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I believe that there is a fundamental conceptual difficulty in the clinical term interaction. The Concordance (Guttman, 1984) indicates that in the Standard Edition Freud's use refers just to the interaction between different psychical agencies. It is not listed in Moore and Fine's Psychoanalytic Terms and Concepts (1990) nor in Laplanche and Pontalis's The Language of Psycho-Analysis (1973). Nonetheless, it speaks to a phenomenon between analyst and analysand central to our understanding of the analytic process and intrinsic to what ensues within it—a term with which we need to grapple. It is a truism—we participate in that which we also observe. And we can note that this observation itself is integral to our interaction. This participant-observer view has been increasingly recognized and explicated, particularly with the shift away from a blank screen model of the analytic exchange. It has more regularly entered the "mainstream" literature associated with the "traditional," or ego-psychological, view (Boesky, 1990; Gill, 1982; Renik, 1993; Schwaber, 1981, 1983, 1992a, b) while it had, to be sure, been addressed for some time longer, in the work of analysts influenced by the views of Sullivan, such as Levenson (1972), Greenberg and Mitchell (1983), Hoffman (1983), Mitchell (1993), and Greenberg (1995).

Though it has been formulated and accepted intellectually, the effort to arrive at an explicit theoretical conceptualization of interaction—one that has pivotal attendant clinical consequences—poses an essential epistemological dilemma. The psychoanalytic domain is the intrapsychic; "interaction" between the two participants suggests an external purview. This distinction has been the source of much theoretical tension in the field, going back to Freud's shift from the seduction to the fantasy theory of neurosogenesis (1917). We may reason that our interest remains in what occurs within but that, simultaneously, we try to elucidate and describe what takes place in the relationship—between analyst (or salient other) and patient (or viewed historically, between the other and the child). In this way, however, we straddle both spheres—inner and outer—though perhaps maintaining some misgivings about the conceptual ramifications of doing so. For it should be clear, with whatever model we espouse, unless we maintain our focus on what is inner, what is intrapsychic, we are pursuing a way of theorizing—and of listening—that departs from the psychoanalytic mode.

How then can we credibly employ the concept of interaction within our psychoanalytic lexicon? We may do so, I would propose, by adding and regarding the qualifier—as it is experienced; by raising and attending to the question—interaction, from whose point of view? Experienced, from whose vantage point? Each of us—analyst, patient, outside observer—may agree about the fact of an occurrence, while we may vary, subtly or widely, about what it means or how it feels.

One patient tells me I talk too much; another, that I don't talk enough. I feel my degree of activity with each of them is about equivalent. One patient said she felt at my mercy, that I assumed all the control around schedule and fees; I thought, me? But it's I who's been making every effort to be responsive to her work requirements and her financial needs; I was being so flexible, I believed, while she was not. Once I told a patient that I anticipated I might be away for three days; later I learned I needed to be away only one day, and I told him this. “Who are you,” he rejoined, “to say what is ‘only’?”

All interactions. One can measure on a audiograph how many words or sound waves; fees and schedules have numbers attached to them; days can be counted. Quantified, we may reach consensus. But the feelings of “too much,” “not enough,” what is “only,” what is frustrating and what gratifying, and what is understood and what not are individual matters. It is the delineation of the patient's experience of these interactions, with its concomitant resistant expressions, its defensive, fanciful, conscious, and unconscious determinants—however different the perspective held by the analyst or by another observer, and however difficult it may be to grant that our perspective is only that, our own—that defines the analytic terrain. In this way, sustaining the focus on the patient's intrapsychic world, psychoanalysis remains, paradoxical as it may seem for its co-participatory elements, a one-person psychology. (I realize this may seem like a rather audacious statement with the increasing, unquestioned acceptance of a “two-person” view. I am hopeful this will generate more exchange on this matter.)

This notion that, however we may believe ourselves to participate, whatever the inherent impact of our subjectivity on our observations and responses, it is the subjectivity of the patient that is our data base, may seem self-evident. But upon further reflection, we might recognize the extent to which this boundary between what we observe and what another experiences is repeatedly blurred, as we find ourselves drawing upon our own assessment—including that of ourselves—as though it held what is more “real,” relegating to the patient's view, a less “objective” truth.

Ms. T (Schwaber, 1992a; pp. 357-358), had recurrent periods of silence. (The instance upon which I shall draw is one I have described before, but I find it continues to provide a focal point from which I can learn and try to utilize to illuminate a number of differing conceptual and methodological issues.) Two sessions before the summer break, she was quiet much of the time. She began the next hour again silently. When she spoke, she said she worried something might happen to me and I would not return, and she stopped. Then she said, “You're always more quiet before you go away. I want you to talk to me and you don't and I get angry. Before you go away, I want to establish a stronger connection and I feel you want to establish more distance.”

