

Finding A Way

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Do our expectations for ourselves as well as for our patients color the treatment? Should we have no expectations, as Bion advises? Or, should we have a rudimentary awareness of what a patient needs and work toward that goal, as Loewald suggests?

Every analyst knows that we humans are all children of desire and the inheritors of memory – I have used the term *midwives of memory* to describe what it is we do as analysts. Only to the extent that we are aware of who we are, can we, paradoxically, monitor desire and limit our projection of memory into either our own or our patients' growth. But because human beings more frequently feel each other before they cognitively know each other, Loewald's advice can be as useful as Bion's. From such a perspective, we can ask: What are the presumptive goals we have for our patients, the only goals that should inform our interventions?

Each person has to be open to the vulnerability and capacity for merger that is hidden behind the word love. Additionally, every individual has to reach a stage of growth where he or she is capable of experiencing grief with a concurrent capacity to mourn. Individuals have to be able, on enough occasions, to know that both they and their parents are the products of history and that personal emotional freedom is etched out of accepting and integrating the cold hard facts of such awareness. Without a capacity to mourn for the past, one cannot forgive the past; to the extent that we cannot forgive the past, we are, quite simply, its prisoners. To forgive is not to whitewash or forget. It has more to do with being wounded and knowing the extent of the wounds; it has more to do with grieving for what could not be and cannot be anymore. An individual becomes capable of willing the inevitable that has happened to them, in Erikson's terms. Less shadowed by the past, a person has a better chance to make the world real, by loving it. Personal, sexual, and intellectual fulfillment grow in such a love-ground; without such a ground, work becomes a task and not an experience of competence.

Both love and loss can deepen an individual's capacity to care. An analyst's capacity for care as well as his/her experience of competence is the foundation for any effective intervention, be it verbal or non-verbal. It is within this context that one learns and relearns technique with each patient. Analytic care means an analyst is willing to be lost, as Bion implies, with a patient. The task is to find a way to be less lost; the task is to be a guide out of the dark forest of pathology. Psychoanalysis fosters integration and emotional awareness, it need not remake anyone. Rather, because a patient has been intelligently and sensitively cared for, he or she can be more open to the vulnerability of love, the terrible pain of loss, the willingness to understand and, when necessary, to forgive. Psychoanalysis promises, as well, the satisfaction that comes from knowing, following Winnicott's prayer, that one is alive as one accepts that death awaits them.

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