

PERSPECTIVES ON TECHNIQUE

by Gerald J. Gargiulo *

Recently, in a conversation with a colleague, the question of being "real" with patients was brought up and my colleague, a woman long experienced in the field and highly respected, noted that she had serious difficulty with that concept and the theory of technique which she surmised went along with such an approach. She reiterated that the analyst was to be a transference object, therefore as neutral as possible towards the patient, and that those therapists who spoke of being real were probably "feeding" their patients too much, thus avoiding any serious transference expressions of hate-- a phenomenon not known to endear patients to analysts. Having stated that well trained analysts understood that they were to be transference objects and not "real" persons to their patients, the discussion seemed finished and we moved on to other topics. Although a simple disagreement seemed possible, her many years of experience prompted me to think out again what the issues actually were which led to my difficulty in accepting her formulation. Obviously, what was at stake was not some abstract theoretical difference, but, rather, her sense of integrity, and to a certain extent, her identity as a psychoanalyst. Obviously, also, we were not dealing with linguistic differences solely; something more important seemed at stake.

What occurred to me were some questions similar to those Kohut and the English object relations school have asked, yet which might be helpful to think about in this context.

Since unconscious transference phenomena spill out, as Freud reminds us, from every pore of our bodies, then there is little we can do to block its occurrence in the patient but a great deal we may do, as analysts, to block our experiencing of it. That is, in order to hear what the patient is actually communicating, perhaps we must pay more attention to our own inner hearing processes. Does the concept of analytic neutrality, as traditionally understood, reflect enough of this internal process within the analyst? I recognize, of course, the problem in terms of teaching technique, a problem which perhaps was behind Freud's injunction to respond scientifically and neutrally to a patient's communications. We teach neutrality as a technical model as if it were a realistic ideal in order, I believe, to enable the student to grasp how easily his own superego, or id, or inappropriate ego needs may intrude into his hearing processes and block him from recognizing what the patient is saying. Yet, this is only understandable as a teaching device; in practice a too literal interpretation of this results in what can easily be experienced as a schizoid aloofness on the part of an analyst. It might be better to conceptualize this issue by saying that an analyst should not so much bring neutrality to his patients as to himself.

Furthermore, if it is possible to conceptualize the unconscious as a lateral phenomenon, in addition to Freud's vertical model, then the analytic process may not be adequately described when one speaks of a neutral analyst analyzing a patient's transference distortions. It may better be described as an analyst analyzing the communication situation he has set up and which he is intimately involved in forming. The analyst simultaneously keeps in mind his contribution, the patient's contributions, and primarily the interchange, the interface, of these phenomena. Analysis takes place, so to speak, at this interface. This is why it is a replica of the transitional space between mother and child. An analyst can be as neutral with himself as a scholar is with the facts, or a parent with a child's developmental needs. Ideally, a scholar recognizes facts, even if they seem unpleasant; and a parent understands developmental needs, even if they interfere with his own.

Once a student has been trained to minimize his unnecessary intrusions, he should be trained equally to focus on the space, this interface between patient and analyst, particularly in those cases Winnicott refers to as management cases. This is an arduous task, a task not helped, I believe, by the injunction of neutrality if this is understood

as something one brings to the analytic situation, a kind of personality blandness one exhibits towards the patient. Instead, neutrality is primarily a process the analyst experiences within himself. In this context, the opposite of analytic neutrality is countertransference, as I developed a few columns ago (NEWS and REVIEWS Jan.-Mar. 1978 Issue)

If the patient must say everything that comes to mind, then the analyst must say everything that he hears. Even, further, I suspect that at sometime before the analysis is over, he must say to his patient most of what he has thought about him. I think this is one of the ways we free patients from any continuing dependent relationship. All this implies, however, that the analyst recognizes that everything he does affects that interface where analysis is occurring and, also, that he is speaking to himself while speaking to his patients. I'll discuss this more in my next column.

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"INTERIORS"

A Review of the Woody Allen Movie

by Sarah Sutton

Gene Shalot has said that with the making of the film "Interiors," Woody Allen joins the ranks of Ingmar Bergmann in filmmaking stature, and I would agree. Among the compelling aspects of the film I would list taste and attention to symbolism. The story is about a family: 3 sisters, 2 spouses, a mother and a father. The family is bright, cultured and suffering, inextricably bound up with one another; narcissistic intellect and form substituting for connection. What is most compelling, is Allen's striking mix of fantasy and psychological accuracy in describing the shift in focus from the repressed, perfectionistic ideal of the untutored, to the excitement and stimulation of related life lived.

The mother, played by Geraldine Page, is a neurasthenic, artistically talented, suicidal personality. Her husband, whom she put through law school and helped to become established is referred to as "one of her creations," and indeed he has been her main one. One can say that she has so thoroughly projected out the archaic grandiose elements of her split sense of self onto him, that there is no self-idealization left for her. From that devastated place, her real creation turns out to be, as it must, a mausoleum atmosphere within which the family members try to relate. When her husband finally leaves her to marry another woman, he destroys her projected idealized self and her ability to maintain self-esteem; she kills herself.

The father, played by E.G. Marshall, has remained in a marriage where he has been taken care of; he has bided his time until he can get out; he has been involved in affairs which daughters knew about; no doubt the mother does too. He extends no delicacy to his wife when he is ready to leave her. Sadistically, he announces his intention one morning at the breakfast table; his adult daughters are present. His wife of 20 odd years, hearing his intention apparently for the first time, is caught completely off guard. He provides the true sadistic counterpart to his wife's masochistic narcissism.

How then to explain Pearl, played by Maureen Stapleton, the father's second wife? With her, Woody Allen brings related life on to the screen. Is it really just the simple matter of connecting with an attractive woman who keeps her healthy narcissism that so transforms this man? Is such an act for such a man a simple matter? Is it even possible? My guess is that with Pearl's appearance in the film, the constant Allen takes his usual humorous leap into fantasy, out of his usual desperate search for relief from a reality that would have been too bleak if he had not done so. And as usual, Allen makes good use of his imaginary playmate.