Helmut Thomä at work with an obsessive- compulsive patient, supervised publicly by Merton M. Gill on April 30, 1982

Arthur suffered from an obsessive compulsive disorder for nearly 30 years when he decided to make a fourth attempt at psychoanalysis with me which ended successful. For about 15 years the patient's symptoms had been almost completely disappeared. There was a slight relapse at the point of retirement. Then he consulted me again and I recommended a brief analytic psychotherapy. The following unconscious conflicts had been stimulated by the retirement. He had lost the tremendous satisfaction he had gained from the very subtle ways he had 'forced' his customers to buy his goods. His empathy with the victim of his unconsciously sadistic seduction made him the most prominent salesman in his company. A further topic in the final working through of the relapse was his unconscious negation of his identification with omnipotent sinners. In the symptoms he punished himself for this identification. Due to the insight he had acquired in his analysis with me he was proud to free himself anew with my slight support.

Because of his past treatments I was able to reconstruct the technique of his former therapists and compare their technique with my current technique. Merton Gill's supervision enabled me to further the comparison. This case was of particular importance to me because it revived many memories of my childhood.

Arthur was about 47 years of age at the time of the two sessions that will be reported. During his entire life he suffered from obsessions and compulsions which forced him to respond to demands that if not followed would result in terrible injuries and death. They were related to sexual pleasures and power.

He had been in multiple treatments through out his life. As a child he was hospitalized because of suicidal thoughts although he had never made a suicide attempt. I had seen him for one time 10 years before beginning his analysis.

The patient was born in 1939 in a village in Germany. He grew up during the Nazi Regime. His family was staunch Nazi supporters. Hitler was his ideal into his adolescence. His father went to war in 1939 and never returned; he was finally designated missing in action. His mother had her three children for Hitler and the Volk.

His mother was depressed throughout his life and finally committed suicide when he was about 20. Chronic trauma pervaded his childhood because of his parent's

sadism especially to his encropresis. He was sent away to a school for several years where he had to deal with a sadistic homosexual teacher.

His mother brought him home to help out in the family's mill since his father was gone. His Uncle ran the mill and had an affair with his mother. The mill eventually was closed and the patient entered a sales business and has been very successful.

TWO SESSIONS:
Arthur said that he arrived early for his session. As he walked into the building he passed the former location of a design school. A questionnaire remained posted on an old bulletin board. Evidently the questionnaire was given to applicants for admission to the school. One of the questions was what kind of automobile do you prefer? Arthur then speaks that after the war he was so excited about the Mercedes, but his family could only afford a very modest car. He said that young people today would not complete the questionnaire.

I intervened by saying that he feels like the applicant who had to complete the questionnaire and he would have completed the questionnaire. Yet he wishes he could be like the young people today. He feels whose business is it knowing what kind of car he prefers. What does ones preference in cars have to do with whether one get admitted as a student, patient, or human being?

Arthur replied that he recalls talking to his previous therapists Drs. B and C. They spoke disparagingly about the Mercedes. Actually he wanted to continue the subject of the last session. He spoke about alcohol and that he has to submit himself for an examination every year two years. When he saw his doctor she told him to be careful with his liver. She only allows me two glasses of wine a day although he has been drinking three glasses a day since he has been coming here the three glasses of wine. He said that he seems in control himself in spite of the wine. He drinks the wine and is able to just sit and do nothing. He then spoke about being a bit overweight.

I said that I think the problem that you are telling me is that drinking wine to calm your guilt about being contrary or simply doing nothing is the only way you have been able to relax. Yet it is impossible to do nothing even if you are just sitting.

Arthur said that as Brecht put it, dangle one's soul.

I said there is a constructive side to this. He said you mean doing nothing. I said the so called doing nothing. We continued to discuss doing nothing with some

other examples. He moved the analysis forward with the statement that when he sits down to read he has a feeling of irritation in his body that goes down to his finger tips. He thinks that reminds him of his mother. She just sat around and did nothing; it was quite dreadful.

I said that she sat around in a depression. He said that she was doing nothing, neither physically or psychically and crying that she could not do anything.

Arthur said when you describe that you just sit around it is as if you were your mother. When it appears to you that you were doing nothing you were being like your mother. You feel as if you were empty and paralyzed like her.

Arthur said that is exactly right. He said that she actually was as lonely as somebody who has been sent to the moon. She was never drunk, but sometimes she got a beer already in the morning. Then she was sitting around, once he observed her as she urinated out of the house, near the garage. He is frightened that he will become as crazy as his mother.
I said when you are sitting and being inactive you begin feeling depressed and empty like your mother.

