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THE ANALYST'S ACT OF FREEDOM AS AGENT OF THERAPEUTIC CHANGE

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In this paper I intend to explore a phenomenon with which all analysts are familiar. I will first describe it and then examine what its implications are for theory. I shall refer to it as the 'x-phenomenon'. I shall start with some clinical examples.

I was charging Miss M a little more than half what my other patients were paying. She had been a clinic patient and I used to sigh to myself and say inwardly, 'Poor Miss M, £X is the most that I can charge her'.

I did not in fact articulate it so clearly as that. In my mind it was like an acknowledged fact that everyone knows, like the unreliability of the English weather. It was part of the furniture of my mind and I had resigned myself to it in the same way as I reluctantly resign myself to the English weather. So the analysis went on and on with that assumption as its unquestioned concomitant until one day a startling thought occurred to me: 'Why can't Miss M pay the same as all my other patients?'

Then I remembered the resentment she frequently expressed towards her boss who always called her '*Little* Mary'. A certainty began to grow in me that I was the prisoner of an illusion about the patient's capacities. I had been lassoed into the patient's self-perception and I was just beginning to extricate myself from it. I then brought up the question of her fee and in the course of a discussion she said, 'If I *had* to pay more then I know I would'.

She had now clearly told me that she had the capacity in her to pay more and that this could be mobilized if I changed my inner attitude towards her. A few sessions later I said to her, 'I have been thinking over our discussion about the fee. I charge most of my other patients £X and in our discussion I have not heard anything that makes me think that I should not charge you the same'.

For two sessions she cried rather pitifully but then became resolved that she would meet the challenge. Soon she found a job that paid her one third more than her previous salary. In moving job she extricated herself from the patronizing tutelage of the boss who called her 'Little Mary'. She had been able to do this because she had first been freed from the patronizing attitude of her analyst. Shortly after this she finally gave the push to a parasitic boyfriend. Again I think she had been able to do this because she had been able to give the push to a parasitic analyst. These two events were soon followed by other favourable developments. I think the source of these beneficial changes was in that moment of inner freedom when I had the unexpected thought: 'Why can't Miss M pay the same as my other patients?' I am calling this act of inner freedom the 'x-phenomenon'.

Now I want to take another example. This patient was an obsessional man who used to hesitate sometimes in the middle of telling me something, usually as he was about to tell me some thought he had had since the previous session. As he had often expressed his apprehension that I would think him pathetic I would say to him something like, 'I think you are afraid that if you tell me about the incident in your mind I shall think you are pathetic'.

Of course I was thereby clearly inferring that I would not think him pathetic. With this assurance he would then obligingly tell me the thought in his mind. Then one day I was reading the following passage from '*Four Discussions with W. R. Bion*':

> Q. . . . She wouldn't be put off by what you suggest; she would get irritated with your reply and insist that you call her by her first name.
> B. Why not the second one? Why not whore? Or prostitute? If she isn't one, then what's the trouble? Is

she wanting to be called a prostitute or a whore? If not, what is the point of the story? What convinced her that her father was right?

Q. She wants sex with other men besides her husband, therefore in her view, she must be a whore. She's afraid that if she got a divorce from her husband she would run around and have sex with all sort of men—behave like a free whore.

B. In view of what you are saying I think I would try to draw her attention to the way in which she wishes to limit my freedom about what I call her. It is just as much a limitation if the patient wants you to give the correct interpretation. Why shouldn't I be free to form my own opinion that she's a whore or that she is something quite different? Why be angry with me because in fact I am free to come to my own conclusions?

Q. Her fear is that your own conclusion will be that she is a whore.

B. But why shouldn't I be allowed to come to that conclusion?

Q. So you conclude she is a whore—now where are you?

B. But I haven't said that I do. The point I want to show is that there is a wish to limit my freedom of thought . . . (pp. 15–16).

As I read this I had a moment of illumination about my obsessional patient. I had been a prisoner of this patient's controlling impulses and at the moment of reading this passage from Bion I had a new understanding in which I felt freed inwardly (though this had outward concomitants). The next time he expressed his apprehension that I would think him pathetic I said to him quietly, 'But I am quite free to think that'.

He was much taken aback. It was possible then to see how much he operated by controlling my thoughts and the thoughts of others. A great fear was that if he allowed me to think my own thoughts then I might have the thought: 'How nice it would be to get away from Mr X'.

