

## THE INNER EXPERIENCES OF THE ANALYST: THEIR CONTRIBUTION TO THE ANALYTIC PROCESS

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In keeping with the theme of this year's Congress, this presentation will focus on my experiences in the analytic situation with a single patient. My aim is to illustrate how one analyst uses himself in his work. More specifically, I will try to illustrate how certain thoughts, feelings, fantasies and physical sensations that I became aware of during this hour arose in response to unconscious communications from my patient, illuminated certain resistances in myself, and contributed to the form and substance of my interventions. The use of inner experiences, I believe, was an essential element in my understanding the transactions that took place in this hour and in my being able to help my patient take a small step forward in his treatment. I will report all that I have recorded and can remember of the phenomena that arose in my mind during this session and on how I utilised what surfaced.

Listening to such self-oriented material you will, no doubt, find yourself in the position of the 10-year-old whose assignment it was to read a book about arctic polar bears. When the time came for the boy to give his report in class, he had little to say.

'Did you read the book, John?' his teacher asked.

'Yes, ma'am.'

'Well, did you like it?'

'No, ma'am.'

'And why not?'

'It told me more about arctic polar bears than I care to know.'

I'm afraid that in the course of this presentation I will tell you a great deal more about

me than you care to know, but I hope to make up for this imposition by providing a lens through which you can view the contribution of one analyst's mental processes to analytic work in a specific session. I hope also to illustrate a way of thinking about the interactive aspect of the psychoanalytic situation that has come into focus in recent years and that has made an important contribution to our field. Briefly summarised, this viewpoint stresses the following ideas: that the analytic process inevitably involves the interplay of two psychologies, that the inner experiences of the analyst often provide a valuable pathway to understanding the inner experiences of the patient, and that not infrequently analytic progress depends on the working through of resistances in the analyst as well as the patient. And in this process of overcoming his own resistances the analyst's utilisation of his subjective experiences as they arise in the immediacy of the analytic hour plays a central role.

It is 7:55a.m. on a Monday. I am in the new office to which I have moved over the weekend, waiting for Mr V to arrive. He is 38, single, an attorney, slim, handsome and polished. He looks and acts like the quintessential yuppie. He has been in analysis for about 18 months because he dislikes his work, has not achieved the professional and financial success that he craves, has no friends, avoids his family, and cannot commit himself to marrying the woman with whom he has lived for two years. He often speaks of himself as a kind of impostor, someone who gives the impression of being far more knowledgeable

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in his field than he actually is. He is terrified of being exposed for his inadequacies. I, too, sometimes find myself thinking that I would not be disposed to buy a used car from him. On the other hand, I am aware that Mr V has a need to picture himself as a charlatan and I wonder if he has drawn me into a view of himself that he wishes me to share.

There is, however, something menacing about Mr V. Sometimes when he is on the couch, I picture a character from a Pinter play, the kind of individual who seems innocuous enough on the surface but whose bland exterior conceals a streak of violence. Mr V is the only patient I have worked with who, waiting for his session to begin, stands inches outside my office door. Then when I open it he charges into the room sweeping past me like a bargain hunter at a red tag sale.

As a child, Mr V felt shut out by an indifferent older brother and self-involved parents, and I've come to understand his behaviour in my office as an effort to assert himself and to claim his rightful place on my couch and in my life. I've interpreted this wish to Mr V, and he has acknowledged that it is so. But this intervention has not altered his behaviour. He still stands a couple of inches outside my door, making me uncomfortable and causing me to feel as though my space is being invaded.

Today as I wait for Mr V I am more tense than usual. I anticipate his criticism of my new office and I am apprehensive about this. Mr V attaches a great deal of importance to appearances and when displeased by surroundings that he regards as unattractive, he can be caustic. My anxiety also reflects my own dissatisfaction with the office I have rented. Although located in a good building on the fashionable East Side of Manhattan, somehow my new office does not look very attractive to me. In these larger and unfamiliar quarters it appears rather shabby and threadbare. I realise, in fact, that I am rather self-conscious about the appearance of my new place and I am angry with myself for not having anticipated the problem and invested in some new furnishings.