Arthur said I never dared to ask my former analyst what such a depression actually is and how it comes about that from anxiety I always discover parallels with me. But I believe that now I am stable enough to ask this question. Depression really is a big medley isn't it.

I said that a lot of things must come together to create a depression-- the environment, your grandmother, and your attempt to relieve her of her pain. As you have said she was quite alone and did not see much sense in life any longer without her husband. This led to an early senile change.

Arthur said that for my mother a lot of things came together.

I said that then the increasing resignation that everyday things begins to go on automatically.

Arthur said that this frightens him.

I elaborated on the topic of an automatic process and said that you want to know whether you are different from you mother.

Arthur said that at the time we were so poor that I was not allowed to sit down because of the bad economic situation. I always had to appear active and doing something even if I was not accomplishing anything.

I said that it was not bad enough to be doing nothing you were becoming more and more like your mother.

Arthur replied that from my mother I adopted her attitude that cars are status symbols of power and money. Dr. B. made a fool out of herself when she disparaged the Mercedes. Perhaps she thought that being a psychotherapist one cannot drive a Mercedes. With Dr. C I had the same impression and he told me that it was only to show ones potency and the Peugeot which he drove around was by no means a showy car. But it is Dr. C's business to own whatever car he wants.

I said that it is also your business now to express your criticism of Drs. B and C.

Following this interaction Arthur said that that there is only one session left before the vacation break. He has not taken any pills for three months. He remembers the arguments he had when he asked Dr. C for pills. I don't need any now but during the last few days it has become important to find out whether I can get your vacation address like during the last few years when you went on vacation.

I don't like the word but it is like —umbilical cord.

With Dr. C it helped me a lot to know that I had those pills. When I called him just before the Christmas holiday he growled at me that prescribing pills was not his business. At that occasion I was so nervous I could have lashed out at Dr. C which would have been progress for me. I really didn't need them. I would not have used them. The pills would have remained in my cupboard.

I said when you didn't get the pills from Dr. C you felt very deprived.

I also asked him for his address. The first time he went away he gave me his address. I didn't even ask him for it. I would not have thought to ask him for his address of where he would be on vacation. He insisted that I take and when I asked him at that later time he did not give me the address or pills.

So I want to know where you are going to be.

I said that it is not possible to phone me on this vacation, but I can get a message through my secretary.

Arthur said that perhaps I was going hiking if you can not be phoned. He likes hiking and hirers are a nice group of people.

I said that it is a better group than the group of depressed people just sitting in their arms chair which you are afraid of being like. Maybe when I am just sitting here you are afraid that I will become like your mother. Sitting and doing nothing is like hiding your curiosity.

Arthur said that he recalls talking to me about a long-distance hiking path. He had the impression that I knew something about the path that starts in Oberstdorf. He said that he was sure that no one would have minded my curiosity of wanting to know if they were familiar with the path, but he did not dare to ask me at that time. Even today it is not easy for me. I would not have asked the question to Drs. A. and B.

I said that I think that he is bothered by my anticipated answer. The answer is so important because you have heard the answer so much you don't feel like asking.

Arthur said that he really made it easy for his former psychoanalysts. He thinks of a snail which puts out its feelers. If you touch the feelers only a little bit, it will retrieve into its shell. That's just the way I behaved for many years. Something else comes to mind one doesn't touch a big dog which snarls because it might bite off your finger.

I said that the dog is probably the weird psychiatrists who mustn't be irritated and treated at a distance.

SESSION TWO:
The session began with Arthur speaking about his concern about the tape recording of the sessions. He thinks that a woman who works in the Clinic may know his wife. He asked me if a woman by the name of Monica works in the clinic. I said yes and reassured him that the tapes are locked in a special cabinet.

Arthur continued by talking about his absurd anxieties that he might be caught for doing some crime in most situations.

I said that besides the normal external dangers, you see enormous dangers because of what is going on inside of you. Last session you noted that some psychoanalysts do not like to be asked certain question. I think that is an accurate perception.

You believe it is important that you find out what might irritate me. The danger that you experience is not simply anger that you have done some ordinary thing that irritates me. But I become a dog lurking. If you touch the dog with your finger and I will snap and bite your finger off. It become important that to know what will irritate me.

Arthur said that now I remember that I wanted to say something different about the trail, but, I thought I had rather be a snail who is so docile that when you slightly touch his feelers he immediately withdraws rather than be like a dog who would bark.

I asked what about his withdrawal from Dr's. B's or C's fingers.

Arthur said that what he is getting to is that he is either a snail or a dog.

I said that there are two sides to your experience.