Then on to his feeling that no one ever *wanted* to be with him. This was linked to childhood experiences where his parents never wanted to be with him but farmed him out with child minders while they pursued their business interests in various parts of the world. We were able to look at his need to wind himself around me like a boa-constrictor and try to substitute my thinking and feeling for his, to make me into his ego, as it were. It was then possible to link his failure to be able to think and feel with the absence of a mother or analyst who wanted to be with him. The foundation of the thinking capacity seems to lie in the internalization of this maternal desire. Again the source of all this interpretive work and insight started from the moment of my own inner act of freedom. So this was another case of the 'x-phenomenon'. The remaining examples I want to take are from a patient about whom I shall need to give more background.

This patient was referred after an episode of hallucinatory psychosis. I took her on largely because of her strong motivation to get better. She regularly hallucinated in the sessions and communicated with what I shall call 'telegraphic bits'. It may have been a regression to holophrastic speech. After a long silence she would just say 'crocodile' and then some minutes later she would look at some point in the room and say 'blue circle'. I found myself reading Alice in Wonderland to help me into the right gear. I abandoned myself to crazy fantasy through which I linked these discrete elements. This phase of treatment progressed satisfactorily and eventually the hallucinations disappeared and she was able to address me if not as a person, at least as a distinct entity. I learned later that until that point she had not been able to distinguish between me and her boyfriend and in fact thought that I was him. From the moment that she saw me as distinct the honeymoon period of treatment was over for me.

In the initial interview she had told me the content of the hallucinations which had led her to seek treatment. In these hallucinations she was merged with her mother and savagely attacking her boyfriend. It became clear, only slowly, that one of the principal reasons why she wanted treatment was to overcome her sadistic fantasies and actions towards any object of her love. The honeymoon period was over when I became the target of her sadism. Her sadistic attacks were subtle, unrelenting and certainly threw me off balance. She honed in on those areas of my own vulnerability with a devastating precision and she was unrelenting. For instance for a long period she said she felt I was not the right person for her and she began to investigate other possible therapists. She twice sought the advice of a female colleague. In all this she reiterated frequently that in my attitudes, tones of voice, gestures and in my manner of dressing I conveyed male chauvinist attitudes and that I was unsympathetic to the needs and predicaments of women. This was not

articulated neatly like that. It was hinted at on occasions, raged about at others and only slowly was it possible to decipher what she was saying. At other times she would scream exasperatedly at me, and so intensively that I was unable to think. She would reproach me with fury for not attending to the matters which she had insistently brought to my attention. I was usually quite in the dark and realized that she probably thought she had asked me something or told me about some thought or event but had not in fact done so or had told me so elliptically that either the phenomenon itself or its import had escaped me.

Now, in her persistent accusation that I was dominating towards her because she was a woman and I was a man, I was aware of two things. In the first place I knew that she was sadistically attacking me and secondly, that, operating at a psychotic level of perception, she was more sensitive to my own unconscious attitudes than a patient in a classical transference neurosis. My problem therefore was on the one hand not to allow myself masochistically to become a victim of her sadism and yet not to dismiss out of hand the content of what she was saying. Yet, of course, in that hesitant and divided state of mind, I was the perfect victim. The treatment went through a particularly bad patch that lasted for about a year. I thought to myself that perhaps I was not the right person for her, perhaps she did need a woman, perhaps my male chauvinist attitudes were getting in the way of clear interpretation and so on. And the more I wavered inwardly the more furious and attacking she became. During this time she also complained regularly about rigidity, that I needed to be more flexible, I needed to consider other approaches or needed more analysis myself. For a long time I wavered inwardly as if I were standing on marshy ground.

