.... [The doctor] should withhold all conscious influences from his capacity to attend, and give himself over completely to his "unconscious memory". (pp. 111-112)

Thus, Freud (1912) avoids the danger that could come from the exercise of deliberate attention, of the doctor selecting material based on his expectations or inclinations, of falsifying what he perceives and finding what he knows. Freud was entering as a scientist, a field, that had till now had been the domain of poets and philosophers, of intuitive, speculative thinking, and imagination (Kris, 1950) and was painfully aware of the pressures on this fledgling science of his. The rigour of scientific formulation, however, appears important to Freud not only as a counterbalance of sorts to the temptations afforded by intuition, but also in allowing him the tools needed to go about systematizing his observations and generating new hypotheses about his field of investigation (Kris, 1950).

Having lived "those lonely years", his lot of "splendid isolation" with this enterprise (Freud, 1914/1917, p. 15), Freud would have been, I conjecture, most keen to not have criticisms hurled his way that (scientific) objectivity was seriously and severely lacking in it. Thus the first aspect of his technical maxim, "I learned to restrain speculative tendencies and, following the unforgotten advice of my master, Charcot, I looked at the same things again and often until they began of themselves to tell me something" (Freud, 1914/1917, p. 16). However, there was a secondary aspect to his recommendation. This may have arisen out of something Freud discovered in his struggle to understand some of his own neurotic symptoms (Davis, 1990; Kris, 1950) and dreams - "He had learned the very lesson he spelled out to his patients in 1895: let your preconscious do the talking" (Anzieu, 1986, p. 562). In fact, as Khan (1962) hypothesizes, most likely in creating the analytic setting in the

way that he did, Freud was recreating something he knew worked – after all, it had in his own self-and dream-analysis⁷.

It would seem that Freud came to realize that the pathway to conscious awareness of unconscious forces, was to abandon oneself to the unconscious, to immerse oneself in it, while maintaining an attitude of observance that might help one see what was happening. In his *Interpretation of Dreams*, Freud (1900) first suggests the idea of free association and by corollary, the idea of floating freely; asking the client to lie in a restful attitude, eyes shut⁸, attention turned to self observation, renouncing all criticism, noticing and reporting whatever comes into one's head, however irrelevant, unimportant or meaningless. This was Freud applying the fruits of his personal journey to another, and there was therefore, more that was required. One had to encourage the client to surrender to his unconscious, to “let himself go” (Freud, 1904, p. 251) while having the analyst join him in some way in that surrender.

“Freud always insisted that in psychoanalytic work the analyst uses his unconscious to decipher the patient's unconscious, in other words, the ideational representatives of secondary repression, possibly even the inaccessible primary repression” (Major & Miller, 1981, p. 459). It would appear that as early as in his writing about the psychopathology of everyday life, Freud (1901) had already seized upon the mechanism between free attention and free association, “with the relaxation of the inhibiting attention - in still plainer terms, as a result of this relaxation - the uninhibited stream of associations comes into action” (p. 61).

Of course what followed did not appear to match what I speculate Freud held in his mind. The pragmatic task of attending to oneself and the other was naturally more complex than imagined. Fleming (1961) wrote⁹, the analyst is required not only to keep his own

⁷ Khan (1962) adds that in a sense then, and perhaps he did so intuitively, Freud “recreated a physical and psychic ambience in the analytic setting which corresponds significantly to that intra-psychic state in the dreamer which is conducive to a 'good dream'” (p. 22).

⁸ A relic of the hypnotic tradition, Freud apparently dropped this emphasis very soon, as indicated in the footnote in *Interpretation of Dreams* (1900).

⁹ In 1919, Ferenczi (cited in Shapiro, 1981) writes “On the one hand, [analytic therapy] requires of him [the doctor] the free play of association and phantasy, the full indulgence of his own unconscious... On the other

ensorship in partial abeyance, allowing for that free play between his own fantasies and the patient's, but make certain that his reality-testing function keeps his secondary processes intact. The danger facing the analyst, is that if the latter were to radically decathect, "regressive daydreaming takes over and interferes with the introspection necessary for understanding the patient" (Fleming, 1961, p. 724). Thus, one could risk but attending to a single set of phenomena, be either an observer to the outer or the inner. Alternatively, perhaps attending to both was not deemed desirable by the early analysts who followed in Freud's footsteps - a function it would seem of the way they came to understand Freud's recommendations on countertransference.

An ethical necessity

It appears that the recommendations Freud made in relation to psychoanalytical praxis were broadly divided into two aspects, the specific technical considerations of psychoanalysis and the broad ethical considerations around the frame in which the therapist needs to operate. While there has existed the belief that for Freud the analyst's feelings and emotional life were extra-analytic and inimical¹⁰ to the establishment of a true analytic endeavour, more recently, analysts have come to the studied conclusion that the latter were recommendations born in Freud's (1925) experience of Breuer's distress when Anna O found herself feeling erotic longings towards Breuer (Barron & Hoffer, 1994; Tansey, 1994). These longings Freud eventually came to understand as transference. The recognition of erotic feelings in himself (Blum, 1996) and in others in his circle (Tansey, 1994) threatened Freud with the ever-present possibility that the entire science that he was building was precariously positioned around a precipice, a potential enactment (or the retreat against it, as in the case of Breuer) by the analyst of his counter-transferential longings for the client (Ellman, 1998).

hand, the doctor must subject the material submitted by himself and the patient to a logical scrutiny, and in his dealings and communications may only let himself be guided exclusively by the result of this mental effort... This constant oscillation between the free play of phantasy and critical scrutiny pre-supposes a freedom and uninhibited motility of psychic excitation on the doctor's part." (p. 423)

¹⁰ Based it appears on a specific understanding of Freud's (1912) other recommendation/s, that the psychoanalyst model himself on the surgeon, putting aside all feelings in his work, and that he is "opaque to his patients and, like a mirror, should show them nothing but what is shown to him" (p. 118).

Freud's recommendation was one of *indifferenz* (indifference) - what came to be translated by Strachey as 'neutrality', and behaviourally, understood as abstinence (Franklin, 1990). Thus, in line with the monks of older times, Freud conceived that the psychoanalyst defer his own issues around wish-fulfilment to a higher ideal¹¹, in this case service, and would do what monks of previous days have, withdraw and contemplate. Studying Freud's original papers on technique, Friedman (1991) attempts to understand the two roles of the analyst therein, as psychic archaeologist and as "seducer and controller of the patient's active wishes" (p. 589), based respectively as it were on two models of what analysis was: memory-retrieval in the older one, and transference resolution in the new one. According to Friedman, Freud saw the usefulness in holding on to aspects of the memory-retrieval model, of balancing potential analyst activity with his passivity, stranded as it were, between being the one who evoked the patient's wishes and the one who frustrated them. Thus in free-floating attention, "it is also the analyst's suppression within himself of any wish that the patient might use to settle transference longings"(L. Friedman, 1991, p. 590).

Freud's original maxim to the analyst, that he learn to let go of all preconceived ideas, simply surrendering his attention, "*to avoid personal control over the material*" (Spiegel, 1975, p. 384) and to let knowledge of what was, emerge organically and naturally, contains an ethical imperative. This imperative exhorts the analyst to be wary that he not betray the patient's (transference) love for him, that he stay steadfast to his role of helping the patient discover what he is applying to the person of the analyst, "new editions or facsimiles of the impulses and phantasies which are aroused..." (Freud, 1905, p. 116). Freud (1915a) stressed that "He must take care not to steer away from the transference-love, or to repulse it or to make it distasteful to the patient; but he must just as resolutely withhold any response to it" (p. 166). Thus, Freud never deemed the analyst's emotional unconscious responses as avoidable, but rather the enactment of counter-transferential longings or the antipathies to these longings as prohibited.

In practice with clients, Freud was far from cold (S. S. Friedman, 1986), demonstrating that evenly suspended attention and the recognition and use of one's own emotional unconscious were far from incompatible. Lipton (1988) maintains that the trend in

¹¹ Sublimation

technique, now thought of as Freudian¹², classical, or standard, in actuality is post-Freud, that “modern analytic technique suffers from an undue formalism, which is quite different from Freud’s technique” (p. 31). Lothane (2003) suggests (tongue-in-cheek?) Freud was a Sullivanian, and “in spite of all his theorizing... never forgot the person who loves, desires, dreams, thinks - and suffers” (p. 610) and employed “the energy of love, both as eros and agape” (p. 616). If it were but otherwise, it would be impossible to explain the loyalty and devotion that some of Freud’s disciples had for him. One of the most ardent of these was Theodor Reik who proposed, of the therapist listening, not only with his two ears, but also with a Third Ear.

Theodor Reik

The reader is asked to think this over. A little known and concealed organ in the analyst receives and transmits the secret messages of others before he consciously understands them himself. (Reik, 1948/1977, p. 147)

An acolyte remembers

Twenty-five years after his first analysis, Reik asked Freud for help with an emotional issue, experiencing Freud’s fine unconscious knowing, and how that is not the same as theoretical mastery. To Reik’s self-interpretation of his clinking of coins in his pocket as indicative of his anal-erotic tendencies, Freud responds “That is, of course nonsense. You think of your brothers and you are glad that you are now able to send them money” (cited in Reik, 1948/1977, p. 258). It was this and similar experiences with Freud, that seem to have led Reik to the courage not to understand, to recognize that analytic expertise, lay in the willingness to trust the unconscious, one’s own and the other’s, as having its rules of operation.

Don’t we ask our patients to say all that comes to mind, however stupid, silly, insignificant or immaterial it may appear to them?... Why should we analysts not follow the same rule when silly thoughts occur to us? What intolerably pompous and conceited fools would we be, if we believed that our thought processes are different

¹² Freud, reportedly once remarked to Reik, “*Moi, je ne suis pas un Freudiste*” (Me, I am not a Freudian) (Reik, 1948/1977, p. 494).

from those of our patients.... (Reik, 1953, p. 18)

For Reik, at the very centre of analysis, lies the need for an analyst to have a sense of his own personality, to be capable of sitting behind the patient and listening with sensitivity, with an awareness of his feelings, acutely attentive to his own responses. The analyst capable of good analysis is “entirely himself”, unafraid to be true to his own self, with the “sharpest ear for what his own thoughts whisper to him” (Reik, 1948/1977, p. 268).

