

The Negotiation of Paradox in the Analytic Process*

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The negotiation of paradox may be considered as an essential vehicle of the therapeutic action of psychoanalysis. The paradoxes inherent to the psychoanalytic experience are considered here with particular reference to Winnicott's writings, which abound in, and require, paradox. These paradoxes are evident in the following juxtapositions: the subjectively conceived object versus the objectively perceived object; personal isolation versus relatedness; ruthlessness versus concern; and dependence versus independence. In analysis, the framework for the transitional area of illusion is maintained through a continuing intersubjective process of negotiation, by which analyst and patient seek to straddle the paradoxes of their many-layered relationship. This ongoing process of negotiation carries both the potential for structure building and the delicate hope for a reworking of repetitions in the transference-countertransference construction. Exploration of these issues includes consideration of the analyst's and patient's coauthorship of metaphorical communications and a definition of the analyst's neutrality in terms of his responsibility to preserve the area of illusion for ongoing negotiation. Finally, detailed clinical material serves to illustrate the process of negotiation in the course of a treatment.

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PATIENT REPORTS THE FOLLOWING INCIDENT in the course of a "good-enough" analysis with a good analyst. He was lying on the couch, in the midst of whatever associations, when he was distracted by a smell as if someone were spraying trees in the neighborhood. He registered this impingement by saying, "I smell insecticide spray." From behind the couch, the analyst's voice replied, "It is neither insecticide nor spray. It is something burning." The patient shrugged internally and went on with whatever his associations had been. At the end of the session, when the patient walked out to the street, he saw a tank truck from a nursery service, such as might spray insecticide, parked in front of his analyst's house. He muttered, "Sonofabitch," not being certain at that moment whether he was referring to his analyst or himself. The patient began the following day's session with reference to this experience. A psychotherapist himself, the patient raised the issue of the analytic frame defined in terms of psychic reality and external reality as interpreted by analytic authority. He questioned his analyst's attitude of certainty and his own attitude, as patient, of uncertainty. The patient further noted that whatever he had been implicitly communicating by saying, "I smell insecticide spray," whatever he had been seeking to bring into play—particularly with an analyst whom he knew to be an avid gardener—had been derailed by the analyst's peremptory response. At this point, the analyst affirmed, "This is the danger of too much certainty in the countertransference. I recognize that my remark served to close exploration rather than open it."

For me, this analytic moment illustrates the feeling of being up against a nonnegotiable stance on the part of one's analyst. Notably, the patient's protest had served to initiate a return to negotiation between them, as the analyst was able to recognize and acknowledge how he had ruptured analytic potential space. This paper is about the process of negotiation as an intrinsic vehicle of the therapeutic action of psychoanalysis. I examine the nature of analytic negotiation and its relationship to paradox, with particular focus on the implicit place of this concept in the writings of Winnicott. I conclude with clinical material that illustrates the negotiation of paradox in the course of a treatment.

Negotiation is intrapsychic, interpersonal, and intersubjective, and it is vital to our biological existence.¹ Negotiation is intrapsychic in the

¹Other writers (e.g., Racker, 1968; Sandler, 1976; Goldberg, 1987; Adler, 1989; Bollas, 1989; Slavov, 1990; Modell, 1990; Russell, unpublished; Slavov and Kriegman, 1990) have converged on the issue of negotiation in the analytic process, either as an implicit factor in their thinking or an explicit term in their discourse.

sense that we must each mediate within ourselves the containment and expression of drive and affect, as well as the tension in living between engagement in the fresh potentials of the present moment versus entrenchment in the conservative grip of repetition of our past experience; in this sense, negotiation is an ego function necessary for the internal management of paradoxical experience. Negotiation is interpersonal in the sense that we are always arranging with one another matters of desire, safety, anxiety, power, convenience, fairness, and so on. Negotiation is intersubjective in the sense that we constantly influence one another, consciously and unconsciously, from infancy onward in a myriad of ways, from minute adjustments to gross adaptations. So it is that we experience the fine choreography of infant and mother attaining, rupturing, and repairing states of attunement and affective communion (Stern, 1985; Beebe and Lachmann, 1988) or, in adulthood, the intersubjective exchange of the forces of projective identification by which we shape and, in turn, are shaped by our partners. In these ways, collusive relationships are forged around the negotiation of mutually invested defenses and repetitions, and therapeutic or mutually enhancing relationships are created and evolved through an ongoing negotiation that allows for self-expression, spontaneity, and self-realization in a context of safety, respect, and reciprocity.

In the psychoanalytic process, I believe that the transference-countertransference tapestry is woven between analyst and analyst through a process of intersubjective negotiation. Much of what is essentially mutative in the analytic relationship is rendered through mutual adjustments that occur largely out of awareness in both parties. Only some of this process need ever become conscious to patient or analyst or be explicated through interpretation. The moments of explicit or implicit negotiation between analyst and patient may mark a discernible unit within the analytic process, as distinct from the analytic modes of historical narrative, reconstruction, interpretation, and reflection (although, as we shall see, even interpretation is a matter always subject to negotiation between both parties to the process).

The analyst, as he or she receives the patient's transference communications, is continually monitoring within himself or herself such questions as, "What are you making of me? Can I accept this or that construction of me based upon my own subjective sense of myself, my integrity, my commitment to the analytic framework as I see it, and my sense of our analytic mission? As a result, the analyst, whether he or she

is making genetic or here-and-now interpretations (which, in themselves, have importance), is recurrently saying to the patient: "No, you can't make this of me. But you can make that of me." In turn, the patient receives the analyst's response with relief, gratitude, frustration, hurt, and so on and proceeds to generate further associations that seek to negotiate among past impressions, current experience, and future potential in this field of interplay between two subjectivities. Indeed, it may be the patient who, in response to an analyst's genetic or transference interpretation, declares: "No, you can't make this of me. But you can make that of me." In short, the very substance and nature of truth and reality—as embodied both in transference-countertransference constructions and in narrative reconstructions—are being negotiated toward consensus in the analytic dyad. The important therapeutic yield of these ongoing and recurrent negotiations goes beyond such products of negotiation as an accepted insight, a retrieved recollection, or a self-analytic reflection on the mind's defensive patterns. Essential as these analytic products surely are, I believe they are secondary to the therapeutic *action* of psychoanalysis, which is the engagement of two persons in a process of negotiation that, to borrow a phrase from Loewald (1960), is "an intervention designed to set ego development in motion."