Then about three years into treatment she adopted a new manner of behaving in the sessions. Instead of sitting in her normal chair (she did not use the couch) she walked past me and sat in a chair behind me. I resolutely remained in my chair. Sometimes she pulled her chair right up behind mine and on one occasion she poked my arm with her finger. Then, instead of sitting behind me, she took to standing behind me and I continued to keep to my chair determinedly interpreting and continued to do this for some eight sessions. Then one day I became uncomfortable with this procedure. I did not feel at ease and I was not able to respond spontaneously. Although I was interpreting, it was not out of an inner freedom but defensive in character. I decided that next time she walked past me and stationed herself behind my chair I would move across to the other side of the room. I could not say quite why I decided to do this but I knew that I could not interpret freely when I felt this discomfort. So the next time she took up her standing routine I got up calmly and moved to a settee on the other side of the room. As she saw me do this she turned and said in tormented fury, 'Why did you move?' (it had a tone which denoted that I had no right to move as I had just done) and at the same time she moved back to her own chair and I moved back to mine. 'What thoughts do you have about why I moved?' I asked. 'Just sheer male dominance', she said in defiant rage. Now, at this point I had an inner conviction that it was no such thing. I felt an inner certainty which I had not possessed before. I felt quietly confident that I had not acted out of any such motive and that I was not reacting to her sadistically.

'Can you think of no other possible interpretation of my action?' I asked her. 'No', she said, 'it's just sheer male dominance'. Whereupon I said that it seemed that we had reached a deadlock and then there was a tense silence and there was an atmosphere that was pregnant with fury. Then at the end of about twenty minutes the atmosphere began to ease and I felt that we both had come through a crisis like two swimmers who had just managed to cross a turbulent river and reached terra firma. Some ten minutes after that she said, 'I don't know about you but I am feeling better', smiling slightly. That composite moment when I acted and then when in response to her I experienced an inner certainty that I had not had before is another instance of the 'x-phenomenon'. She was more able to listen from then on and in certain ways communication became easier and there was greater clarity, although a great deal remained obscure and communication was still badly impaired.

With the same patient there was another instance that is less easy to describe but I shall attempt to do so. I had a very clear notion that my role as analyst was to interpret to the patient

my understanding of the unconscious import of what lay behind her manifest communications but a stage was reached with her when she could not bear any interpretations. She screamed that she could not sort anything out unless I accepted the surface meaning of what she said and also unless I accepted responsibility for what belonged to me in the process. She could not sort out what was her, could get no insight into herself, until she was clear who she was and who I was. In other words she needed to separate out the two elements that made up herself and me from the agglutinous mass that they were for her at the time. At this stage the only way in which it was possible for her to do this was, at various junctures, for me to express what my feelings were. It was important to her to know that they were really mine; several times she asked me if these were my feelings or those of all analysts; I told her that they were mine. Sometimes she would ask whether these were feelings shared by all analysts and I told her truthfully that I did not know.

After a period of this type of communication it became possible for her to express some separateness and then it was possible to interpret in the normal way again. (I say 'in the normal way' because I think the communications about my feelings were interpretations. They were interpretations about the way she was merged with me through the superego structure of her personality. I will come back to this later in the paper.) There was a transitional stage when I would couch interpretations in this sort of way, 'I want to express to you the thought that is in my mind ...' and then I would go on with the substance of the interpretation.

Finally I was able to interpret what I thought was in her mind. I understood this as being a transition from being a fused object in the transference to a separate one and that the interpretations had to be in a mode that was acceptable to the different psychological states that accompanied those phases. Again when I acted from personal freedom rather than follow some specific technical regulation that is supposed to be followed in an analysis then therapeutic shifts occurred and, I might add, a great deal of insight and learning in the analyst. (I hope it will not be inferred that I am scorning analytic technique; this would be the very opposite of what I am intending to say. After all the soul of analytic technique is to free analyst and patient from the normal social constraints and so favour development of the inner world. The problem is when 'classical technique' becomes the agent of a new social constraint.) I hope that these illustrations of the 'x-phenomenon' are sufficient to convey my meaning.

My contention is that the inner act of freedom in the analyst causes a therapeutic shift in the patient and new insight, learning and development in the analyst. The interpretation is essential in that it gives *expression* to the shift that has already occurred and makes it available to consciousness. The point though is that the essential agent of change is the *inner* act of the analyst and that this inner act is perceived by the patient and causes change. Even the most inner mental act has some manifest correlate that is perceptible, though this perceptibility may be unconscious and probably is. The psychotic is particularly sensitized to these minute changes. I will give two examples of this from the last patient that I took my clinical material from. In the first example it was an instance of an inner emotional state and in the second a specific inner mental act. Shortly before seeing my patient one day I received news that another patient of mine had committed suicide and I was upset, to put it mildly. There was a silence for the first twenty minutes of the session, then she looked at my desk and I made an interpretation that I cannot now remember but I shall not forget her response, 'I am not taking stick for your bad experience'. She was in tune with my emotional state in relation to which my interpretation bore little importance and she sensed this. She perceived it in the atmosphere. I am quite sure that she had no external knowledge of what had occurred.