I want to establish more distance? I pondered. But she's become quiet; she's distancing herself. I didn't feel particularly quiet or distant, but responding just as I always do, to her. My sense of myself was jarred. I was certain I was not the one retreating. I began to think, perhaps she's placing her feelings onto me so she won't have to bear them, or perhaps she's trying to get me to rejoin in some “role-response” (Sandler, 1976) or to feel what she feels—angry and unresponded to—so I might know it that way. I was soon going away. That could be reason enough, I presumed, for her to perceive what I saw as my attentive response in this “distorted” fashion—a projection of her own withholding feelings—and for her to focus her anger on some other injury to deflect from the pain of our imminent separation.

But just a moment! What have these thoughts to do with her experience of the interaction? I was explaining it away. My perception, I was reasoning, my vantage point, was determining what was The Interaction. In this position, though well-rationalized, I would foreshorten the investigation of her inner reality, leaving (even before my physical departure) the analytic pursuit.

When I then caught hold of my temptation for closure, reflecting that my ostensible explanations for her response were still simply hypotheses, I shifted my stance to try to listen more attentively to what she was telling me—about me—and to see what I might yet learn—about her reality. Strikingly, in this mode, a subtle sense of struggle with her eased, for I was no longer trying to change her view to match my own. I could now begin to appreciate that, though I had believed myself to have been respectfully and appropriately waiting for her associations, my wait alone might make me seem quiet, certainly not as reaching out. “It seems you're wanting me to reach more actively to you (than I am),” I then said.

“Yes,” she replied, now without hesitation, her tone shifting, sounding more relaxed (an added nonverbal communication).

“Why then do you become (what appears) more quiet at this time? … As you say, it's not to establish more distance.”

“Maybe it's just if I talk,” she reflected, “then I wouldn't know if you really mean it when you responded.”

“Oh, so you look for something more from me,” I now could see, “maybe especially at this time before we separate, for me to show my continued involvement.”

“Yes,” she said. Resuming a spontaneity in her associations, Ms. T then began to reflect on parallel experiences she had not quite seen in this light before; “I feel the same way about (my friend) George, before he goes away. It's also hard for me to reach out; I only do that in desperation really….”

In later hours, she came to remember, as a child, becoming quiet and wishing someone in her large and noisy family would notice and reach out to her. But that didn't happen, as she could recall, and mostly, she remained quiet. Always before a separation, she felt at heightened risk of “not existing.” As Ms. T now felt her perceptions and her experience of them located, further memories of her quiet and its uses were re-awakened, for she could observe, within the ebbs and flows in her associative stream, its resonance with conflictual feelings stirred in the moment. One day she observed, “All my life I've been afraid of being told I'm wrong or foolish, that something's the matter with me for what I feel. So I was afraid to talk or ask. I want to change all that; I don't want to be bound by this….”

In reviewing my notes to share this material, I could see the earlier sequence from her vantage point even more clearly: Ms T's first words after she was quiet were that she was worried that I might not return, and I still said nothing. At this point, perhaps even a moment of my quiet, continuing after she had finally ventured her frightened concern, might understandably be felt as distant. Indeed, it might evoke her feeling “wrong or foolish.” It was then that her tone became angry.

My temptation had been to override her reality, employing theory-based leaps of inference to explain her stance and the meaning in her perception and response, while serving to maintain my own sense of certainty in myself. It was not until I got past this inclination that I could find my way back to locate the logic within her experience of our interaction, thereby deepening the analytic investigation. I could then consider how I had perhaps already disengaged a bit, anticipating my forthcoming departure. Once shifting my stance, I thought about how I may have, other times as well, maintaining the position that it is she who is to talk, lost sight of the questions: What must this silence be like inside her? Why is it augmented now? Why does it ease another time? Has something happened in this hour that made it different? Has something happened, which she experienced, between us?

I would add here that I can in no way advocate an effort to suspend the use of theory. Indeed, as modern science tells us, our theory—however formally or informally designated—is a central and intrinsic aspect of our participation. There is no fact without theory (Schwaber, 1992b). Put another way, we must utilize our own perspective, which is inherently embedded within our more specified model of the mind, in order to locate that of another. Further, we need our theories to guide us in gathering and organizing the data and to broaden our perceptual scope, helping us find we might not otherwise see. But we might recognize, albeit often only after learning it from our patient, the strength of our inclination to draw upon our theory, as was mine with Ms. T—perhaps the more so in moments of uncertainty or heightened sense of vulnerability—as though it contains a greater Truth.