Following Freud, Reik (1933) wrote that the *sine qua non* of analytic technique is that the analyst approach the psychic material with a conscious openness of mind, the analyst behaving in his search for psychological truth as strangely as ‘a pupil of the witch’:

Who takes no thought,
To him knowledge comes,
Without a care he wins it. (p. 329)

In this context, Reik evolved what has since been expressed in other ways; none, however with the imagery and beauty of his simple idea - ‘listening, with the third ear’.

The third ear - Listening to the unconscious

For anyone who has studied the religious metaphysics of the East, a resonance with the Hindu idea of Shiva’s ‘third eye’ is impossible to avoid. The opening of Shiva’s ‘third eye’ symbolizes the beginning of destruction, the end of all illusion, of all duality. Was Reik perhaps suggesting the same, that when the third ear opens, duality dissolves, that the unconscious of the ‘two’ is destroyed in that moment, and in the light of the spark (of destruction), what had been obscured is clearly seen? He writes, “We have learned that there is a secret communication between the unconscious minds of two persons engaged in a conversation...” (Reik, 1953, p. 14). The following vignette from the work of Reik, I believe is indicative of the inexplicable communication that takes place between the minds of the psychoanalyst and his patient.

A man told me a dream in which the following part appeared. *I am with my father on board ship. My father shows me a cabin near that of the captain, I ask my father: “Does mother know that you are leaving?” He begins to cry and says, “I have forgotten to tell her,” and we decide to telephone before the ship leaves the harbor. We*

move and we come to Lands End.

There were no associations to the dream. He did not know where the name Lands End came from nor any ship on which he had gone with his father. Nothing occurred to him about the dream. Why did I ask him then and there whether he knew the play, *Outward Bound*? “Do I know it?” he answered astonished, “I saw it in the theater and then as a movie and I just thought of it. That is strange”. The play, which I had seen many years ago in Vienna, shows a ship on which the passengers are all dead without knowing it. The captain is God. (Reik, 1948/1977, pp. 262-263)

Reik (1948/1977) deems it remarkable that the play occurs to the patient and to him. He speculates that it was something in the atmosphere of the dream, the symbols, the mood of leave-taking, “the strange mixture of everyday language and something extraordinary” (p. 263); that perhaps evoked the memory of this play half-forgotten. Yet, this unwilling association captured what he could not have known consciously until then, that the patient was struggling with a superstition that, like his father who had died two years ago, he would soon die.

Is this an example of listening with the third ear? For “only by listening to one’s own inner voices can one arrive at a deeper psychological understanding of others and of oneself.” (Reik, 1953, p. 9). Possibly, the client’s dream, its unconscious appeal, touched on some of Reik’s own dynamics around ‘leave-taking’ (Reik, 1948/1977), the death of his own father when he was but eighteen years (Nobus, 2006; Reik, 1953).

The vignette reflects the crux of what Reik meant by listening with the third ear, an unconscious capacity to decipher psychological clues. It is these clues that then inspire psychoanalytic conjectures (Arnold, 2006). For Reik (1953), the unconscious is an area where both life and productivity can be seen, where there is both movement and power. Reik believed that the unconscious was creative (Arnold, 2007). Indeed, his ideas regarding the unconscious of the analyst were highly original and challenging to previous understandings (Nobus, 2006).

Reik (1936/1999) conceived treatment, as a series of surprises. Not only on the side of the patient, but the analyst too must experience surprise, compelled, as he is to operate with his own unconscious if he wants to reach the unconscious of his patient. Reik attributed his

position on technique as closer to that of Freud however, Nobus (2006) suggests that Reik in actuality had gone far beyond Freud, in seeing psychoanalysis as “duologue between one unconscious and another”¹³ (p. 693). There was ‘no royal road’ to a patient’s unconscious; it was one that had to be mapped through the unconscious of the analyst. Reik suggested that the analyzing of a patient occurred simultaneously with the analyst’s self-analysis¹⁴, “*a reciprocal illumination of unconscious happenings*” (Reik, 1936/1999, p. 206).

The third ear is a built-in system, within the unconscious, that by design understands the other’s unconscious (Arnold, 2006). One’s unconscious ends up meeting the unconscious of the other through a process of ‘*recurrent reflection*’ (Reik, 1936/1999); one’s mind and the other’s mind like two mirrors facing each other, reflecting each other. Meaning emerges as our unconscious submerges alongside the client’s – the analyst who is able to allow that dissolution, may find his own ‘other’, his ego reclaiming that which has been repressed and pushed into the recesses of the mind. Reik’s theory emphasizes the interface between these unconscious fantasies of one and those of the other. His “intersubjectivity is a primal intersubjectivity, a dark dreamlife of interacting fantasies that rarely emerge into the light of consciousness” (Arnold, 2006, p. 760)

Reik’s formulation of the third ear was unique and his understanding of the third ear pre-emptive to much that followed in the way that unconscious emotional communication has come to be understood. Bucci (2001), re-framing Reik’s ideas in terms of the current work in cognitive science, writes that the patient’s words along with the multiple parallel channels of subsymbolic expressions activate sensory and somatic experience in the analyst. The extent to which the analyst’s connections within his own emotional schemas are intact and operative, these expressions generate imagery, and through reflection on these, the analyst can infer an understanding of the patient’s state, a state he might not yet be conscious of. In other words, as the analyst embarks into his own mind and floats without a paddle, he comes upon the analysand’s.

¹³ Ferenczi, with the help of a patient, also coined the term “dialogue of unconsciousnesses” (Bass, 2001, p. 687).

¹⁴ Grusky (1999) notes it was Reik who initially illustrated the tension between reality and fantasy, in the understanding of the patient through aspects of one’s self-analysis, a concept further pioneered by Ogden.

The idea of the third ear has just about managed to survive. Nobus (2006) writes, *fluctuat nec mergitur* - it is tossed by the waves, but does not sink. Is it a coincidence that Nobus uses the same words for Reik that Freud himself put forth for his hope of the destiny of the psychoanalytic movement? (Federn, 1947). Perhaps not. In his last meeting with Freud, in response to Reik's obvious distress, Freud stated "*People need not be glued together when they belong together*" (Reik, 1948/1977, p. 493). In many ways, Freud and Reik belonged together; particularly in their understanding around the practice of analysis - the ear that listens to the unspoken is not so unlike the mind that hovers freely.

Next, I delve into the work of another Viennese psychoanalyst, Isakower and his seminal idea of the 'analyzing instrument'¹⁵. Taking up Freud's evenly hovering attention, Isakower's conceptualization postulates that analysis takes place in the zone between the unconscious of the two. It is unclear if Isakower and Reik knew each other in any sense other than being members of the Viennese Psychoanalytic Society for an overlapping period of time (Mühlleitner & Reichmayr, 1997), yet there is a correspondence between their ideas. Isakower's conceptualization provides a unique amalgam of the perspectives of Freud and Reik (A. Stein, 1999).

¹⁵ Ogden (1997b) who parallel to others, expounded the idea of the "analytic third", acknowledges that Isakower and Lewin (who built on Isakower's work) were the pioneer explorers of the analyst's use of his own consciousness as the "analytic instrument".

Chapter Two: The Clinical Thinking of Otto Isakower

The Analyzing Instrument

Isakower was a major influence for several generations of analysts (Wyman & Rittenberg, 1992). Although he published but just four papers in his lifetime; one of these, led to a phenomenon being named after him¹⁶. In his final paper, Isakower (1974) explores the theme of regressive states of consciousness in relation to creative vision. I endeavour to review here, what is perhaps the bounty of Isakower's lifelong interest, his concept of the analytic/analyzing instrument, "an attempt to understand *psychoanalytically* the analyzing activity itself" (Wyman & Rittenberg, 1992).

The Analytic Instrument: The beginnings

Isakower (1992f) first introduced the concept of the analytic instrument on November 20th, 1957¹⁷, to clarify, the ways and means of accomplishing the goals of supervision. In an earlier meeting¹⁸, the curriculum committee had agreed that helping a candidate to learn "*how to listen to his patient in an analytic way*", was the primary function of supervision (Isakower, 1992e, p. 182). In keeping with this, Isakower submitted that Freud's idea of evenly hovering attention¹⁹ indicated the existence of an analytic instrument, the instrument or tool of the analyst, though never having quite addressed it satisfactorily.

Of equal bearing for Isakower, were two other of Freud's formulations. The first regarding the function of Consciousness²⁰, the second, about frame of mind of the person who is observing his own psychical processes²¹. Through this recapitulation of Freud's formulations, Isakower came to resolve that dilemma of the analyst's dual/divided attention

¹⁶ Pathopsychology of phenomena associated with falling asleep (1938) - The Isakower Phenomenon.

¹⁷ In a meeting of the Curriculum Committee, a sub-committee of the Educational Committee of New York Psychoanalytic Institute.

¹⁸ November 6, 1957, the first in the series of discussions on the Problems of Supervision.

¹⁹ "The attitude which the analytical physician could most advantageously adopt is to surrender himself to his own unconscious mental activity, in a state of *easy and partial attention*... to catch the drift of the patient's unconscious with his own unconscious" (Freud cited in Isakower, 1992f, p. 187).

²⁰ From Chapter 7: The psychology of the dream-processes, Interpretation of Dreams (1900).

²¹ From Chapter 2: The method of interpreting dreams, Interpretation of Dreams (1900).

on self and patient. If consciousness had two surfaces, then the analyst could, at least theoretically, attend to the patient's free associations, and to his own inner responses to them, "*how to observe himself at the same time as he observes and listens to his patient*" (Isakower, 1992e, p. 182). It is these ideas that set the frame for Isakower to launch his discussion of *The Analytical Instrument*.

"I do regard what I call the analytic instrument as a very concrete entity, of the character of reality, the highest degree of psychic reality" (Isakower, 1992f, p. 193). At this early stage, Isakower was merely postulating the existence of this instrument. He was of the belief that an understanding of its nature and structure would require further study. What is clear however is that for Isakower the cultivation of this instrument lay at the crux of the analytic endeavour. A prerequisite for the development of this instrument was a candidate's personal analysis, to deal with emotional causes that kept the instrument latent, turbid - to cleanse it to allow it to become more clearly conscious. The analytical instrument was at core a tool of the self of the analyst, "a part of himself, a much greater part than a man would have to give for an analogous purpose in any other branch of scientific pursuit, or in any other branch of medicine" (Isakower, 1992f, p. 193).

