The Therapeutic Relationship: A Modified Systematic Literature Review with Clinical Illustrations:

Hope: Therapeutic Friend or Foe?

Psychoanalytic Perspectives on the Development and Transformation of Hopes within the Therapeutic Relationship

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Contents

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements) nor 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.

Signed_____Date_____

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Abstract

How should hope be perceived in psychoanalytic psychotherapy? Using a modified systematic review, this dissertation explores the contrasting and conflicting views that alternatively depict hope as a therapeutic ally and obstacle; friend and foe. The literature demonstrates that 'classical' and 'romantic' psychoanalytic traditions hold differing perspectives on hope, and that the arguments they present lay down the foundations for integration through the distinction between 'needs' and 'wants'.

From charting psychoanalytic understandings of the development of hope – which focus on infantile, oedipal and end of life stages - hope is then evaluated in terms of how it manifests within the domains of patient, therapist and the therapeutic dyad. Clinical illustrations are included to bridge understandings from theoretical to practical.

Throughout the dissertation, an attempt is made to differentiate between therapeutically useful mature hopes, and defensively-orchestrated regressive hopes. The transition from regressive to mature hope is shown to entail loss and mourning, and that mature hopes inevitably co-exist with the integration of despair, and appreciation of what is realistic through the acknowledgement of limits and boundaries. In applying these principles, a generic therapeutic model for the transformation of hopes, from immature to mature is then offered, which is followed with a discussion of conclusions, limitations and suggestions for future research

Chapter One – Introduction and Methodology

Introduction

> At the beginning of treatment the patient is hurting and wants things to be better. He is hopeful enough that things can be better to put himself through the hardships, both emotional and financial, of beginning treatment…What exactly does the patient hope for? …mature expectations or infantile longings?…realistic help or magical help?…Are patient's hopes part of the problem or part of the solution? (Mitchell, 1993, p. 204)

Operating as a verb, a noun and an adjective (as hopeful), hope is elusive in terms of a clear definition. It can be expressed as a way of feeling, thinking and relating (Averill, Catlin & Chon, 1990). Structurally, hope can take the form of a pervading, unchallenged attitude / temperament, or a more specific expectation of realising a specific outcome (Farran, Herth & Popovich, 1995).

Hopper (2001) proposes that whilst the word hope has various connotations 'desirous expectation' serves as a unifying common denominator. Yet, this intrinsic quality has stimulated vigorous debate and schism in terms of its resulting impact on humanity. In effect, hope, since ancient times, has been viewed as both a blessing and a curse.

Boris (1976) describes two different interpretations of Hesiodus' depiction of Pandora's jar. In one, hope is all that is left after all manner of evils had escaped and this can be seen to signify that hope will never leave us, irrespective of life's torments. Hope provides the strength to endure and grow. In the contrasting view, hope, being nestled in a jar of evils is similarly poisonous. Hope may cause inactive complacency or, if unrealistic, result in crushing disappointment and despair.

Yet whilst psychoanalytic psychotherapy is a practice intrinsically immersed in hope (Charles, 2003; Green, 1977; Helm, 2004; Schwartzberg, Wheelis, & Zarate, 1996), the topic of hope is relatively ignored as a focus for theoretical examination (Casement, 1991; Cooper, 2000; Kanwal, 1997; Neri, 2005; Rizzuto, 2004). Nevertheless, the limited psychoanalytic literature that does exist mirrors the breadth of outlooks that have been examined throughout philosophy (Eliott, 2005). In essence, a dichotomy of psychoanalytic approaches to hope can be identified: One frames hope as regressive and experientially restrictive (Boris, 1976; Omer & Rosenbaum, 1997); the other portrays hope as a motivating and progressive force for development (Buechler, 1995; Manrique,

1984).

I have been drawn to this topic with the aim to attain some sense of understanding about how hope works. As a novice therapist I have experienced hopes for my competency, hopes for clients, hopes for this dissertation; many of which have already been revised and even discarded as a result of negotiating with apparent (real or imagined) limitations. And this is but one part of the equation. The client is invested in hope when he or she seeks psychotherapy (Rizzuto, 2004): the hopes for less (pain, despair) / more (insight, contentment) become transferred onto the therapist, who embodies the hope of psychotherapy itself.

I began with a naive intention to determine whether the hopes of the client served to facilitate or constrain therapeutic progress. Two immediate flaws became apparent. Firstly, I had initially taken hopes to be somewhat static, to be either held or dropped. However, preliminary research suggested that hopes could either be therapeutically useful or detrimental, and were malleable, often as a result of relational interactions.

Secondly, it seemed disingenuous not to explore the therapist's own hope processes when the practitioner's self-reflection represents a vital cornerstone of psychoanalytic psychotherapy. This encourages an exploration of analyst's hopes and desires and their impact on clients.

In amalgamating these factors, I devised the following two-part question:

a. How are patient and therapist hopes understood in the psychoanalytic literature?
b. How can hopes be transformed in the therapeutic relationship?

Following a description of methodology, these questions shall be addressed in four chapters.

Chapter Two reviews psychoanalytic explorations on the development of hope with a focus on the examination of early hope development. It will outline the distinctions between mature and immature hope. Further attention shall be afforded to hopes at the end of the life cycle, reflecting hope's relationship to limits; the end of life represents a fundamental boundary.

Chapter Three looks at the hopes of the patient, examining differing psychoanalytic traditions as they relate to hope. Through comparing classical and romantic orientations, the divergent views of client hopes are seen to echo wider underpinnings of differing schools of psychoanalytic thought. An attempt to bridge this divide is offered through the differentiation of needs and wants.

Chapter Four discusses the hopes of the therapist. A core tension is identified in the therapist's wish to influence the client versus the counter-wish not to restrict the client's own therapeutic evolution. The concept of analytic faith is explored as a possible means to disentangle this discord.

Finally, Chapter Five looks at hopes in the therapeutic dyad, considering hope's intrinsic relationship with despair. Therapeutic considerations of hope are synthesised in a model of the transformation of hopes, followed by critique of the findings and limitations of this study, and identification of areas for future research.

Methodology

This dissertation uses a modified systematic literature review. This section summarises the methodology and briefly examines how systematic literature reviews relate to psychotherapy. It shall explain how and why the literature review has been used and modified.

There has been a growing trend for health disciplines to incorporate the principles of Evidence-Based Practice (EBP) (Stuart & Lilienfield, 2007) to determine the best possible interventions based on research findings (Lambert, Gordon & Bogdan-Lovis, 2006). In this paradigm evidence for clinical decision-making is based on three sources: evidence in the literature, clinical expertise, and patient preference (Slowther, Ford & Schofield, 2004). Here, randomised control trials are viewed as the most rigorous form of evidence (Hunsley, 2007); however systematic reviews are also a widely used and effective method in determining best practice (Hamilton, 2005).

A systematic review collates the available research on a specific topic in accordance with inclusion and exclusion criteria and then critically evaluates the effectiveness of treatments. Implications for practice and areas for further research are identified

(Gilbody & Petticrew, 1999).

However, whilst there is widespread approval for this method of appraising intervention efficacy, there are those who question the suitability of EBP in driving psychotherapeutic practice (Bohart, 2005; Wampold, Goodheart & Levant, 2007). A source of concern relates to the hierarchical appraisal of 'evidence' (Milton, 2002). EBP, as a positivist movement derived from pharmaceutical research (Wampold & Bhati, 2004), favours quantitative data (DeAngelis, 2005), whereas psychological treatments, especially those derived from non cognitive-behavioural modalities, focus more on qualitative variables (Hunsberger, 2007). Goodheart (2004) lists psychotherapy's sources of qualitative evidence as including experience, observation, countertransference, patient reports, professional literature, and others. Such variables are hard to measure and translate into reductionist categorical formulations (Wampold, Goodheart & Levant, 2007; Westen & Bradley, 2005). Yet despite these difficulties, psychotherapy research can be critiqued for relying on the therapist's experience as the primary tool to evaluate the client's experience (Gray, 2002).

There is therefore an ongoing debate attempting to bridge the need for utilising the principles of EBP to acquire more robust research, with the reality that the practice of psychoanalytic psychotherapy is predominantly grounded in a qualitative paradigm (Smith, 2006). In identifying the most appropriate method to appraise psychoanalytic understanding and determine research-guided best practice, I have chosen not to adopt alternative qualitative research methods, such as passive observation, in-depth interviews and focus groups (Greenhalgh & Taylor, 1997), since I perceive there is currently a greater need to integrate the limited psychoanalytic thinking on hope. Thus, this dissertation uses a qualitative systematic review (thereby omitting statistical analysis, because there is none) incorporating a focussed clinical question, defined search strategies and critical analysis (Cook, Mulrow & Haynes,1998). It should be noted that the use of participant observation evidence, by way of succinct case illustrations, has been included in the introduction of chapters to supplement core theoretical concepts

There is a two-part clinical question that guides this systematic review: From a psychoanalytic perspective, how is hope understood in the literature, and how may hopes be transformed in the therapeutic relationship?

The primary search tools used were PsycInfo and Psychoanlaytic Electronic Publishing (PEP) databases. PsycInfo includes references, citations and abstracts to literature in the behavioural sciences and mental health fields, whilst PEP includes full text articles and abstracts from ten different psychoanalytic journals. Reference lists of relevant articles were collated and retrieved. In addition, resources at the Auckland University of Technology's library were hand-searched, with further relevant material with relevant texts cited by other authors obtained through the library interloan system.

An initial PsychInfo search yielded the following results;

PsychInfo	
Hope	12468
Psychoanal$	78126
Hope AND Psychoanal	897

It soon became apparent that the majority of retrieved texts had no focus on psychoanalytic understandings on hope. Rather, the large number of positive results on hope reflected that hope is a non-technical term widely used in everyday expression. A solution to this problem came from applying hope as a key concept ('id') within articles.

PsycInfo	
Hope.id	1151
Psychoanal$	78126
Hope.id AND Psychoanal$	48

From this 30 texts were deemed relevant. The exclusion criteria included non-English texts, book reviews which did not contribute the reviewers thoughts on hope, and those texts which addressed hope from perspectives not relevant to the therapeutic relationships (e.g., addressing more of a cultural analysis).

My initial search on the PEP database yielded the following results;

PEP

Hope	1000

Again, the large number of positive results reflected hope's use in common expression. The '1000' results obtained represented the maximum number of findings possible, so it could be inferred that the true total was much greater, representing an impracticality in assessing all results for relevance. Unfortunately, PEP includes no measure to filter terms as a core concept. Thus, hope was then searched for in the title.

PEP	
Hope (in title)	44

Applying the same exclusion criteria as before above and excluding double-ups, 31 further texts applied.

In recognising that further relevant texts existed that did not include hope in the title, all reference lists of the collated texts were carefully scrutinised, a further 25 texts were retrieved through PEP, EBSCOHost, Academic Premier, Springer search engine and interloan methods. It is of note that the core body of references on hope was repeatedly cited by different authors, thus it can be concluded that this review, in sourcing these texts, covers the base of literature on the topic.