Arthur said I have a very clear example. When I talked about the long distance hiking path I wanted to tell you that the problem in finding it is where it starts in Oberstdorf. You thought that I wanted to tell you that it started in Oberstdorf. The last time when I talked about it you said, that every Suabian will know Oberstdorf. It is typical that I did not say anything although I thought that what you said was not what I wanted to tell you yet I didn't say anything. Like there was a red light that went on in me.

I said that you withdrew your feelers like a snail. You were afraid that I would be angry and bite your finger.

Arthur said that then he would withdraw but there remained a sting in him.

I said that he believe that this is an important realization and would like to explore it further.

Arthur replied that it is surprising that you noted it was an important realization because we have been talking about this for months.

I said that it wasn't a new realization. I actually wanted to say something more about it. I said that I have been have been thinking about why do you withdraw like a snail if you are a biting dog? I believe that you are curious but if you are like a dog the curiosity turns into a strong desire to know and become obtrusiveness. You want to snap and bite and this causes you to be anxious that you might hurt me. Then you withdraw. Actually I evaded your question when I did not say that I knew the hiking path. You experienced this as my withdrawal. Yet my not answering your question directly enabled us to see your special reaction to your frustrated curiosity.

Arthur said that I understand because if questions are answered immediately the thinking process comes to an end.

I said that is true but psychoanalyst frequently do not answer because of personal reason that really angers you. I want to demonstrate perhaps that your anger is stronger than is warranted because questions that are not answered for personal reasons provoke a powerful desire to be intrusive and that is very frightening. This frightening desire is caused by your own inner reasons and is connected to curiosity that changes into biting questions with insistence and sarcasm. You have said that a common phrase that is used today is "ask a hole in somebody's belly."

Arthur asked whether I am referring to something sexual.

I said that the phrase refers to the body, the head, limbs and penis. It refers to finding out something about somebody, like penetrating into the persons head where the anxieties of being hurt are to be found. This is a subject on which I cannot say anymore now.

Arthur said that it occurred to him when he heard the word penetrate. It was in December or November of last year when his current crisis was beginning. There was a preview of a detective film in which a man, obviously a sexual criminal attacked a woman and very slowly pushed a knife into her heart. It was an abominable scene. I am still puzzled or actually disgusted when I think of it. What irritated me the most was that the man did it so slowly? I wanted to discuss this with you a long time ago about why it frightened and repelled me so much, I found it disgusting.

I said that I said that you are more curious than you think you are allowed to be. You are a snail which very quickly withdraws his curiosity feelers. Curiosity has become connect with penetration and forbidden things. Wherever something

penetrates, it is a knife that penetrates; you are affected, not because you can do something like that but because with this image the penetration especially into another person is re-presented instantly. This is noting harmless for you, i.e., harmless curiosity. When I evade your question, it signaled to you that you got punished. You were bad and obtrusive.

Arthur said I got another example. You told me you couldn't be phoned in on your vacation. And I might really content myself with this, but I am always thinking what you might do. As to the direct question, "What are you going to do?" I dare to ask it only now in this connection when it doesn't not come directly from me.

Merton Gills evaluation of session 61 and 62 of Arthur's analysis at a meeting of the Psychoanalytic Institute in Ulm 30.4.1982

I want to begin by expressing my admiration and respect for Dr. Thomä, for what he is willing to do. He is willing to submit his work to criticism, possible criticism at any rate.

I would wish that more people in positions of authority like himself would be willing to do that. I have both complimentary things to say and some critical things to say. But I am very pleased to be able to say that my overall assessment of these sessions is a very positive one. It is the kind of work I would take pride in myself.

At the same time I should like to make it perfectly clear that criticisms have to be put into the perspective of the nature of the examination of an analytic session. I think perhaps I can make that clear to you in the quickest and most vivid way by telling you that when my colleague Dr. Hoffman and I decided that we wanted to put out a monograph which would include annotated recorded transcribed sessions, we wanted to include a perfect one, too, and we never found it.

We could never find one that we did not have fairly serious criticisms to make, and that's the nature of the beast, and I want you to understand, therefore, what I have to say in that context. None of you could possibly present a session of yours that would not be subject to criticism, nor could I, and I know that from experience.