For Isakower, cleansing continued in supervision and the elaboration of the instrument brought about, by making the student conscious, that he was a possessor of it; and as it became visible and transparent to him, inviting him to look at it, and inside it. At the core of the analytic instrument lay the analyst's self-observation - in the context of the patient's productions - second nature to Freud, which is perhaps why Freud himself did not elaborate more on the development of the analytic instrument²²(Isakower, 1992f).

It was six years later, that Isakower presented the revisions and elaborations of his 1957 analytical instrument,

In describing the analytic instrument, it is useful not to think of it as a permanently integrated, unitary system within the psychic structure of one person, the analyst. It seems more adequate to regard it, in its activated state, as being in rapport with its

²² Arlow (1969) writes, "Although Freud wrote often about the process of exteroception (Pctp.Cs.) he said little about the so-called endopsychic observer. Perhaps he took it for granted that psychoanalysts, so fully involved in their own and in their patients' introspection, required little instruction in this area" (p. 31).

counterpart in the patient; or better perhaps, to see it as a composite consisting of two complementary halves. It will be remembered that in Freud's description both halves function together as one unit in continuous communication.

The analyzing instrument represents a constellation of the psychic apparatus in which its constituent structures are tuned in a way that makes the apparatus optimally suited for functioning in a very specific manner. An essential characteristic is the unique and specific setting-in-relation to a near-identical or analogous constellation in a second person. It represents an ad hoc assembly for a special task and it is of a transitory nature. There is a certain similarity to this concept in Bleuler's "occasional apparatus". (Isakower, 1992c, p. 201)

According to Isakower, the analyzing instrument worked unconsciously and when functioning at its best, was not subject to conscious observation. It was only in retrospect, that the work of the analyzing instrument, its characteristics, could be distinguished. This inaccessibility to simultaneous observations during its operation was a function of how the state in which the analyzing instrument operated was closer to a "near-dream like state of hovering attention" (Isakower, 1992c, p. 202). Only at the end of a session, when the patient was leaving the room, and the analyst in the process of emerging out of the 'analytic situation', awareness of the analyzing instrument could come about. At this moment, "of the severance of the 'team' you are left in mid-air and you become aware of the denuded raw surface of your half of the analyzing instrument, the surface which is opposite the patient's half" (Isakower, 1992c, p. 202). Its cathexis no longer bound to the patient's half of the apparatus, this surface can now be observed; the analyst can begin to make observations as he reintegrates that part of himself within himself, that was for this duration glued to the patient's half.

Isakower indicates that what may possibly be observed at this point of recathexis are both visual²³ and auditory/acoustic representations of the manifest content of the patient's productions, together with the content of what came up to meet the same from within the analyst. It is in this 'mood of dreaming', "a lower and quantitatively modified state of wakefulness in the analytic process" (Isakower, 1992d, p. 207) that the analyzing instrument operates.

²³ Freud (1923a) writes, that thinking in pictures "stands nearer to unconscious processes than does thinking in words, and it is unquestionably older than the latter both ontogenetically and phylogenetically" (p. 21).

Isakower's conceptualizations then are primarily about the shift of cathexis, within the structure of the preconscious that is required of both the analyst and analysand in the analytic work. Incidentally, the name changed from its origins as the analytic/analytical instrument, to the analyzing instrument. Perhaps this change was in line with how Isakower now clearly articulated that it comprised the unconscious of two, analyst-patient and not merely a function of the one, the analyst.

An idea not remembered

Not many psychoanalytic theoreticians have expressed an interest in the idea of Isakower's analyzing instrument. Indeed, it took some thirty years for Isakower's ideas to even be published (Lothane, 1993). In some sense, paradigm shifts within the psychoanalytic movement rendered the idea invisible, while others, perhaps equally or more interesting conceptualizations moved to the forefront of the analytical consciousness. Lothane (1993) contrasts the analyzing instrument with empathy, as a uniquely psychoanalytic concept, that emerges specifically in the special conditions of the analytic situation as defined by Freud; though it can be seen in other situations like spontaneous reverie, reading literature or watching a film. Kohut on the other hand, denied both free association and evenly hovering attention, the essential preconditions of the psychoanalytic process. To that extent, Lothane sees Kohut having lost the insights and intuitive knowing that come from the specific application of Freud's psychoanalytic method.

Lothane (1993) speculates that Isakower felt somewhat inhibited in publishing his views about the analyzing instrument in his lifetime and in a letter to Bertram Lewin in 1970, Isakower with a blend of humility and self-mockery, refers to his idea as a lithopaedion, an ossified fetus. Either way, somehow, Isakower's analyzing instrument appears to have been relegated to the dusty backrooms of the 'mansion' that Freud built.

The Analyzing Instrument: Further thoughts

Clearly, Isakower wanted to build on Freud's idea of evenly hovering attention. The analyzing instrument is more than just an exposition about psychoanalytic observation; it is an idea about contact, about the specific relationship between the two in the analytic situation. If the original purpose of the analytic situation was to allow the client to enter a regressed state of dreaming; "Genetically, the analytic situation is an altered hypnotic situation, as the analytic hour is an altered hypnotic session" (Lewin, 1955, p. 169), then the question remains how the analyst partakes of this dream of the other? It was this question to which Isakower turned, when he suggested that perhaps, the only way, in a sense, was by being in a similar state of (un)consciousness oneself, "there prevails a near-identity of the quality of wakefulness in both the analyst and the analysand" (Isakower, 1992d, p. 207). In furthering the concept of the analyzing instrument, Isakower (1992d) referred to Lewin's dream psychology, the relation between sleep and the analytic situation.

The analysand is in a quasi dream, making accessible to consciousness... memory traces from all parts of the psychic apparatus, even those near its topographical and chronological beginning. (Lewin, 1954, p. 509)

The analyst enters a similar state of consciousness, in-between waking and sleeping, perhaps daydreaming... "reality testing is not lost but is temporarily renounced, and the ego obtains, at the price of this renunciation, free access at least to the whole range of the preconscious psychic content" (Fliess, 1942, p. 220).

In some ways then, there is an intrinsically merged quality to this situation, a boundary permeability, a parallel sleep-like state (Klein, n.d.). Yet the analyzing instrument is composed of two halves, there is the separateness of each participant; otherwise, as feared, one would be left with two 'minds' fused, unable to tell one apart from the other. The analytic situation is an enclave, where the regressive wish for fusion with the mother can be satisfied without a fear of ego dissolution (Chasseguet-Smirgel, 1992).

Balter, Lothane and Spencer (1980) attempt to systematize Isakower's concept of the analyzing instrument in structural/ego-psychological terms, describing the fundamental

process by which the analyzing instrument becomes established, through their idea of a matched regression in subsystem of the ego(s) of both analyst and analysand. The peculiar quality of what is involved in the analysand's use of free association and the analyst's evenly-suspended attention engenders regression, and a gradual dominance of primary process thinking. As the sense of reality alters, ideas shift from being expressed in words to images, the experience becoming for both analysand and analyst "more dreamlike, blurred, and fluid" (Balter et al., 1980, p. 481). What keeps both the analysand and the analyst from extremes of regression is the counter force of ongoing secondary process concerns, which "tend towards waking, and limit the regression of ego functions" (Balter et al., 1980, p. 490). Critically, Balter et al. opined that the natural disparity in the nature of these concerns meant that the regression of ego functions, the movement towards sleep and primary process, was of lower intensity in the analyst's subsystem than in the analysand's.

The following vignette illustrates the working of the analyzing instrument²⁴.

During a particular phase in her analysis a young woman was becoming aware of strong phallic conflicts and a feeling of being genitally deficient. One day she told the following dream. She had only one breast. She was to go to the hospital the next day "to have a breast removed." In telling the dream, she was not sure if the operation was depicted as already having occurred or if the remaining breast was to be removed. The concern about breasts had started the previous week when she was looking through a magazine with nude photographs of a famous movie star, now in her forties. The patient had been impressed with how the actress's breasts were so well preserved. The day before the dream she had the thought that the actress's breasts had been treated with silicone injections. She recalled that someone had told her that women who have such operations have "strong masculine strivings." She then talked about her adolescent "tom-boy" phase when, although she felt quite feminine, she played with boys, excelled in their athletics, and depreciated other girls as "silly." She felt her boyfriend compared her favorably with other women because of her intellectual proficiency, which she considered a masculine quality. She wished the analyst would do the same. The analyst remarked: "You seem to feel I want you to be a girl who is also a boy. The ambiguity about the operation in the dream indicates this." The patient remarked that she felt her father wanted her to have been born a boy.

As the idea of the mythical Amazons of ancient Greece kept coming to his mind, the analyst asked her if she knew about them. She answered, "Yes," but could say no more about them. He went on to tell her that they were women who cut off one breast in

²⁴ Balter, Lothane and Spencer were students of Isakower, and in addition to attending his dream seminars also attended a private seminar in which they were able to discuss some of the clinical implications of Isakower's conceptualization of the analyzing instrument.

order to be able to use bow and arrows, as men did. In response to this the patient remembered having recently complained to her mother that she (the patient) could not throw a ball well. To which her mother replied, somewhat humorously, that the patient's father said it was because "the breasts get in the way." The patient then had a visual image of Diana the Huntress, carrying bow and arrows and wearing a garment leaving one breast exposed. For the rest of the hour and during several succeeding sessions rich material from dreams and memories came to the fore, is the reconceptualization of regression as a two-person mutual process indicating a childhood fascination with the myth of Diana and Actaeon, a story which had served to structure the patient's infantile conflicts and defenses. (Balter et al., 1980, pp. 491-492)

It is the 'setting-in-relation' to each other, the two regressed²⁵ subsystems of client and analyst functioning together as a unit, which allows communication and contact at the level of each participant's fantasy-memory constellations, that lies at the crux of the analyzing instrument.