As the dissertation progressed, it became apparent that despite its scarcity as a topic for examination, hope held significance across a wide range of areas of psychoanalytic interest. These included 'desires', 'wishes', 'optimism', 'despair', 'hopelessness', 'therapeutic intent', 'neutrality', 'needs', 'wants', 'illusion', 'reality', and so on. The scope of this dissertation precluded a systematic appraisal of these topics, but a further 69 texts were identified as they related to hope in psychoanalytic psychotherapy. Finally, research into EBP, developmental theories, and other supplementary topics utilised a further 37 texts.

A final consideration relates to the amalgamation of psychoanalytic and psychodynamic psychotherapy thinking and practice within this review. Whilst there are typically divergences in technique between the two (e.g., in terms of frequency of sessions, seating arrangements, perspectives on relational dynamics), they both share fundamental theoretical assumptions (Friedman, 2006). Whilst elaborating on this theme is beyond this dissertation's reach, the two disciplines shall be framed as

synonymous throughout this work with ‘psychoanalysis’ and ‘psychotherapy’, ‘analyst’ and ‘therapist’, and ‘analysand’, ‘patient’, and ‘client’ used interchangeably.

Chapter 2 – The Development of Hope

Introduction

Psychoanalytic perspectives on hope are usually examined and interpreted through a frame of maturity and immaturity. This chapter explores psychoanalytic thinking on the development of hope and introduces core concepts used throughout the dissertation. The chapter summarises and explores infantile hopes, oedipal hopes and hopes in old age, which reflects the phases of interest demonstrated in the literature.

Hope in the Infant

Psychoanalytic attempts to understand the psychic life of the infant face substantial difficulties. Differing interpretations prevail with regards to the psychological structure of infant id, ego, and self components (e.g. Freud, 1923; Klein, 1958; Jacobson, 1964), and also as to whether psychological birth in symbiotic merger with its mother and environment (Davis & Wallbridge, 1981; Freud, A, 1963; Mahler, 1974), or with some sense of distinct self (Silverman, 2003; Stern, 1985). This lack of clarity reflects the extent to which the infant's experiential dynamics may differ from that of the (adult) theorist (Pine, 1981). Bearing this contextual limitation in mind, the psychoanalytic literature offers some measures by which to assess the early development of hope.

For Kanwal (1997) hope prevails in the space between internal fantasy and environmental provision. Bridging these dimensions poses particular challenges for the infant. The infant commences life in an utterly dependent position, and must secure vital environmental responses in order to survive (Karen, 1998). Furthermore, the infant experiences instinctual impulses and cravings for objects or responses that it is unable to conceptualise (Bion, 1967). Yet, from this seemingly powerless position, good-enough parental adaptation to the infant's needs nurtures the illusion of omnipotence (Winnicott, 1951). The infant's vague hallucinations, when realised through responsive parenting, establish a sense of desire leading to appearance. The provision of basic needs (secure holding, feeding, mutual play and attuned responses) instigated by the infant's unconscious searches serve as a precursor for hope (Casement, 1991; Feiner, 1998).

The infant's sense of infantile symbiosis and omnipotence cannot be sustained. Winnicott (1951) contends that the mother's task in facilitating individuation is to gradually disillusion this perception of 'oneness'. This development is painful for the infant as the relinquishment of omnipotent grandiosity causes distress and entails mourning (Tyson & Tyson, 1990). It is in this process that hope is further identified as constituting a core maturational component.

In Erikson's (1980) configuration of life stages, the infant's developmental dilemma is one of trust and mistrust. Secure and predictable parental interactions foster a sense of trust, with mistrust resulting from an unstable and unresponsive environment. He identifies hope as the psychosocial strength (or basic virtue) that 'qualifies' the ability to progress through this stage of the life cycle, and serves as the root of ego development.

> Hope seems to be related to "hop" which means to leap…hope bestows on the anticipated future a sense of leeway, either in preparatory imagination or in small initiating actions. And such daring must count on basic trust in the sense of a trustfulness that must be, literally and figuratively, nourished by maternal care and – when endangered by all-too-desperate discomfort – must be restored by competent consolation. (Erikson, 1985, p. 60)

Thus, the epigenetic development of hope springs from a basic experience of trust invested in and earned by oral needs being met and sated (Eliott, 2005; Peake & Philpot, 1991).

Bowlby's research into mother-infant separation (1961, 1963, 1982) identifies the following phases of mourning that follow separation; 1) urge to recover the lost object, 2), disorganisation, and 3) reorganisation. From this schema Bowlby concludes that separation "begins with anxiety and anger, proceeds through pain and despair, and, if fortune smiles, ends with hope" (1961, p. 321). Similar to Erikson, Bowlby (1982) envisages that repeated experiences of reconnection, parental predictability, warmth and affection, foster secure attachment and lessened distress upon separation. In contrast emotionally unavailable, or chaotic parenting styles creates despair or intense agitation (Holmes, 1993).

Bowlby's findings support Erikson's views that infant-parent relationships set the pattern for future experiences of anticipation, hope and despair in human relationships.

> Bowlby's position in summary is that confident-anticipation (hopes) occur, with much less proclivity to any kind of fear, when an individual has security and

> trust in an attachment figure available to him whenever he desires it; that such confident anticipation, or the converse, fearful anticipation, are gradually developed throughout infancy, childhood and adolescence and tend to persist unchanged for the rest of one's life. (Green, 1977, p. 228)

In effect, the infant's development of hope can be seen as an adaptive tool that bridges the gap between separation and reconnection, facilitating the process of individuation (Shabad, 2001).

Whilst the work of Erikson and Bowlby provide insight into the relationship between hope, positive parent-infant relationships, and maturational development, they fail to examine differing types of hope. Specifically, their prevailing assumption of hope as a constructive agent ignores the existence and dynamics of malevolent and pathological hopes.

In these respects, Klein's (1937) conceptualisation of the paranoid-schizoid and depressive developmental positions provides greater breadth to appraise the development of hope.

Klein's concept of the paranoid-schizoid position (generally equated with the first five months of life) refers to the characteristic experiences and mechanisms of the infant's psychological organisation of internalised and external objects. In this mode, the infant's sense of narcissistic omnipotence leads to low tolerance for frustration of gratification (Klein, 1948, 1958). The bliss of the responsive good-breast of symbiosis is interjected with the bad breast that may fail to materialise or, contrastingly, impinge (Boris, 1976), both of which pose threats to the infant's sense of ego preservation. The infant, unable to reconcile the good and bad objects utilises splitting mechanisms and projects his / her own hate and fear in order to sustain part-object relating with the needed and idealised all-good object (Klein, 1937, 1958).

In the second developmental stage, described as the depressive position, the infant gradually learns to relate to whole-objects. A growing awareness of personal limitation entails mourning. The ego's renunciation of infantile omnipotence enables a more reality-based sense of psychic self (Klein, 1937; Schmale, 1964). Whole-object relating enables a more stable and integrated experience of self, and, as with the attainment of object-constancy (Mahler, 1974), indicates a growing capacity for ambivalence, and a

reduction in excessive expectations about gratification (Tyson & Tyson, 1984). The mother's patient withstanding of the infant's onslaughts provides the foundations for this developmental transformation. Under normal circumstances, the infant develops concern for the loved object and remorse for the previously directed hate. As Klein (1937) suggests, "…the drive to make reparation can keep at bay the despair arising out of feelings of guilt, and then hope will prevail" (p. 342).

In essence, Klein suggests that hope arises from having early needs met coupled with a desire to maintain relationship. Hope is linked to recognition of and care for the other, suggesting a relational component. This will be explored more fully in chapter five.

Mitchell (1993) elaborates on Klein's structures to illustrate two types of hope. Mitchell explains how paranoid-schizoid hope demands full compliance from the object, indeed, the object is nothing apart from that which must gratify. In contrast, hopes in the depressive position acknowledge the distinct interests and limitations of the object. This type of hope is more open, and able to withstand frustration and disappointment. As Mitchell explains, "Hope in the paranoid-schizoid position...is easy, a longing for a magical omnipotently controlled, easily exchangeable object. Hope in the depressive position requires great courage, a longing for an all-too human, irreplaceable object, outside of one's control" (p. 212).

Mitchell's conceptual distinction has been widely incorporated in further theoretical appraisals as forming the benchmark distinction between immature, restrictive and defensive hopes, and those that are mature, constructive, and progressive (e.g., Akhtar, 1996; Babits, 2001; Bishop & Lane, 2002; Britton, 1995; Cooper, 2004; Figueiredo, 2003, etc.). On one hand, this collective accord suggests that Mitchell's division is a worthy frame to differentiate and understand hopes. On the other, such consensus may alternatively be due to hope's comparative neglect as a topic for psychoanalytic examination. Perhaps this model unites thinking in the absence of alternatives.

Oedipal Hopes

Freud's (1908) construct of the phallic psychosexual stage of development (generally attributed to 4 to 5 years of age) constitutes a further period whereby, through the manifestation of the oedipus complex, hopes assume a position of importance.

Freud (1924) proposed that the young child developed an unconscious libidinal cathexis towards the opposite-sex parent. The previously idealised same-sex parent became a rival who must be annihilated. The child's intrapsychic hopes for oedipal triumph co-exist with intense fear and fantasies of the dire consequences of conflict (i.e. castration, penetration and other genital anxieties) with the more powerful parental figures (Alexander, 1923; Olesker, 1998; Rizzuto, 2004).

Both hope and hopelessness characterise this stage of development; hope accompanies the pleasure derived from making a sexual identification with that of the same sex parent, and hopelessness follows from the impossibility of realising the wished-for sexual role (Schmale, 1964). As Freud (1920) explains, "the child's sexual researches, on which limits are imposed by his physical development, lead to no satisfactory conclusion…The tie of affection, which binds the child as a rule to the parent of the opposite sex, succumbs to disappointment" (p. 21). The hope for oedipal triumph is false and unrealisable.

This, for Freud (1920), demarks the relinquishment of hopes governed by the id-based pleasure principle in favour of those guided by the ego-based reality principle. The reality principle does not discard pleasure per se, rather it requires the integration of ambivalence, postponement and limitations as internal desires interact with external constraints (Hartmann, 1956). The child's becomes aware of psychological, biological and societal limitations (Bishop & Lane, 2002; Muslin, 1991) that run counter to fervent desires.

Thus, as with the transition from the paranoid-schizoid position to the depressive position, the experiencing of hopelessness and despair forms an integral part of normal development. And as with Mitchell's (1993) revision of paranoid-schizoid / depressive hope, the final experiential stance moves beyond despair, rather, the child learns to moderate hopes in accordance with demands made from outside (the 'reality'). The successful reconciliation of this further development of hope is consolidated through the emergence of superego functioning that assimilates the external moral constraints of social taboos, values and norms (Akhtar, 1996).