I further believe that people looking back upon their successful analyses commonly recall as particularly significant those moments in which their analyst seemed to step outside his or her accustomed position in a way that registered arrival at a deep recognition of the patient's essential being, an epiphanic state of rapport (perhaps marked by humor or sadness), or an affirmation of the personal caring that had spanned the vicissitudes of their relationship. While such moments may come as a surprise to the patient, they do not have the quality of coming from out of the blue, or from out of some "left field" in the analyst's psyche, nor are they some whimsical bestowal or slip in analytic attitude. Rather, they have the quality of the analyst's yielding to some subtlety of being in the patient, some subtlety of their relatedness over time, which allows for a freshly discovered play in the analytic framework. These enactments by the analyst have been prepared for over time in the analytic partnership that has made them feasible, viable, and usable. Mitchell (1989) has made note of such analytic moments and attributed them to a negotiation between patient and analyst over the requisite countertransference response to the patient's relational needs, as differentiated from an enacted countertransference gratification of the patient's desires. As Mitchell observed, "What may be most crucial is *neither* gratification nor

frustration, but the process of negotiation itself, in which the analyst finds his own particular way to confirm and participate in the patient's subjective experience yet slowly, over time, establishes his own presence and perspective in a way that the patient can find enriching rather than demolishing" (p. 18). I would add that, while the process of negotiation does unfold "slowly, over time" and while moments of sublime, spontaneous rapport may be rare (and, perhaps, need not be frequent), the give-and-take of subjectivity, desire, stricture, and demand between patient and analyst is continual, recurrent, and always somehow new and incomplete. Out of this two-person process of negotiation, one may find emerging a patient's growing capacity to encompass wider experiential possibilities within his or her range of negotiable options in living, a growing trust and hope for participation in an increasingly negotiable interpersonal world, and a growing synthetic facility for bridging the inescapable paradoxes of human separateness and connection—in short, ego development set in motion by the analytic process.

Winnicott, that artful dodger of a psychoanalytic author, comfortably nestled in a British literary tradition that conveyed sense through nonsense, was profoundly sensitive to the elemental paradoxes that shape our being and our development (Phillips, 1988). Paradox requires negotiation, and Winnicott's theory is built on paradox.

Perhaps the most widely recognized statement of paradox in Winnicott's writings is in his paper on "Transitional Objects and Transitional Phenomena." As Winnicott (1951) wrote: "We cannot ignore . . . an intermediate area of *experiencing*, to which inner reality and external life both contribute. It is an area that is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet interrelated" (p. 2). Thus, out of need, the infant creates the mother's breast, which is there to be found. Later, the child makes of the first not-me possession, such as his Teddy or Blankie, a personal object imbued with life from the subjective world along with sentient qualities from the objective world. According to Winnicott, "The transitional object and the transitional phenomena start each human being off with what will always be important for them, i.e. a neutral area of experience which will not be challenged" (p. 12). Within the paradox of transitional space lies the potential for creative play. Within the preservation of paradox lies the necessity of an ongoing process of negotiation.

Probably the most profound spiritual paradox elucidated by

Winnicott is the essential human need to communicate juxtaposed with the essential human need to remain incommunicado. On one hand, we need to experience our connection with objects in the external world in order to feel real. Winnicott recognized the terror to which we are subject if we feel threatened by submergence in the boundless ocean of our own subjectivity. Our psychic life requires both the limits encountered through our abutment with externality as well as the nourishment provided by other-than-me substance. Even to enjoy our solitude, we need to achieve the state of "ego-relatedness" that, as Winnicott (1958a) described in his paper on "The Capacity to Be Alone," is the product of that paradoxical experience in infancy of being alone in the presence of another. On the other hand, Winnicott grasped that, as the infant becomes increasingly competent, the mother who anticipates her baby's needs before her baby signals is no longer "good enough." What was once exquisitely empathic can become traumatically invasive, and the loss of inviolable privacy is an annihilation.

Winnicott suggests that when growth takes place under the best of circumstances, the child comes to possess "three lines of communication" (p. 188). The first is "for ever silent," and constitutes a nonnegotiable retreat to relaxation within the subjective world of the inviolable self. The second is "explicit, indirect and pleasurable" and consists of the capacity for language, and, as Stern (1985) has argued (following Vygotsky, 1962), the meaning of language is negotiated in each child-parent dyad. Thus, language equips the child, for life, with the competence to reveal while concealing, to portray an approximation of experience, to achieve consensual validation without utter exposure. Finally, Winnicott's third line of communication is that "intermediate form of communication that slides out of playing into cultural experience of every kind" (p. 188). This third area of communication, then, is the area of shared symbols, where the most intimate negotiations occur in the overlap between the subjective worlds of self and other, where two people may engage in the creative exchange of gestures, or squiggles, and construct mutually useful metaphors. When Winnicott shifts the scene to the analytic process, he writes, "Here there is danger if the analyst interprets instead of waiting for the patient to creatively discover" (p. 189). Winnicott is referring to the crucial importance of the negotiation of meaning between analyst and patient, through linguistic approximations and with an attitude of joint creation and a sensitivity to mutual regulation.

As I see it, the process of psychoanalysis may be conceived as an

exchange of "squiggles" between adults without pencil and paper. By such an exchange, mostly verbal, of marks and "re-marks" offered in evocative and resonant sequence, analyst and patient become co-creators of a relational construction that represents and communicates a place of intersection of their separate experiences together over time. Neither the analyst's "squiggle"—be it interpretation, clarification, confrontation, empathic reflection, or self-disclosure—nor the patient's "squiggle"—be it historical narrative, transference impression, manifest dream, or other association—constitutes an X-ray rendering of "the self's core." Rather, analyst and patient, in their use of what Winnicott terms "explicit, indirect" communication—that is, language—become an intersubjective partnership for the collaborative creation of a shared culture of usable, and reusable, reverberative images. As analyst and patient come into play in the area of illusion, they create metaphorical renderings of the approximate meaning of their shared transference-countertransference experience.