Balter et al. (1980) posit that the analysand's dream, her associations, evoked in the analyst - in his analogous/near-identical state of regressed mental functioning - this rather idiosyncratic idea²⁶ of the Amazons. This idea they opine, condensed for the analyst the two ideas of mastectomy and masculine strivings, central for this client. Isakower (1992g) had suggested that what comes from the patient, ultimately comes to coincide with what is emerging from inside the analyst, as "in a range-finder focusing device - within an area where visual images take part in representing a given conflict" (p. 198). The analyst's idea of the mythical amazons, converges with an important *nodal image* (Reiser, 1999) for the client, an image connected to many experiences encoded within her memory networks. And "such networks are organized around a core of original early memories (real or fantasied) [sic] of events that were cataclysmic for the child" (Reiser, 1997, p. 901).

The analyzing instrument is the embodiment of Freud's hope that the beginning analyst, like the analysand, "will be 'hauled along' when he gets down to real 'inner work'" (Lewin,

²⁵ Others have written how the analyst must be able to regress in the service of empathy and creativity (see Blum, 1994) and in the service of the ego (Kris, 1936, 1956), taking in affectively and understanding the patient in a process of a partial and controlled regression, i.e. surrendering to aspects of his psychic life, while maintaining his ego's superior functions, assuring stability of identity, and of secondary thought (Séguin & Bouchard, 1996).

²⁶ In discussion with peers, Isakower (1992b) made clear that emergence of visual elements, while important in indicating the shift of cathexis within the preconscious, was not a requirement to the adequate operation of the analyzing instrument.

1970, p. 84). Isakower (1992d) contended that for analysis to take place the analyst needs to acknowledge all of his endopsychic experiences, his inner perceptions while sitting with a client. An image, picture/vision, or idea like in the vignette above, “a rudimentary form of a communicable formulation” (Isakower, 1992a, p. 215), emerges in an entirely subjective manner from the preconscious of the analyst, without conscious intentionality. Sharing these with the client can effect a similar shift within the structure of the client’s preconscious, thus facilitating the analytic work.

Extending Isakower’s work, Lothane (1993; 2006; 2007b) has conceived the concept “reciprocal free association” to describe the simultaneous process of imagination (Lothane, 2007) that occurs for the analysts as he listens to the client’s free associations. Here, Freud’s two passengers in the railway compartment meet. Beyond the interaction between the first passenger and the passing scenery, there is also, what is taking place for the second passenger - and between the two. With Isakower, the subjective becomes inter-subjective; in these words of Lewin (1970), I believe, Freud the analyst joins with his other half, Freud the patient, the self-analyst and brings to life the spirit behind Isakower’s conceptualization of the analyzing instrument.

... I shall only point out that there are two sides to a train, therefore a second window and corresponding landscape. The passenger at the window in the original figure, concentrating on his side of the road, would not perceive the second window. The inside passenger, passively attentive to the verbal messages, would be inattentive to this window too—but not unaffected. He would be subject to an ‘internal’ Poetzl phenomenon, and he would register images received from the window through the corner of his eye; that is, by 'indirect [peripheral] vision', which, then, he might or might not combine with the messages from the other passenger on the train, while they are traveling companions on the terminable or interminable journey. (p. 87)

The following chapter explores the work of two psychoanalysts, Jacobs and McLaughlin, who are in some way constantly travelling between the two worlds, of being an analyst and a patient concurrently, of using one’s own associations, the store of personal unconscious memories, fantasies and desires to understand and move closer to the client.

Chapter Three: Jacobs and McLaughlin

Unconscious Subjectivity Reclaimed

Theodore Jacobs and James McLaughlin are two analysts who have chosen to walk amid the old analytic world and the new; and have to that extent, offered some of the most illuminating insights, and initiated the most useful shifts. Here, I review aspects of their work that build on previous ideas.

Theodore Jacobs

Without regression on both sides of the couch there can be no analytic process and without attaining a state of matched regression the analyst is not in a position to receive the bits and pieces of fantasy, memory and imagery that arise as he listens and that give him access to the unconscious of his patient. (Jacobs, 1992, pp. 238-239)

The examination of Jacobs' unique contributions to the reclaiming of analyst subjectivity (Poland, 2000) is perhaps best started with a consideration of the substantive impact Isakower's thinking had on Jacobs (Bornstein, 1997). For Jacobs (1992), the analyst in Isakower's model strives neither to consciously or cognitively, understand the meaning of the patient's verbalizations, nor to try and master cues or clues that might indicate how the patient understands his communications. The analyst functions instead at a different level of awareness, a more primitive one, through the establishment of a 'mind', a field, where he is able to receive the transmissions from the unconscious mind of the other. Jacobs felt that Isakower's concept of the analytic instrument drew much from music, its essence one of two musical instruments in tune in such a way that that they sound as one. As the analyst listens with evenly hovering attention, "he unconsciously adjusts his half of the analytic instrument so that it resonates with its complementary part in the patient" (Jacobs, 1992, p. 239). For Jacobs then, when the analyst's part of the analytic instrument is, "well tuned, the analyst's interventions will reflect his intuitive grasp of the multiple levels of meaning of the patient's communications" (cited in "Meeting of the New York Psychoanalytic Society," 1986, p. 374).

By his own self-report, Jacobs (2002), sought to expand Isakower's idea, to include as data not only what is received by the analyst from the verbal-auditory channel, but also from the visual and somatic ones - things seen and experiences registered in the body (Jacobs, 1973, 1994). Interestingly, Jacobs notes in light of the current emphasis on intersubjectivity and interpersonal dimension of analysis, Isakower's exposition, almost half a century old now, already posited this notion of a union between the minds of analyst and patient. In the days when in most classical psychoanalytic institutes discussions of countertransference were rare (Jacobs, 1999), Isakower's notion of the analytic instrument as belonging to both patient and analyst, composed of a temporarily fused unconscious, was highly creative.

Jacobs (1997b) contends that the discovery and rediscovery in psychoanalysis all leads back to a very old idea, that the minds of client and analyst can resonate in ways that allow for the transmission of unconscious messages between them. Freud then, laid down a fundamental truth, that to register such messages, to function dependably as such an instrument, "the analyst must listen in a particular way—in an open-ended, unfocused manner, and with evenly hovering attention" (Jacobs, 1997b, p. 1056).

Taught that the analyst's subjective experiences had no place in the analytic process, Jacobs was among those analysts in America who in the 70s and 80s began to wonder about the impact of the analyst's personality, his history and particular sensibilities on the analytic hour. In divergence to the party line, writings emerged where aspects of the analyst's subjectivity was questioned. What had been a one-person psychology focused on analytic objectivity for so long, began to shift into a two-person psychology (Jacobs, 1997a). To dreams, free associations and transference phenomena as a pathway to the unconscious, Jacobs (1993a) added the inner experiences of the analyst, proposing that analysts who in some way surrender to a certain giving over of the self, of entering into a certain creative, regressive state of mind, find themselves resonating to the inner life of the patient. The ability to understand another person depends on more than our capacity to listen to that individual, it hinges on listening to oneself, for "the shards of memory and imagination that arise from within..." (Jacobs, 1993a, p. 14).

Jacobs reconstructs his own mind at work during a single session, permitting a look within,

to his “inner landscape”, and his fluidly shifting attention between the two worlds of patient and analyst; capturing, as if it were, by his “psychic camera”, the shadows cast by the client’s experiences in his own self-consciousness (Freedman, 1997, p. 97). Others have criticised the extent of attention Jacobs affords his inner world that he potentially moves away from listening to the mind of the patient, and from helping the patient know his own mind. “Will Jacobs’s interactive analysis be sufficient to motivate this patient eventually to acknowledge his own inner universe instead of merely guessing at his analyst’s?” (Green, 1993, p. 1136).

Bernstein (1999) critiques Jacobs for not thinking of the patient as a subject but as a fellow human being, and for not proceeding to what she sees as a symbolic position where he could look upon his own memories from an outside, spectator position, thus making the link to the unconscious undercurrents for the patient. Freedman (1997), in contrast writes of a continual disjunctive dialogue between Jacobs and his patient, “an inner dialogue in which with one ear he listens to his patient, and with the other to his own inner voice” (p. 97). This however, is not without risk. As the listener gradually moves from attending to and partaking in the patient’s words and imagery, “vicariously introspecting, then playing with his own reverie, he can suddenly be grabbed or zonked into his own subjectivity and the connection is broken” (Freedman, 1997, pp. 97-98). Given that the images, fantasies and memories that arise in the analyst’s mind can be meaningfully related to the patient’s unconscious, the potential for deepening the experience for analyst and the client, perhaps more than outweighs the risks, of this endopsychic play.

These critiques reflect existing tensions within psychoanalysis. Within the so-called new Freudians, there exist two camps, the more radical who believe that analytic theory and technique are in need of extensive overhaul and the more conservative who aim to build on established theory and practice (Jacobs, 1997a). Jacobs himself is far from a radical relationist²⁷, at least in terms of where he locates himself theoretically and is critiqued by

²⁷ Jacobs (1996b) points out how in describing the unnamed revolution that has occurred in psychoanalysis, Mitchell paints a rather dated picture of the Freudian analyst. To that extent, Jacobs sees Mitchell as having failed to understand and appreciate the present work of the classical analyst. Mitchell (1997) goes on to acknowledge, and summarily reviews the unique way in which the unbidden qualities of counter-transference have been used by Jacobs, as a contemporary analyst within the mainstream Freudian tradition.

Renik (1997) for the same²⁸. For others Jacobs is too much of a liberal. In his defence Jacobs (1993b) concludes each analyst brings their own sensitivities, talents, cognitive/affective styles to the work,

For reasons that I cannot easily explain, I have, as quite regular companions in my office, a band of revenants, friendly—and sometimes not so friendly—ghosts from the past. They are especially fond of listening to a patient's material and come alive, so to speak, when they hear it.... I have got used to their presence and have, over time, come to value it. (p. 1144)

Jacobs adds that it is not that way for every analyst, for some the visualisation of material and evocation of fantasies and memories is central (see W. D. Ross & Kapp, 1962; Simon, 1981), for others, associations that lead to verbal connections, to the flow of thoughts and ideas. For Jacobs though, it is by putting himself in touch with his memories, scenes from his own life that he has not remembered or only dimly recalled, that helps him feel, 'to see' his way into the patient's experiences, into the patient's life, and his unconscious.