Mr. A came in one day, sharing his associations with apparent spontaneity, but seeming to be weighted down in his tone; there was a heaviness to it, different from its lighter, more buoyant quality in the preceding session (Schwaber, 1992b). Whatever else emerged from this verbal commentary, there was this tone. I asked him about it, and he reflected, remembering that when yesterday he had spoken of a recent event at work with a female colleague, I did something that felt a bit familiar and painful. I had gone on to search, however unassumingly, for its connection to his relationship with me, leaving aside his emphasis on what he was trying to convey. What I had said sounded right, and so he went on with it, but now he recognized that it felt to him as though I had not left him room to have an autonomous experience, all his own. We talked about it, having yet to understand what may have led to this particular response at this time and what might have been stirring from past resonances. He spoke more of how he felt his mother to be, somehow intruding herself into whatever he related, especially if about a woman. I had apparently recreated that perception. But I had also to reflect on how even a model so basic as that of transference can be used “with a big T” (Bertrand Russell).1

It was the attendance to Mr. A's state, his burdened tone, which revealed an aspect of his experience of our interaction and its historical antecedents that had otherwise escaped us. State may be a central communication of unverbalized and hidden dimensions of such experience. Brought to awareness, offering the patient the opportunity to observe and consider its meaning, its elucidation can serve as a vital pathway to what is yet unconscious.

Ms. C arrived at her session at the regularly appointed time. We had met yesterday instead of on the usual previous day, and tomorrow we were to meet at a different hour. Both changes were made at my request but, apparently, were also convenient for her. Little had been said about them. They were not on my mind.

She began, “I'm a little disoriented with the time changes … uh, uh, where am I? … Let's see, these projects I'm working on are quite interesting; the data is something….” She spoke then with resumed fluency, about her research.

This moment of preceding hesitation was just fleeting, a seeming fraction of an instant, easily bypassed. But having noticed it, I chose to ask about the shift away: “You're wanting to re-orient yourself from the disoriented feeling?”

“Yes, that's right,” she replied. “I don't like that lost feeling…. Lost, that makes me think of a little child whom I saw wandering around in this big mall, not so long ago, and I went up to him and he said he couldn't find his mommy and I took his hand and told him I'll help find her. We went up to page her, but before we did, she came … and yelled at him for wandering off and not staying where she told him…. (She becomes tearful.) It makes me cry now, the feeling of being little and lost…. If you're very little you can be lost forever…. Remembering now, when I was very little, about four or so, I was lost at this store, shopping with my mother….” (Four, I might note, was her age when her brother was an infant.) For much of the rest of the session, Ms. C described, with intense emotion, the events around this episode: “… a terrible feeling,” she recounted, “then when my other came and found me, she got so angry…. Any kind of lost feeling makes me feel I haven't been good. If I'm good, nobody lets me get lost.”

And so I began to see, in its more affective immediacy, how she experienced—with its echo of her past—the interaction between us, what seemed to me to have been a fairly simple, even innocuous, matter of our finding a mutually convenient time change. “I've been letting you get lost,” I said to her, “with these time changes.”

“Yeah,” she continued, sounding sad, “you gave my time for other things or other people…. Yeah, that's how it seems…. It was a terrible feeling when I got lost from my mother … she wanted me to be good and not wander off…. Since that wasn't the case, I was always risking badness…. Whenever I was late coming in from friends or from playing outside, she'd be mad, so that made me more scared to come in…. What makes me feel panicky is being left, being ignored, being abandoned … like when I got lost in the store—and yeah, when I'm not here at the regular time, I feel a little bit left.”

“Panicky,” I noted.

“Yeah….”

“Now?” I asked.

“No,” she replied, “but I guess I did when I came in, anticipating that tomorrow's a different time, so I thought I would ask you the time I'm supposed to come tomorrow. I had this whole conversation in my head about asking you and you'd answer, and that helped a bit. But I was still disoriented when I came in. I … think it was when I said, ‘Where am I?’ and you asked about it … asking about it helped. You saw what I wasn't aware of, that I was trying to put the feeling aside.”

So it seemed, in bringing her back to observe her transient beginning state, I learned how, in this way, I had “found” her again— that is, found what had been resisted, outside her awareness—after having earlier “let her get lost,” with all its critical implications, with the time

changes. And we could see there was much in her not yet conscious experience of our interaction for us to discern and bring to the surface, facilitated by the focus on these nonverbal shifts and on the defenses that may lie within them—subtly expressing her intrapsychic world.

Whether first seen within the nonverbal or in verbal cues, sometimes a seemingly simple effort to clarify an obscure or missing detail in the manifest material—thereby, in that very intervention, explicitly introducing the analyst's own perspective—can open such a path, often surprisingly, towards a salient feature in the patient's vantage point that had gone unnoted.

Mr. D was uncertain which of two women he preferred. Periodically, he would resume in a somewhat obsessive manner, citing a "checklist" of their attributes—a kind of retreat from them, I observed, a defensive dwelling, particularly on the faults. From his descriptions, I had the impression that Chris was someone who seemed to have much more depth than Sara, who sounded, in contrast, though fuller-breasted, rather empty-headed. I noticed that I had a preference for Chris and was pleased when his attachment to Sara waned a bit, so I took great caution to keep my feeling aside and not let it impinge on my analytic stance.

As the summer approached, Mr. D spoke of plans to spend time with his extended family, including two latency-age girl cousins, of whom he was very fond. These thoughts now came to the forefront. He told me a dream: "I went into this place where I saw T-shirts in a bin. I went to get one and it said Jill and Cindy, my cousins' names. I picked it up and there were two of them like that. I went to get one and it seemed big, but the woman behind the counter said it was too small; they won't fit. So I didn't get them." That was the dream.