The other occasion was when I was trying to decide on which day to finish prior to Christmas and I was thinking about this during a silence. The moment I said to myself inwardly that I would make Tuesday the last session she said at that precise moment, 'You have interrupted my thoughts, you have just stolen something from me'. I had of course. Instead of being in reverie with her I had stolen a chunk of shared thinking in favour of an administrative decision. As far as she was concerned I might just as well have spoken my thoughts out loud because she felt my

inner act so that even an inner judgment has some perceptible external correlate. I do not think that the mental, emotional and sensational spheres ever exist in isolation. The most inward mental act reverberates through the sensational and perceptual spheres. The psychotic patient is tuned into these inner spheres in a way that is not so of neurotics or normal people. The psychotic is not cut off from reality but rather one minute aspect of reality is enlarged so that the rest of the mental or emotional field is crowded out. It is like the zoom lens on a television camera that swoops down on one object of interest and that one object then takes up the whole television screen. I am insisting therefore that the inner act of the analyst affects the patient, especially is this so in the psychotic and borderline patient. The focus of this paper though is that the analyst's inner act of freedom causes a therapeutic shift in the patient. To account for this further contention it seems that some theoretical ramparts are needed to support it.

I think at one level the analyst and patient together make a single system. Together they form an entity which we might call a corporate personality. From the moment that patient and analyst engage in what we call an analysis the two are together part of an illusory system. Both are caught into it. Recent literature stresses that the analyst is not just a mirror but this is a gross understatement. The analyst is lassoed into the patient's illusory world. He is more involved in it, more victim to it than the average social contact. As the analytical work proceeds the analyst slowly disengages himself from it. In this way transference and countertransference are two parts of a single system; together they form a unity. They are the shared illusions which the work of analysis slowly undoes. Psychoanalysis is a process which catalyzes the ego to ego contact: that area of the personality that is non-corporate, personal and individual. In this way psychoanalysis is working in the opposite way to religion, whose central social function is to bind people together into corporate entities. We need to look at this corporateness as belonging to a part of the personality where fusing takes place and how we can assimilate this to psychoanalytic theory.

In all the instances of x-phenomenon that I have given, the analyst's personal feelings have been shrouded by illusory feelings, emanating from the patient's unconscious superego. This could be formulated by saying that the feelings belonging to the superego have cloaked the feelings belonging to the ego. However the term superego needs to be amplified in the way that the sociologist Talcott Parsons (1952) has done.

> the place of the superego as part of the structure of the personality must be understood in terms of the relation between personality and the total common culture, by virtue of which a stable system of social interaction on the human levels becomes possible. Freud's insight was profoundly correct when he focused on the element of moral standards. This is, indeed, central and crucial, but it does seem that Freud's view was too narrow. The inescapable conclusion is that not only moral standards, but *all the components of the common culture* are internalized as part of the personality structure. Moral standards, indeed, cannot in this respect be dissociated from the *content* of the orientation patterns which they regulate (p. 23).

These illusory feelings in the patient are partly the internalized values of the family of origin, of his class and national allegiances together with the impulses, especially the destructive ones, from within. The impulses from within are strengthened and supported by the cultural values. At the beginning of the analysis (and often for a long time) the patient and analyst are held in thrall by the power of this personal-cultural illusion. This is possible because the patient and analyst become part of a system through which communication takes place. In his passive role where he does not assert his own view of the world the analyst allows himself to be swept into the personal-cultural contents of the patient's superego and interprets within that framework. Analyst and patient are part of a system and are joined through the superego parts of their personalities. It is through the superegos that corporate personality is effected. When the patient first comes to the analyst's consulting-room it is probable that a fusing takes place of the analyst and patient via the superegos of each. Transference and countertransference are emotional expressions of this fusion.