Use of the Self

It was Jacobs (1986) who introduced the term “enactment” to psychoanalytic lexicon (Bass, 2003), calling attention to more subtle forms of counter-transference that operate camouflaged within the traditional framework of time-tested techniques. Yet, Jacobs has not been blind to how recent changes in the psychoanalytic thinking have propelled his idea of enactment to an almost mythic ideal. Feiner (2000) reports Jacobs' belief that an undue focus on analytic interaction can become an impediment to the kind of listening that seeks the unconscious voice of the patient. For this, the analyst's silence is required, for the analyst to regress and let the patient's words flow over him. Perhaps that allows the patient and the analyst, the space for the kind of affective remembering that Jacobs sees as an important aspect of the analytic work.

That everything essential is encompassed in the here and now of the analytic moment, arguably true, omits critically the recognition of the value of recovering the “living past”, to

²⁸ Feinsilver (1999) reviews this dichotomy as seen in the work of Jacobs and Renik, as the ongoing attempt to bridge that long-standing gap between an intrapsychic and interactional approach/emphasis.

“re-live and be riven by” (Jacobs, 2001, p. 170) fantasies and beliefs as encoded in memory. Like the patient who seeks to avoid the pain contained in psychological experiences locked away in “heavily guarded memories” (p. 170), for Jacobs, the analyst also avoids this memory, given that an awakening of the patient’s ghosts, inevitably touches analyst’s past, memories that he might wish left unstirred.

Jacobs vision of analysis then is truly post-modern, the boundaries between the self- and the other- permeable in ways that perhaps defy my limited efforts to conceptualize the same. For Jacobs (1996c) the very activity of analyzing, keeps the channels to the unconscious open, to the “collage-like amalgam of wishes, fantasies, affects, and memories...” (p. 316) that press-up from below and are related to the patient, but also to the analyst. However, Jacobs is not interested in replicating Ferenczi’s failed experiments in mutual analysis, as much as rendering a death-blow to the myth that the analyst can be part of a process without being transformed by it. On a more pragmatic level it is perhaps, the awareness for Jacobs that self-inquiry is only valid in service to the patient’s self, the patient’s need for healing and self-knowing, that keeps him from walking down the road that Ferenczi did.

For Jacobs (1996a), this emphasis on the self of the analyst is not a contrived one; it is not as if the analyst goes into a session with the explicit intention of undertaking self analysis. If that were to be, then Jacobs’ critics would in fact be right; he has become narcissistically preoccupied with his own mind, his own self, at the expense of the client. Rather, Jacobs writes, the analyst listens by giving himself over totally to the patient, like when reading an absorbing novel; he comes to live in the heart and mind of his patient. It is a function of such immersion, that the unconscious of patient and analyst begin to resonate, the mind of the analyst and the mind of the client, interpenetrate. In this process what is mobilized from within the analyst, his affects, fantasies, memories, come to shed new meaning on aspects of the patient’s inner world. At other times it is possible that aspects of the analyst’s subjectivity that are called forth are problematic, an old issue, an old conflict. It is here that the analyst needs to embark on a parallel analysis so to speak, to unlock the impasse - as that other Jacob does with his God, this Jacobs too wrestles in the night, so that some illumination might be cast upon those things that live in the darkness of the psyche.

While the inner experiences of the analyst provide clues to unconscious material arising from within the patient, covert, sublevel communication and interaction occurring outside consciousness between the analyst and patient (Jacobs, 1997b) are also made visible in their wake. Here is an example, a memory that arose for Jacobs when working with a client, Mr. S.

The memory was of my father lying in bed. I, a boy of perhaps nine or ten, approach him, baseball glove in hand, in an effort to get him to come to the park with me for a game of catch. Putting me off, he turns away, and, unhappily, I leave the room. The image that followed was of a patient of mine, a six-year-old girl. She is rapidly hitting a rubber ball attached to a wooden paddle and is counting the number of times she is able to do so without a miss. The third image, a fleeting one that surfaced a few minutes later, was of a boy sitting alone on a park bench...

The memory of myself and my father, I thought, was a kind of shorthand way of depicting the interactions that had been taking place in this hour. Sensing that I had pulled back from him, Mr. S. had unconsciously been trying to reach me; he had also been expressing anger at my withdrawal... The memory... referred, then, to Mr. S.'s current efforts to reach a nonresponsive father and to my own similar efforts in childhood; most likely, they also reflected an unconscious recognition on my part that in my withdrawal I was playing out the role of that father—his and mine. The image of the young girl repeated an actual event from the previous day, when in her session this child displayed her prowess with a Hi Li paddle; the image referred to Mr. S.'s efforts to gain my interest by performing for me. The fleeting image of the boy on the park bench was a condensation of Mr. S. and myself. At the cemetery, Mr. S. would often sit alone and forlorn on a bench while his father stood at the gravesite, just as I, unable to rouse my father, would sometimes go to the park by myself, sit on a bench at the ballfield, and hope to get into a pickup game. Clearly, my identification with my patient as a child unable to reach a father had been stimulated by the transactions of the hour and had evoked visual experiences meaningfully related both to what was transpiring between Mr. S. and myself and to each of our histories. (Jacobs, 1997b, pp. 1054 - 1055)

Jacobs (1997b) writes how such images help him reach into a realm of unconscious communication, a level of reception-transmission of unconscious fantasies and memories, that might otherwise have gone unrecognized. Nevertheless, the understanding of such visual and auditory phenomena that accompany the working of the analytic instrument does not fall in the hour itself. As with this client, discovering the meaning of these experiences and using them effectively takes time, reflection, and efforts to associate to the visual experiences that arise in the mind.

Thus, in his postulations around what is happening between the minds of the analyst and the patient, Jacobs draws heavily from what Isakower believed,

... in sessions in which regression takes place, the two minds temporarily fuse, the borders between them become porous, and a continuous stream of thoughts and affects flows between them. (Jacobs, 2002, p. 18)

Jacobs (2002) is one of few who has acknowledged the influence and debt of those who went before. In fact, for Jacobs the approaches of the older generation of analysts that tapped into the mind's early imaginings need to be held in today's world. Most commonly Jacobs refers to the analytic instrument, for it allows the adult mind, hidden behind layers of well-established defences, access to primitive thinking, to the "preconscious stream of thought, emerging fantasies, and those early creations of the mind, condensed and contained in memories, that have long since been forgotten" (Jacobs, 2002, p. 25). Jacobs' hope is that through this deep remembrance of early creations of his own mind, that have significantly impacted his life, the patient might be able to free himself.

It is no surprise then that Wyman (cited in Helm, 2000, p. 738) refers, to "The Jacobs 1991 model²⁹" of the analyzing instrument. It would be erroneous however, to believe that Jacobs is but a mere interpreter and communicator of Isakower's thinking. Jacobs is one who has truly struggled to define what psychoanalysis was, is and can be - a meeting of two, who walk different, but parallel paths, and when the roads intersect, Jacobs' analyst is unafraid to say 'hello', to bear witness to the client's Self, while staying attentive to the Self that he is. Now, that is evenly hovering attention.

James McLaughlin

I gradually grew accustomed to dwelling in off-hours on patient events of the day... There was so much I had not grasped with confidence during the working day, so much seen only through a glass darkly. I learned to welcome these half-reflections not deliberately sought, and came to count on them to illuminate my later work. I continued to dream at times about my patients. (McLaughlin, 2005, p. 44)

A contemporary of Jacobs, McLaughlin's analytic work foreshadowed the arrival of the

²⁹ The use of the self (Jacobs, 1991).

two-person, relational and intersubjective perspectives (Roughton, 2006). What makes McLaughlin's work unique is the twist of direction regarding how McLaughlin discusses his musings, his daydreams outside the analytic hour, that bring to light what he had seen or known only dimly within it. Free-floating attention for McLaughlin moves outside the fifty-minute hour; in the garden or in the workshop - he ponders over what is puzzling or uneasy left over from the day and this pondering takes him into what he calls "reparative self-enquiry" (McLaughlin, 1996, p. 227). For McLaughlin (2005) the analytic quest is a search for the prior experience in both analyst and client, stuff "that pumps through and from the roots and trunks of our separate developmental pasts" (p. 48)³⁰. In this quest, McLaughlin becomes, as if, one with Freud. Self-analysis becomes the route to other-analysis, to understanding what is evoked in oneself as one sits and works with a client.

In a sense, what McLaughlin does is not far from what Isakower hinted; conscious observation of the analyzing instrument and its operation as possible only as the apparatus is disassembled. The following vignette provides an insight in to McLaughlin's uniqueness.

In the 1970s, Mrs. P underwent analysis for help with her long-standing isolation, bouts of depression, and chronic inability to find satisfaction in her life. Over the first year of our work, I had grown weary in my effort to reach her through her incessant and ambiguous circumstantiality as she detailed her hopeless failures as wife and mother... I felt stuck in my inability to help her see, and shaken in my sense of my own competence to see...

Luckily, I became aware of a mannerism unusual for me: repeatedly removing my bifocals during such hours to gaze blankly at the blur of my patient on the couch and to enjoy, for moments on end, the soft merging of color masses (flowers) on my coffee table. The latter gave me a sense of peaceful detachment that I was reluctant to leave in order to observe Mrs. P once more through corrective lens that did not help me see what I needed to know. Soon after, I heard an unusual intensity as I recounted to new friends an old story of how, when I was nine, my childhood visual impairment had finally been discovered... of how, once behind my glasses, I sighted with delight and expansion a world of immense reach and clarity.

Something fresh fell into place with my linking the storytelling and the ritual with my glasses. During my workshop reveries over subsequent weeks, a darker side to those

³⁰ For McLaughlin, Isakower's conceptualization of the "analyzing instrument", finds an echo. Here, "the conjoined operation of two minds, patient's and analyst's, working together in a goal-specific intent to reach the infantile depths of the psychic reality of the one, in the course of which both may find themselves affirmed" (McLaughlin, 1981, p. 658).

times drifted into focus, one I had only touched on in my previous analyses. I recalled what it had been like to be semiblind and not know it...