He went on talking of his cousins. There was an element about them in the dream that I had not followed manifestly and asked him to elaborate: "How did the woman know the T-shirts didn't fit? Were your cousins with you?"

"No, they weren't," he said. "She just spoke with authority, that they'd be too small."

"You just took her word as fact then," I now observed.

"Yeah," he responded, "she just sort of said, 'These will never fit.'"

That seemed to have been the end of that, I noted. I commented that the very way he presented the dream to me had a similar message, as though it were a fact that the T-shirts didn't fit, but it was just the woman saying so.

"Yeah!" He was struck by this observation. "If you would like to carry the metaphor even further …" he went on.

"If I would like to?"

He laughed, in apparent recognition of his stance here; "Okay, if we would like to. My mother worked in a clothing store; though she was a buyer, she sometimes worked in sales…." I hadn't known about that. He went on to talk of how critical he felt his mother had been, particularly of his tastes in clothes and in women—quick to squelch him, he now remembered.

“Yeah,” he thought further, “like the woman in the dream, just squelched, without my even noticing, a spontaneous original idea of mine. Here were these two T-shirts with their names on them; I had thought, ‘What a coincidence! Like a diamond in the rough.’”

As he spoke more of this, I was impressed by the imagery: “The woman behind the counter,” I said, “squelching something, without your even noticing…. Me too?” I then asked; though curious, I had no foregone speculations about it.

He reflected, “Only to the extent that I think when I spoke of Sara and listed negatives about her, you didn't say, ‘There's the checklist again, with the negatives.’ You kind of accepted them, but with Chris, when I did that, you'd point out my being defensive.”

“Oh!” Not wanting my hidden preference to affect our work, I had tried especially hard to listen quietly and noninterferingly when he was talking of Sara's faults. In fact, I felt secure in the knowledge that I had put my own feelings about her to rest, preserving my analytic neutrality; he experienced my silence on this matter differently. In this case, it seemed, locating his experience of our interaction, one might say, he found me out, enabling me, in turn, to consider my own unrecognized enactment. Mr. D went on to discover a dimension of his past heretofore repressed, while we also learned, as I could then interpret, how I too had become for him, in the transference, the all-knowing, squelching woman.

It is interesting, I no more knew these two women than the woman behind the counter knew the sizes of his cousins, another parallel between her and me. Indeed, thinking psychoanalytically, how can I presume to know, independently, what the people in Mr. D's life are like anyway, since I can only know his experience of them and the way he shares that experience with me?

Thus it was, when I regained my espoused stance, asking in order to clarify—not to infer or subtly suggest—what I had not followed in the description of the manifest dream, that its potential latent message began to surface. Whether it is a question about state, associative content, or other communication, the effort to illuminate what is observed, but remains overtly puzzling, must directly draw on the analyst's own point of view (at the least, that something is unclear to her) while simultaneously including the patient as collaborator and self-observer in the inquiry.

To review the interaction seen in each of these examples: with Ms. T, I believed I was attentively listening; she felt I was quiet, wanting more distance. With Mr. A, I thought I was merely investigating the nature of our relationship; he felt I was insinuating it into what he wanted as his autonomous domain. With Ms. C, I thought she was comfortable with the time change; she felt abandoned and bad. When I first asked about her hesitant, disoriented state, she felt I had found her again; I hadn't even known she'd been lost. With Mr. D, I assumed my nonintrusive listening when he spoke of his friend, Sara, was evidence that I had maintained my analytic neutrality; he felt it demonstrated that I had not. There are two of us, patient and I, interacting, each impacting on what may ensue, but again, it is one person's, the patient's view—however resisted, whatever its multiplicity of conflictual, defensive, or imaginative expressions—that is our psychoanalytic data base. Here lies another paradox: this very position, that the meaning given to our interaction must be recognized as a matter of individual perspective, in itself determines a mode of analytic interaction.

There is, then, our theory of interaction and, further, the question of how we use that theory. For its very use will be intrinsically reflected in the way in which we interact. You may perhaps have noticed a commonality in my response suggested by these examples: “Oh” I said, or thought to myself, “Now I see.” Now, I hear, often to my surprise, sometimes to my chagrin, what I had not before recognized. This “Oh” conveys the outlook inherent in my theory of interaction (Schwaber, 1995a). It is an outlook in which I seek to learn what I don't yet understand about the patient's point of view, rather than to try to guide the patient, however gently or tactfully, to accept what can be only my own vantage point. It is an outlook highlighted by the recognition that, in the effort to locate the patient's intrapsychic reality, I must not blur the boundaries of our differing perspectives nor assume a more certain truth lying within my own.

(It should be observed that while the vignettes I presented may portray, for illustrative purposes, particular moments with more active dialogue than might at other times occur, the position to which I speak does not necessarily lead to more verbal exchange. But then this too—the degree of activity on my part—as we have seen, is a matter that may feel different to the patient.)