You know that in championship chess there is a timer, and you have to make your move within a certain time.' Well, I spent all day studying these two sessions, but when Dr. Thomä was sitting in the chair of the analyst he didn't have all day, he had to react in a certain time. You have to understand, therefore, the subsequent

examination of a session in those terms. Furthermore, the complexity of human reaction is such that it is always possible to see more. In fact it would be very strange if one didn't, and I think it would only be a manifestation of the rigidity of the examiner if the examiner was unable to find more on a second look.
So I hope that you will understand that in whatever perspective I say or whatever kinds of suggestions I make, I am perfectly well aware of the fact that quite other suggestions could be made, and even contrary ones in some instance, but that that does not mean that it is a question of this is right and that is wrong, but each has its place. There are, nevertheless, our patterns of the importance and hierarchies, etc. Now the question is, "What is the best way to deal with this material?", and I don't really know obviously, but I'11 tell you what I am going to do. I have written a kind of a running account of the content and of the sequence of the two sessions. You'll get some feel for what I like and what I don't like, I'll try not to do that too much. And then, after I have done that, I am going to go over eight or ten points which I believe are important points that this material demonstrates, and obviously I will be making those points in the light of my own views about technique. One more word perhaps about perspective, that is, about this case in particular. This is a case of a man, who has had at least three previous therapies, and one of them was supposed to be a formal analysis, and these previous therapies fairly clearly did not help him very much. He therefore proposes a very interesting challenge to the analytic method. Why was he not helped in previous analyses? Is it because he cannot be helped by analysis? Or is it because the analyses were not done in a way that would be helpful to him? And just as an overall summary statement I will say at the very beginning that there is plenty of evidence in my opinion that he was not helped by analysis because the analyses were not done as I think and as I believe Dr. Thomä thinks they should be done. And I think there is already very good evidence that Dr. Thomä is handling this man in a way which is very different from how he was handled before and that it is already showing very important changes and indications. The particular sessions that I have are 61 and 62.

At this point, Helmut Thomä said that just to make it quite clear, I handled the case differently from the way I would have treated the patient formerly, that is, I could have been like the therapists of his three previous analyses.

Dr. Gill continues so could I. But neither Dr. Thomä nor I would have conducted nor do we conduct an analysis now the way we would have then. And from that point of view, if I may say so, I think you have something special to learn from Dr. Thomä and myself, because through painful experience we have come to see that the way many analyses are conducted is not good. I hope you don't consider this to be too grandiose a thing to say, but I believe that Dr. Thomä and I have an

understanding of something, which is an improvement, a significant improvement of the way analysis is conducted by many people. It is very hard to know how many, but certainly from the literature the evidence is clear. So this patient is an excellent challenge from that point of view and at the same time something of a disadvantage, because with regard to the transference he is in a position to split the transference and expresses negative transference towards the former therapists, which is going to make it all the more difficult, I think, for the negative transference to be expressed in relationship to Dr. Thomä.

To go now to the sequence of material (first hour 61), I will try to be fairly quick about it, but keep it in mind if you have some question later. He came and the first thing he says is that he carne a little bit earlier and he saw a questionnaire on the notice board, a questionnaire which was given, when this was a school of design, to prospective students of the school to determine whether they would be suitable to be taken as students in this school, and one of the questions was: What kind of automobile do you prefer? He talks about that for a while and then he says he doesn't think that it's important to be talking about this subject, and Dr. Thomä says, "Ah, but it is important" and he explains that this has to do with the patient's character and that the patient realizes that had <u>he</u> been given such a questionnaire he would have dutifully answered it like a good boy. But nowadays, young people are different, and the patient would regard that kind of a question as an impertinent intrusion. What business is it of anybody to ask you, what kind of a car do you prefer? And furthermore, what has that got to do with whether you could be a suitable student in a school of design or not? So Dr. Thomä interprets that the patient is putting himself in the place of a prospective student who will have to answer this questionnaire and that he wishes that he would be more like a young person who could say, "I am not going to answer your damned questionnaire and it is not your business anyhow."

Then the patient talks about a doctor who said that he was in fairly good health, but there was something not quite right with his liver and that he should drink no more than two glasses of wine an evening. However, the patient is quite honest and admits that he drinks three glasses of wine. There is some discussion of how the patient uses wine to relax himself and then it becomes a discussion of his guilt over, I would say, his passivity, of sitting still and doing nothing. Then there is a discussion about the patient's mother who apparently was a depressed woman, possibly quite seriously depressed, who used to sit around all day long doing nothing but drinking beer, and the patient has a great fear that he might become like her.

In connection with discussing his mother's depression he returns to the issue of his relationship to therapists, and he says that he didn't dare ask questions of his former therapists, though he would have liked to have asked questions about depression. Then Dr. Thomä and the patient have a rather lengthy discussion about depression, and in the course of that discussion Dr. Thomä discusses what kinds of things lead to depression and that there can be such a thing as an automatic, more or less automatic progression, so depression results from many different factors, and the patient becomes somewhat frightened during this discussion, because he fairly clearly feels that maybe he is in some kind of a state which will automatically proceed and he will become somewhat like his mother. Dr. Thomä interprets that the patient has a fear that he will identify himself with his mother and become like her.