Human self-interest constitutes another basic paradox. We are not only consumers, but also providers. We realize our selves both through the care we receive and the care we give. This fundamental paradox of our nature is entailed in Winnicott's (1962, 1963b) notion of the principal human drive: toward development. On one hand, it is easy for us to read Winnicott's theory of human development as a kind of infant advocacy theory. From this perspective, development would seem to mean the development of a spontaneous self, the achievement of ego integration and psychosomatic unity, and the capacity to utilize environmental provision for internal robustness and a sense of subjective mastery over the external world. On the other hand, if we trace Winnicott's developmental schema from the phase of absolute dependence through relative dependence and toward independence, we may ask, What are the qualities of "independence"? In this manifestly baby-centered theory, which reminded the psychoanalytic field of the significance of the real facilitating environment in psychological development, we each grow to an adulthood in which we provide the facilitating environment for the next generation. Having once been babies, we now become mothers, fathers, or analysts. Our destiny, as we grow toward independence, is to develop the capacities whereby we may contribute back to the world, by our own adaptations, the holding environment for the nourishment of others. In a sense, reflecting the Kleinian roots in Winnicott's thinking, this generativity constitutes our reparation for our

own earliest voracious feeding upon the world that held us in the bliss of our subjectivity. Although Winnicott describes the "primary maternal preoccupation" of the "good-enough" mother as a kind of temporary illness, this is not based upon maternal masochism or sentimentality. It is closer to primary creativity, the mother's illusion that she continues to create her baby while she is merged with it by "almost 100% adaptation" to its needs! The analyst, in moments of "primary analytic preoccupation," is fortunate to experience a similar joy at being found and used. But what of the human abhorrence of being found? If, as we have seen Winnicott argue, to be found is to be violated, how do we willingly allow ourselves to be found by the infant or the analysand who needs to conjure us for personal usage?

How has the mother actually managed to survive as a separately existing center of need, affect, intensity, and will while adapting to her infant's moment-by-moment imperatives? The answer is implied in Winnicott's (1968) observation that, while the baby has not been a mother before—or even a baby—the mother has both been a baby and played at being a mother. Hence, the mother survives in her position as mother by having recourse to her survival as a baby, past, present, and future. Within herself, the mother must find ways of retaining access to her own ruthlessness through her dependence on the actual sustaining support of others; through memory, fantasy, and projection—including her fantasies of utterly creating her baby and utterly destroying her baby; and through her anticipation of her baby's development toward independence, as she has developed in her own course of time. The mother also knows, from her own experience as infant and child, that she is contributing both to her own survival and to her child's growth by imposing a disillusioning process as she introduces frustration where her needs and her baby's emerging tolerance intersect. Similarly, in analysis, the analyst has already been both a baby and a patient and has previously played at being an analyst. The analyst's survival of a patient's ruthlessness reflects the analyst's continued connection with his own inner ruthlessness.² The analyst, then, survives as an analyst by surviving as a patient, with his memories of patienthood; his projections of patienthood; his own fantasies of primary creativity and utter destruc-

²Of course, this juncture is also where the analyst's or the mother's repetitions and actual destructiveness may predominate, introducing nonnegotiable elements that deform the relationship and its yield.

tiveness toward his patient; and his anticipation of his patient's potential for development, including a firmer tolerance for the essential disillusioning process delivered through optimal frustrations (including interpretations). This very process within the analyst, surviving as a patient, constitutes the analyst's ongoing, self-analytic use of the countertransference and the opportunity to change and grow as a person while responsibly fulfilling his role to survive as analyst.

In the developmental process, as it approximately follows this course, the infant comes to recognize that its mother has endured its ruthless usage and has survived. The infant has been able to make of mother what it needed, and yet mother has been capable of remaining herself. This recognition allows for the emergence of love for the mother, a love that is not only libidinally based but grounded in an identification with the mother of quiet moments of care and rapport. From this juncture in the child's development, the capacity for ruthlessness is joined by a capacity for concern for the object of ruthlessness that has survived destruction. Now the child is ready to become a full partner in the give-and-take of negotiation.

As I have emphasized, however, ruthlessness is never given up. Winnicott's theory is not one of conflict, renunciation, and compromise formation in the classical sense. His theory is of paradox, the acceptance of paradox, and the negotiation of paradox. Herein lies a further step toward answering our question of how the "good-enough" mother and analyst have been equipped in their own development to remain unbound and unannihilated even as they are there to be found and used. In his paper on "The Use of an Object," Winnicott (1969) describes what happens after the infant has destroyed the subjectively conceived object and faced its sturdiness—if, indeed, it has survived—and passed from relating to usage: "A new feature thus arrives in the theory of object-relating. The subject says to the object: 'I destroyed you', and the object is there to receive the communication. From now on the subject says: 'Hullo object! 'I destroyed you.' 'I love you.' 'You have value for me because of my destruction of you.' 'While I am loving you I am all the time destroying you in (unconscious) *fantasy*'" (p. 90).

What profound implications may be found in this last sentence! For, as Winnicott proceeds to say, "Here fantasy begins for the individual." I would suggest that Winnicott here was deftly indicating the place of a dynamic unconscious in his theory. From this perspective, we may understand the unconscious to be the private repository of our most

all-out, ruthless tendencies. It constitutes the taproot of our capacity to deconstruct the external world, to destroy the object as we find it, and to re-create it to suit our subjectivity. Clearly, we cannot afford to reveal to those near and dear to us that this full-tilt, ruthless potential underlies our every interaction. Hence, the core of the self remains hidden away, while we engage in interactions that accommodate the separate nature of the Other. As we have seen, these interactions are mediated by language, including metaphor, which is both explicit and indirect, and by play in the area of overlap between two subjectivities, wherein the ruthless potential in both parties may achieve a tolerable intersection. Thus, we negotiate with others, and the yield of this negotiation will not be based upon compliance, reaction formation, or subjugation to the extent that we retain access to the ruthless base of our own subjective world while exercising our capacity for concern for the other. In this model, repression may be adaptive. It allows us to engage in negotiation while keeping alive within us what Winnicott called "a backcloth of unconscious destruction." A recognition of the adaptive function of repression, from the perspective of evolutionary biology, has been introduced into psychoanalytic thinking by the work of Slavin and Kriegman (Slavin, 1990; Slavin and Kriegman, 1990). In Winnicott's theory, repression is adaptive; it is dissociation that compromises psychological health by alienating our negotiations from their ruthless and creative taproots within the true self.