To return then to the central paradox embedded in the notion of our co-participation, it might be stated as follows: I cannot remove myself from the patient's experience—there is no “clear and equal glass” (Hamilton, 1993a, b) by which to view the patient's inner world; the analyst's subjectivity is “irreducible” (Renik, 1993). But I can and must strive to locate how the patient sees me—no matter how hidden or defensively his or her view may be expressed—as part of that experience.

Whatever the relativity of each of our realities, however mine is by necessity included in the search, there is a truth we yet seek to discover, not to construct—that is our data base—and it belongs to the patient.2 Grasping this paradox will offer the opportunity to open a domain of the patient's experience and of our own, which we had not ourselves seen. Indeed, it is precisely because of our own subjectivity that we cannot count on ourselves to be our own sole discoverer. We require another to observe and tell us.

In an exchange of letters with Victoria Hamilton, in the International Journal of Psycho-Analysis (1993b), I noted the apparent difficulty conceptualizing this paradox. Hamilton had faulted me for taking what she calls a “radically empiricist stance” and for claiming, she stated, to offer a “data-gathering instrument which can free analysts of different persuasions from the bounds of their theories” (pp. 65-66). Renik (1993) has also criticized me for suggesting that our “personal preferences can be isolated or subtracted from [our] analytic activity” (p. 561). Mitchell (1993) has written that I say ‘the patient's experience … is accessible outside of, or unmediated through, the analyst's theory” (p. 52). Yet, for nearly two decades, I have been consistently delineating a position antithetical to what these critics contend I say.

I had, years ago, suggested the concept of a “contextual unit” between patient and analyst, a systems view that, I wrote, “recognizes the immediacy of the surround as being intrinsic to the organization and perception of intrapsychic experience” (Schwaber, 1981, p. 373).3 I drew further upon Sander's (1975) research data on development, about which he had observed, “A major difficulty in conceptualizing at the psychological level [has arisen] from a tendency to view the organization of behavior as the property of the individual rather than as the property of the more inclusive system of which the individual is a part” (p. 147). As epigraph to my work (1983), I had cited the words of the physicist, J. A. Wheeler (1981), colleague of Einstein: “The universe does not exist ‘out there’ independent of us. We are inescapably involved in bringing about what

which appears to be happening. We are not only observers. We are participators. In some strange sense this is a participatory universe…. We are participators, at the microscopic level, in making the past as well as the present and the future."

In other writings, I have stated, as I have commented here as well:

[T]here is no way we can extricate ourselves—our own theories, values, life experiences, from our understanding of the patient's communications. What we can know of the world is by our own ways of seeing it. But this need be no limitation. Modern science teaches us that the observer's participation is an essential and fascinating element of the data. Herein lies the power in the discovery of transference…. That we bring our participation, our way of apprehending things to our patients can serve to enrich our field of inquiry. By informing us about our patient's perceptual experience and its historical determinants we gain access to an essential part of his or her inner world. (We would then seek to elucidate meaning in minute, often scarcely registered cues, affective—including tonal—expression, and invite the patient to observe and bring them into awareness. For such communications may serve as cogent carriers of what is yet unconscious) [1990b, pp. 237-238].

In psychoanalysis, as in other sciences, there is no fact without theory. All that we observe is theory-laden, and any effort to locate a theory-free datum would in itself be endowed with theory. The psychoanalytic vantage point is the vantage point of the intrapsychic; and this very purview is itself a theory…. It is an outlook I am addressing, one implicit in this sustained investigation of the intrapsychic as our theoretical base [1992b, pp. 1039-1040].

I believe it is this outlook—recognizing the essential nature of our participation (which includes how we use our theory) within the patient's experience, while seeking to elucidate it from the patient's point of view—that has posed such difficulty, conceptually, methodologically, and personally.

In a recent paper on supervision, Schindelheim (1995) wrote of his struggle with this position:

Suspending my own perspective in order to see things through another's eyes was demanding and awkward. Accepting what I then came to see as valid was jarring, especially when it was a view of myself that was different from my own…. I felt a new responsibility for my contribution to my patient's analytic experience, no longer buffered by concepts like transference and defense. What had been a private matter—my internal distress and confusion—suddenly was at the edge of the analytic work. The tacit promise that my silence held future therapeutic opportunities seemed antiquated [p. 156].

Smith (1990), describing his own efforts to grapple with this stance, notes,

The analyst may be concerned that inquiring into the patient's perception of the analyst's contribution will "obscure the course of the analysis," in Freud's words, or interfere with the unfolding of the transference. While these remain matters of judgement and timing, my sense is that commonly the analyst, too, would prefer to avoid the scrutiny which such an inquiry may invite. Patients may comment on matters outside the analyst's awareness. Then the analyst becomes again the analysand, and areas of unresolved conflict or self-doubt about one's analytic ability may nag. Immediacy enlivens not only the transference but also the countertransference. And once the countertransference is stirred it becomes significantly more

difficult to relinquish our hold on our own concerns in order to appreciate the patient's perspective. We forget that we are viewing our participation only as it is perceived by the patient, as a fragment of the patient's psychic reality. It has become too important “to know” and be the judge [p. 225].