The discussion changes to a discussion of automobiles. They return to automobiles, and the patient discusses an automobile as a status symbol.
That opens the way for the patient to engage in some criticism of his former therapists. One of his former therapists criticized the Mercedes. He criticized the Mercedes I think fairly clearly with the implication that some people think you have to have a Mercedes because that's an expensive and important automobile. I think that his criticism of his former therapists has to do with their belittling the significance of automobiles and speaking as if to them it is not necessary to have an important automobile.

In fact, at one point he says the therapist appeared somewhat comical in his eyes for talking this way about automobiles. In his youth he was very interested in automobiles and even had automobiles as pin-ups over his bed, the way some young men have pin-ups of girls in various state of undress, and he had pin-ups of luxurious automobiles.

We are coming to the end of the hour, and the patient mentions and I believe that this is an important issue with regard to these two sessions – that this is the second last hour before the vacation, the lengthy four week summer vacation.

That enables him to criticize his former therapists even more, because his former therapist, one of the therapists, once before a vacation gave the patient his address where he was going to be on his vacation, and the patient hadn't even asked for the address. Then, on a subsequent occasion, the patient had asked this same therapist for some pills, and the therapist had angrily rejected the request for pills saying, "What do you think, I am not that kind of a doctor who prescribes pills," which the patient clearly found a serious inconsistency in the doctor's behavior. If he is

willing to tell him where he is going on a vacation, why isn't he willing to give him pills? And now Dr. Thomä makes an interpretation.

"You are afraid that perhaps I will be inconsistent like that previous doctor was and now I will not give you my address when I am going on vacation." And it is clear that on a previous occasion Dr. Thomä did give the patient his address when he went away, and now the patient is afraid that Dr. Thomä this time will not give it to him. So they discuss their issue, and Dr. Thomä tells him that he cannot be reached by telephone, but that he can always get a message through to him through his secretary.

The patient then begins to express increasing curiosity about Dr. Thomä's vacation. Where will he go, what will he do, will he hike perhaps? To him that is a logical thought, because why can't Dr. Thomä be reached on his vacation? He is not going to be in a hotel where there are telephones, perhaps he will be hiking some place where there are no telephones. Yes, it is a logical possibility. And that reminds him of something that becomes very important in the session, it reminds him of a previous occasion when they talked about hiking, he and Dr. Thomä.

And the patient remembers that at that time he did not dare to ask Dr. Thomä certain questions about whether he knows exactly where that path is, whether he ever actually hiked on that path. In short, there was a discussion in which Dr. Thomä did reveal that he knows something' about the path, because the path is not far from here. The point was, what about that path? That becomes exceedingly important in an interpretation that Dr. Thomä will make. The patient discusses anxiety about asking things from his former analysts, and then, in a very interesting way, the patient compares himself to a snail. He compares himself to a snail that as soon as something touches the feelers he pulls back into himself.

Then another picture comes into his mind, the picture of a dog, a snarly dog who you have to be careful of, because if you extend your finger, he will bite. The implication is not very clear, I think he says he wishes to be like such a dog and not like such a snail, but I am not sure whether that comes up in that session, but it does in the next one. At any rate, Dr. Thomä makes an interpretation that the patient apparently feels that a therapist is like a dog, one of these snarly dogs that you have to be very careful of, because if you irritate him he will bite. And there the session ends.

Now we come to the next session. It opens with a rather long discussion about the tape recording and the patient's anxiety about the fact that information about him

will become known to people who shouldn't have such information. And the way that that comes about is that it so happens that his wife knows a certain person who knows a certain person who she has reason to believe works in this clinic, and she or he only knows that person's first name. And he uses that first name and asks Dr. Thomä, "Is there a person here by, that name?" and Dr. Thomä says, "Yes, there is a person here by that name, and …", and then there is a long discussion about whether the records are available to that person and whether the records are being adequately guarded to preserve the patients confidentiality, and then there is some discussion about where the records are kept and who may have access to them, and does Dr. Thomä give permission first. And there is a reference to the patient saying that he thinks that Dr. Thomä told him once that he would keep his records locked up in his personal office. And Dr. Thomä responds in a way that makes the patient think that Dr. Thomä thinks he never said that, and the patient says that, and Dr. Thomä says, "No, there was a misunderstanding, I thought you meant the case record and not the verbatim transcript."