Mr V rings the bell. He is always on time, almost to the second. It is a thing with him.

He prides himself on his punctuality. I sometimes think of him as a spit and polish top sergeant; tough, demanding, perfectionistic. Hearing him come in, I place a paper towel on the pillow and take a few seconds to arrange it. As I do so the image of a writer I have studied with suddenly appears in my mind. On one occasion this man confessed to a daily ritual that he performs. Before he can settle down to write, and as a way of avoiding this task, he dutifully sharpens half a dozen pencils and lines them up, one by one, on his desk. I realise that this thought has come to mind because I am delaying going to the door. When I do so, I am about thirty seconds late.

Mr V nods a curt nod and moves quickly into the room. He goes to the couch, unbuttons his jacket, and stretches out on it. His shoes are smartly polished and as he enters the office I notice his suit. It is blue, elegant, very English and obviously custom-tailored. I glance at my own clothes. They are undistinguished by comparison, a jacket and trousers without panache or flair. The name, Barney's, springs to mind. This is a man's store in New York that is now quite fashionable and up-market but that began in business some years ago as a discount outlet. In its early radio commercials it described itself as a no frills operation whose merchandise hung from plain pipe racks. Accompanied by a feeling of chagrin, the thought occurs to me that for all these years I myself have been a plain pipe rack man, a ready-to-wear fellow who has not outgrown the original Barney's mentality and who has not made the leap into the rarefied world of custom-tailoring. By contrast, both my father and my analyst were more like Mr V. Both aspired to a certain elegance. Both had their clothes made to order. In this area I have not competed.

I think of interpretations that my analyst made about my non-competitiveness. He pointed out that I avoided conflict with other men by opting out of any competition with them. Now I picture my analyst, a large imposing man, and, momentarily, I re-experience the anxiety that, in analysis, I felt at the thought that if I challenged him too directly he might turn his wrath on me.

This brings me back to Mr V. I look at

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him. He is lying silently on the couch, surveying the room. His hands are sliding gently over both jacket pockets as though to smooth out any wrinkles. A phrase that I'd heard somewhere pops into mind.

'Looks British, thinks Yiddish.' I quickly realise that this is a put-down, in part in anticipation of Mr V's criticism, in part an expression of my competition with and envy of his sartorial splendour. It is also an expression of my awareness that Mr V does not wish to be thought of as Jewish.

I think about our interaction and I realise that my transference to Mr V has drawn much from my relationship to my father and other male authorities. Made anxious by the prospect of a clash with them, I avoided conflict. To ensure peace I let them be the winners, wore off-the-rack clothes, and sought to conceal my feelings of rivalry and competition. This, I think, is what has been happening with Mr V. He has handled his fear of me by denying it and becoming the aggressor. I have handled mine of him by repressing my rivalry and aggression and consciously experiencing apprehension in his presence. I realise, however, that my aggressive feelings have begun to slip out around the edges in the form of the kind of thoughts I have just had. I remind myself that I need to be aware of this reaction just as I need to be aware of my old pattern of avoiding conflict with a formidable man.

Then an image of my father appears in my mind: I picture him on the telephone, shouting at one of his unproductive salesmen and hanging up on him. As I imagine this, I feel the same kind of anxiety that as a child I experienced when, lying in bed, I overheard my father flying into a rage. I then recall how, through my analysis, I was able, in large measure, to overcome my fear of him. I am aware that I am having this thought as a way of saying that I can deal with Mr V and with whatever feelings he evokes in me.

Mr V has completed his silent survey of my office.

'You are nothing if not consistent', he says. 'It's amazing. Your Sears decorator has done it again. She has duplicated the old place right down to the last shabby detail.' He pauses and then goes on.