The passage from object relating to object usage is a crucial developmental attainment. From this juncture we may carry through life the capacity to poise at the threshold between ruthlessness and ruth, to straddle the paradox of our isolation and connectedness, to retain our spontaneity while doing maternal or psychoanalytic work. In the psychoanalytic process, the analyst serves a dual holding function. On the one hand, when indicated, the analyst adapts to the needs of the patient and thereby brings to the patient the experience and the hope of a negotiable world. On the other hand, the analyst tries his best to hold on, hold fast, and hold up, seeking to survive "the patient's destructive attacks," which Winnicott (1969) understands to be "the patient's attempt to place the analyst outside the area of omnipotent control, that is, out in the world" (p. 91). The analytic frame that the analyst maintains (for example, by interpreting rather than remaining succumbed to projective identifications) serves to represent the staunch durability of external reality; while the analyst's adaptations (for example, offering

some personal information requested) present to the patient a world that is negotiable. And, in the intermediate area of intersection between the subjective worlds of analyst and patient, negotiation may be playful, creative, and mutually enlivening, and it may lead to ego development.

A word about analytic neutrality is relevant here. I have always liked Loewald's (1960) description of neutrality as "a love and respect for the individual and for individual development" (p. 229). I would suggest, however, that neutrality may be defined as the analyst's responsibility to maintain the area of illusion for ongoing negotiation. The frame for the therapeutic action of analysis is provided by the continuing existence of paradox that requires negotiation between both parties. The negotiation of paradox is the transaction that articulates the potential in potential space at the intersection of transference and countertransference. From this perspective, analytic abstinence, interpretation, enactment, or disclosure may, at any given moment, preserve or violate potential space between analyst and patient. Silence, empathic observation, interpretation, metaphorical construction, evocative association, squiggling, laughter, and confrontation may all serve to maintain the area of illusion and are thus to be regarded as potential analytic responses within a stance of neutrality. Even some personal information about the analyst may, in some instances, open the field of association for the patient rather than truncate it. The gauge of the analyst's neutrality is not whether he restricts his responses to interpretation, whether he refrains from self-disclosure, or whether he introduces his own personal imagery into the analytic discourse. The gauge of neutrality is whether a self-disclosure is the product of a jointly developed negotiation that exists between analyst and patient, that is evoked by the patient's need for something to go on, and that is used as a "personal object" for the patient's self-articulation; neutrality is violated to the extent that self-disclosure entails some personal information "bestowed" by the analyst out of his own urgency. Or the gauge of neutrality is whether the analyst's silence is a nonnegotiable stance imposing barrenness or affectlessness between analyst and patient; whether an enactment has violated or destroyed potential space by collapsing paradox with the intrusion of the analyst's all-too-concrete substance that is neither created nor found, but inflicted; whether an interpretation, like a squiggle, manages to evoke, clarify, or connect while preserving paradox, and not foreclose the patient's freedom of response and personal construction, within a range of what Modell (1990) calls the "multiple levels

of reality" in the transference. The criterion for an analyst's neutrality thus becomes the maximizing of the creative potential in the negotiation of paradoxes preserved in the shared area of illusion, in the overlap of the play of two subjectivities. Greenberg (1986) was pointing in a similar direction when he stated the paradox that unless the analyst is enough of an old object, the analysis does not begin, and unless the analyst is enough of a new object, the analysis does not end.

A Case Report

I would like now to illustrate how both patient and therapist change as they find and use their points of intersection in the unfolding process of negotiation during the course of a treatment. Several years ago, a 26-year-old man — whom I will call Donald — came to me for therapy and said that he needed to learn how to conduct relationships and how to enrich his life. His manner was one of stolid and remote sobriety. He worked in a technical field and felt stunted in his career as well as in his personal life. He had virtually no friends outside of work acquaintances, except for a married couple whom he visited frequently. He stayed at their home to dog-sit, baby-sit, or tutor the wife in a technical subject. I sensed the vacancy of Donald's life when I called him at home and heard him say on his answering machine, "You have reached the home of 443-1413."

Donald presented me with a formative history of early loss, disruption, parental unreliability, and relative poverty in inner-city Chicago. His father died when he was two. His mother, living next door to her own capricious mother, related to Donald on the basis of her own whims and needs in an invasive and controlling way. She did not permit him vigorous physical activity; bike riding was banned because of her inordinate worry about his congenital orthopedic problem. Donald retreated into science fiction. There was no family member with whom Donald could share his precocious intellectual interests. Donald did enjoy one stable and reliable relationship with his maternal grandfather, a modest man who worked double shifts but, nevertheless, maintained a benign and consistent interest in Donald when he was at home. This grandfather's dying and death toward the end of Donald's college years delivered a serious blow. Donald had engaged in his first sexual relationship during

the weeks his grandfather was dying. This relationship ended abruptly with Donald's sense that the young woman had betrayed him and that he had betrayed his grandfather and his Catholic upbringing by dalliance with her. Since that time, he had not been open to another relationship.

We had our work cut out for us. Perhaps the first negotiation I faced with Donald was the question of whether or not we could undertake it together. I felt daunted by the challenge of working with him toward significant structural change, given the degree of his schizoid withdrawal. I noted how thoroughly he avoided eye contact and how, while speaking in his affectless manner, he held one arm extended over the back of the couch and drummed in an amazing, complex digital pattern. He seemed dissociated from me, from affect, and from his own fingers as they discharged energy in rapid precision tapping. I noticed another aspect of Donald that bore heavily upon my choice of working with him: his body odor. I could not tolerate his smell, although, during our first weeks of meeting, I tried. The odor lingered in my office for a few more patient hours after he left. I questioned whether I could work with Donald under the distancing influence of my struggle to defend against his smell. So, with my heart in my mouth, I raised the issue with him. This issue forced upon us a difficult and significant negotiation that would haunt the treatment to follow, as well as provide us with a central metaphor to which we could return in our explorations. When I asked Donald whether he used deodorant, he said he had never used one nor had he noticed his smell. No one had ever taught him about the use of deodorant. When he came to our next session, he had bathed carefully and used a deodorant. He quite openly began by asking, "Is this OK?" Yes, the deodorant had worked. Donald adopted the use of deodorant, although sometimes he forgot, and in his rush to get to my office on a hot summer day, his smell would return. I reminded him a few times, and Donald began to keep a deodorant stick in his car for insurance and for extra use before his sessions.

With this response of Donald's, I chose to work with him. I felt moved by his earnestness and gentlemanly decency, I respected his intelligence and determination as valuable strengths, and I cared about the poignancy of his desire to surmount his meager early provisions.