What I gradually came to see clearly enough was that Mrs. P's ways of evoking my efforts to reach out to her, then wiping them out with repudiation and altered contexts had tapped into my old pain of uncertain groping and failing to know - that, moved by Mrs. P's very similar distress over asserting any sureness of knowing, I had fallen into defensive transference behaviours of excessive assertiveness or silent withdrawal as ways of being rid of the burden of her/our problem. In the enigmatic ways that self-analysis sometimes works... I had come upon fresh sidestreams of familiar transferences. (McLaughlin, 2005, pp. 108-109)

It is important to note McLaughlin's rejection of the term countertransference, rather returning to what he sees as Freud's primal, inclusive view of transference, summarized for him in Loewald's 1960 statement "there is neither such a thing as reality or a real relationship, without transference" (cited in McLaughlin, 2005, p. 47). Freud, he argues, saw transference in a much broader perspective, but ended up selectively emphasizing an aspect of the same in terms of the analytic relationship. Pulling back perhaps for reasons strategic and personal from "the affective intensities of transference and countertransference to a refuge and safer perspective in the distancing identity of the detached and objectifying (if not always accurately) physician/scientist" (McLaughlin, 1981, p. 643).

McLaughlin's return to Freud's broader perspectives on transference and psychic reality facilitates a return to a relativistic view, an acknowledgement of the humanity, the limitations of the "analyst-at-work", his essential/intrinsic participant-observer role. Thus, not unlike the patient, the analyst's transferences also determine the psychic reality he lives and works in, leaving us "as analysts, to deal with infinite shades and shapings in the perception of reality" (McLaughlin, 1983, p. 171).

Transference Sanctuaries

It is with the shift to acknowledge the psychic reality that the analyst brings to the situation, that McLaughlin's idea of 'transference sanctuaries' comes about. Psychic reality is more than just a set of distortions of infantile beginnings; it is in fact the way that all of us, analyst and patient alike, perceive reality, our world, and ourselves in it (Fogel, Tyson,

Greenberg, McLaughlin, & Peyser, 1996).

Transference sanctuaries is more than an abstract, theoretical postulation. Based in McLaughlin's clinical experience, his unique development as a psychoanalytic practitioner, transference sanctuaries are an outcrop of what appears to have been McLaughlin's lifelong wrought to balance the awareness of the analyst's subjectivity, as a person, with the task that he is engaged in as a physician. Given McLaughlin's familiarity with the Asclepian myth (McLaughlin, 1961) and his identification with his family doctor (Cornell, 2005; McLaughlin, 1993), it is plausible that in the genesis of his idea, McLaughlin drew upon his awareness of the Asclepian sanctuaries of ancient times, places where patients would go to sleep, and to incubate dreams (Whitehead, 2002). "For it was through dreams that Asclepius healed" (Halpert, 1994, p. 740).

Many analysts have "their favorite private haven and ritual to which they drift" (McLaughlin, 1993, p. 378). Here, according to McLaughlin, the preconscious can hold sway. He refers to Calder (1980) who speaks of the 'laboratory' of his bathroom shaving, the place where uninterrupted from the world, he seeks to unravel the primary data from dreams, memories, daydreams and symptoms, to self-analyse. Ticho (1967) speaks of other settings - bed, a warm bath, travel - situations that are conducive to regression, affording "maximum opportunity for physical and mental relaxation, relative solitude" (p. 311). Others do it differently, at the end of the day, while walking, before falling asleep, or as they sit on their desk (Sonnenberg, 1991). For McLaughlin (2005), the common element lies in the "relaxation and freedom for contemplation to be found in desultory minding while anchored in some routine physical activity reinforced by familiar sights, sounds and smells" (p. 114). Perhaps unconscious knowing has a chance to reveal itself in these sanctuaries, a continuation of what was started but could not be completed in the analytic hour.

The roots of McLaughlin's transference sanctuaries, can be traced back to his early interest in the states of consciousness of the analyst at work (McLaughlin, 1975). There McLaughlin draws a cogent picture of the analyst's states of awareness, how free-hovering attentiveness, can extend at times to reverie, hypnogogic and hypnopompic experiences,

and even to dream and dreamless sleep. For McLaughlin (1991), the strain of the analytic situation can cause the analyst to regress from his normal working ego. To that extent, McLaughlin maintains a distinction between an enactment that is useful, that can be retrieved, and one that is not so useful, one in which perhaps the scale weighs too heavily in the direction of unresolved personal attributes and conditioning of the analyst.

It is McLaughlin (1987) who postulates, that the analyst's apperceptive looking, his unfocused noticing of subtle and not so subtle kinesic movements, is part of his freely hovering attentiveness. Perhaps the inevitable registration in consciousness of this "incessant play of non verbal activity" (p. 557), extends to the analyst's attention to himself. "I almost literally had to blind myself before I could grope for the connections between the plight the patient and I were in" (McLaughlin, 2005, p. 110). By necessity then, McLaughlin (1998) relates how as analysts and therapists one's own transference depths are stimulated as one comes together with the patient to form the analyzing instrument:

The analyst must bring to the venture the asset and liability of old motivations to rescue, help, and heal, rooted in his own transference past. The compromise behaviors and traits embodied in his work ego thus are vulnerable to fluctuation, particularly the liability of the analyst's regression to less evolved working capacities. The analytic stagnation and tensions consequent to this regression embody in their detail and specific enactment the shared and intertwined dynamic concerns specific to both members of the pair. (p. 388)

Enactments then are but another expression of the unconscious of the analyst, meeting the unconscious of the client; what cannot be known in words, or images at a point in time, perhaps is only able to be revealed through actional potentials and actualities, "enactment is a form of pre-conscious thinking in action" (Miller, 2007, p. 4). McLaughlin (1991) seems supremely aware of how paying attention to the interpersonal behaviours between the analyst-patient pair will eventually open doors to discovering the latent intrapsychic conflicts and residues of prior object relations that have gotten stirred in resonance.

Inevitably then the analyst is in analysis simultaneously with the analysand, the difference being that by this point in his development it is hoped that there is an ease with which the

analyst can face the emergence of his own unconscious material - his preconscious stirrings (Silber, 1997) - and simultaneously use them to wonder about the client's. In physics, when a tuning fork of a certain frequency is set into motion, another tuning fork in its vicinity, with a similar latent frequency will begin to oscillate, by a process of sympathetic vibration. In psychotherapy, this resonance perhaps is at the level of the memories, desires and fantasies of the psychotherapist and the client, and at times perhaps at the level of action.

... the analyst's feeling and timely acknowledgement of the impact of the patient on him, and of the analyst's impact on the patient, can evoke in both parties powerful resonances of those oscillations of mutual influence and confluence that were central to our early relating. (McLaughlin, 2005, p. 221)

A readiness to experience uncertainty and unknowing, perplexity and strangeness are the bulwark of the psychoanalytical process, cut as it were from the same cloth, that goes into the making of the artist (McLaughlin, 1978).

Inside and outside of analysis, McLaughlin attempted to live his life as he wrote (see Arkowitz, 2006), touching the limits in every dyad (McLaughlin, 1995; see Schwaber, 2006). As part of his psychoanalytic legacy, he left the concept of transference sanctuaries, sanctuaries for the soul (Greek: psukhê), where the analyst's Use of his Self, the analytic instrument, "formed by the souls of two people analytically engaged" (Silver, 2001, p. 54) can go-on-being.

In their conceptualizations of Use of the Self and Transference Sanctuaries, Jacobs and McLaughlin take us back to Freud's original orientation around recognizing the unquestionable subjectivity of the analyst who is analyzing – that there is actually a 'person' who is sitting behind, or in front, of that fabled couch. A person who breathes, feels, thinks, stumbles, and fumbles, and at the end of the day delves into his own unconscious processes, so that he might be able to help the client with what lies there for him. Subjectivity reclaimed.

Chapter Four: Discussion

It is a very remarkable thing that the Ucs. of one human being can react upon that of another, without passing through the Cs. This deserves closer investigation, especially with a view to finding out whether preconscious activity can be excluded as playing a part in it; but, descriptively speaking, the fact is incontestable. (Freud, 1915b, p. 194)

This dissertation attempted to explore Freud's idea of evenly hovering attention, that the unconscious of another can only be fathomed with the use of one's own unconscious mind. My question was around the evolution of this idea of Freud's and through reviewing the extant literature; I hoped to come to some integrated understandings that could inform my practice as a psychodynamically oriented psychotherapist and psychologist.

My investigation was limited to those who explicitly addressed evenly hovering attention, and demonstrated a clear connection with Freud's 'unconscious knowing'. I discovered that few had critically investigated the meaning of the idea, or its application in the work we do. Sifting through literature, I made the decision to focus on four clinicians whose concepts I believed were most directly linked to Freud's idea, and who themselves sufficiently articulated that connection. In places, these four clinicians also linked to each other. Categorically, others surveying the same literature would most likely have come to a different system of connecting points – but that is the inescapable problem of researcher subjectivity in any qualitative, interpretive research, and one I admit this research has also been prone to. There was a common theme across these clinicians – evenly hovering attention, moved out from the domain of but a technique, to the more primary subject of how the psychotherapist comes to know the unconscious mind.

It has become clear to me that over time evenly suspended attention has been understood in two broad ways. In terms of its outward form, as an even or equal, free or not fixed attention – a qualifier that has been in place to make certain that as therapists we do not end up seeing what we want to. This qualifier is common to the natural sciences, an observer being required to impartially note the phenomenon that he is observing in its entirety, without personal bias. However, it is in the second understanding, its inward form, that I think there occurs a purely psychoanalytic usage of the idea – its place in the unconscious

meeting the unconscious. The goal of psychoanalysis remains the making of the unconscious conscious – even though there might be disagreement on how this is accomplished. Herold (1939) indicated that as analysts we will be attracted to approaches that fit in line with our more personal predilections. Some analysts are naturally attracted to a more passive, introverted approach, to studying the analyst’s unconscious in the analytical process; others, perhaps to a more active approach, analyzing the client’s transference resistances, paying “close process attention to the defensive activities in the field of the conscious ego” (Gray, 1996, p. 88). Either path might lead to the same goal, but the former is what Freud propounded, at least initially, and that has been the bias of this dissertation.