'Wasn't it some philosopher who said that consistency is the hobgoblin of little minds?' A flash thought occurs to me, accompanied by a momentary feeling of triumph. Mr V has it wrong. The actual quote—I think it was from Emerson—is 'a foolish consistency is the hobgoblin of little minds'. It is on the tip of my tongue to say this but I know that in correcting my patient I would merely be showing off and acting defensively. I refrain.

Mr V is off on another topic. I listen for its connection with his opening remarks. He is describing an event that took place a few evenings earlier. He had been invited to have dinner at the home of Mr K, a friend from childhood who, over the years, has become quite close to Mr V's older brother. Mr K had, in fact, invited both brothers, but Mr V's sibling declined because he himself was entertaining guests at the elegant condominium which he had recently purchased.

My patient is saying that he has little liking for Mr K, had no real interest in having dinner with him, and had accepted the invitation both out of some misguided feeling of loyalty to his brother and an irrational feeling of guilt at the idea of turning his back on a friend from the old neighbourhood.

'He is a jerk', Mr V remarks. 'A *schlemiel* who made a couple of bucks with a chain of convenience stores, has gotten fancy notions, and has moved to Park Avenue. I don't know what my brother sees in him. They are two of a kind. Both got lucky, made some money, and think they are God's gift.'

As I listen, I feel tense. I notice some quickening of my pulse and that my abdominal muscles feel tight. I am aware that my body is slightly rotated away from Mr V. I realise that I am reacting to a feeling, which I cannot quite pinpoint, that indirectly I am being criticised. The thought occurs to me that concealed within Mr V's disparaging remarks about Mr K is also disparagement of me.

Then I recall something from a session of some months ago. In passing, Mr V had spoken of his wish to move to the East Side where his brother was buying a condominium and of his frustration at being unable to afford an apartment in that location. This memory from an earlier hour puts me in touch with

the envy concealed behind Mr V's remarks. Partly because I now understand that this is true and partly because intuitively and through bodily feelings I also sense some displacement to Mr K from feelings about me and the move I have made, I call my patient's attention to that fact. I point out that Mr K is not the only person who has moved to the East Side. I remind Mr V that he himself had wanted to make such a move and that his brother has recently purchased an expensive condominium not far from my office. I suggest that my move into this area must have stirred some strong feelings in him that, in part, surfaced in his attitude towards Mr K.

Mr V responds with a bit of doggerel that suddenly appears in consciousness.

The nouveau riche, the nouveau riche,  
What are we to do with the nouveau riche?  
Why hang them, Sir. They are all sons of *beetches*.

As I listen, my guts feel tight, my pulse quickens and I realise that although consciously I am amused by this ditty, I am not unaware of the aggression contained in it. I point out this aspect of his poem to Mr V and I tell him that he must be envious of me as well as of Mr K and his brother for having the wherewithal to move to the East Side while he has been unable to do so. I add that it must be difficult for Mr V to experience envy. I point out that this emotion does not come up directly but that, instead, he finds himself feeling angry and critical of others.

Mr V replies with a memory from his adolescence. He recalls envying his brother's stylish clothing and wanting to borrow some items to wear at parties. If he made such a request, however, his brother would not only refuse it but would humiliate him by mocking his physical appearance. Mr V recalls swearing that he would never allow himself to be put in such a position again.

As Mr V recounts this story I have a mental picture of his brother; tough, mean-spirited, nasty, and I feel rage at this brutish fellow. Then suddenly I recall my own childhood experiences of being bullied. Gangs of Irish youths used to roam the streets of the neighbourhood in which I grew up, corner any

Jewish kids they encountered, steal our possessions, and often beat us up. I hated those bullies and I realise that I have associated Mr V's brother with them. I warn myself to be alert to the dangers involved in doing so and identifying with my patient as the victim of brutality.