The first several months of Donald's therapy focused on his family relationships: how, at an early age, he had walled himself in from his mother's intrusiveness and capriciousness while becoming the "fixer" in

his chaotic household and how he still avoided going home for Christmas to face outrageous presents he had asked his mother not to buy with money she did not have (but would recurrently solicit from him) and her seven dogs roaming, unruly and ungroomed, throughout the house. I attempted linking interpretations aimed at connecting boundary issues with his mother and his current "triangle" with the married couple he frequently visited. We also talked about Donald's missing father and how hard it is to be a self-made man who lacks paternal legacy.

For extended periods, the affective tone between us was largely formal, emotionless, arid. Donald avoided or broke eye contact. He usually drummed on the couch in his mechanical finger patterns as he spoke. Sometimes, when my empathic response conveyed that I was moved by Donald's loneliness or low expectations, my affect-laden utterances had a visible effect on him. Donald withdrew. His eyes took on the glaze of dissociation. When I asked him what was happening, he would say, "I didn't hear your words" or "I went far away." I took this withdrawal to be a sign of Donald's intolerance for closeness or affective rapport. I thought about the hazards of a therapist's seeming to hover or crowd a schizoid patient. I adjusted myself accordingly, to give Donald room. I would not intrude more of my affect than he seemed to be able to assimilate. Rather than pursue him, I would wait nearby for signs that he was ready to approach me.

Concurrently, Donald asked me for more guidance. He requested that I recommend life activities, seminars, and so on that would augment his therapy. He asked for readings that would tell him what was wrong with him and how therapy would help. He wondered aloud if he should see another therapist, because we were not producing changes. He felt stuck.

I felt fluctuations of hope and pessimism and never settled into one. Sometimes I would feel in conflict over my own optimism and accuse myself of projecting my own wishes for Donald—a false hope in the face of so much history of hurtful commission and omission. I refused to recommend readings. I feared that Donald would find in descriptions of the schizoid personality the pessimism of so many authors about treatment prospects. Since Donald often took things categorically, I worried that he would make extreme inferences from flat-footed statements about prognosis. I also generally do not recommend readings in therapy. With Donald, I understood him to be asking for a kind of tutorial alternative to the treatment process. I was also resisting my own developing countertransference wish to take Donald in hand as a sponsor and guide,

a fantasy reciprocal to his longing for a father. More personally implicated in my resistance was my memory of my own first analyst, who had offered me liberal advice on living, a kind of apprenticeship in the good life, in return for my admiration of his superiority. I knew, with benefit of hindsight, how superficially gratifying and relieving this analyst's guidance had been, and what a subversion and abandonment of true, structuralizing analytic work. Thus, I balked at the temptation to "educate" Donald in living and hoped for greater gain by preserving the intermediate area of therapeutic process.

Donald and I continued along in low gear until, unwittingly, we crossed a threshold in our relationship by a pivotal negotiation just prior to my second July vacation break. In the third week of June, Donald announced that he was uncertain whether he could make our final prevacation Friday appointment, due to a tentatively scheduled business trip. I asked him what flexibility he had in scheduling this trip. He explained that he was participating in a conference that involved several people and he did not see how he could initiate a request that might inconvenience several others. For my part, I was aware that our separations had their impact on Donald. He had told me after my first July vacation that he had felt abandoned and despairing. Knowing that the predictable structure of our relationship served an important framing function, I offered him the option of a back-up session on Saturday if he should, in fact, be out of town on Friday. I told Donald that, although Saturday was indeed July 1 and, in a formal sense, within the boundary of my vacation, I would still be in town and that I would rather see him on Saturday than leave us both uncertain whether or not we would have the opportunity to say good-bye.

In return, I asked if he might undertake to determine whether he had more say than he assumed over his part in the scheduling of the business conference. Donald came to his next session pleased and excited. He had spoken up at work and arranged to give his presentation on Wednesday and leave the conference on Thursday. We could keep our regular time on Friday. He was pleased to have taken this more active stance for himself and relieved not to impose on me and feel beholden to me for a July 1 meeting. Nevertheless, he reported having felt astonished that I had offered him the Saturday time during my vacation. He said he never before had experienced any arrangement in his world that accommodated to his needs or took his wants into account. I was saddened and moved at his feeling my gesture to be a kind of positive trauma, a jolting

interruption of his assumptions about a nonnegotiable universe. I want to make it clear that my offer of the Saturday back-up appointment was not a self-conscious or calculated choice to bestow on Donald a "corrective emotional experience." Rather, it was a direct negotiation necessitated by our time constraints that happened to strike him with metaphorical significance.

While this moment between us felt potentially pivotal, it clearly did not pass a noticeable magic wand over our work. Upon my return from vacation, Donald continued to flounder in his efforts to find a way to feel that he was using our relationship. He expressed frustration over not knowing what to say, not knowing how therapy works. Once again, he asked me for readings. I asked him why he wanted to study the schematics before entering the process. He became involved with a woman who seemed, from his descriptions, very limited in her own capacity for intimacy. Donald eventually broke up with her. He felt disappointed and, I think, somewhat embittered, as if to say, "So much for relationship."

Meanwhile, in my office, Donald and I oscillated between contactful and distanced moments. Donald continued to avert his gaze, and I reacted by reminding myself that I had to make an extra effort not to withdraw even while I felt so often deprived of engagement and affective rapport. At moments I resented his complex digital finger drumming. I felt like shouting, "Stop drumming and look at me when you speak!" I did not say this. I chose tact. At times I withdrew into my own reciprocal detachment. Donald initiated with me a new ritual. At the end of our meeting, as he walked to the door, he turned and looked back at me, and, as we held a moment's eye contact, he nodded. I found myself nodding reciprocally. Once begun, this ritual became our invariant pattern of leave-taking at the end of each session. I would wait for Donald to reach the doorway, he would turn, our eyes would meet and hold contact, usually with a smile and a nod, and he would be out the door.

While this pattern of last-minute engagement took hold between us, Donald continued in our sessions to talk about his current life and his family history, with few moments of sustained contact between us. At one point, he informed me that he had discovered, on his own, Miller's *Prisoners of Childhood* (1981) and had found her book to be a revelation: here was a therapist who appeared to be a "sympathetic character." He asked me again to recommend further readings. I declined. Soon after, he reported that, since I would not recommend readings to instruct him in

the use of psychotherapy, he had gone to the public library and begun to make his way alphabetically through the shelves on psychotherapy and psychoanalysis. He had read Arlow and Brenner, and his despair only increased. His reading confirmed his worst fears; he was expected somehow, on his own, to find the right things to say that would unlock my insightfulness so that I would finally grant him my interpretations. Meanwhile, I was expected to remain uninvolved, leaving him to work out for himself how to say the magic words that would yield my explanations and solutions to his life.