From the literature review, it would seem that what Freud meant when he spoke of oscillations received and transmitted from the unconscious, was the stream of thoughts and affects that in Isakower’s model flows freely between two minds that merge in the analyzing instrument, or in the case of Reik’s scheme the reciprocal exchange of illuminations and reflections. Another way of conceptualizing these oscillations would be in terms of Jacob’s work, the resonance of unconscious fantasy and memory structure/s between the client and therapist. The following vignette from my own practice I hope will elucidate these various schemes, and the clinical phenomenon that has led me to pursue the enquiry in this dissertation. This vignette focuses on a private fantasy that arose for me while sitting with this client in our early work together.

Mr. N, a 30-year old man, an immigrant of Asian ethnicity, first presented with symptoms of grief, in response to the death of an older brother. For Mr. N his brother’s death, a sibling he had been extremely close to, almost like a twin, was emotionally devastating and unconsciously confirmed for him that he was destined to be alone, that he would lose all the people he really loved. He searched at first, rather awkwardly, to fill the hole left by his sibling’s death - unsure if he could trust coming close to anyone else, for fear they might leave him too. For a while, Mr. N placed his trust in a friend - but she happened to mistake his need for emotional intimacy for sexual desire, and that bothered him greatly. He felt misunderstood - and once again alone, abandoned.

Session proper

For some time in the session I find myself pulled to reach out and comfort him physically, as if in that act I might somehow thaw what appears to me to be his grief frozen over. Mr. N talks about the stress that he is facing at work, his experience that those previously thought of as ‘friends’ were now out to spread malignant rumours

about him. His manner reminds me of a fish fallen out of her bowl, thrashing and gasping for a breath of air, in a medium that is not her own. I am afraid words might not be enough to save the fish. I too know what it is like to be an immigrant, to be a foreigner in a strange land.

Mr. N shares that he has been waking up in the middle of the nights, with this really strong sense that his dead brother's touch has roused him from sleep. I wonder if this might have something to do with this sense that I have been feeling around touching him.

As I grapple internally with introjected messages around touching and not-touching, suddenly as if out of nowhere, an image floats into my mind. Like a vision, I 'see' a very young boy, lying in his mother's lap, the mother stroking him gently, repeatedly, across his body, lulling him as if to sleep. This closeness, this intimacy between mother and child stands out for me - there is a sense of oneness, and of a young child who implicitly trusts that he will be taken care of by mother. I wonder what this image represents, how did it come to arise in the way it did, to occupy my mind's eye?

I sense, no, I feel quite certain, that the 'scene' condenses an unconscious transference-countertransference dynamic between us. Mr. N's deeply unnamed, his dissociated and unfelt (pre-oedipal?) wish to be nurtured, to be comforted, triggered as such by his brother's unexpected death - and my pull to respond to the same, in a tangible physical way. But, then, for a second there, the image stirred something indefinable from my own life, in terms of my own relationship with my mother; something about how I also wanted to lie in my mother's lap as a child, and have her stroke me to sleep. I am uncertain if the image speaks to the client, to me, or to the relationship between us. Who lies on that lap, who covets it more, me or Mr. N?

Epilogue

Many sessions later, as we talked about Mr. N's desire to be looked after, Mr. N remembers what it was like for him as a child. As he lay on his mother's lap, he recalls, all his troubles went away, his mother's touch could stroke all his suffering away. As he walks out of the room, Mr. N reaches, quite naturally it seems, and touches my arm. I realize he is letting me know that he is beginning to feel loved again.

How did I see the vision I did? Did it come up automatically; did my unconscious read his unconscious directly? Not likely, in fact one of the reasons that the idea of evenly hovering attention has been criticized is because of the suggested almost magic-like quality by which knowing seems to arise. In actuality, the process was far from instantaneous. There was something, beyond the range of my conscious attention that was being communicated to me - the client's unconscious mind, if I stay with Freud's telephone analogy, was 'dialing' mine. To receive the transmission from the patient's unconscious, and be able to convert it, there would need to be some echo of similar oscillations, similar unconscious derivatives

within me – as also a willingness to have that unconscious memory rise to consciousness. We can listen with the third ear, only to what is within us.

With my client, I had already experienced some tracings of the analyzing instrument, in that hazy sense of wanting to touch him, to comfort him. These tracings it seems had been working silently in the background, mixing and merging at an unconscious level in my psyche, their synthesis and/or product eventually rising in the form of that representation, that fantasy that came to my mind. However, that was not only it. My own past, my own developmental history was also somewhere encapsulated in that ‘waking dream’ that I had with Mr. N.

When I pursue far enough my associations to my visual images, they reveal, in each instance and with each patient, rich likenesses in the conflicts, character, and circumstances, past and present, of my patient and myself, and in the tensions then at work between us. Often they tend to heighten or dramatize, and therefore make easier to explore, what earlier had been invisible, or if visible, seemingly insignificant. (Gardner cited in Olson, 2000, p. 394).

It was not so uncanny then, that the client was sitting at the crossroads of being touched, or not-touched, and that equally alive were aspects of my own experience, intersecting and interpenetrating this theme of love, rejection, of touch freely given or touch withheld. Jacobs’ work in fact would suggest that it can be no other way. Smith (1993) writes of ‘symmetries of affect and experience’ in our analytic work, while Aaron and Bushra (1998) discuss mutual regression, of patient and analyst needing to “differentially surrender to one another...” (p. 408), to be transformed. The work with Mr. N had roused to consciousness memories from my own conflicted past.

And what of transference-countertransference³¹? If I was to go with what McLaughlin writes, I might interpret the situation somewhat variedly, as Mr. N focusing those transference needs of nurturance, of the lost brother, and mother, onto me – but also me, quite inadvertently, focusing some of mine on him – a transference ‘Venn’ of sorts, made up of mutual, and overlapping sets. What was my transference need? Somewhere in

³¹ Lasky (2002) differentiates between the inner states of the analyst, what he conceptualizes as “the analytic instrument” (as distinct but with commonalities with Isakower’s idea) from his or her countertransference as manifest behavior.

wanting to comfort Mr. N, in an unconscious sense, I was wanting to soothe myself, to pacify my own child, the one who grieved for his own lost (m)other. That was something I did not realize in the actual session. It was only later, in what I think of as my transference sanctuary, that this awareness came about. The silence of the night, its solitariness, affords me quiet, and walking, reading then, I have found that I reflect on my day, and on my work. As I mused in my transference sanctuary over this picture of a mother lulling her baby to sleep – I ‘saw’ that embedded in the backdrop of my psyche there was yet another fragment, a shard of a memory, a child’s lullaby from far back... and the wish that accompanied it, that my own mother had at some point sung it to me. In that instant I had watched this mother stroking her child, stirred into awakening was an experience buried deep in my own history, of old needs unmet from a time long ago!

There is, I believe, little that is inwardly different between McLaughlin’s sanctuary and mine, for as he writes there is a familiar safety of these known places and rituals, where we

draw on transitional phenomena... tap into latent traces of our positive experiences with one or both parental figures and draw once more on their nurturing and releasing aspects, which had helped us find our earlier way, to gain affirmation and strength to face our present and assimilate our unwanted, conflictual past. (McLaughlin, 2005, p. 115)

Not coincidental then, that it is the dark Mother, the Goddess Kali, who personifies the night for me, and in her envelop, I find my rest.

Like McLaughlin, who took the risk of journeying back to where analysis was born, in the crucible of Freud’s self-analysis - it must be for any of us. We can only analyze, when we begin with I, our “principal analysing device... lies within ourselves” (Frayn, 1996, p. 305). We can only walk as far with our clients, as we are willing to walk with ourselves. My work with Mr. N showed me that. Once again.

A point from my vignette – I did not share this particular vision with Mr. N when it arose. However, there were other images that came up in the work, that I did. How does the therapist make the distinction between what image to share and what not to? How did I

make it? It is crucial that the therapist make judicious use of his associations³², decide what and how much to disclose to the patient about such spontaneous, ideas, images and feelings. Calef and Weinshel (1980) write how the analyst does not retransmit at once knowledge gleaned of the unconscious, but first translates the unconscious into secondary process – he might eventually make an interpretive remark, careful that he does not preempt the analyzing functions of the client – thus maintaining throughout his role as the ‘conscience of the analysis’. As this ‘keeper of the analytic process’, the larger context for me then was that the vision arose early in work, and at a point when I was concerned about the extent of Mr. N’s decompensation. While I did not share my vision with Mr. N at the time, I believe holding it in my mind, an unspoken interpretation, allowed for the touch that followed, to come later.

Evenly hovering attention, third ear, analyzing instrument, use of the self, transference sanctuaries - essentially speak of regression, on both sides of the couch, a shared state of mind that allows the derivatives of unconscious mental life to be transmitted and received. As therapists then we need to allow regression to happen, for our sense of self to dissolve enough so that when solid again, there is some of the client within us. Catching the drift of the patient’s unconscious with one’s own unconscious, “supposes a sort of topographical regression in the analyst’s psychic apparatus” (Major, 1980, p. 397).

Can one teach the therapist to thus regress, to “listen analytically”, with evenly hovering attention, to the client and himself, for these derivatives of unconscious mental functioning? I suspect there is a way that this can be taught, but whether through education or training, or whether it is something that we would learn through osmosis, through absorbing what it is like to sit with one’s own analyst/supervisor as he or she allows himself/herself to melt³³ is unclear. Perhaps it is a function of first creating the necessary conditions to permit this

³² Balter et al. (1980) suggest that “An analysand’s readiness to accept, understand, or respond to an intervention can be determined by different factors, one of which may be the degree to which the analyst is hearing the session’s material at a level of regression comparable to that of the analysand and responding to him on that level” (p. 500).