My patient has returned to criticism of Mr K. What in particular he can't stand about the fellow is his new-found religion. Suddenly he has become a pious Jew. In this decision he has no doubt been influenced by Mr V's brother who became similarly religious a few years ago. As far as Mr V is concerned, both are phonies. They are guys who, for two bucks, would rob you blind. In Hebrew school they did nothing but throw spitballs at each other. Now they are pillars of the Synagogue, big contributors who have their names on plaques in the sanctuary.

On Friday night the Ks said prayers and lit shabbos candles. It was a farce. You should have seen the candle holder this guy has. An antique from the Maccabees or something. It must be worth fifty grand. In fact he's got religious articles all over the apartment. He collects them: prayer shawls, Torah covers, Stars of David, those little signs you put on doorposts, everything. The place looks like a goddamn branch of the Jewish Museum.

As Mr V talks, a number of seemingly unconnected memories arise in my mind. I recall an embarrassing incident that occurred in my practice some years before. Early one winter morning I arose early to see a patient. In order not to waken my wife, I had dressed in semi-darkness. In doing so, however, I made a mistake. Reaching into my closet, I took from a clothes hanger not the jacket and trousers belonging to a single grey suit but the jacket from one suit and the trousers from another which was quite similar in colour but differently patterned. In the ensuing analytic hour my patient complained a good deal about me. I was off base, he said. I was missing the mark. Somehow I was not all there that day; I seemed at odds with myself. Only later at breakfast, when my wife and children greeted me with uproarious laughter and I became aware of my error did I realise that his subliminal perception that something was amiss

with my attire had decisively influenced my patient's associations.

Quickly following the emergence of this memory, an image of Dr Charles Fisher appears in my mind. A former supervisor of mine, Dr Fisher did pioneering work in the area of subliminal perception and his studies stimulated my own interest in such phenomena.

At that point another puzzling memory surfaces. I recall my grandparents' apartment, a small one-bedroom flat in a run-down section of town. I had not thought about that apartment in perhaps forty years but now I picture its front door. Clearly displayed on it is a *mezuzah*, the small symbolic object that religious Jews attach to their doorposts to designate the presence within of a Jewish home. Then another image arises. I picture the front door of my present office. As I do, I recall that a *mezuzah* is also affixed to it but one that has been painted over many times and that, as a result, does not stand out sharply from the door frame. On my first visit to this office I had noticed this religious object and I'd had the passing thought that an observant family must, at one time, have occupied these quarters. Then I forgot quite completely about the entire matter.

Now I think about it and wonder why these images are arising. As I do so, I have a sudden conviction. Mr V has seen the *mezuzah* on the door. On some level—perhaps subliminally—it has registered in his brain and through his associations to the religious objects in Mr K's home (which included the specific reference to a *mezuzah*), he has made reference to it.

On the basis of this hunch, which, I recall, was experienced with a sense of conviction, I ask Mr V if he noticed anything on the front door of the office as he came in. In response he is silent for a few seconds.

'You have something in mind', he replies after a bit, 'but I don't know what it is'.

I remain quiet again and Mr V lapses into silence. Then, finally, he speaks.

'Hey wait a minute', he says, 'Do you have one of those Jewish things on your door? I think you might. My eye caught something on the frame but I didn't really look at it [he

laughs]. So is that why I'm talking about these things? You would say so. I don't know. But I do know that the whole business of advertising oneself as a Jew is phoney and pretentious. K is a phoney through and through. I hope that you are not like that. It would upset me a lot if I knew you put that religious thing on your door. I'd put you in K's category. But I know you didn't. Even if it is there, I'd bet it wasn't you who put it there. It's probably from the previous tenant.'

At that point I recall something that Mr V has told me in one of our earliest sessions but that he has not brought up again. This is that in the business world he attempts to conceal the fact that he is a Jew. Without being obvious about it, he tries to give the impression that he is a Wasp, like many of his associates. During his college years, in fact, Mr V regularly attended church services and passed himself off as a Protestant.