For me, observing the nuances in my own responses, I have found it to be a continuing struggle not to move back, away from yet unknown directions in which the patient would lead me. Often scarcely noticed, something can propel me back to thinking, “There's a better way to feel; that's distorted, infantile, that's your ‘fantasy,’ how you see me is not who I am, really.” (I say, “thinking”; I don't mean explicitly speaking in these ways.)

Though we may decry it, often we speak as though our view as analyst—even about our own subjectivity—is synonymous with the “truer” reality, and that the patient's view—however hidden or defensively communicated— is the more distorted, more “transference-based,” or simply presumed. In this way, failing to keep clear the questions—from whose point of view are we speaking? is this hypothesis, or have we evidence?—we bypass data that do not fit or that may lead in uncharted or unwanted directions.

It is a challenge to catch a moment seen or heard, in flight, to bring it to collaborative view and without knowledge of where it may lead. I can glimpse my temptation to step back from the cognitive and affective rigor necessitated by such a position, back from the heightened sense of closeness it may bring, helplessness or culpability it may evoke, and away from resonance with my own wishes, my own conflicts, defenses, and pain. I watch how often I choose to stay with what I believe I can already see, and from within my own vantage point, and fail to regard that how the patient's behavior, or my own, may look or feel to me does not yet tell me how it is experienced by the patient. I can observe my inclination to have things conform to some familiar pattern, like a model preferred—my view of interaction—but then, there is no room to address a cue that might not belong.

In our search for what is hidden, we may skip over much that is apparent—and that can lead us farther and far less inferentially to what, indeed, had been buried, to pathways that had been unconscious. There are many ways of “seeing”; some ways allow us not to. It is an unfortunate, perhaps unwitting, by product, that we have learned to use our work—often by drawing upon our different formulations—to step away, not only from the rigor of trying to enter the patient's world, but as I have elsewhere underscored (Schwaber, 1995b), from the full acceptance of our responsibility when we do not.

To do so, to take this on, will not remove the burden from the patient. It is striking—the very intensity of our effort to discern the nuances of the patient's inner world fosters his or her autonomous capacity to observe and to question. Patients probe more deeply when the analyst narrows the leap of inference about what it is they feel or why they feel as they do, when assumptions are not taken for granted, missing blanks not filled in. The more sharply a fleeting “glimpse of something”4 is brought to focus by the analyst, without knowledge of what it may mean, the more the patient will join the investigative endeavor.5

It is, then, not that the analyst “goes along” with the patient's view nor simply accepts it as such; rather, she uses her own view to enable her to locate the subtleties of the inner logic of the patient's, which have not yet been clear to her. We must surely employ our view, or experience,

even vigorously so, as an avenue to find the patient's, as long as we acknowledge ours for what it is—how it seems from within our vantage point—and listen with this realization.

There is, then, in this mode of interaction, a profound mutative potential, enabling the patient to attain a sense of discovery and recognition, and a sharpened self-awareness, enhancing spontaneous retrieval of experience and memory. As a patient, reflecting on her treatment, said to me, "You understand the way my mind works without saying it should work another way; you find logic in my responses; that lets me experience more (the shame, terror, even chaos) about how my mind works." Again, this effort to locate the internal logic in the patient's response is not a matter of "affirmation"—it is not to say the patient is "right"—but simply of elucidation. It is this recognition itself—what Sander (1992) calls the "moment of meeting" and Doi (1989, 1993) links to the Japanese concept of amae6—that holds within it the key to the nature of therapeutic action. When we can listen in ways that enable us finally to hear our patients' stirrings and to see the forces that had led us to overlook them—even if on some more cursory level we may have seen them before—something shifts within us. Neither we nor the patient are ever again quite the same.7 The patient feels something at core—that may have been deeply shameful, frightening or even unformed—recognized, and finds its is "alright" to say. The analyst feels its power and is moved by it; she may discover something she had not before seen, or been willing to acknowledge, about herself.

Thus, I would posit, from the psychoanalytic point of view, "the interaction" can only be elucidated in delineating the distinction—of whose vantage point are we speaking, whose reality? Such a conceptualization will necessitate our having to grapple anew with what we mean by what is "real" when we refer to the "experienced real"— a shift in understanding fundamental to the Freudian paradigm. The farreaching implications in this assertion of psychical reality as "the decisive kind" (Freud, 1917, p. 368), I believe, warrant continued exploration in our effort to bring this complex term, interaction, into our psychoanalytic vocabulary.

Epilogue

In his brief statement memorializing Merton Gill, in volume 15, number 2, 1995, of Psychoanalytic Inquiry, Joseph Lichtenberg eloquently captured the essence of Gill as role model for our field—his feisty capacity, when convinced it was merited, to reconsider, to reconceptualize. It was always a pleasure to debate an idea with Merton, because one felt his respect for a point logically argued. His was a truly open, as well as brilliant, mind.