There exists a pervading lack of analytic attention afforded to the development of hopes

that specifically relate to adolescence through to middle years. Nevertheless, it is relevant to acknowledge that the focus for human hope transforms into discernable themes as maturational tasks dictate. Thus, in latency, the child's repression of sexuality correlates with greater emphasis placed on gender role identity. Through greater extra-familial socialisation, the composition of hoped-for ego-ideal qualities is influenced by same-sex peers as well as a wider adult base (Tyson & Tyson, 1990). Whilst in adolescence, the predominance of libido influences stirs up a second separation-individuation developmental pattern (Blos, 1967). and hope is directed towards establishing a sense of identity (Ammaniti & Sergi, 2003; Muus, 1996). The ensuing distancing away from parents leads to a relational void filled by identification with a peer-based clique (Zimmerman, 1999). Adolescent hopes may therefore centre on peer acceptance and admiration (Bilsker & Marcia, 1991). And so it goes on, with themes of vocational meaning, relational intimacy, and parenthood itself defining overriding hopes as further life-stages are encountered (Erikson, 1980; Green, 1997; Steinberg, 2006).

Hope in Old Age

It is in old age, however, where the concept of hope retains some degree of psychoanalytic interest. Taking the position that the simplest definition of hope is that of desirous expectation, and therefore is placed in the future, a distinctive juxtaposition becomes apparent with hope in old age as the individual confronts the impending end of life. This life stage may be characterised with personal losses; of physical and mental functioning, of friends departed, or of vocational engagement (Levinson, 1978; Peake & Philpot, 1991). Further still, the individual faced with a waning future may mourn unrealised hopes, or a limited life lived (Silberfield, 2000). This may create the perception that, "The future is closed, the present is extremely poor, and the past is the location of painful guilt feeling" (Peniazek, 1982, p. 643).

However, such existential concerns are not solely applicable to those in old age. Holding and relinquishing hopes when facing imminent death may dominate the lives of those living with terminal illness (Adelson, 1999; Presberg & Kibel, 1994; Salamander, Bergenheim & Henriksson, 1996; Vaughn, 1991). Therefore, while focussed on old age, the following discussion may be applicable for all those whose expectations for life are limited by a probable and looming end.

For Erikson (1984), the final stage of life necessitates confrontation with the ego-conflict of integrity versus despair. Erikson equates integrity with a sense of coherence and wholeness. He suggests that hope in the final stage of life is that of undertaking a reflective reconciliation; a reconciliation with one's life, one's relationships, and the wider world in which they appear. This is the antidote to succumbing to despair in response to old-age's myriad losses. As is the case with all of Erikson's (1980) life stages, the individual must experience and integrate both the syntonic (in this case integrity) and dystonic (in this case despair) bipolar elements in order for the syntonic aspect to form the dominant ego-attribute.

This hypothesis corresponds with the conclusions previously made (for infantile and oedipal hopes); specifically that the maturation of hopes necessarily entails the difficult integration of mourning and despair. Erikson (1984, 1985) contends that the vital quality of 'wisdom' succeeds should the final life stage be traversed constructively. It also appears that whilst the assimilation of internal and external limitations painfully challenges aspects of our most ardent desires, a durable and unspecified sense of hope may remain; one which is moderated though a greater understanding of what is possible, realistic and ultimately best serves our overall interests (Figueiredo, 2004).

A further aspect of the last stage of life pertains to the existential concerns of 'what next, what remains?', when the nature of this unknown entity or dimension (if there is one) lies outside of our epistemological understanding (Gunn, 2004). In response, Erikson (1985) aims to complete what he sees as the cyclical constitution of life by identifying hope as the element that drives human development "all the way through to the confrontation with the ultimate other" (p.79). For him, the end of the life cycle draws back to the beginning as the maturation of hope evolves into a sense of faith. Spiritual faith in the immortal unification with the 'ultimate other' is taken to mirror the connection between infant and care-giver in the very first moments of life (Erikson, 1984). Thus, he contends that the synergy that connects the first and last stages in life sustains a poignant interplay when the very young and the very old meet, which he contends, they must be encouraged to do.

Whilst psychoanalytic understandings of an after-life lie beyond the scope of this work, it is relevant to underline that the concept of hope for life would be meaningless without

the fear of death (Bustamante, 2001; Peniazek, 1982), for hopes can only co-exist with uncertainty and limits (Helm, 2004; Kanwal, 1997). It is also important to acknowledge that psychoanalytic understandings of hope and death have provoked some of the most fierce attacks on religion (Cooper, 2000). For Freud (1927) concepts of a benevolent God and the promise of life after death betrayed infantile and narcissistic anxieties for the disintegration of self. Similarly, Arlow (1982) would critique Erikson's cyclical model as representing a commonly held and desperate attempt to attain some sense of eternal continuity. For him,

> Primitive man, by conferring a cyclical direction upon time, annuls its irreversibility and therefore takes it out of history. Abolishing history gives man a magical illusory sense of mastery over time and, therefore, over death…(which) serve(s) to remind men that suffering is never final, that death is always followed by resurrection, and that every defeat is annulled and transcended by the final victory over death and time. (P. 184)

Nonetheless, whatever an individual's beliefs, hope in the last days can find sustenance in loved ones who remain (Helm, 2004; Hopper, 2001), as well as being consolidated in the knowing, loving and eventual giving up of self (Levinson, 1978). The hopes for this stage, writes Green (1977), centre on "The consolidations of happy memories, the letting go, with an affirmation of what was and might well continue to be the value of one's life in the life of others" (p. 231). This may be the final realm of hopeful potential when one's personal future encounters the final boundary.

Summary

The psychoanalytic literature on the development of hopes focuses on infantile, oedipal and end of life stages.

From the start of the infant's life, predictable and responsive parenting creates the illusion of omnipotence. In the traversing of the paranoid–schizoid position to the depressive position, the infant is challenged to renounce omnipotence, as part of the development of whole-object relating, and awareness of the limitations of the environment to completely gratify personal desires. A growing ability to tolerate frustration follows this development.

During the phallic psycho-sexual stage, oedipal desires and hopes accompany the development of libidinal cathexis towards the opposite-sex parent. The realisation of

psychological, biological and societal constraints corresponds with the relinquishment of hopes governed by id-based pleasure principle in favour of those that abide by the ego-based reality principle. Moral checks on hopes materialise through the development of the superego.

During old age, the individual faces the psychosocial task of integrating integrity with despair. Social and physical losses co-exist with the awareness of one's imminent end of life. This is a period of reconciliation with the life that was lived, as well as hopes that were not realised. Beyond hopes for the afterlife, one's remaining hopes are directed towards others as part of the final letting-go of self.

In all these stages, the individual is challenged to mourn losses and assimilate disappointment and despair as hope encounters crises that redefine how the individual's internal desires interrelate with personal and environmental limitations. The confronting of such trials facilitates hope's maturation.

Chapter 3 – The Hopes of the Client

Introduction

Despite the ubiquity and influence of hope as a mental phenomenon, psychoanalytic examinations of the topic are relatively sparse (Boris, 1976; Casement, 1991; Menninger, 1987). There is little speculation offered for this neglect beyond general assertions that psychoanalysis has a tendency to overly focus on pathology (Kanwal, 1997); that the realm of 'the future', intrinsically embedded in hope's sway, is ill-fitted with psychoanalysis' past orientation (Cooper, 2000); and that hope's close relationship with faith may present a quasi-religious undertone that, broadly speaking, jars with psychoanalysis' underlying antagonism with theology (Neri, 2005; Vaughn, 1991).

Nevertheless, the amassed literature testifies to two contrasting orientations towards hope. In summarizing these positions, Mitchell (1993) contends, "One regards hope as essentially regressive and interfering with mature and rewarding experience; the other regards hope as essentially progressive and facilitating of richer experience" (pp. 204-5).

For Mitchell (1993), as well as others (Ghent, 1993; Myerson, 1981; Shabad, 2001; Strenger, 1989), there is wider division in psychoanalytic theorising which has been presented as classical / orthodox versus romantic / developmental perspectives.

The following chapter shall apply the contrasting psychoanalytic views on hope within these broader paradigms to illustrate the breadth of this theoretical conflict. However, a consequence of this structure is that the concept of hope may appear artificially polarised. This implication does not accurately reflect individual interpretations of hope, for no theorist presents hope as wholly 'good' or 'bad'. Rather, certain themes and emphases are discernable which tend to tie in with wider theoretical affiliations (Cooper, 2000). Furthermore, it would be misleading to infer that one who identifies with one paradigm will necessarily share what is deemed to be that paradigm's outlook on hope (as presented below). Again, the intent is to introduce the topic by identifying theoretical tendencies as they generally fit in with the wider field.

The section will end with an integration of these orientations through the distinction

between needs and wants.

The Classical / Orthodox Perspective and Infantile, Defensive Hopes

Dawn was thinking of leaving her job and studying 'some kind of art course', and described the confusion she felt in terms of committing to a decision. Her new partner thought this was a very good idea. However, her flat-mate disagreed and was worried about how she was going to pay her share of the expenses. Besides, Dawn added that her flat-mate implied that she had changed since she started her relationship, and believed that she would be better off to leave him. As ever, Dawn seemed vulnerable and uncertain as she sought to decide upon whose advice she should follow. In turn, I felt pressured to provide a solution.

It was only last week that Dawn was contemplating her sister's suggestion that she should join her overseas. As she wistfully explained, "It all sounds so wonderful over there". She went on to describe her impression of an idyllic, peaceful sanctuary.

The 'classical position' is linked to traditional Freudian, Kleinian and the French school of psychoanalysis. Patient's hopes are viewed to be fundamentally linked with regressive desires which, in the analytic dyad, represent unconscious longings for a miraculous cure from the all-powerful analyst (Babits, 2001). Arguments have been made that Freud's guiding mission in itself was to gauge, uncover and exorcise infantile hopes and longings as part of the process of supplanting ego for id (Cooper, 2000; Strenger, 1989). For Freud (1927), this infantile position mirrored society as a whole with religion representing societal embodiments of illusory hopes (Carr, 2004).

In opposition to this precarious position of fantasy, whereby collective delusion contributed to crippling neurosis, Freud (1933) contended that,

> Our best hope for the future is that intellect – the scientific spirit, reason – may in the process of time establish a dictatorship in the mental life of man…Whatever, like religion's prohibition against thought, opposes such a development, is a danger for the future of mankind. (pp. 171-72)

The elevation of rational thought thereby characterizes the classical objective (Strenger, 1989). The pleasure-principle which drives infantile illusions should be renounced and replaced by the reality-principle. This demonstrates psychological maturity. Illusory hopes characterize primary narcissism and delusions of omnipotence (Babits, 2001; Balint, 1952). The inference is an allegiance with logical determinism that negates the need for comforting indulgence afforded by hopes. Hopes from this position are regressive in nature and so should be dismantled through analytic deconstruction (Shabad, 2001).