If this model is accepted, then it follows that within the corporate personality there is a process of resistance and transference occurring in the whole entity, in other words in the patient and analyst. There is, however, also a process of

analysis occurring in both persons, in the total entity. The process of analysis is the guarantee that there can be movement out of a locked situation. A female patient once asked me, 'What guarantee have I that something in your unconscious will not block my progress? You may unconsciously envy my desire to have a baby and my capacity to have one and therefore block me subtly'. I observed that it seemed she assumed that all the analytic power lay within me. She immediately retorted that it did not lie within her. I pointed out that she seemed to feel that if it was not in her and not in me then it did not exist at all. This was linked to her view that I had possession of the process. When she began to realize that this was not so she felt grief and realized that neither she nor I had control over the speed of development. She often said that she could not move until I moved first.

For a very long time I did not understand this. Only after about three years of treatment I suddenly realized that she meant that she could only move when an inner act of freedom had occurred within me. I had not realized at this stage that she was able to 'know' when these occurred. She was reliant on x-phenomenon but for a long time she had the fantasy that it was within my power to summon it at will. She became sad as it began to dawn on her that I had to wait, just as she did. So in the corporate entity there is a shared illusion or delusion (transference/countertransference) and shared resistance and there is also a process which we call psychoanalysis which fights a slow but persistent battle in both against the shared resistance and illusion. The analytic process catalyses the individual to individual existent reality. The x-phenomenon is a product of the analytic process. The latter works at a deep level, at a pre-verbal, primary process level. It finds its verbal expression in interpretation. Interpretation expresses this deep change and effects the final consummation of it at the conscious and manifest level. The sudden access of personal feeling in the analyst that breaks another bond of the illusory stranglehold in which both patient and analyst are held in thrall is immediately experienced by the patient and exists prior to insight. It implies a form of communication between analyst and patient that supersedes man's methods of perceiving the non-human world. The analytic procedure capitalizes on this special form of human communication.

It could be argued that what I am describing is a particular instance of projective identification but I do not think this does justice to those psychological events which, for want of a better term, I have called the x-phenomenon. Projective identification means that feelings, which belong to the patient, are projected into the analyst and lodge there like a foreign body. What I am describing is a joint process in which the real feelings of analyst and patient are aroused by the resistant process. The analyst's feelings are *his* feelings even though they may have been stirred up by the patient. Patient and analyst are responsible for the feelings that are generated in the situation. Often the patient is 'blamed' for feelings experienced by the analyst and this is called projective identification. This type of description implies that there are only two blameable objects in the room: patient and analyst. There is a third term: the process in which both are involved.

What I have said so far may seem to contradict Freud's view that our only knowledge of the external world is through perception, mediated consciously by the ego. In nearly all Freud's writings he followed the scientific view of his day which was that man's knowledge of his fellow man is via his senses and does not differ essentially from his knowledge of the non-human world. Before Freud formulated the structural model he ascribed this type of knowledge to consciousness and thought that the unconscious did not have *direct* access to the external world. When he came to formulate the structural model he thought that the agency whose role is to mediate the external world to the organism is the ego and that the superego and id do not have direct contact with it. Now he does not specifically say whether he considers that this mediating role of the ego is just the conscious part of the ego but there are two passages which contradict all his other assertions on this matter:

> I have had good reason for asserting that everyone possesses in his own unconscious an instrument with which he can interpret the utterances of the unconscious in other people (Freud, 1913, p. 320).

> It is a very remarkable thing that the *Ucs.* of one human being can react upon that of another, without

passing through the *Cs*. This deserves closer investigation, especially with a view to finding out whether preconscious activity can be excluded as playing a part in it; but, descriptively speaking, the fact is incontestable (Freud, 1915, p. 194).

He is here talking about a special type of knowledge that exists between human beings that does not pass through the normal sense organs or through that conscious part of the personality inhabited by word presentations. This particular type of knowledge therefore antedates any interpretation that the analyst may give.