Until Merton's last illness, I was in the midst of an active exchange of letters with him about the matters addressed in this paper. Though he was in considerable agreement with my views of the analyst as participant, and with the illustrative clinical data, the theoretical notion of a "one-person" psychology seemed antithetical to the "social-constructivism" he was proposing. Yet he made several revisions of his discussion of this paper (the version presented in 1991), in response to our exchange. I was still trying to address his concern that I seemed to be suggesting that "absence of influence" is a possibility for which to strive, in order to convey more clearly that I in no way espouse this view. That I had not realized that my patient to whom he refers would respond to the changed appointment times had to do with the inherent difficulty in maintaining this position of our impact on another, while striving to see this impact from the vantage point of the other—the paradox in our coparticipation. I had first to catch a "glimpse of

something" to find the meaning in her shifting, disoriented state. We need the help of our patients, if we can be open to that, to tell us what we had not seen, of them, nor in ourselves.

I wonder what Merton would have said about my further delineating this argument in this current version of my paper. I am deeply grateful to him for the continuing stimulation and challenge he provided me. I will keep him as mentor, to try to learn from him how, what I believe to be true today, can be looked at afresh tomorrow. I will miss him.

1 "[T]here is a tendency to use 'truth' with a big T in the grand sense, as something noble and splendid and worthy of adoration. This gets people into a frame of mind in which they become unable to think" (1927, p. 265).

2 In a book review essay entitled, "Freud's Permanent Revolution," Thomas Nagel (1994), professor of philosophy and law, writes, "There is a vast difference between holding that we are not transparent to ourselves and must discover our real mental nature by difficult and indirect investigative methods, and holding that there is no such thing as truth or objectivity. The unconscious does not abolish objectivity, even if it makes it more difficult to achieve…. This does not imply that what we believe to be true is immune to revision in the light of later evidence or argument; nor does it imply that everything can be known. But it does imply that, even though like any science psychology relies on imagination to frame its hypotheses, its aim is to discover objective truths about the human mind" (p. 38).

3 I was also, at the time, stimulated by the nature of Kohut's discoveries on narcissism and its transferences, which seemed to me to have derived directly from his capacity to shift in his stance with his patient (particularly Miss F) and to hear what she had to tell him, about him, without immediately filtering that, as he had before, through a prefixed theoretical lens. But, as I thereafter described (1983, 1987b), as a new theory of self psychology arose, attention to the mode of clinical listening receded. This model, too, alongside other theoretical persuasions, was often used as though holding a more certain truth, without explicit attention to the ramifications deriving from this risk. The distinction between clinical hypothesis and evidence was not delineated. The boundaries between the patient's and the analyst's realities, including their own experiences of their interactions, remained blurred. It is not the ubiguity of theory in our data-gathering process, but the epistemological and methodological implication in the way it is being used that I have consistently questioned (1987a, 1990a, 1993).

4 "Content is a glimpse of something, an encounter like a flash. It's very tiny—very tiny content" (William de Kooning, cited in Sontag, 1964).

5 Commenting on my work at a meeting in Boston, Lawrence Friedman noted (1992), "(Her) approach has been too often patronized as a nice-nice avoidance of conflict and aggression in treatment. She does avoid struggles of reform and persuasion—and that is certainly welcome. But I think her approach is the opposite of appeasement—it is in many respects the most tough-minded of all treatment approaches." It is hard, rigorous, often confrontative work to maintain the focus on the patient's—differentiated from the analyst's—reality.

6 Amae, Doi writes, has its origins in "what an infant feels when it seeks its mother." It is "a silent emotion," nonverbally communicated and universal, present throughout life. Doi proposes, "I think it is safe to assume that whatever conscious motive induces the patient to seek psychoanalytic treatment, the most underlying unconscious motive is that of amae or its derivatives…. I think this is what becomes the kernel of transference (1989, p. 351) … hoping … to be understood in the depth of his mind" (1993, p. 170).

7 I am grateful to Dr. Lawrence Chud, who has made me mindful of this aspect of change within ourselves as a vital dimension of the therapeutic action of our work.

References

Boesky, D. (1990), The psychoanalytic process and its components. Psychoanal Q., 59: 550-584. [→]

Doi, T. (1989), The concept of amae and its psychoanalytic implications. Int. R. Psycho-Anal., 16: 349-354. [→]

Doi, T. (1993), Amae and transference-love. In: On Freud's “Observations on Transference-Love,” ed. E. Person, A. Hagelin & P. Fonagy. New Haven, CT: Yale University Press, pp. 165-171.

Freud, S. (1917), General theory of the neuroses. Standard Edition, 16: 358-377. London: Hogarth Press, 1963. [→]

Friedman, L. (1992), Discussion of presentation by E. A. Schwaber. Scientific meeting of Psychoanalytic Institute of New England, East; Boston, October 24.