There is something important about Mr V's need to deny his Jewishness, I think, but I do not understand this phenomenon very well. Nor do I understand what it means to him that I am Jewish. Clearly the idea of my possibly being an observant Jew is deeply troubling to him. But why? I realise that for some reason the question of Jewishness—his and mine—has not been explored. Although clearly an important matter, it has, until now, remained in the background, an issue dealt with by silence. Is this solely because of avoidance on Mr V's part? I wonder. Is his resistance to looking into it particularly strong because being Jewish touches on an area of great sensitivity for him? Or is the avoidance mutual, a conspiracy of silence? As I puzzle over this dilemma, a memory from adolescence arises.

When I was about 16 I wanted to be a radio announcer, and often at night I practised reading commercials into a tape recorder. In fantasy I imagined becoming a noted radio personality. But could I do so with the name, Jacobs? Would so obviously Jewish a name be a strike against me and prevent my rise in the Wasp, button-down world of network radio? Perhaps, I thought, I should change my name. Now I recall the one I chose. Ted Jordan. This is Ted Jordan of CBS News.

With a sense of chagrin I realise that behind my failure to explore my patient's feelings about his Jewishness lie conflicts of my own, long dormant but activated by working with Mr V, about that very issue. In rapid succession two images now appear: a scene from the recent Bat Mitzvah of one of my daughters and the title of a book on tape that I have listened to in the last month, *The History of the Jews* by Howard Fast. The thought occurs to me that my contact with Mr V may have led not only to the reawakening of old conflicts, but to their continued working through. Perhaps this is why these memories from adolescence have surfaced at this time and not before.

I am aware that, true or not, these are wishful thoughts arising in consequence of the shame I feel over my adolescent fantasies and that they have taken me away from Mr V. I think that countertransference issues must be at work here in my drifting off in this way and I make a mental note to think about this after the session. Now I redirect my attention to Mr V and what he is saying.

He continues to talk about his visit to the Ks' house. This couple has an infant son who, during the evening, awoke from sleep and needed diapering. Mr V was invited into the nursery to see the child. While he looked on K's wife changed the baby. Her manner of doing so, my patient thought, was insensitive. She seemed irritable, handled the child roughly, and in the process of fastening a clean diaper in place nearly stuck him with a pin. Watching this procedure, Mr V found himself feeling queasy.

As he describes the scene in the nursery, Mr V's right hand moves from his side to his abdomen and he begins to palpate that area. Then he grasps his belt buckle, entwines his fingers around it, and makes a tugging motion with it. Observing him, I feel myself making parallel movements. My right hand, too, is at my waist and, without my realising it, I have hooked my thumb behind my belt. I notice this and wonder about it. As I do I think of two swimmers engaged in the art of synchronised swimming, moving in perfect harmony, each mirroring the other. Then another image presents itself. I see Mr V as a young child

lying on a table, his abdomen tightly bound by gauze bandages. Immediately I realise that I am remembering a piece of my patient's history.

Mr V was born with a weakness in his abdominal wall which led to the development of an umbilical hernia. The diagnosis was made when he was about 2½ or 3 and he was treated by the method of binding his abdomen tightly with gauze bandages. Each night the bandages were removed and new ones applied. This procedure was extremely painful and the boy dreaded this nightly ritual. This condition and its treatment enormously increased the child's castration anxiety and contributed both to his view of his body as damaged and vulnerable and to an enduring fear of physical injury.

I understand that the image of Mr V as a child that arose in my mind and the unconscious movements I made in tandem with his movements constitute my associations to the baby diapering scene. Mr V, too, made that connection. In touching his abdomen and pulling at his belt buckle, he was, in essence, remembering a bodily trauma.