Hearing him, I relented on the issue of readings. I offered him some articles by Kohut and Tolpin on the development of the self through a psychoanalytic "dialogue." I lent him my copies to Xerox. I recommended that, at the library, he skip ahead and read some Winnicott. Donald³ reported to me that his reading of Tolpin, Kohut, and Winnicott began to restore the hope he had first found in reading Miller. I am sure that my recommending and lending these readings contributed to that new hope. In his reading of these authors, Donald found people who seemed to understand him and his needs. Perhaps there were such people in this world. Perhaps he could find some similar experience with me. He began to see the potential for resuming the development of the self in a therapeutic interaction, even in the wake of massive, early childhood environmental failure. Months later, he explained to me that he had created out of Kohut, Miller, and Winnicott a transitional object that represented a benevolent and caring therapist. In his frustration over the limits of our closeness, he took steps toward me through this bridging metaphor of a therapeutic relationship. But would we truly follow this direction? From Donald's perspective, it was hard to see evidence that we had yet.

I returned from my next July vacation to face a new threshold in our therapy. Donald was angry and challenging (although he denied anger

³ As I write this narrative, a realization flashes upon me. Why had I, over the past two days of sifting through my notes and synthesizing this clinical material, chosen for my patient the pseudonym of Donald? When I had thought of it, it had felt just right. But my only referents were Donald Trump, Donald Duck, and my next-door neighbor. Did I really want to use a name with those associations? Why does this name feel right? Now, in the text before my eyes, I see "Winnicott. Donald." The connection emerges out of repression. In writing this paper, I had created my own internal transitional object and metaphor. Neither Winnicott nor my patient nor myself alone, this narrative is my own negotiated amalgam.

and said he was "upset"). He required to know whether I cared about him. Is my interest real? Am I merely practicing my technique with him? Is his participation real, or is he only mastering techniques of being with people? Was our relationship real?

In the first of these postvacation sessions in which Donald issued his ultimatum to our therapy, he embodied his challenge in what I felt was a particular way of conveying the paradoxes of our experience together. He delivered a metaphor between us. That is, while I sat and faced his anger and his disappointment and clearly heard his direct statement of his need to know from me that I cared, I felt myself unable to summon this feeling from within. Instead, I was recoiling. On this hot August day, he smelled again, and I felt put off. What could I offer at this moment? An insincere bromide? A refusal of his direct request for a sign of closeness? I chose to address explicitly the paradox before us and to ask if we could consider together its import. I told him that on a day in which he urgently asks for my caring response, he comes to me with his body odor unmodified. Yes, he says. He has just recently stopped using deodorant. I ask whether he connects the two. No, he does not. I venture for him to consider whether there are conflict and anger expressed in his asking for closeness just when he discontinues his use of deodorant. Are you enacting your dread of the very closeness you so urgently request? Are you angrily saying, Show me a sign that you will struggle some on my behalf; care for me without my making it easy? None of these conjectures rang a bell for Donald, but he did immediately resume his use of deodorant.

In the months that ensued, our sessions were devoted repeatedly to shared reflections upon our past years together. Donald often would begin a session with yet another question or protest about how our work had developed. At one point he told me he had never believed I understood what his life was like. He experienced too much disparity between us. He did not feel like a match for me. After all, he had no background of his own to bring to his part in a relationship. He had nothing to go on. He had felt shame and did not expect that we could meet on common ground. He assumed it was up to him to do something different to make it better, but all he knew to do was to tell me more life history. He also had to worry about distancing me with his smell and probably in other ways as well. I reminded Donald that, in our early days, when I responded to his life story with affective warmth, he had signaled me that he went far away within himself where he could not hear me. He replied that, since he had felt he could not match me, he had

not known how to respond. He added, "I didn't mean stay away, but, help me." I replied, "Then my tact was not what you most needed." He returned, "And yet, there's a point there. I had nothing. And I couldn't take things in either. And there was nothing you could do."

Donald soon reported to me that he now began to hear me say some of the supportive and affirmative things about him and his work with me that he had missed all along. He also informed me that he could begin now to use my interpretations because he was becoming able to hear them as something other than a criticism. Soon thereafter, Donald said that he did not so much need our ritual good-bye at the door anymore. He voiced his recognition of our unspoken ritual and said he now saw it as a way in which he had dealt with his question of whether I held him in mind between sessions. He had been testing whether my connection with him lasted even up to the threshold of my office door or whether he would find a sign that I had already turned away from him. He also said he would not like it if I ever tolerated his smell and hid from him that I did not feel good about being with him.

I came to recognize an unconscious, unacknowledged negotiation that had been transpiring between us over time, an essential paradox, perpetually unresolvable, which had contributed to the shaping of potential space between us. Donald was so profoundly in need of a father. He needed to grieve the loss of his father and the loss of what Bollas (1989) would call a potential "future" that his father's living presence might have enabled him to elaborate for himself. I could not be his father, both because this role would be untrue and because Donald's grief had to be allowed without denial. Yet, in a way that was also utterly true, we both had to wait until Donald became, over time, like a son to whom, in my own countertransference, I could feel like a father. I could not recognize this paradox before I had overcome my own resistance to giving Donald the readings he requested. Several times Donald has said to me, "I will never receive the guidance I always wanted" or "I can't have the parenting I missed." Or, more within the idiom of transference, he would say, "I wish you could have told me what to say first. Couldn't you have spelled out what this process would be? I wish you had guided me and told me what to do." At one point, Donald said, "I know I need a father. And I look to you to replace him. And you can't." I responded with, "No. I can't. We both know I can't. And yet, we both know you have to find something here to go on."

With this paradox actively on my mind, I thought of my work with

Donald as potentially a good treatment to use for clinical illustration in this paper on the negotiation of paradox in the analytic process. I asked his permission, which he readily gave. He was pleased to think that his therapy might benefit others.