That there is a special type of knowledge by which human beings know each other that is quite different in kind from the way in which men know the physical universe was, I think, first articulated by Giambattista Vico. Until Vico all knowledge had been divided into three different kinds: metaphysical or theological, deductive and perceptual. Under this last category were included empirical observation and experiment. To these three types of knowledge Vico added another: knowledge that we have of ourselves and other human beings. In the case of human beings we are not just passive observers, he said, because we have a special knowledge 'from the inside' and we have a right to ask why it is that human beings act in the way they do. This type of knowledge is active and not passive because we can only know something from the inside if human beings have created it. God is therefore, according to Vico, the one who has perfect knowledge as he is the creator of all but in the case of the special knowledge that human beings can have of each other it is similar type of knowledge: it is knowledge *per caussas*. But Vico has not had a great following among thinkers within the human sciences. What he asserted has been taken for granted by all great writers of prose or poetry but has not been studied seriously within the social sciences. Probably Max Weber, the sociologist, is the best known follower of Vico's viewpoint. He distinguished between the ordinary knowledge by which we know the physical universe which he called *wissen* and that special type of knowledge proper only to the knowledge of human beings by human beings and this he called *verstehen*. Although this special type of knowledge has been central to clinical work in psychoanalytic practice there does not seem to be a metapsychology to account for it. The idea that a scientist might take this type of knowledge seriously is also scorned by almost all schools of thinking within academic psychology.

Vico said that it was possible to enter into the world of past cultures 'from the inside' by studying the poetry and myths that belonged to them. To gain this special type of knowledge man needs to be equipped with *fantasia*. Vico considered that this type of knowledge was superior to the knowledge that we have of the non-human world; this is because human culture has been created and can therefore be known from the inside. Now this idea that culture is a human creation and can therefore be known from the inside can, I think, be applied to the sort of knowledge that we have of a patient in the psychoanalytic situation. Once we accept clearly that there is the 'constitutional factor', or the biological given with its associated drives, then the rest of what we are concerned with is the product of human creation. What we analyse is a product of the inner fantasy life in interaction with first the mother, then the mother and father, siblings and finally the whole social environment. Theoretically it would be possible for all these elements to be analysed and understood. This understanding is of a special kind and arises through an act of insight which has been generated and made possible by the analytical process. We need to get some clue as to how this act of insight occurs.

Let us say I take hold of Kant's '*Critique of Pure Reason*' and read this statement: 'If we have a proposition which contains the idea of necessity in its very conception, it is a judgment *a priori*' (p. 26), I may understand it straight away but, on the other hand, I may not. If I do not it is because I have a false idea and this blinds the intellect. I will be able to understand when I can banish the false idea and allow the idea that Kant is proposing to be grasped by my intellect. I may be quite resistant to doing so because it may mean I have to give up many fond ideas which are comfortable to my way of life or habit of mind. To understand Kant I need to adopt a passive attitude so that I can become receptive to his ideas but I must actively be prepared to banish mine. At the moment of understanding I become Kant, as it were, through an action of the ego, whereby I dispel my superego contents and because of this I remain separated and become slightly more of an

individual. At the moment of understanding activity and passivity come together and form a single psychological event.

Now, in the psychoanalytical situation, something very similar occurs. The patient's communications and the analyst's feelings and thoughts become the raw material out of which understanding arises. The analyst does not only have his own false ideas to clear away but needs to be passive to the analytical process and combating the resistance that he and the patient are locked into. The attempt to understand is being continually sabotaged by a parallel process that stimulates and fosters false ideas. Received theoretical positions may be used by the resistant process, as they also may be used by the benign psychoanalytical process. The patient and analyst as a corporate entity are involved in these two processes. Belief in the psychoanalytical process seems to be the essential ingredient for both parties. However, it seems that it may be the special role of the analyst to carry this belief for the patient as well as for himself, specially early on in treatment.

The act of understanding is rooted in what is most personal, in the ego, but the false ideas are located in the superego. At the moment of insight, expressed in interpretation, the illusions or false ideas are banished both in analyst and in patient. A personal, ego to ego, contact is established and replaced by an illusion or false belief that held the two together until that time. This belief that held both together is that social glue in microcosm that binds together the numerous communities and groupings of society. This type of togetherness is quite different from the ego to ego contact that occurs at particular moments in analysis. This type of contact is a revolution because new reality, new growth begins. In fact it is the only true revolution that does occur within human affairs. Because subsequent to this personal act of understanding new concepts have to be imported into the superego in order that the latter agency can now reflect the new changes that have taken place in the ego.

In order to separate, the patient needs to get access to the analyst's core feelings. His interpretations need to flow from here to as great an extent as possible if the patient is to be able to separate. This is most especially true for the psychotic patient whose fusion at the superego level is greatest and whose need for ego to ego contact is also greatest. It greatly concerned one patient whether what I said to him was what *I* thought or felt or was just a received dictum of the psychoanalytical tradition and therefore just a superego content. Each time a resistance was overcome it was then possible to reach further into what I truly thought or felt and then he was able to separate himself a bit more from that mother glue. He became more able to separate himself from the analyst and from his maternal object intrapsychically. My greatest problem in his analysis was to reach those feelings which were most truly mine. In the case of that patient the problem was particularly acute but on reflection I think this may be a central problem in every analysis.