Gill, M. (1982), The Analysis of Transference, Vol. 1. New York: International Universities Press.

Greenberg, J. (1995), Psychoanalytic technique and the interactive matrix. Psychoanal Q., 64: 1-22. [→]

Greenberg, J. & Mitchell, S. A. (1983), Object Relations in Psychoanalytic Theory. Cambridge, MA: Harvard University Press.

Guttman, S. A. (1984), Concordance to the Standard Edition of the Complete Psychological Works of Sigmund Freud. New York: International Universities Press. [→]

Hamilton, V. (1993a), Truth and reality in psychoanalytic discourse. Int. J. Psycho-Anal., 74: 63-79. [→]

Hamilton, V. (1993b), Exchange of letters re above paper, by Schwaber and Hamilton. Int. J. Psycho-Anal., 74: 1065-1066; 1068. [→]

Hoffman, I. Z. (1983), The patient as interpreter of the analyst's experience. Contemp. Psychoanal., 19: 389-422. [→]

Laplanche, J. & Pontalis, J.-B. (1973), The Language of Psycho-Analysis. New York: Norton. [→]

Levenson, E. (1972), The Fallacy of Understanding. New York: Basic Books.

Mitchell, S. A. (1993), Hope and Dread in Psychoanalysis. New York: Basic Books.

Moore, B. E. & Fine, B. D., ed. (1990), Psychoanalytic Terms and Concepts. New Haven, CT: Yale University Press.

Nagel, T. (1994), Freud's permanent revolution. NY Rev. Books, pp. 34-38. May 12.

Renik, O. (1993), Analytic interaction: Conceptualizing technique in light of the analyst's irreducible subjectivity. Psychoanal Q., 62: 553-571. [→]

Russell, B. (1927), An Outline of Philosophy. London: Allen & Unwin, 1970.

Sander, L. W. (1975), Infant and caretaking environment: Investigation and conceptualization of adaptive behavior in a system of increasing complexity. In: Explorations in Child Psychiatry, ed. E. J. Anthony. New York: Plenum Press.

Sander, L. W. (1992), Letter to the editor. Int. J. Psycho-Anal., 73: 582-584. [→]

Sandler, J. (1976), Countertransference and role-responsiveness. Int. R. Psycho-Anal., 3: 43-48. [→]

Schindelheim, J. (1995), Learning to learn, learning to teach. Psychoanal. Inq., 15: 153-168. [→]

Schwaber, E. A. (1981), Empathy: A mode of analytic listening. Psychoanal. Inq., 1: 357-392. [→]

Schwaber, E. A. (1983), Psychoanalytic listening and psychic reality. Int. R. Psycho-Anal., 10: 379-392. [→]

Schwaber, E. A. (1987a), Models of the mind and data-gathering in clinical work. Psychoanal. Inq., 7: 261-275. [→]

Schwaber, E. A. (1987b), Book review: Kohut's Legacy: Contributions to Self Psychology, ed. P. E. Stepansky & A. Goldberg. J. Amer. Psychoanal. Assn., 35: 743-750. [→]

Schwaber, E. A. (1990a), The psychoanalyst's methodological stance: Some comments based on a response to Max Hernandez. Int. J. Psycho-Anal., 71: 31-36. [→]

Schwaber, E. A. (1990b), Interpretation and the therapeutic action of psychoanalysis. Int. J. Psycho-Anal., 71: 229-240. [→]

Schwaber, E. A. (1992a), Countertransference: The analyst's retreat from the patient's vantage point. Int. J. Psycho-Anal., 73: 349-361. [→]

Schwaber, E. A. (1992b), Psychoanalytic theory and its relation to clinical work. J. Amer. Psychoanal. Assn., 40: 1039-1057. [→]

Schwaber, E. A. (1993), Book review: Psychoanalytic Case Studies; ed. G. P. Sholevar & J. Glenn. Int. J. Psycho-Anal., 74: 409-413. [→]

Schwaber, E. A. (1995a), The psychoanalyst's mind: From listening to interpretation—A clinical report. Int. J. Psycho-Anal., 76: 271-281. [→]

Schwaber, E. A. (1995b), A particular perspective on impasses in the clinical situation: Further reflections on psychoanalytic listening. Int. J. Psycho-Anal., 76: 711-722. [→]

Smith, H. F. (1990), Cues: The perceptual edge of the transference. Int. J. Psycho-Anal., 71: 219-228. [→]

Sontag, S. (1964), Against interpretation. In: Against Interpretation and Other Essays. New York: Farrar, Straus, & Giroux, pp. 3-14.

Wheeler, J. A. (1981), This participatory universe. Unpublished manuscript. Also paraphrased from: Genesis and observership (1977) in Foundational Problems in the Special Sciences, Proceedings of the 5th International Congress of Logic, Methodology and Philosophy of Science, ed. R. E. Butts & J. Hintikka. Dordrecht, Holland: D. Reidel, pp. 3-33.