In various ways Dr. Thomä attempts to reassure him that he is not in danger of material that would be embarrassing to him becoming avail- able to people who shouldn't have such material. And in that same connection there is an interesting discussion of the patient's explaining how, in some detail that I don't under- stand, but it is not important here, he doesn't pay his bill, from his own bank, because he doesn't want somebody to be in a position to guess that if he pays such a bill every month to a psychotherapist he must be a patient.

Dr. Thomä reassures him in one way or another, but then makes the point that the patient I think I am right about this – has undue anxiety about various things, an unnecessary degree of anxiety. And then Dr. Thomä brings up the example of the dog from the preceding session, and he interprets that the patient is unduly concerned about the possibility of irritating somebody else. And in that connection Dr. Thomä repeats the interpretation that the patient thinks of the therapist as a dog who mustn't be irritated. And the patient says, "Yes, what you say is true. But, you know, what I really meant was that I want to be a dog, too, and maybe I am afraid that I am like a dog, that I am a person who bites too soon, too. In other words, I have two images of myself: I am not just a snail, I am also such a dog, I am afraid of that." Then the patient returns to the matter of this path I told you about, this hiking path, and he says to Dr. Thomä what I said a few moments ago, "You know, your answer was a little beside the point. It wasn't just the question of a path, it was a question of that particular path. Every Schwabe knows Oberstdorf."

It is very important because Dr. Thomä is going to use it in an interpretation which in my opinion is an excellent interpretation that I am going to want to focus on as an illustration of an excellent interpretation. That's why this point has to be clear in detail that if the patient was talking about the path and Dr. Thomä talked about Oberstdorf. He was in a way not speaking directly to the issue that the patient was raising, he was therefore avoiding. Nov the patient says, in effect, "That was somewhat beside the point." So he is in effect accusing Dr. Thomä of having avoided something, and the patient himself, I think, recognizes that his avoidance was based on his anxiety: he didn't want to irritate Dr. Thomä with too sharp and pointed and insistent a question. Had he done so, he would have said then to Dr. Thomä, "But you know, that's not the point, I'm asking you about that path." Now Dr. Thomä says, "That's a very important point. We must discuss it more." And the patient says, "I am surprised by what you say. We have been talking about this for months."

Dr. Thomä deals with that by saying, yes, he knows that, but he wants more detail about the issue. And again he makes the interpretation that the patient is afraid that he will hurt the other person with his questions, so that the other person will withdraw. And now comes the interpretation that I consider to be an excellent interpretation. Dr. Thomä interprets the patient's experience of the relationship as plausible. You remember my fuss about the importance of interpreting the patient's experience as plausible? Here is an illustration, because Dr. Thomä says, "When I avoided answering directly about the path, you experienced that as my irritation that you were being too direct with me, and I receded from you. That was your experience."

Now there has been all this discussion about the patient's fear that if he asks questions too directly he will irritate the person who he is asking questions, and that person will withdraw from him.

Dr. Thomä is interpreting an interaction that took place between himself and the patient. He is interpreting the patient's experience as plausible and valid. - I am going to continue with this point: What would another analyst do of the kind that Dr. Thomä and I object to? The important point is that Dr. Thomä is taking a very different position from the one which I described.

His position is: and I have behaved towards you in a way that validates your anxiety. It's not just your father or your mother or whoever – I behaved in a way that gave you reason to fear that I would be irritated.

Then an interesting thing happens: Dr. Thomä says there is this issue of the patient's anxiety that the analyst will be irritated, and that analysts sometimes for personal reasons do become irritated. Then he interprets that the patient's curiosity doesn't simply remain curiosity, but it becomes an insistent and biting and penetrating curiosity, which I have something more to say about. And now the patient says, "Do you mean something sexual?" And Dr. Thomä says, "Yes, I had something sexual in mind, but it's not entirely clear and I think it would be better ..." – These are not your exact words, but the idea is: I don't want to say any more about that now, on another occasion perhaps we will talk more about it.

Now comes a fascinating phenomenon because the patient suddenly has a memory. And the memory is of the time last winter when he became very anxious again, which led him to come to Dr. Thomä to ask for further treatment, though he had had these three previous treatments. And what is it that he remembers? He remembers a movie he saw that was very disturbing to him. In this movie there was a criminal who put a knife into a woman's heart. But what was especially disturbing to the patient was not just that he put a knife into somebody's heart, but that he put it in very slowly. That was very disturbing. And the patient says he doesn't understand why that was so disturbing to him.

And then they say good-bye, and that's it'

I make now twelve points as a kind of summary.