The Classical / Orthodox approach to psychoanalysis specifies that the analyst rigidly adheres to abstinence and neutrality as a way to tease out the patient's repressed id hopes, longings and desires (Myerson, 1981). The adoption of a 'blank-screen' demeanour fosters the development of transferential "unfulfilled wishes in abundance" (Freud, 1919, p. 164) which reflect past hopes and fears that are projected onto the analyst. The analyst's abstinence amplifies the client's burgeoning hopes, including those typically suppressed for being aggressive or sexually orientated (Couch, 2002). The analyst seeks to help the client understand the unconscious conflict caused by these drives (Ghent, 1993). With these dynamics evident in vivo, the analyst is able to rationally interpret the unconscious (thereby making the dynamics conscious) and the infantile hopes lose their influence by being detected and understood for what they are (Shabad, 2001).

In making the assumption that hopes are essentially regressive, it is further inferred that hopes correlate with passivity (Potamianou, 1992, cited in Steiner, 1993[1]). According to Boris (1976), a key task of psychotherapy is to enable patients to fully experience what they experience. Hopes concern the quality of experiences and consequentially enliven preconceptions, in contrast with desires that are primarily interested in immediate gratification. When experiences fail to match hoped for outcomes, the results can lead to dissatisfaction, humiliation and impaired self-esteem (Levine, 2002). Further still, preconceptions shape realizations in a way that constricts expression and experience (Bion, 1963). Lacan's (1964) formulation of 'The Real', 'The Imaginary' and 'The Symbolic' demonstrates how hopeful preconceptions compromise full engagement with experience. The Real represents a repressed awareness of pure experience undistorted through the self-subject as object, whilst the Imaginary corresponds to the illusion of a created self that seeks to sedate anxieties created from the Real by adhering to preconceptions that fit with the idealized experience. The more mature Symbolic strives to create meaning from the Real and acknowledges the 'gaps' that exist between Real, Imaginary and Symbolic (Eigen, 1981).

Thus, according to Charles (2003), the analyst should be vigilant towards "hope that creates an imaginary fulfilment that keeps us from striving towards creating something

[1] I am using Steiner's review on Potamianou's work for the original is written in French.

real. From this perspective, the hope that we might actualize the imaginary – and make it real – may preclude our ability to create actual possibilities" (p. 693). What is proposed here is that hope can serve as a defensive buffer between desires and engaging with the immediate environment (Potamianou, 1992, cited in Steiner, 1993).

The perspective that links hopes with passivity is elaborated upon in terms of hopes temporal locus in the future (Boris, 1976, 1997). The argument is made that this can lead to a minimization of an ability to effect change. As Omer & Rosenbaum (1997) argue,

> …where we feel our incapacity and inability most, we speak of will and desire; where, instead we feel our incapacity and powerlessness most, we speak of hope...(hope) is thus the shadow of the postponed reality that falls between us and our life. (p. 227)

This implies that a sense of personal agency is diminished when hope holds ascendancy.

This point is taken further in Akhtar's (1996) composition of the 'someday fantasy'. The embodiment of a client who succumbs to this disposition seeks some kind person to take perfect care of him / her. This blinding optimism leads to inactivity. Whilst he / she will express hope to overcome obstacles, encountering difficulties and hindrances results in withdrawal. Akhtar proposes that the defensive mechanisms utilised to maintain this position include;

1) denial and negation of imperfect circumstances (reality).
2) splitting-off self and object representations that mobilize conflict and aggression.
3) a defensively orchestrated sense of inauthenticity in areas of personality where a more realistic compromise formation of mentality has been achieved.
4) temporal displacement, from past to future, 'of a preverbal state of blissful unity with the "all good" mother of the symbiotic phase' (p. 726).

Akhtar argues that for such people, "their secret hope is that 'someday' all problems will vanish or they will be strong enough to deal with them" (p. 728). Passivity characterizes wishes which yearn for the 'hoped-for object' that promises utopia.

Finally the connection between hope and infantile and narcissistic entitlement forms a

further area where the negative attributes of client hopes have been explored. With such hopes there is pressure placed on the external environment to rigidly conform (Bishop & Lane, 2002; Silberfield, 2000). Environmental failure results in feelings of denigration and bitterness (Hopper, 2001). The expectation that corresponds with entitled hopes "do violence to the free discourse of giving and receiving" (Shabad, 2001, p. 144). From this perspective, hopes breed entitlement, sustaining unrealistic and immature expectations of fulfillment.

The Romantic Perspective and Enabling Hopes

Initial sessions with Sally passed very quickly. She was articulate, witty and charismatic. Flippantly, she described a chaotic family past with anguish and crises brushed off with dark humour. It became clear that she acquired a talent for blending in with contrasting environments. Yet as enchanted as I was, I simultaneously experienced frustration in terms of acquiring a sense of who she was.

Eventually, I described how, despite her rich conversation, I found her a little distant or vague, and expressed a wish to get to know her better too. The precarious façade cracked as Sally became consumed by her repressed grief. After tearfully berating present and past figures for their lack of wanting to know her for who she really was, Sally paused, and with looking at me with a sense of hope and trepidation, quietly acknowledged, "I just want to know who I am".

In contrast to focusing on resolving unconscious conflicts, romantic psychoanalytic theories - characterized by Strenger (1989) as including British Independent and American Relational schools, but epitomized through Kohut's (1982) Self-Psychology - attribute prominence to deficits in maturation. Cooper (2000) concludes that these orientations try to,

> …develop ways of understanding the dashed hopes of our patients through metaphor different from, or at least different to, the encapsulated infantile neurosis. Winnicott, Balint, Guntrip, and later Kohut placed these wishes for a hoped-for object (and their revival) at the very heart of what motivated adaptation and change. (p. 15)

This distinction is further elaborated by Awad (2002) who describes classical theories as emphasizing solitude and symbiosis with romantic theories as more relational and focused on intimacy, newness and spontaneity.

From this perspective, a significant aspect of psychopathology is determined by developmental consequences resulting from environmental inabilities to provide conditions appropriate for emotional growth (Kohut, 1982). Here, "hope is regarded not

as suffocating desire but as seeking a psychological space in which genuine desire may become possible, in which the self can find a "new beginning" (Mitchell, 1993, p. 205-6). Whether the resultant developmental arrest presents itself in the form of strong False-Self adaptation sustained through parental impingements (Winnicott, 1955) or a lack of self-object attunement thwarting the development of healthy narcissistic needs (Kohut, 1982), the analyst's aims "are extraordinarily ambitious in that they attempt to catalyse the resumption of growth" (Cooper, 2000, p. 275).

In this context the client's hopes to be authentically known and understood provide the frame for analytic process (Menzies, 2001). There is a further assumption that 'infantile hopes' are not equated with defensive demands for fantasy gratifications but rather point to a self-healing return to the locus of suspended maturation. In contrast to classical thinking, the client is presupposed to (often unconsciously) 'know' what he/she needs irrespective of the beliefs of the analyst (Ericson, 1979; Mitchell, 1993).

> The therapeutic incentive that makes successful therapy possible must have its basis in the patient's latent and successfully emerging hopes of finding a solution…This thesis is based on a more general one – that hopes play a centrally important part in the motivation and integration of all rational behaviour. They are the central core of the ego's integrative function. (French & Wheeler, 1963, p. 304)

The hypothesis that the patient's hopes point to a solution serves as a key guiding principle.

In a break from classical thinking, where the ego replaced the id as the driving force of personality, Horney (cited in Manrique 1984) identified the absence of hope as a key factor in pathology. For Horney, irrespective as to whether the neurotic tendency takes the form of toward people (dependency), against people (hostility), or away from people (detachment), the common factor in all is that the individual has lost hope.

The developmental perspective further suggests that hopes are not linked with passivity, but can be more accurately perceived as an active, energising force (Burton, 1972; Green, 1977; Helm, 2004). The implication is that the analyst is to 'strive for an alliance with the vital forces of hopes in our patients' (Amati-Mehler & Argentieri, 1989). This corresponds with Buechler's (1995) contention that hopes in the analytic situation 'provide the emotional force to drive us forward'. Whilst for Green (1977) the patient's

hopes serve to mobilise energies for facilitating expected and desired outcomes. He explains,

> the greater the anticipation of actually having what is merely hoped for, the greater will be the attention to getting it, the more thought there will be about getting it and the more action will be taken to get it. (p. 222)

From this position, hopes propel positive change and productivity.

The notion that hope's future orientation correlates with passivity is further challenged. Cooper (2000) questions the pervading omission of future concerns within psychoanalysis by pointing out that growth and development, a key analytic intent, must inherently encompass future possibilities. He connects this disparity with the lingering assumptions of Freud, for whom wishing in the present is always the accumulation of past experiences from the infantile neurosis. He contrasts this with Heidegger's "anticipatory resoluteness", imbued with a hopeful expectation, as 'the highest form of experience and existence' (cited in Cooper, 2000, p. 16).

This represents a mature and courageous portrayal of hope that engages with the uncertainty of the future. Thus, Bloch (1959) contends that hopes propel the 'Not-Yet-Conscious', that has never been conscious and never existed in the past. He writes how "Danger and faith are the truth of hope, in such a way that both are gathered in it, and danger contains no fear, faith no lazy quietism. Hope is thus ultimately a practical, a militant emotion, it unfurls banners" (ibid, p. 76). Similarly, Solomon (1985) asserts that hopes consolidate reunion with the outside world. So the passive, restrictive hope described by classically-orientated theorists is countered by the view that client hopes embrace a fuller psychoanalytic relationship. For Neri (2005), the emergence of hope co-exists with fear; "from being an unspecified and vague expectation, hope becomes a well-defined and focused prospect. This is one of the most difficult and threatening moments in analytic work" (p. 83). This line of reasoning therefore proposes that hopes convey a brave reaching out toward experience, expression and relationship (Natterson, 2003; Press, 2005). Accordingly, analysis should perceive the client's hopes as a potent ally.

Implications for Practice – The Identification of Needs and Wants

Two separate theoretical orientations have been summarised to highlight contrasting analytical thinking on the hopes of the client. Hope has alternatively been depicted as an infantile, defensive influence, that dilutes rational engagement in the present, or argued to be a courageous, energising agent, that transforms the present in order to implement desired change.

Rather than implying that the same affect is consistently interpreted in contradictory ways, the difference in views may indicate that there are different forms of hope that need to be distinguished in the clinical setting. In this way, Schachtel (1959) describes two forms of affects; 'embeddedness affects' seek to discharge tension, whilst 'activity affects' stimulate deeds and endeavours. According to Buechler (1995) hope can be either and describes "…a contrast between an essentially passive expectation of something in the future and an active striving that gratifies in the present, as it prepares for the future" (p. 66).