Soon afterward, Donald reported a dream (there had been just a few reported dreams thus far in his therapy). In his dream, he is with me in my office. We have a detailed conversation, which he does not remember. The central element of this dream is the feeling that we were connected and informal with each other—just the feeling he had wanted with me all along. He woke up feeling very good.

One therapeutic agenda that Donald now announced was his need to address his growing sense of anger toward his mother. He said he would have to bring either his anger or his mother into my office. He was mortified at the thought of being anything like her. He then recalled how he was kept in his crib until he was five or six and how he would jump in the crib to break through the bottom. He recalled throwing his orthopedic device down the stairs, to be rid of it (his stepfather had whipped him and put him back in his crib). He remembered hitting his mother once and upsetting her more than once during his adolescence by telling her sadistically that she had never been a good mother. When I noted to him that he could reach her only in this sadomasochistic way, he said, "That's why I knew I had to move out as soon as I could. I was afraid of that. I was bigger than she." I suggested that he understandably needed to be able to protest in some form.

Interspersed with this material was Donald's redoubled protest toward me. Why had I so rigidly refused at first to recommend readings? Why had I not spoken more words of affirmation and encouragement? If I had doubted the prospects of a successful treatment, why did I not have the integrity to refer him on to someone else? Further, Donald protested, "Why didn't you understand the time I stopped using deodorant again? You called it anger. It was despair. I had tried everything here I knew how to try. I was about to give up. So I gave up on myself." I acknowledged here the convincing sense of Donald's own interpretation. I also felt rebuked and put to the test. In the face of Donald's disappointment and anger, I was on tenterhooks and expected him to quit this therapy abruptly. I responded to what questions I could and wondered if we would survive. I am reminded here of what Winnicott (1956) wrote in his paper "On Transference." While the therapist's adaptations to the patient allow the patient to relax the "caretaker self" and permit a regression

to dependence, the therapist's failures of adaptation offer occasion for the patient's protest. As I see it, protest, like the "antisocial gesture," is a sign both of anger and of hope—the hope for a negotiable environment that will heed the protest as a signal of distress. Protest in the transference is the patient's act in the present to renegotiate relational failures of the past that occurred prior to the capacity for protest. The current protest is, to paraphrase Russell, both now and then. Paradoxically, the safety of therapy permits the risk of protesting the failures of the therapist. Donald asked me why he had to suffer so long in this therapy the feelings of disconnection, disappointment, abandonment, and helplessness. Why could I not help him avoid all this suffering by a more structured and instructional agenda? My understanding of this quandary, as I conveyed to him, was that our crucial work was to find our way out of this feeling together, which required that first we find ourselves in the feeling.

Donald expressed an interest in the subject of my paper. I told him that, of course, he would have the opportunity to read it. I added that it was about negotiation in analysis and the Winnicottian paradoxes of ruthlessness and concern, isolation and connectedness. Donald responded that he had trouble with Winnicott's concept of ruthlessness. He said that if this perspective was applied to himself, he was afraid of developing an attitude of "What's in it for me?" He feared an internal pendulum swing in which he would become lazy and self-interested and abandon the one set of values he had ever internalized and embraced: the religious catechism teaching him to be good, sacrifice for others, put himself last, and "serve." He panicked that he might forget who he was and lose hold of the meaning of life. I explored this anxiety, which he was able to associate not only with his Catholic education but with his fear of dying young like his father ("You might die any day and face Judgment") and his fear of destructive impulses toward his mother. I asked Donald whether he worried that my perspective might be a corrupting influence on him. He said he did not regard my ideas or me as unsound, just unsuited for him. For him, "selfishness" and "self-assertiveness" were indigestible notions. He just did not understand how a child could or should be supported to be ruthless. In that session, perhaps moved, in part, by a concern that I had imposed on Donald some half-developed theoretical ideas that seemed to him all-too-Mephistophelian, I told him an anecdote about my own childhood. At age five or six, in the late 1940s, I had one major toy, a red tricycle. These tricycles were still hard to come by in the gradual postwar conversion to consumer goods. One

summer evening, as my parents, my red tricycle, and I were waiting for the elevator, an elderly lady joined us. As we entered the elevator, she admired my tricycle and said she had been unable to find one to buy for her grandchild. So, I handed over mine, on the spot. The elevator stopped at the fourth floor, she got out with my red tricycle, the door shut, and my tricycle was gone. My parents had stood by, stunned, and permitted the incident to happen. I told Donald that now, as a parent, I would say to the elderly woman: "That's a child. Why are you taking the tricycle?" I would have a long talk with my child about what is too little and what is too much to give. And, if I were that elderly lady's therapist, I certainly would not counsel her to develop her ruthless side.

Donald thanked me for telling him this story; he said it helped. At the next session, he said he had been angry at the old woman for taking advantage of my childish generosity. He then told me a story of his own. He had a friend when he was seven or eight and liked to visit that boy's home and play together with his friend's GI Joes. He gave his friend his extra Erector set box to store the toy soldiers. Donald's mother discovered what he had done, got mad, and made him take back his box. He then secretly defied his mother and again gave his friend the box. Apparently, my story had evoked in Donald a lost memory of a childhood time when he had actively participated in a friendship. While it was understood that Donald and I could not be friends and he had protested our lack of common ground, he now met my story with one of his own. After telling me his story, Donald expressed some anxiety about violating my privacy by knowing something about me. After all, I had said earlier in his treatment that I would not talk about myself, although he had repeatedly indicated his need for a more personal sense of me. I inquired further about Donald's anxiety. Did he feel I had violated the boundaries of therapy with my story? Was I, like his mother, losing control and ditching a position of responsibility? No. What Donald realized was that he had just gotten what he wanted, and getting what he wanted made him anxious. He wondered about his own manipulativeness. I asked him, "Are you afraid you've somehow manipulated me into handing over to you a red tricycle in the form of a story?" Yes. This possibility did make him anxious. He feared his own capacity for "aggressive manipulation" to get what he wanted. He was afraid to take responsibility for wanting, for self-interest. He was supposed to be the one who can give away and do without.

I was then able to link this pattern to his posture early in therapy of

waiting in retreat for me, in my presumed omniscience, to intuit and provide what he needed to get going. I told him: "As we've said before, partly you didn't believe or trust what I gave was really meant if you had to ask. But, partly, we can understand now that you kept yourself passive out of fear of actively asserting yourself to get what you want." Following this interpretation came several sessions in which Donald expressed sadness—more an affect of discouragement, which he said was not despair now—that all his choices in life had been arbitrary and reactive; that he had never been guided by desire; that he had never developed a sense of his own needs; that he felt close to grieving now the absence of family conditions in which he could have found his "internal desires." He said he felt left with a handicap, that the best he could do was to fit in with others when he chose; but that he had no negotiating position of his own based on his internal standards.