1) There is a good example of an interpretation of manifest content that is not about the relationship in transference terms. I have already given you the example. It was when the patient was talking about this other therapist who gave him something, but then refused to give him something that Dr. Thomä made the interpretation, "And you are afraid that I will be the same. I gave you something, and now I won't give you something." In the coding scheme, for those of you who are interested, that's an XR, because X is a material about the other doctor, which is not about the relationship, and Dr. Thomä makes the interpretation in the relationship, so it's an XR.

2) There is another very interesting illustration here of the way in which an interpersonal interaction has to be understood from both sides with each character playing both roles. What I mean to say about that is that if the patient describes being a snail and being a dog, you mustn't be satisfied with asking yourself, "Who is the snail: and who is the dog?", because you are a snail and a dog, and he is a snail and a dog, too. They are both both. And although at any particular time you

may decide that a particular interpretation one side or the other seems to take precedence, you have to make sure to remember that both can be both, and the patient could look upon Dr. Thomä as a barking dog, a biting dog, but he could also think that he is a frightened snail who withdraws when somebody asks a direct question. It could relate to the very same issue that he could consider not only that Dr. Thomä was irritated, but that Dr. Thomä perhaps avoids direct exchanges as was shown by that kind of an illustration.. And you also have to remember then in your account of transference you have to be careful to be willing to take both sides. We have to be very careful because we would rather think of ourselves, would we not, as dogs who can bite than as snails who are frightened? So we are inclined to pick up the one that we would rather believe. But in this instance, I think, it is a tribute to the atmosphere that Dr. Thomä has established in this analysis that the patient was able to say in the next session, after Dr. Thomä repeated even, "I am the dog", the patient said, "No, I am afraid I am the dog because, after all, that makes Dr. Thomä the snail, too." So I think it is important and, as I say, a tribute to the therapy that Dr. Thomä can see both.

3) This comes up, I think, in especially interesting ways with regard to sex, because every therapist, whatever sex he is, has to be prepared to be perceived as the other sex, and if a man has insecurity about himself as a man, so that when he becomes a woman in the transference he can't see it, then the therapy is in trouble. And if a woman therapist is insecure about her femininity so that when she becomes a man in the transference and she can't see it, then the therapy is in trouble. That's why we need to be fairly comfortable with a whole range of types of feelings, even to be able to identify in a series where you are the other sex.

4) There was an interesting illustration of where, I think, Dr. Thomä' did not see that he is both, and I will attempt to use it also for what I think is an important illustration of another point, and that is to say the immediacy with which an exchange that has taken place between patient and therapist may be expressed in the transference, and I refer to the knife. You remember that Dr. Thomä's interpretation, although as I told you, it was a little bit ambiguous as to who was the knife, his interpretation nevertheless took the form of the patient's curiosity being the knife, that it is the patient who is penetrating somebody else, presumably in this instance he is penetrating Dr. Thomä, with all the sexual implication that that has, which incidentally leads to another point I will come to in a moment.

But first to the knife: I believe that at that instance where the patient had this memory of the movie, of a man pulling a knife, you remember how, slowly into

some- one's heart, that there was a reference to Dr. Thomä as the knife who is doing that.

Just before that, Dr. Thomä had made an interpretation about curiosity, and the patient had said, "You mean something sexual?", and Dr. Thomä said, "Yes, but I am not going to discuss that now." That's the slow knife that's coming in. "I'11 give you just a hint now, later I'11 make another little push, and later another little push" – that's my hypothesis that at that very moment the patient's image, yes, it referred to his own curiosity, I don't deny that, but I think it will also say, "And you are pushing the knife in slowly, too, doctor? You are saving these sexual interpretations, etc." That interpretation could have been made, too. Both sides could have been made.

5) But the other point I wanted to make is a compliment to Dr. Thomä, because I think many analysts at that point would have been tempted to make a sexual interpretation and to go into sexual material. I forget, one or the other of them actually said, "These are penetrating questions" into a person's head, you know, and into a person's heart. I mean how is it possible for an analyst to use such talk without thinking about sexual intercourse, something penetrating something else and something coming in slowly, etc. etc. The very word penetration is used, etc. But it would be wrong to make sexual interpretations of that kind at this point. That in my opinion would he a flight from the transference which is being expressed in these – those who think sexual interpretation should be made call it superficial. I say: No, that's not superficial. What's important is not some fancy idea about sexuality, what's important is something that has emotional significance right now. And I think that if Dr. Thomä had made a sexual interpretation at that point, the patient might very well have experienced it a sexual penetration Dr. Thomä was making on him, but it would not have advanced the therapy. On the contrary, it would have frightened him, I think, away from his beginning exploration of whether he dares talk about Dr..Thomä, what does he like, how does he eat his Spätzle and where is he going on his vacation, etc. I am not objecting that Dr. Thomä had something sexual in mind and I am glad that when the patient said, "Have you something sexual in mind?" He said, "Yes." I don't even object to the fact that he said, "I don't think it will be useful to discuss it now, we will take it up" – that's not my point.