This points to a distinction between hopes one can actively implement, and a helpless hope that passively yearns to be implemented by others (Green, 1977), which ties in with the formulations of mature and immature hopes as concluded in the previous chapter.

In accepting that there are mature and immature hopes, the therapist is faced with the question of how to differentiate and work with such hopes as they arise in the analytic setting. The literature suggests that a distinction between wants and needs may serve as a useful tool to determine whether the client hopes are part of the problem or the solution.

For hopes that are interpreted to be need-based, the rationale proposed is that the quality of experience sought for is essentially required to assist healthy development. The needed hope is therefore inherently 'justified' and 'legitimate' and in its basic forms includes recognition, affirmation, understanding and empathic responsiveness (Casement, 1991). In such cases, hopes are perceived in accordance with that outlined for the romantic tradition. In contrast want-based hopes are predominated by libidinal influences (Coen, 1985). The gratification of such infantile / oedipal hopes is both

unrealistic and counterproductive in terms of facilitating personal growth (Stewart, 1989). This fits in with a classical outlook on hope.

Thus, it is implied that the skilful practitioner should respond to these different forms of hope in different ways. Strenger (1989) contends that,

> The essence of the tension between the classic and romantic attitude is ultimately the tension between identification with one's perspective (romantic) and detachment from it (classical). It is the expression of the fact that as human beings we have the ability to experience ourselves from within and without. (p. 605-6)

It therefore seems that without an appreciation of these two psychoanalytic orientations, the practitioner's ability to work with patient hopes is critically weakened.

The terminology used to encapsulate needs and wants varies in the literature, with similar distinctions conveyed through regressive versus progressive needs (Myerson, 1981); benign versus malignant regression (Balint, 1969); ego needs versus instinctual wishes (Winnicott, 1975); real needs versus neediness (Ghent, 1993); and legitimate need versus archaic wishes (Ornstein 1995). Furthermore, drawing upon Winnicott, some theorists (e.g. Casement, 1991; Green, 1977; Menzies, 2001) propose that unconscious True Self and False Self needs and wants may also clash through their differing aims. It is suggested that the True Self seeks and hopes for recognition whilst the False Self exists to protect the True Self from exploitation or annihilation, and facilitate social adaptability. Green (1977) writes that the hope of the True Self may be expressed through anti-social acting out whilst the hope of the False Self is evidenced through compliance. In this way, the True Self engages in a search for an environment whereby it may be safely known, that contrasts with a hopeless resignation towards False Self adaptation (Menzies, 2001).

Irrespective as to how this dichotomy is presented, the analyst clearly faces complex decisions in the determination and management of client hopes. Myerson (1981) presents the hypothetical example of an analyst's vacation to illustrate the multitude of different and conflicting approaches, interventions and outcomes that may follow the analyst's interpretation of hope as a need or a want.

> If he considers this expression as representing a need, he will feel obligated to manage it in some fashion so that detrimental consequences will be less likely to occur. He may consider it to be a need for his presence and he may try to meet

> this need by giving him his phone number while away, telling him where he is going, or offering him the opportunity to see someone else while he is gone. Or in instances where the therapist does not consider the patient's need for him to be his presence but rather for him to make sense out of what he is experiencing, he may try to manage or mitigate the patient's need so that it becomes less intense and less likely to result in regression…The therapist intends that by helping the patient recognise he is unnecessarily worried about the effects of being separated from the therapist, his need for him will be less intense and he will be able to use his own resources during the separation...However, if the therapist labels the patient's concern as an indirect manifestation of a conflicted desire, he will believe he has an excellent opportunity to help the patient put what he is feeling, but as yet has not recognised, into words so that he will better tolerate and understand this feeling. He does not meet or respond to the patient's missing of him…The therapist thereby intends to enhance the patient's capacity to experience aspects of his desire and his anger. (pp. 610-611)

All this suggests that different forms of patient hopes may be present and exist in conflict at any given time (Searles, 1979). The patient (and analyst) may struggle with ambivalence as the analyst encounters attitudes and behaviours that simultaneously present needs and wants. Casement (1991) elaborates on this theme with a consideration of oedipal dynamics in the therapeutic relationship. The patient may wish to seduce the analyst, but the unconscious need and hope is that the analyst will not be afraid of the efforts to seduce, and will be able to contain and understand what is being presented.

The hermeneutic process involved in the determination of hopes is therefore a crucial area for clinical reflection. Yet the sparse theoretical material indicates that further research is needed. Myerson (1981) opines that the analyst's judgement of whether the patient conveys a need or hidden wish may well be relatively arbitrary. According to Ghent (1993), "it is often a function of who is looking at what particular piece of behaviour and in what context" (p. 497).

This indicates that practitioners may run the risk of using the client to support theory rather than vice-versa, and raises the wider challenge from the position of postmodern thinking. From this perspective, the analyst's ability to determine needs, wants and 'realistic' hopes is fraught with idiosyncratic variables. This remains a complicated dilemma for psychoanalytic thinking (Chessick, 1996), and one which cannot be adequately examined within this study. At the very least, the practitioner should be mindful of his/her power, and question his/her conviction in making such distinctions, and utilise clinical supervision and peer dialogue to stimulate reflection (Hunt, 1981;

Norman & Salomonsson, 2005).

Nevertheless, Mitchell (1993) postulates that careful use of countertransference can serve to gauge whether patient desires are growth-orientated or otherwise. He contends that emerging desires that have a 'freshness' about them are indicative that an ego-need is being aroused.

> One has the sense that here is someone who has never had the kind of experiences many others take for granted: really being listened to quietly and attentively, having one's needs granted priority, even one's whims indulged, having one's curiosity welcomed, one's intellectual interest respected, and so on…There is a sense of something happening for the analysand that has never happened before, a use of capacities, an opening up of a dimension of the self, a kind of connection never thought possible. (P. 183)

Correspondingly, regressive hopes are characterised in a form that may countertransferentially seem more coercive and contrived, often devised to elicit some kind of rescue response. The indulgence of which merely serves to affirm and reinforce infantile relating (Amati-Mehler & Argentieri, 1989).

The determination of whether client hopes are wish or need-based is therefore an extremely difficult, yet therapeutically valuable task. And even when a 'want' regressive hope is correctly assessed, the analyst is likely to incur the client's anger by frustrating the desired wish. Bishop and Lane (2002) note how the analyst will correspondingly be split into the neglectful, exploitative and the ideal, loving object. It can be surmised that in the non-indulgence of regressive, oedipal desires, and the facilitation of progressive need-based hopes for individuation, separation and acceptance of frustration (Myerson, 1981), will require the survival of destructive attacks and self-sabotage as part of the rigours inherent in psychoanalytic process.

Summary

The privileged position of the analyst, and the responsibility engendered with this, seems to lie at the heart of the debate about the meaning of client's hopes within psychoanalytic practice. The analyst is taken to comprehend what is in the client's 'best interests' in response to the hopes of the client.

Theoretical appraisals of hope appear to place the topic within a broader debate of classical and romantic psychoanalytic orientations. In classical thought, hopes are

viewed with pervading scepticism, notions of deficit foster infantilisation, whilst romantic theorists contend that conflict analysis can reproduce trauma, and that the client's hopes are to be honoured as pointing to stagnated facets of growth. An appreciation of both perspectives may enable a more complete understanding of the hopes of the client.

The differentiation of hopes that are need and wish-based represents a conceptualisation with which clients hopes can be thought of as progressive or regressive. Following Mitchell (1993), the use of countertransferential sensitivity is proposed as a means with which to inform such a distinction. That need and wish-based hopes are seen to be simultaneously present and even in conflict points to the complexity faced by the analyst.

Chapter 4 – The Hopes of the Therapist

Introduction

The literature demonstrates that the hopes of the psychoanalytic therapist are a problematic topic for reflection. A thorny tension coexists. On one hand, the intent of psychoanalytic psychotherapy is to facilitate psychic change, and thus practitioners are invested in maintaining their conviction that theirs is an effective and robust mode of healing. On the other hand, psychoanalysis has long valued therapist neutrality, so as not to restrict the client's development and use of the space. This chapter shall explore the place of therapist hopes amongst these competing tensions.

Hopes and Influence

Although he had periodically indicated fragments of an abused childhood, it was not until we had seen each other for almost a year that Gordon showed some interest in talking about his early years.

C: *It's extremely hard for me to even think about it.*
T: *And probably for some very good reasons.*
C: *Yeah. There should be. Otherwise why do I find it so hard? People talk a lot about childhood memories, but I feel sad, because I just can't see it. Its missing, it's erased…*
T: *I suspect that there is a very strong battle between half of you wanting to leave this alone, and comes up with very strong reasons. You say that in many ways life is going well, so why go back, why put yourself through all this pain?...and at the same time there is a different force which is more in tune with seeing this as worth a chance.*

My intention was to mirror and validate Gordon's conflict in exploring his early years. Yet, after consideration, I was left with the impression that my acknowledgement also conveyed some expectation for a decision being 'worth a chance'. Had I outlined the course that Gordon's introspections should take?

In contrast to the previous chapter in which two distinct psychoanalytic orientations were identified in relation to the hopes of patients, the literature demonstrates a more unitary tradition of urging caution against the influence of analyst hopes. This tendency can be traced back to Freud's belief that the analyst should refrain from devising a psychic agenda for the patient with analysis itself charged with the mandate to "dress the wound, not heal it" (cited in Cooper, 2000, p. 273). For Freud, the wish to cure could serve as a defence against sadistic impulses, whilst the objective, neutral analyst ensured untainted free associations and transference developments (Adler & Bachant,

1996). Therefore, instead of manipulating the analysis to ensure predefined objectives, the analyst's impartial interpretation of transference facilitates the patient's development of insight and ego-functioning (Freud, 1915; Rangell, 1995).

Bion (1963, 1967, 1970) is commonly cited as a persuasive advocate of this position. Bion (1970) urges the analyst's disciplined renunciation of memory and desire in order to attune to 'O' (the patient's truth / experience). He asserts that "if his mind is preoccupied with what is or is not said, or with what he does or does not hope, it must mean that he cannot allow the experience to obtrude" (p. 41). From this position, the analyst's cognitive assumptions and hopeful expectations are judged to foreclose new possibilities and understandings (Charles, 2003).

Elsewhere in the literature, the practitioner is challenged to consider how hopes to help may leave clients feeling obliged to look after the practitioner's needs (to be an effective therapist) at the expense of their own (Safran, 1999). In this way, the client may become objectified as a source of narcissistic gratification for the analyst, with the analyst's hopes turning to anger, or even despair, should the client fail to respond as the role demands (Kanwal, 1997; Ruvelson, 1990). Thus, the therapist is warned to be vigilant towards the influence of omnipotent rescue impulses that link professional satisfaction with the client's fantasised, hoped-for treatment outcomes (Boris, 1976; Searles, 1979).