The psychoanalytical setting is concerned to foster a particular type of communication which is demonstrated most clearly in those moments which I have called the 'x-phenomenon'. This level of communication occurs from the very first moment when the patient enters the consulting room and with it a certain patterning of unconscious knowledge. The goal of the interpretive work is to make this conscious. At the same time there is another process at work, in both the analyst and the patient, whose goal is to sabotage the analysis. This process is located in the superego and makes use of illusions and cultural myths as its instrument. We call this process resistance but I have wanted to emphasize that this is a system in which both analyst and patient are involved, not something that is just located in the patient. The 'x-phenomenon' implies that there is a knowledge that is pre-verbal and that it is anterior to speech and therefore to interpretation. At this level of knowledge the patient knows unconsciously the analyst's internal attitudes. If, for example, the analyst is unconsciously envious of the patient in some particular way then the patient perceives it and only a change in the analyst's inner attitude will enable the patient to move forward psychically. The moment the analyst becomes aware of his or her attitude and is freed from it then the patient perceives it. That is to say he or she perceives a change within the self and may make declarations to that effect without knowing the cause. The interpretations that follow the x-phenomen become conscious articulations of a change that

has already occurred unconsciously at the ego to ego level. The interpretations help them to re-establish the superego so that its myths and values change and become tuned into the changes that have occurred within the ego.

With the exception of Winnicott I think that most analysts operate on the assumption that people are separate entities. I think that the x-phenomenon and the particular form of knowledge that it must imply means that people are individuals and yet part of a corporate entity. Because we are parts of a corporate entity then as soon as analyst and patient come together in the same room there is an immediate adaptation and fusing. The corporate entity instantly establishes itself. Socially this occurs when two people meet but in this case ego to ego contact is kept to a minimum, so also the joint-illusion is kept to a minimum. In psychoanalysis the latter is enhanced but only, so to speak, so as to hypercathect it and work through it and give place to the personal.

Summary

I have tried to demonstrate from some clinical examples that the analyst's inner act of freedom causes a therapeutic shift in the patient. I have tried then to follow through the implications of this fact. It implies a form of communication between patient and analyst that is at the primary process level. It seems also to require that we acknowledge a fusing at the superego level to produce a corporate entity. The analytical process works to free the two people from this corporateness.

Translations of summary

J'ai essayé de démontrer à partir de quelques exemples cliniques que l'acte de liberté intérieur de l'analyste déclenche un effet thérapeutique sur le patient. J'ai essayé de suivre les implications de ce fait. Cela implique une forme de communication entre patient et analyste qui se situe au niveau de processus primaire. Cela semble également exiger que nous reconnaissons qu'il existe une fusion au niveau du surmoi afin de produire une entité confondue. Le processus analytique s'applique à libérer les deux personnes de cette situation.

Anhand einiger klinischer Beispiele habe ich versucht zu zeigen, dass die innere Freiheit des Analytikers im Patienten eine terapeutische Veränderung auslöst. Darauf habe ich versucht, der Bedeutung dieser Tatsache nachzugehen. Sie setzt eine Kommunikationsweise voraus, die auf der Ebene des Primärprozesses stattfindet. Es scheint auch zu bedeuten, dass wir einen Verschmelzungsvorgang auf der Überich Ebene, wodurch so etwas wie ein einziges Gebilde entsteht, anerkennen müssen. Der analytische Prozess arbeitet darauf hin, beide Teilnehmer von diesem Gebilde zu befreien.

He tratado de demostrar mediante ejemplos clinicos que el acto de libertad interno del analista causa un movimiento terapéutico en el paciente. He tratado de llevar las implicaciones de tal hecho a sus consecuencias. El acto implica una forma de comunicación entre paciente y analista situada a nivel de proceso primario. Parece ser que requiere también el reconocimiento de una unión a nivel del superyó para producir una entidad combinada. El proceso analítico en su funcionamiento libera a paciente y analista de esta combinación.

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