At this point another memory arises. I see myself as an 8-year-old boy, my nose bleeding profusely. I have just been struck flush in the face with a baseball thrown at me while I was not looking. I give an involuntary shudder as I recall this incident and I realise that Mr V's childhood trauma is linked in my memory with a trauma of my own. Like the mirroring movements that I unconsciously carried out, this memory has surfaced, I realise, as an expression of the resonance that I feel with Mr V.

It is apparent that my patient has no awareness of the source of the anxiety he experienced during the diapering scene so I point out both its connection with his painful hernia experience and how, in a non-verbal way, he expressed this connection. He responds immediately with a memory involving another event at the Ks' home; their son's *bris*. This was a very disturbing experience for Mr V. With intensity he describes the disgust and nausea that he felt at the idea of an infant being brutalised by a barbaric and totally unnecessary procedure. It is an absurd practice

and one of those old testament rituals that Jews cling to blindly. It is stupidities of that kind, he says, that give the Jews a bad name. After a pause, Mr V continues. He wonders about me, he says. He would like to know if I have a son and if so whether I have had him circumcised. Today he thinks I have, though on other days he is not so sure. It would upset him a lot if he knew for certain that I endorsed such an archaic custom and that I was a traditional Jew.

As I listen I have a feeling that something is coming together but I'm not sure just what that is. My mind plays back over the session like a tape recorder that has been rewound. The sequences reappear; the criticism of my office, the attack on Mr K, the diapering scene, the touching of belt and abdomen. Then I picture the *mezuzah* on the front door and I recall a *bris* that I attended during the last year. I look at Mr V in his English tailored suit. He looks decidedly Waspish. His nails are manicured. I think to myself that I don't know too many Jewish men with manicured nails. I envision Mr V at a business lunch, subtly passing himself off as a Christian. Then I imagine him again as a frightened child lying on a table, his bandages about to be changed.

Suddenly I find myself speaking. I am reviewing the flow of Mr V's associations. I remind him that the session began with his coming to my new East Side office and taking in the fact that there is a *mezuzah* on the door. During the hour his opening comments were critical, first of my office, then of Mr K and his display of Jewishness. He then recalled the diapering of the baby which led to thoughts about his *bris*. And it was at this time that he made reference, non-verbally, to his traumatic hernia experience. I tell Mr V that I think that all of these elements are connected and I am about to offer an interpretation linking them when my patient interrupts me. He speaks rapidly as though he had a need to get in his remarks before I can continue mine.

'I know what you are going to say', he declares. 'I get the picture. You are going to tell me that I am sore that you've moved to the fancy East Side and I'm afraid that you

are going to retaliate for my bashing your beautiful new office. You think I'm doubly scared because the religious symbol on the door has given me the idea that maybe you are an orthodox type. And of course we know what religious Jews do to little boys. They are the creeps with beards and black hats who go around snipping off penises and giving kids hernias.'

Listening to Mr V interpret his own dynamics, I am impressed by his quickness, his intuitive understanding and his ability to grasp connections. Despite a certain glibness of manner and a need to attribute his formulations to me, Mr V is speaking with intensity and I have the impression that he has understood something important. He has gained a piece of insight into his fear of me as a potential castrator and into some of the infantile roots of his anti-Jewish feeling. Clearly this attitude is connected with Mr V's hernia experience, his dread of physical injury, and the link he has made unconsciously between circumcision and castration.

Though I am heartened by my patient's understanding, I also feel let down. It is as though I have been upstaged and my thunder stolen by a performer who needs to control every aspect of the show. Feeling annoyed, I think of Mr V charging into the room and being critical of my office. Then an image of the legendary football coach, Vince Lombardi, comes to mind and I recall the familiar phrase, 'The best defence is a good offence'. I remain quiet for a minute trying to assimilate what I have experienced. When I am calmer I say 'You are right, you did know what I was going to say and you correctly anticipated the interpretation I was going to make. But I wonder if it isn't important for you to be the one to make the interpretation. Then you can control what goes on here. Otherwise you might feel as though you were a frightened kid lying on a table with his abdomen exposed and I was the big adult who could manipulate and hurt you'.