Yet whilst such prudence towards therapist hopes for their clients is repeatedly articulated, there has traditionally appeared to be a reluctance to bridge this belief with the fact that psychoanalysis functions to facilitate client change (Lewis, 1986; Raphling, 1995). The understandable avoidance towards constructing a generic effigy of a successfully analysed client fails to negate certain notions of mature development / mental health that guide the hopes of analysts in their work, and in their own aspirations for self (Grey & Davies, 1981; Kantrowitz, 1993). In itself, Erikson's (1985) epigenetic model of life stages can be seen to chart desired maturational progressions.

Cooper (2000) acknowledges that whilst the analyst should be on guard about conceptualising the course of his/her work, some structure and expectation are intrinsic to the work. The balance, he contends, is to measure generative fantasies and formulations against constricting 'dominant metaphors' which he relates to Bion's

(1970) notion of the analyst's overvalued ideas. For him, every interpretation conveys some element of intent, or a 'push'. "This push often involves simply our aim to help a patient observe something unconscious about what they are saying or doing" (ibid, p. 17). In effect, he is proposing that some element of hope resides behind therapist interventions, and that the nature of that hope will be shaped by the central tenets of analytic ideology.

In acknowledging the impact of intent the implication that follows is that analysts are not "mere facilitators in a naturally unfolding process in the patient," but "actively contribute to the process by lending…(a) vision of what is potential for the human being we are treating" (Buechler, 1995, pp. 66-7). This point is taken further with the contention that such a 'vision' reflects what the therapist finds personally meaningful. According to Mitchell (1993) there is synchronicity present in that "our hopes for the patient are inextricably bound up with our hopes for ourselves" (p. 208). Furthermore, it may be inevitable that therapists seek to influence towards the benchmark of an internal 'character ideal'. In this vein, Shabad (2001) asserts that "therapists cannot help but perceive, theorise about, interpret, and create patients in their unarticulated image of a preferred character" (p. 246).

Shabad's use of "cannot help" is perhaps indicative of an emerging belief that the traditional negation of analyst hopes is no longer realistically tenable (Almond, 1999). For Cooper (2000), the profession is therefore showing signs of taking more responsibility for our analytic push. Should this be accurate, a greater understanding of the role of hope may ensure that therapist hopes are consciously made with therapeutic intent (Searles, 1979). It could be argued that the very formulation of a therapeutic treatment plan symbolizes a representation of therapist hopes.

A modality's theory and guiding principles serve as a further target for a therapist's hopes (Sousa, 2005). A paradoxical development is evident in the literature; the theoretical context that admonished the acknowledgment of therapist hopes (for the client) stems from a time when psychoanalysis' self-belief (among its adherents) seemed beyond questioning. Freud's conviction that the patient's past revealed through an impartial analyst observer had the status of scientific fact are now countered with the realisation that the patient's analytic experience as being strongly influenced by the

analyst's expectations (Frank, 1971; Hirsch, 2002). Thus, the confident hope for a psychoanalytic rationalism is, as Mitchell (1993) asserts, weakened in a 'postscientific' era. He explains,

> What is inspiring about psychoanalysis today is not the renunciation of illusion in the hope of joining a common, progressively realistic knowledge and control, but rather the hope of fashioning a personal reality that feels authentic and enrichening…The hope inspired by psychoanalysis is grounded in personal meaning, not rational consensus. (p. 21)

The postmodern 'death of objectivity in a perspectivist age' (Buechler (1995) promotes analytic uncertainty, and therefore supplants deterministic expectation with open hopes.

Implications for Practice – A Question of Faith

When Bion (1970) theorised about a psychoanalytic stance that should renounce the therapists' hopes for the client, he conceived of an attitude of faith as representing the open-minded position that favoured process over predetermined formulation. From his perspective, "The 'act of faith' (F) depends on disciplined denial of memory and desire...It is necessary to inhibit dwelling on memories and desires… (for) both imply the absence of immediate sensual satisfaction" (p. 41). The demarcation that faith, unlike hope, allows the bearing of uncertainties, doubts and mysteries (seen as integral to the gradual emergence of new understandings) has been proposed elsewhere within the literature (e.g. Eigen, 1981; Neri, 2005; Safran, 1999). For these writers, faith conveys more than an expectation for a positive outcome. It implies a trust in the value of ultimate results mixed with a tolerance for not knowing the design of such developments.

The simplicity of such a distinction is, however, vulnerable to criticism. On one level, Bion's distinction between hope and faith can be critiqued from the position that hope and faith are inherently interrelated. In this way, their energy and functioning – for good or otherwise - cannot be separated. For Fromm (1968), "Faith cannot be sustained without the mood of hope" (p.14).

Furthermore, both hopes and faith can be open and generative, or closed and defensive. As Charles (2003) explains,

> Hope, in the abstract, may be seen as a form of optimism, a looking forward, an opening. Specific hopes, however, can impede our ability to engage with the

> realities of our experience. If we believe that what is growth-enhancing about psychoanalysis is our ability to engage in the "real", it is only our engagement with the moment at hand wherein real hope resides. In much the same fashion, faith that is pre-defined and imposes specific demands also impedes the realization of what might become possible if we can find sufficient faith to remain open to it. (p. 689)

The effects of both hope and faith therefore cannot be accurately gauged without knowing the wider therapeutic context in which they arise.

The question of context may be answered by appraising the conditions that best serve therapeutic potency. On this matter, some authors view the therapist's emotional engagement with the client as it is experienced in the moment as providing the richest milieu for analytic effect (e.g. Akhtar, 1996; Boris, 1976; Omer and Rosenbaum, 1997). Thus, it can be inferred that although inevitably geared towards future developments, the therapist's hope and faith require anchoring in the experiential immediacy of the analytic relationship.

Figueiredo (2004) proposes the means by which this can be done:

> the need for the analyst to retain a hope that is not sustained by beliefs, still less a hope that is attached strongly to them in order to be able to make contact with the unconscious material, either their own, or that of others. It is a question of an 'altered state of consciousness'…in which pragmatic determinism is torn apart. (p. 1448)

For him, hopes infused with fixed beliefs (specifically when charged with 'shoulds') dilute analytic connection with clients. Hence, the deconstruction of prognostic beliefs facilitates space for something like the 'sharpening of contact with O' as described by Bion (1970). Interestingly, Figueiredo adds that Freud's conception of suspended attention serves as an excellent example of a hope which is not dogmatically supported by beliefs about the patient.

What this points to is that therapist's hope and faith can both positively contribute to the therapeutic process when they are open, generative, and alive in the moment. Thus, Fromm (1968) argues that in their useful forms both hope and faith do not represent "a prediction of the future…(but a) vision of the present in a state of pregnancy" (p. 13). Whilst the long-established concerns about therapist hopes leading to client indoctrination merit ongoing consideration, facile definitions that restrict the qualities of

different hope (and faith) forms undermine psychoanalytic understandings of these concepts. This concern underlines the need for theorists to carefully reflect upon the implications of the word meanings they employ. As Kanwal (1997) explains, there is a profound difference between benign expectation and self-serving exploitation. Furthermore, practitioners need to be mindful that, at the broadest level, psychoanalytic, and all other psychotherapies, inherently entail a hope for client growth that combines with a faith in modality efficacy (Frank, 1971).

Summary

The traditional psychoanalytic position that therapist hopes taint the analytic process is open to the critique that it is derived from an overly simplistic conceptualization of a closed, narcissistic form of hope.

Furthermore, the distinction between a therapeutically useful notion of faith, in contrast to a restrictive notion of hope, seems to rest on weak foundations. Instead, therapist hopes (and faith), like those of the client, need to be distinguished between those that are open, mature and nurturing, in contrast to those that are closed, regressive and coercive. Therapists' hopes for their clients are inevitable, and naturally co-exist with faith in one's modality. It is proposed that the relinquishment of fixed beliefs from hopes results in the establishment of an effective analytic attitude.

Chapter 5 – The Transformation of Hopes within the Therapeutic Relationship

Introduction

This chapter applies the dynamics of hope to the therapeutic relationship. The objective is to explore effective clinical practice in terms of working with hope. This chapter commences by looking at clinical scenarios that feature 'diseases of hope', whereby immature hope holds a core position within pathological dynamics. In incorporating conclusions derived previously, it shall be proposed that in such cases therapeutic strategies focus on the 'work of despair'.

It shall further be proposed that the principles of working with hope are, to some extent, relevant in all therapeutic relationships. Accordingly, a generic model for 'the transformation of hopes' shall be described that aims to assimilate the principal learnings accrued throughout this dissertation. This represents an attempt to translate theoretical interpretations into practical application.

The Work of Despair

Working with hope in a clinical context is best illustrated where 'diseases of hope' (Omer & Rosenbaum, 1997) characterise the client's presentation. In this way, several writers have described clients who fit in with Klein's (1948) depiction of the paranoid-schizoid position. Disturbances and set-backs in the transition from the paranoid-schizoid to the depressive position are taken to profoundly impact future character structures and pathology. Borderline ego-functioning, schizoid, or narcissistic ego structures are seen to correspond with failures to attain a post paranoid-schizoid state of development (Searles, 1979; Potamianou, 1992). With such clients, Akhtar (1996) identifies a common craving for an idealised all-good object which tends to display itself in certain ways. Comparing their immature hopes with a "someday" (idealised future) fantasy he writes;

> Those with narcissistic personality seek to bring "someday" to life by devoting themselves to hard work and social success. Those with an antisocial bent seek similar magic through swindling, gambling, and other get-rich-quick schemes. Paranoid individuals focus on the obstacles in their path to "someday." Borderline individuals frantically look for this "someday" through infatuations,

> perverse sexuality, and mind-altering drugs. Schizoid individuals adopt a passive stance and wait for a magical happening, a windfall, or a chance encounter with a charismatic guru. (pp. 732-3)

Figueiredo (2004) agrees that paranoid hopes are held on to as a defence against despair and in such individuals can be identified 'the gullibility of the paranoiacs' where there can be found,

> …a tendency towards credulous hope in close companionship with the wildest suspicions. The oscillations between contrary fantasies, like the 'interruptions', 'oversights' and gaps in continuity in the field of relationships with objects (now good, now bad, now present, now not present and not representable) or rather that which has come to be identified with an instability in 'object-constancy'. (p. 1441)

Figueiredo contends that such paranoid-schizoid hopes are imbued with beliefs about 'good' and 'evil', and fear resides as the psychological landscape is tormented by persecutory and destructive bad-objects. Yet the feared despair is less threatening than it is presumed to be. For Klein (1937), hope in the depressive position follows from an unconscious understanding that the internal and external object is less overwhelming than how it was felt in its split-off affects. In mature hopes, the limitations of life are allowed to be integrated with a sense of partial, imperfect and incomplete repair which differ from the immature and manic repression of loss and despair (Britton, 1995; Searles, 1979).