³³ Bienvenu refers to M’Uzan’s concept of *Chimera*, “an independent being that lives within the analytic space and is nourished by the fusion of the analyst and the analysand’s psyches in a state of deep formal regression; it is fed by moments of what he calls paradoxical thinking, moments when the analyst... is the object of intruding thoughts, images, sounds, and bodily sensations, which he does not recognize as his property. To find a communicative value to these phenomena the analyst must be able to tolerate without anxiety a certain degree of depersonalization” (M’Uzan, cited in Bienvenu, 2003, p. 412).

process. Following the negative injunctions or not doing's (Böhm, 1999), what Langan (1997) calls "a paradoxical willing not to will" (p. 827) and then to let go and watch what happens, watch the fireflies as they merge and separate, as they dance into the night. Over time, I would suspect, "attention and conscious internal perception become more regulated, controlled, and useful within the activity of the analyzing instrument" (Balter, 1999, p. 107).

Conclusion

Freud first proposed that the analyst meet the unconscious of the client with his own unconscious, "to use his unconscious in this way as an instrument in the analysis" (Freud, 1912, p. 116) – but this knowledge became lost. Reik attempted to retrieve this knowledge, but while his idea took hold³⁴, it never reached full development. The gauntlet needed to be passed on. It was a task that Isakower seemed well-suited for, his deep study of dreams seeing him through in his retracing of the early developments in Freud's thinking around this 'instrument of analysis'. Connected to an older psychoanalysis, a model of mind that located topographically, the Unconscious, the Preconscious, and the Conscious (M. H. Stein, 1992), what Isakower postulated was radical³⁵ - a conjoint operation of minds, with multiple points of contact/relationship at levels of unconsciousness, that accounted for how things unseen came to the analyst's mind (Spencer & Balter, 1990). His exposition brought back the lost knowledge, that at the core "the analytic-therapeutic setting is a dream stage and the communications between the analysand and analyst have their manifest and latent meanings and messages" (Lothane, 1983, pp. 441-442).

Even though Isakower's concept of the analyzing instrument did not impregnate ostensible/normative psychoanalytic thinking, it lies behind much of our current paradigms, having been the subject of much discussion along the 'analytic grapevine' (Wyman & Rittenberg, 1992), analysts having "long sought to understand what constitutes" it (Boyer, 1989, p. 703).

³⁴ It was Reik who was Paula Heimann's first training analyst, and in whose tradition she seems to have been walking (Tyson, 1992) when she wrote that paradigm shifting paper on countertransference (Heimann, 1950).

³⁵ In retrospect, it appears the analyzing instrument was in part a reaction to the abstract and impersonal stance of ego psychology (Grossman, 1992).

Jacobs (Jacobs, Aron, & Balsam, 2001) furthered Isakower's work, seeing regression as a state of analytic creativity, where primary process can hold sway once again, and images arise like dreams for the analyst, to serve as an extension of that 'royal road to the unconscious'. In a state of regressive exploration of deep structures in the mind, connecting to the primitive contents and processes of his own psychic life, that the analyst will find he meets "the patient within himself" (Séguin & Bouchard, 1996, p. 462). It is this meeting Jacobs extols as the Use of the Self.

Finally, McLaughlin put forth the idea of transference sanctuaries, a place where the analyst can continue his dreaming. "The trance like qualities of the path to symptom formation are best investigated in the dream-like quality of the psychoanalytic setting" (Lothane, 1997, p. 182) - but if the trance, the dream was to continue, outside of it, the possibilities are endless. McLaughlin showed us that the therapist's day does not end with his last client - to stay true to the concept of unconscious, to acknowledge that countertransference *experiencing* exists fundamentally in an unknowable region (Bollas, 1983), means that self-analysis goes on. In the end both client and therapist "are dreaming each other" up (Bollas in Molino, 1997, p. 37), it is that short-lived interpretation – verbal or symbolic – that comes out of this interplay of dreaming that is inspired.

For me this journey was in a sensed affinity. A debt towards Freud, scientist but also artist, for having mapped the first journey and the pain of seeing some of his most brilliant contributions fall into a state of neglect and disuse spurred my walk down this road; a wish to resurrect the father in a sense, internally for myself, but also externally for the broader psychotherapy community. I came into this country with a sense of loss, my psychotherapy mentor and I had finally parted ways. In some sense then this dissertation has been an unconscious working through of some of the pain of that ending - and an attempt to find new internal objects, new fathers. Of my own father - my relationship with him has been somewhat ambivalent - I struggled with his unmeaning but pernicious, unspoken criticism, his emotional unavailability as I was growing older - but there were also times when in his quiet manner, I felt held and understood. So the journey continues...

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Appendix: Method Process

A systematic search of the literature was conducted in relation to my constructs of interest. This involved two aspects; first, the identification of the appropriate database/s, which in this case has been limited to Psychoanalytic Electronic Publishing (PEP), in order to keep the scope of my dissertation to my chosen domain of investigation, psychodynamic psychotherapy. I then used keywords related to my defined topic of interest to identify the appropriate articles, as listed in Table 1.1.

Table 1.1: PEP 1

Search Terms (words or “phrases”)	PEP Limits: Search within	Results
evenly suspended attention	Article	306
	Para	279
“evenly suspended attention”	Article or Para	265
	Quote	22
	Reference	2
“free floating attention”	Article or Para	376
free floating attention	Quote	25
	Quote	15
“free floating attention” AND therapist	Article or Para	160
evenly hovering attention	Article	293
	Para	269
“evenly hovering attention”	Article or Para	251
evenly hovering attention	Quote	9
	Dialog	3
	Reference	4
freely hovering attention	Article	169
	Para	38

	Quote	3
	Dialog	2
“analyst’s associations”	Article or Para	60
	Quote	9
“analyst’s free association”	Article	5
“analyst’s fantasy”	Article or Para	30
	Reference	4
“analyst’s primary process”	Article or Para	3

I read the abstracts of all hits resulting from search parameters to identify if the article held relevance to my topic. All articles thus selected comprised my initial pool and each of these article abstracts and summaries was then subject to a second reading, in order to arrive at a more circumscribed pool of relevant literature.

During this latter process, what became apparent was that while there were numerous hits relating to evenly suspended attention, few examined the concept itself. Furthermore, scanning through this mass of literature revealed the existence of conceptual schemes that seemed to be developmental offshoots of evenly suspended attention. Three main schemes emerged, Theodor Reik and his idea of the Third Ear, Otto Isakower and his idea of the Analyzing Instrument, and post-modern Freudians Jacobs and McLaughlin and their ideas of Use of the Self and Transference Sanctuaries respectively. I then carried out systematic searches within each of these schemes. Table 1.2 lists these searches.

Table 1.2: PEP 2

Search Terms (words or “phrases“)	PEP Limits: Search within	Results
theodor reik	Author	11
“third ear”	Article or Para	124
reik And third ear	Article	91
reik And “third ear”	Article or Para	63
Isakower	Author	4
Isakower	Quote	17

“analyzing instrument”	Article or Para	127
	Quote	6
	Reference	58
isakower And analyzing instrument	Article	79
	Reference	29
isakower And analytic instrument	Article	138
isakower analytic instrument	Para	45
isakower “analytic instrument”	Article	38
	Para	26
isakower analysing instrument	Article	19
	Para	10
	Reference	4
“analyst’s preconscious”	Article or Para	36
theodore jacobs	Author	44
jacobs And “use of the self”	Article	37
jacobs “use of the self”	Para	19
james mclaughlin	Author	41
transference sanctuaries	Article	16
mclaughlin “self analysis”	Para	13
	Reference	45

Some articles were sourced through a basic search by key name/s under the subject heading of Psychology and Psychotherapy of ‘multisearch’ - an AUT University Library federated search engine application for searching across multiple electronic resources/databases from a single interface, and subsequently sorting through the relevant clustered results. Table 1.3 lists these searches.

Table 1.3: Multisearch

Search term	Cluster (topic/category)	Results
Reik	Journal abstract	7
	Listening, Psychoanalysis	7
	Other	42
Isakower	Instrument	20
	Other	25
Theodore Jacobs	Theodore Jacobs	16
	Analytic Process	6
	Some Reflections	6
	Other	59
James McLaughlin	Reviews the book	12
	Transference	7
	Other	79

In addition, I hand searched the reference list/s of the resultant article base for other articles of primary relevance, which at times included a new search in PEP by authors to identify further relevant literature. Lastly, I initiated a request to the curator of The Archives of The New York Psychoanalytic Society and Institute, Nellie Thompson, PhD, for access to relevant portions of the original society minutes in which Dr. Otto Isakower first postulated his idea of the “Analyzing Instrument” and discussed both the mechanisms and implications of the same with other training analysts of the society. Dr. Nellie Thompson kindly arranged for access to the same in the form of an archived journal publication, a compilation of these discussions.

Exclusion of literature

In the second process of identifying relevant articles, I excluded those not explicitly focussing on the technique of free-floating/evenly suspended attention or any of its developments. Particular theorists formed part of my exclusion criteria, such as Wilfred Bion and Thomas Ogden. My reason for this has been twofold. Firstly, the work of both Ogden and Bion have of recent been extensively reviewed (Russell, 2005; Solomon, 2004, 2006) and second, my intent has been to limit my investigation to those whose work

broadly falls within the Classical Freudian tradition, and to its most direct outgrowth in terms of Ego Psychology, and the neo-Freudians. To that extent, I have chosen to exclude those whose contributions can be seen as lying within the distinct psychoanalytic traditions of Melanie Klein, Kohut and his Self Psychology, its outgrowth Intersubjectivity, and Jacques Lacan. Bion was analyzed by Klein (F. Bion, 1995) and belonged to the Kleinian end of the split in British Psychoanalysis (Coltart in Molino, 1997). Ogden does not appear to explicitly think of himself as a Neo-Kleinian, yet some of Ogden's central theoretical premises appear based in a reworking of the Kleinian tradition and could be considered as having "intersubjectivised Klein" (Haumann, 2004, p. 63).

Ethics

The focus in the research is on the psychotherapist's experience of his own mind when working with a client, his internal/fantasy life, and aspects of his subjectivity, i.e. memories, reminiscences and personal associations. Any clinical illustrations used are primarily about my inner experience in relationship to my client/s, what was evoked in me as I attempted to be with another. Written consent has been sought from the clients involved. Identifying details including names have not been used in the research. If necessary, descriptions have been changed to protect client anonymity. Participation was voluntary. Those who agreed to take part were free to withdraw from the study at any time up until the completion of data collection. There were no costs or financial benefits for clients taking part in this study.