Mr V is silent for a moment. His body is rotated slightly to the right, away from me. Then he speaks. 'As you were talking', he says, 'I pictured an aeroplane overhead. It is an Israeli jet fighter. Actually I'm no fan of

the Israelis. As far as I'm concerned they are a bunch of trigger-happy bullies. But one thing I admire about them is their military savvy. They know when to attack. There is probably no air force in the world that can equal them for carrying out pre-emptive strikes.'

At that point the session came to a close. Mr V rises from the couch, straightens his jacket and adjusts his tie. He starts for the door, then stops and looks back at me. 'By the way, congratulations on your new office', he says. 'And congratulate your decorator for me. She did a smashing job. The room captures your personality brilliantly.'

Whether this was an example of a so-called good hour or the far more common not so good hour, I leave to your judgement. To me it was an instructive one. At the time that it took place I was just becoming interested in the subjective experiences of the analyst and how they contribute to the analytic process. To help me learn something about this question I began to observe and to record all that I could of what I thought, felt and imagined during analytic hours. It was sessions like the one I've just described with Mr V that taught me a simple lesson: that the experiences that the analyst has in sessions provide data that is not only rich and complex, but that often is complementary to that which comes from the patient.

It is true, of course, that not all of our reactions are equally useful. Some are quite personal and idiosyncratic, and we all have days when, troubled, fatigued or preoccupied, we find ourselves reacting in ways that have primarily to do with our own concerns. But it is also true that when our ears are properly attuned and we are listening well, the shards of memory and imagination that arise from within constitute meaningful and often illuminating responses to our patients' communications. Such experiences have taught us that our ability to understand another person depends on our capacity, not only to listen to that individual, but to ourselves as well. And

we have learned something else: that among the tools of the analyst's trade none is more valuable than the effective use of himself.

#### SUMMARY

As an illustration of the inner experiences of the analyst as they operate in the analytic situation, this paper presents a single analytic hour in some detail. By means of this clinical material, the author seeks to demonstrate how the thoughts, fantasies, memories, bodily movements and autonomic responses that he experienced in this hour affected his interventions, the kinds of transference-countertransference interactions that developed in the session, and the unfolding of the analytic process.

#### TRANSLATIONS OF SUMMARY

Cet article présente une seule heure analytique assez détaillée, et ce pour illustrer les expériences internes de l'analyste telles qu'elles opèrent dans la situation analytique. Au moyen de ce matériel clinique, je cherche à démontrer comment les pensées, les fantasmes, les souvenirs, les mouvements corporels et les réponses autonomes que j'ai vécus pendant cette heure analytique, ont affecté mes interventions, les genres d'interactions transfert-contre-transfert qui se sont développées au cours de la séance, et le déploiement du processus analytique.

Dieser Beitrag stellt zur Veranschaulichung der inneren Erlebnisse des Analytikers, wie sie in einer analytischen Situation auftreten, eine einzelne analytische Stunde in einigem Detail vor. Mithilfe dieses klinischen Materials versucht der Autor aufzuzeigen, wie die Gedanken, Fantasien, Erinnerungen, Körperbewegungen und automatischen Reaktionen, die er in dieser Stunde erlebt, seine Interventionen, die Arten der Übertragung -Gegenübertragung Interaktionen, die während der Sitzung entstehen, und das Entfalten des analytischen Prozesses beeinflussen.

A fin de ilustrar las experiencias internas del analista tal como operan en la situación analítica, este artículo presenta una hora analítica con cierto detalle. Valiéndose de este material clínico, el autor intenta demostrar como los pensamientos, fantasías, recuerdos, movimientos corporales y respuestas automáticas que experimentó en esta hora, afectaron sus intervenciones, el tipo de interacciones transferenciales, contratransferenciales que se desarrollaron en la sesión, y el desenvolvimiento del proceso analítico.

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