If the work of hope in therapeutic relationship is therefore one of facilitating the maturation of hopes, Klein's conceptualisation of the paranoid-schizoid and depressive positions points to a frame from which guidance can be drawn (Mitchell, 1993). In essence, mature hope entails the relinquishment and consequential mourning of the ideal, to enable a more complete relationship with imperfect reality (Klein, 1937, 1948).

In taking the position that mature hope co-exists with the integration of despair, it is necessary to look deeper into what despair is, and further how hope and despair interrelate.

Green (1977) equates despair with experiences of loss, defeat, failure, guilt, or injury to oneself or a loved one. Such characteristics reflect a scenario of actual or impending doom, which therefore is indicative of hopelessness. Solomon (1985) asserts that

despair and hopelessness overlap, for both suggest felt inability to control life or alter destiny. Despair as non-hope is backed by Omer and Rosenbaum (1997) who contend that despair ensues when hope is prised loose from the soul. In itself, however, this image infers a dichotomy, which runs counter to further understandings of hope and despair. Fromm (1968) makes the point that these affects, like all others, cannot exist without their apparent 'opposite'. He writes, "Hope and despair, or hope and the poignancy of disappointment are two sides of the same coin…One cannot have one without the other" (p. 145). Beyond infantile functioning, therefore, the presence of hope does not negate the existence of despair (and vice-versa).

Bergin and Walsh (2005) propose the conceptualisation of 'the work of despair' to cover therapeutic undertakings that incorporate a sustained focus on hope. They explain that,

> The 'work of despair' revolves around a realistic appraisal of the client's life, allowing the cathartic expression of disappointment, anger and regret. It requires the client to let go of the lure of certain fantasies, both rose-tinted views of the past and the future. (p.11)

Therefore, the assimilation of despair enables the balancing of satisfaction with dissatisfaction, which facilitates a sense of 'good enough' hope.

Whilst Bergin and Walsh's ideas on the work of despair are lacking in terms of detailing practical application, the basic impression links with other perspectives that view the therapist's responsibilities as including the guardianship and safe-keeping of hope (Cynn, 2005; Kanwal, 1997; Karon, 2004; Menninger, 1987). Schwartzberg, Wheelis and Zarate (1996) propose that;

> …what might be most needed from a psychotherapist is sometimes what seems to be least called for at the moment. In periods of "unprecedented growth," the clinician of course mirrors the patient's excitement but also needs to be attuned to reigning in expectations. In times of sorrow and hopelessness, perhaps the most empathic response is to acknowledge the hopelessness and give it proper due but also to act as the purveyor of the hope that the person has momentarily lost. (p. 148)

The therapist is therefore entrusted with both meeting and tempering the flow of hope (and despair) in the therapeutic relationship. Menninger (1987) likens excessive hope with impending disaster and excessive despair with stifling decay. The therapist's appreciation of 'realistic' progress stems from faith in one's modality combined with

'non-fixed beliefs' for the patient (as discussed in Chapter Four). This, for Buechler (1995), points towards the difference between expectation and inspiration. Similarly, for Mitchell (1993), "Analytically useful forms for meaning and hope do not lie preformed in the patient; they are generated when the analyst has found a way to inspire personally meaningful forms of growth and expansion from the inside out" (p. 225).

In combining understandings about hope in the paranoid-schizoid / depressive positions with the concept of the therapist as a regulator of hope, what follows is a proposed generic outline for the transformation of hopes that incorporates theoretical knowledge with practical implications. An assumption guiding this section is that the work of hope and despair can be taken to hold influence (to varying degrees) in all therapeutic relationships (French & Wheeler, 1963; Manrique, 1984; Schwartzberg, Wheelis, & Zarate, 1996). Nevertheless, the clinician's approach to working with hope and despair requires sensitivity towards the client's unique psychological needs. Despair and hopelessness correlate with suicidal behaviour (Green, 1977; Helm 2004; Kramer, 2002). It is therefore critical that therapists use their clinical skills to assess client ego-strength and fragility. For some clients, it is necessary to bolster defences and resources through supportive means that differ from what shall be outlined for the transformation of hopes (Bergin & Walsh, 2005; Kanwal, 1997; Schwartzberg, Wheelis, & Zarate, 1996). It should therefore be emphasised that clinical application of the proposed model below should be integrated with established psychoanalytic methods for working with particular client groups.

Implications for Practice – Facilitating the Transformation of Hopes

Nick had been a successful businessmen whose 'luck had ran out'. His company had been bought out, though he had retained a position of employment there. At the time he sought help, Nick was finding it increasingly difficult to get out of bed. He was torn between hopes and fears for either staying at work, or trying something new. After briefly recounting significant events in his life he asked me expectantly, "right, what shall we talk about?"

Within a few sessions, his mood had lifted dramatically. Nick said that he drew value from my interpretations, and that he enjoyed this new experience of sharing his inner thoughts and feelings. Yet this new experience grew stale, and a pattern of 'going over old ground' took its place. Nick verbalised this, and pleaded, "What do you think I should do?"

I asked Nick to contemplate what it would be like if I chose his fate for him. After a long and heavy pause, he wearily noted that he had felt pressurised by his parents in

pursuing his line of business in the first place. From this point, Nick began to earnestly appraise his past, present and possible future.

In synthesising commonalities within the literature it became apparent that it would be possible to construct a generic model for the transformation of hopes. Using a variety of terms, the literature alludes to the following stages for transforming hopes;

1) Acceptance and Validation of Hopes
2) Separation of Needs and Wants
3) Containing the Relinquishment of Regressive Hopes
4) The Development of Mature Hopes – The Integration of Despair and the Revival of Hope
5) The End of the Relationship

In the following, the defining tasks and dynamics of each stage will be summarised.

1) Acceptance and Validation of Hopes

Whilst some element of despair may have brought the client to seek psychotherapy, the client is likely to perceive the therapist with a mixture of hope and suspicion (Mitchell, 1993). In the initial phase of the transformation of hopes, it is imperative that the therapist creates an atmosphere of trust by being attentive and reliable (Birnbach, 2000). The client needs to experience acceptance and not judgement. The creation of a strong attachment serves as a secure, safe and hopeful base from which embark on self-reflection (Helm, 2004). Akhtar (1996) observes that whilst this foundational attitude may be applicable to any analysis, it is particularly significant in mobilising "the patient's illusion that hope can be fulfilled and lost objects found" (p. 742). The client's idealisation of the therapist is therefore that of a false hope, but one that is considered necessary until the client is able to generate hope within themselves (Bergin & Walsh, 2005).

The therapist adopts a romantic psychoanalytic stance. Interventions are characterised by conveying empathy, reflecting cause-and-effect relationships, and illustrating historical contexts to the current distress (Akhtar, 1996). The therapist attempts to clarify what is confusing the patient (French & Wheeler, 1963; Rizzuto, 2004). It is

important that from the very outset, the therapist, through tone and demeanour, conveys a measured sense of hope (McWilliams, 1999).

This invites articulation of the client's hopelessness, which is important in itself, for such expressions enable the client to acknowledge their feelings more fully (Safran, 1999). It is likely that the client shall experience resistance for their hopelessness relates to hopes that met with historical failure. Traumatic memories may instil caution about a 'repetition of disillusionment'(French & Wheeler, 1963); the client's prior disappointments may instil a hope that simultaneously coexists with a fear of hope (Ruvelson, 1990). Yet the historical experiencing of environmental failure creates a paradoxical yearning (and unconscious hope) for a renewed and reparative experience (Babits, 2001; Menzies, 2001; Winnicott, 1965).

2) Separation of Needs and Wants

Careful nurturance of the therapeutic relationship facilitates the client's reconnection and free expression of hopes (regressive and mature). Through the analyst's countertransferential sensitivity, the client's hopes can be differentiated between hopes that constitute growth-needs, and those that represent regressive wants. With the intensification of the idealised transference, the client's regressive wants will become alive in the therapeutic relationship, represented in the reawakening of oedipal desires or in the infantile hope for an all-good omnipotent rescuer (Amati-Mehler & Argentieri, 1989; Helm, 2004; Rizzuto, 2004; Zimmerman, 1999).

This forms a critical juncture within the work of despair. The client's hopes become inextricably intertwined with the dynamics of the therapeutic relationship. This, according to Boris (1976), represents the 'ideal datum' for working with hope. He explains, "the condition from which both the patient and the therapist can work best, is present when the patient is experiencing a crisis of hope in the here-and-now of a given session" (p. 148). The patient's hopes are now less conceptual, for they are presently experienced (Rizzuto, 2004).

Here the therapist is able to introduce more classical conflict-based interpretative interventions, challenging the client's rational ego to relinquish hopes that hold back psychological development (Omer & Rosenbaum, 1997). Thus, the therapist uses a

combination of both classical and romantic interventions according to how he/she determines the nature of the hopes encountered (Casement, 1991; Ghent, 1993; Mitchell, 1993; Myerson, 1981; Shabad, 2001).

3) Containing the Relinquishment of Regressive Hopes

The analyst's refusal to gratify regressive wants, and the deconstruction of such hopes through interpretation will frustrate the client. The therapist will now be experienced as the 'new-bad object' with pervading limitations and separate subjectivity (Cooper, 2004).

This period places complex pressures on the therapist. The therapist may experience a desire to collude with the countertransferential pull to rescue and 'surrender to the hypnotic sway of the positive transference' (Shabad, 2001). Alternatively, the therapist may fear the client's despair and prematurely and dismissively reveal the defensive attributes that hide within the hope (Akthar, 1997; Ruvelson, 1990; Searles, 1977). Neither of these options serves to facilitate the transformation of hopes. Instead, the therapist must steadfastly discriminate between the client's want for symbiotic responsiveness and need for frustration tolerance (Casement, 1991) and contain the resulting anger and despair (Bergin & Walsh, 2005).

As the client connects with the hopelessness of his/her regressive wants a period of therapeutic impasse or stalemate may ensue whereby both therapeutic parties are forced to confront and acknowledge the limitations of treatment (Bromberg, 2001; Cynn, 2005). Babits (2001) refers to this as the 'pheonix juncture' entailing the symbolic death of some hope within treatment, and the recognition of this death by the therapist. For Babits,

> ...the therapist's acknowledgement of an overwhelming mood of his own hopelessness, or helplessness, or inability to "do anything" to revive the treatment, can become the key that unlocks the therapeutic stalemate. The therapist's acknowledgement of the seeming impossibility of maintaining hope…becomes a pathway to the possibility of reconnecting with the patient's embedded (frozen) sense of hopelessness. (p. 343)

The regressive hopes of the client are now punctured. The therapist's sharing of the client's despair is crucial and is likely consolidated through projective identification, when the analyst digests the patient's intolerable experience (Casement, 1991). The

therapist must therefore balance honouring the client's despair through accurate empathy with holding the conviction that the client can and shall progress (Menzies, 2001; Ruvelson, 1990). Perhaps unlike the client, the therapist is aware that all affects are mortal (Solomon, 1985).