In the months that followed, Donald took the first steps in years to overcome his sense of being stalled in his career. He began a job search and ultimately negotiated an improved position within his own company. He reported feeling that "categorical change" had occurred within him. He was feeling consistently "plugged in." He called it "structural change." I also saw structural change in Donald. For example, his defense against his anger and aggression was now not so much dissociation, passivity, and schizoid withdrawal. Recently he has shown evidence of higher-order defenses, such as displacement. Reading Bollas's new book, which I had recommended (and which he admired), he said: "I read Bollas saying it's difficult to treat schizoid patients, and I think, 'You asshole. Try harder.'" Instantly, Donald recognized his displacement and with pride affirmed that he had noted it as quickly as I had.

Donald has taken a more active part in shaping our relationship. If I am late, he firmly asks, "Why were you late?" If my attention drifts, sometimes he says, "Where did you go?" And Donald has begun again to date. He reports that rather than being overwhelmed by shyness and anxiety, he can now remain present and explore with a woman what they have in common and what they feel for each other. He affirms with pride that he can now "negotiate a relationship." He notes his ability even to break up, kindly yet firmly and straightforwardly, with a woman who was falling for him, because he felt too little potential for intimacy to develop between them. In treatment, when he tells me that what he needs now as the unfinished work of his therapy is a greater feeling of intimacy between us, he is not drumming his digital finger patterns; he is

looking me in the eye and pointing his finger straight at me. We share humor; I can tell him, "I'm glad I finally recommended readings; when would you have ever gotten to the W's?"

As of this writing, Donald still continues to question why his therapy with me took the path it has and the time and the pain. He wishes he had been able to push at me — "nail you to the wall" — during the long stretch when I frustrated his needs and he remained unable to convey himself to me. He quotes me to myself from our early sessions, and I feel appalled. Could I really have said that? We continue to wonder. We have considered how, in my reluctance to evoke the transference risks of being too much like his invasive mother and perhaps drive him away, I had exposed us to the transference risks of my being too much like his dead father, too absent for Donald's usage, and thus had driven him into despair. Even so, my presence, perhaps evocative of his grandfather, was allowing for the experience of continuity, safety, essential protest, and metaphorical realization. Now Donald begins to wonder where his own love has lain hidden. He wants to feel that he can vitalize a relationship and not just weigh it down.

Donald says he begins to see what we were doing together. "The trouble is," as he articulates, "I never had anyone in my past who I could trust and depend on and who would be reliable and responsive and still be themselves. I had plenty of people in my family being themselves, but that's why I couldn't rely on them. I had you being responsive, but I didn't think you were being yourself. I needed something in the middle."

Something in the middle. Donald brings our attention back to that middle area of experience between analyst and patient, between the subjective and the external, between the repetition and the renegotiation — the Winnicottian area of illusion where two people may intersect and negotiate the paradoxical reality of the analytic process.

In summary, the product of a negotiation in the analytic process may be an agreement about fees, an arrangement about scheduling, or an adjustment about such delicate matters as the use of deodorant. These are important in themselves; they permit the relationship to continue. At another level, the product of an analytic negotiation may be the resolution of a conflict, a shift in the patient's representational world, or a mutually sensible narrative construction. At the level of transference-countertransference, the product of a negotiation may be a jointly accepted understanding of a patient's repetition or an analyst's failure. I want to emphasize here, however, that the crucial function of negotia-

tion in psychoanalysis is that it constitutes the intersubjective process that delivers the therapeutic action. While engaged in the process of analytic negotiation, the patient experiences his participation in a kind of duet. He uses his voice to render the imperatives and the potentials in his own subjective world and hears the analyst's voice offering other-than-me substance that, in moments of grace, he may find and use to effect transformations in the core of the self. The structure-building potential of this process lies in the extension, articulation, and elaboration of the patient's internal capacity to remain competently, genuinely, and creatively engaged in ongoing negotiations. Negotiation is never complete; it is a living process. In a "good-enough" analysis we prepare ourselves for playing in life's duets by discovering our own musicality.

REFERENCES

- Adler, G. (1989). Transitional phenomena, projective identification, and the essential ambiguity of the psychoanalytic situation. *Psychoanal. Quart.*, 58:81-104.
- Beebe, B. & Lachmann, F. (1988). The contribution of mother-infant mutual influence to the origin of self- and object representations. *Psychoanal. Psychol.*, 5:305-337.
- Bollas, C. (1989). *Forces of Destiny*. London: Free Association Books.
- Goldberg, A. (1987). Psychoanalysis and negotiation: The object in the setting. In: *Between Reality and Fantasy*, ed. S. Grolnick & L. Barkin. New York: Aronson, pp. 167-189.
- Greenberg, J. (1986). Theoretical models and the analyst's neutrality. *Contemp. Psychoanal.*, 22:87-106.
- Loewald, H. (1960). On the therapeutic action of psychoanalysis. *Internat. J. Psycho-Anal.*, 58:463-472. Also in: *Papers on Psychoanalysis*, New Haven, CT: Yale University Press, 1980, pp. 221-256.
- Miller, A. (1981). *Prisoners of Childhood*. New York: Basic Books.
- Mitchell, S. (1989). Challenges facing psychoanalysis: Problems in theory and clinical practice. Presented at the spring meeting of the Division of Psychoanalysis, American Psychological Association, Boston, MA.
- Modell, A. (1990). *Other Times, Other Realities*. Cambridge: Harvard University Press.
- Phillips, A. (1988). *Winnicott*. Cambridge, MA: Harvard University Press.
- Piaget, J. (1954). *The Construction of Reality in the Child*. New York: Basic Books.
- Racker, H. (1968). *Transference and Counter-Transference*. New York: International Universities Press.
- Russell, P. (unpublished). The crises of emotional growth.
- Saint Exupery, A. de (1943). *The Little Prince*, trans. K. Woods. New York: Harcourt, Brace & World.
- Sandler, J. (1976). Countertransference and role-responsiveness. *Internat. Rev. Psycho-Anal.*, 3:43-47.