4) The Development of Mature Hope – The Integration of Despair and the Revival of Hope

Shared survival of the client's despair eventually lays the foundation for the next stage of the transformation of hopes; that is the fostering of hope in the depressive position.

It is faith that enables the therapist to reconcile the client's despair with an attitude of progressive potentiality (Charles, 2003). This attitude allows the therapist to complete the projective identification cycle though successful containment. The power that lies behind the client's despair stems from its co-existence with isolation; the analyst's willingness to patiently engage with the client's despair makes it not only 'shareable' (through empathic attunement) but 'decodeable' (through interpretation) (Babits, 2001). It is through bearing the client's despair, and making sense of it, that it can be eventually fed back (Rizzuto, 2004; Ruvelson, 1990).

With this experience, the client's needs have been met. Casement (1991) states,

> What the patient needs is to find someone who can bear being really in touch with the patient's extremes of personal difficulty without having to give up, someone who (without being unrealistic or trying to be omnipotent) can find some way to see the patient through…when an analyst is able to find the capacity to see a patient through such extremely difficult times, ultimately the unconscious hope is met. (p. 307)

By now, the client has endured what was previously feared. Their embracing of their despair slowly leads to the mobilisation of courage (Omer & Rosenbaum, 1997). Fromm (1968) identifies human suffering as a precursor for change. Despair is placed as a reaction to intolerable circumstances which, when truly experienced "may lead to rebellion and a revival of a productive attitude of hope" (Eckardt, 1982, p. 148).

The client has, in the immediacy of the therapeutic relationship, encountered limits of gratification. Yet aloneness has coexisted with moments of real contact and sharing,

which leads to the acceptance that the pursuit of idealised nurturance is neither possible, nor ultimately desirable (Glennon, 2004; Safran, 1999; Searles, 1979).

The therapist's role in this stage is to assist the client in recognising this inevitability. The therapist's holding of the client's hope can now be gradually passed back, with an awareness of, "realistic anticipation, confident hope and protesting despair as experiences of fluid, free-flowing energies in the growth of human relationships" (Green, 1977, p. 222).

The integration of despair is therefore very different from a submission to despair, with the 'survivor' retaining qualities of creativity, humour and the ability to love (Carlin, 2006; Feiner, 1998; Natterson, 2003; Press, 2005). The value of life, in encompassing its gifts and challenges, is thereby affirmed and embodied through the retention and deepening of compassion and courage (Ericson, 1979).

5) The End of the Relationship

Whilst it is not within the intent of this investigation to prescribe factors that constitute a good and timely ending, the end of the therapeutic relationship assumes particular importance in the work of hope. It may be surmised that every psychotherapeutic relationship will contain the illusory desire that past losses can be resurrected and repaired. This represents a pathological hope that exerts pressure to sustain an interminable relationship (Amati-Mehler & Argentieri, 1989).

Whilst this pressure may be elicited from the client, it can be argued that the psychoanalytic 'movement' colludes with this want. Cooper (2000) writes of an institutionalised avoidance of constraints within analytic work; a collective obsession towards maintaining potential space has therefore resulted in a lack of disciplined thinking about limits.

Yet the transformation of hopes, from regressive to mature, intrinsically entails an experiential confrontation with limits (Helm, 2004; Kanwal, 1997). Davies (2005) identifies a parallel that unites the termination phase of an analysis with a movement from oedipal to post-oedipal relatedness. She writes of the slow undoing of an illusory love (not illusory as in artificial, but rather in its imagined perfection and avoidance of

necessary constraints). Therefore, like with the renunciation of infantile hopes in the paranoid-schizoid position, the termination of the therapeutic relationship requires further relinquishment and mourning (for both client and therapist). Davies (2005) concludes;

> it is neither the gratifications nor the frustrations that in the end create therapeutic change. It is rather in the space created between gratification and frustration, the space between desire and despair, that mourning and acceptance can give way to new beginnings and set in motion hopeful potentialities in which psychoanalysis can work its own best and most particular form of transformational magic…In the end, we must let our patients go with the full knowledge that they are not separating from idealized, all-perfect, and all-knowing others, but from human beings, who like themselves are fragile and flawed; human beings who have, nonetheless, done their best, struggled and stretched in order to create something in the work, something for the patient that is rich in beauty, potential, and pathos. (pp. 802-3)

A paradox is implied here. In the same way that hope must live with despair, space must live with boundaries, limits and endings. And where these polarities meet lies the hope of a new beginning.

Chapter 6 – Summary and Conclusion

Summary

This dissertation started with the intention to establish whether hopes facilitated or hindered therapeutic progress. Despite a lack of psychoanalytic literature specifically devoted to hope, preliminary research confirmed that hopes held a prominent position in all therapeutic relationships, and could be seen as both a positive and negative agent within the therapeutic dyad. This led to a revision of the research question to:

a. How are patient and therapist hopes understood in the psychoanalytic literature?
b. How can hopes be transformed in the therapeutic relationship?

A consistent theme that emerged was that hope could be differentiated between mature and immature forms. Chapter 2 therefore examined understandings on the development of hope throughout the life cycle. Guided by the theoretical constructs of Klein's paranoid-schizoid and depressive position, Freud's pleasure and reality principle, and Erikson's psycho-social life stages of trust versus mistrust, and integrity versus despair, immature hopes were found to be characterised by omnipotent demands, rigidly fixed expectations, future orientation, passivity and a lack of a realistic appraisal of inner and outer potentialities. In contrast, mature hopes were identified as being more 'open', active, engaged in the present, and reality-based through an awareness of environmental and personal limitations. The development of hopes, from immature to mature, was found to entail the mourning of loss, and the integration of despair.

Chapter 3 explored psychoanalytic understandings on the hopes of the patient. Classical and romantic theoretical orientations were examined in terms of their contrasting assumptions about patient hopes. In amalgamating these outlooks, it was suggested that hopes could be differentiated between needs and wants. For need-hopes, an analytic stance that corresponds with romantic thinking is taken to be appropriate. The analyst will meet and may even gratify the patient's desire, and affirmative interventions are directed towards facilitating the client to identify with his / her feelings. For want-hopes, a classical analytic stance is proscribed. The analyst does not meet the desire, but rationally interprets the unconscious conflict. The client's frustration eventually gives way to insight, resulting in relinquishment of infantile longings. Countertransferential sensitivity assists the analyst in differentiating between need and want hopes.

The analyst's hopes were looked at in Chapter 4. The tension that exists between analytic influence and indoctrination was identified and explored. The chapter looked at the potential for the analyst's narcissistic use of a client, and at the ways in which a therapist's vision of psychic maturity may influence therapeutic progress. It was concluded that the analyst's benign, open and nurturing hopes were distinct from those that are self-serving, closed and coercive. This difficult tension underlines the importance of the analyst's self-reflection combined with a non-dogmatic faith in one's therapeutic modality.

Chapter 5 looked at hope within the therapeutic dyad, exploring the analyst's role as a 'safe-keeper of hope' and the work of despair in transforming hopes from regressive to mature. Whilst it was noted that certain client groups epitomised the influence of pathological hopes, it was also proposed that the principles of working with hope were relevant within all therapeutic work. These understandings, and those derived from previous chapters were incorporated into a model for the transformation of hopes within the therapeutic dyad. This model featured the following stages;

1) Acceptance and Validation of Hopes
2) Separation of Needs and Wants
3) Containing the Relinquishment of Regressive Hopes
4) The Development of Mature Hope – The integration of Despair and the Revival of Hope
5) The End of the Relationship

Limitations & Recommendations for Further Research

That the topic of hope is in itself a neglected area of psychoanalytic thinking points to a pervading limitation on the findings of this study. More specific limitations can be proposed;

This literature review has only collated qualitative material (in the form of expert opinion and case studies) from psychoanalytic perspectives. There is a complete absence of quantitative evidence exposed to statistical analysis. Therefore these findings are compromised by relying on apparent patterns of consensus, as opposed to measured

outcomes. Furthermore, such patterns have been interpreted by myself, without any quantitative justification (I have tried to limit such bias through the feedback of my supervisor and peers). These limitations reflect larger ones that broadly apply to psychoanalytic evidence as a whole. In spite of some notable exceptions (e.g., Bachrach, 1993; Fonagy, 2001; Rascon, Corona, Lartigue, Rios & Garza, 2005), the challenge remains for psychoanalysis to devise methods of collating and measuring client experiences and outcomes.

Similarly, the criteria employed to differentiate between hopes is wholly dependent on subjective interpretation. Terms such as 'open', 'passive', 'coercive', 'limitations', 'reality', 'needs', 'wants' etc., remain abstract. There are no solutions provided with such definitions. Fromm (1968) describes this qualification most clearly,

> As with every other human experience, words are insufficient to describe the experience…To describe it means to point out the various aspects of the experience and thus to establish a communication in which the writer and the reader know that they are referring to the same thing. In making this attempt, I must ask the reader to work with me and not expect me to give him an answer to the question of what hope is. I must ask him to mobilise his own experiences in order to make our dialogue possible. (p.11)

I agree with Fromm. My hope is that the concepts covered in this dissertation will help the practitioner to appreciate the complexities inherent in the aetiology, determination and therapeutic management of different hope forms.

Further research is proposed in terms of questioning possible neuropsychological components in relation to hopes (Gottschalk, Bechtel, Buchman & Ray, 2005). For example, the manifestation of distorted hopes in relation to bi-polar cycles indicate that neuropsychological influences constitute a useful area for further research (Dickerson, 2002).

Furthermore, engaging with and synthesising understandings from other psychological modalities could strengthen psychoanalytic thinking on hope. Hope has been appraised within existential (e.g., Feltham, 2005), behaviourist (e.g., Mowrer, 1960) and Jungian / transpersonal theories (e.g., Achterberg, 1992). There is also a keen interest in hope within the positive psychology movement (e.g., Snyder, 2000).

It should also be acknowledged that this dissertation has not addressed the ethical

dimension of hope within the clinical setting. A conflict exists between the condition of self-honesty as correlating with positive mental health, and the perspective that some forms of self-deception / unrealistic optimism can be useful in life (Martin, 2006; Seligman, Rashid, & Parks, 2006). This dissertation has briefly described the use that can be made of a regressive idealisation within the early stages of the therapeutic relationship. Yet the wider question of ethical practice in relation to informed consent remains an important dilemma in terms of the wider ramifications of working with hope.

Conclusion

There are numerous forms of hope, some of which can be taken to be therapeutically useful, and some that can be defensive and regressive. The psychoanalytic literature suggests that mature hopes acknowledge internal and external limitations, which involves the integration of despair. Such aspects of hope pertain to both client and therapist. It is proposed that a generic model for ‘the transformation of hopes’ can offer some guidance with which to assist the clinician in effective therapeutic practice.

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