6) My point is to be aware of the interaction that is taking place and to bring it into your interpretations. The main message that I would wish to communicate to you if there is only one main point that I can get across, what it is that I want to say, and this is it: The idea and this bears on that central question in my judgment of what

is this way of doing psychoanalysis that in Dr. Thomä's opinion and mine is a better way than the old way because the old way attempts to keep as great a distance as possible between the patient and the analyst. To keep the transference uncontaminated is the alleged reason. You mustn't do anything, because if you do something you contaminate the transference and we want to get the pure transference, so we know that this came solely from the past, etc.

That is nonsense, because the whole idea of that is based on the implication that it is possible in a human interaction to do nothing. It is not possible to do nothing. You are always doing something, and if you just sit there and don't say a word for a month, you are doing something. The existence of the analytic situation is a doing something. The point is not to do anything, because you can't do anything, you are always doing something. The point is to be aware of the implications for the patient's experience of whatever it is that you are doing. And that changes the whole atmosphere of an analysis. It is no longer a situation in which a person fights to do nothing. It's much more relaxed because he does this; he does that. So what if he reassures the patient? Is the heaven going to fall? No, but he should be aware of the implication of reassurance. Do you know what Dr. Thomä did with this patient that he is analyzing? Do you know what terrible thing he did? He gave him pills. It's a good thing he is already a training analyst, because if he wasn't a training analyst and anybody would find out that he gave an analytic patient pills he never would become a training analyst.

That is the central point that there is always activity. For instance, Dr. Thomä does a good deal of reassuring of this patient, rather more, I think, than was necessary. And I will come to what I consider to be a possible hypothesis that explains that.

7) Why did the patient become frightened when he thought that Dr. Thomä might actually tell him where he would go on his vacation? I think that there is a good deal of material earlier in the session – maybe it's in the first session – that bears on that. Because when the patient was discussing his mother's depression he said that he thought that other people were to blame, at least in part, were guilty for his mother's depression because they did too much for her. They took care of her in everything, so that made it all the more possible for her to just sit. Now you remember that this patient is afraid that he will become identified with his mother and become too passive. I think that he has some anxiety that Dr. Thomä may do too much for him and in that way rob him of his individuality, which I think is one of the reasons that Dr. Thomä emphasized the individuality as much as he did. I think that the patient is afraid that he has presented himself to Dr. Thomä in such a way that considering the fact that Dr. Thomä already did give him a fair amount of

reassurance, did tell him that he can get in touch with him through his secretary, that he is afraid that maybe Dr. Thomä will do too much and not realize that he is capable of taking care of himself and he doesn't need so much, and will overwhelm him by giving him too much. I think that may have had something to do with his getting so frightened at that point. And therefore intuitively and correctly Dr. Thomä did not tell him anymore, and I am glad that he didn't.

But again, to go back to my previous point: Do I think that if Dr. Thomä had told him, the analysis would have been ruined? No, but then Dr. Thomä would have had to be very alert to the fact that the patient would experience it this way and make that interpretation. I think it is going to turn out after we learn more about this way of doing analysis we are going to be astonished at what will be possible to do and still have an analytic situation if we make it explicit and interpret the patient's experience. I am not saying you can do anything. You can't have intercourse with the patient, that's too avid an analysis, which is the example. No, it still matters what you do. There is a certain degree of relative impersonality that has to be maintained in an analysis, but where is that point? Who knows? And is it necessarily the same for every analyst? No. Then is it necessarily the same for every analyst-patient pair? No. This is where a degree of flexibility in analytic technique in my opinion comes in, and once again I repeat, though you may be getting bored with it, it is not what is done, but whether what is done can be brought into the transference by way of interpretation.

8) There are some interesting illustrations in these sessions of validation of interpretation. First of all, there is the whole fact that the patient becomes progressively bolder as the sessions go on. He becomes sharper and sharper with his questions. He has the nerve to say to the analyst 'You know, that wasn't the point, doctor, about Oberstdorf, it was about the path." And he also has the nerve to say, "I had the feeling that you are manipulating me and that you are a trickster." It takes some nerve to say that to an analyst. And I think you see an interesting progression in these two sessions of an increasing capacity to be direct, and I think this is a validation of the interpretations about the patient's anxiety about being direct.

Not only that, but there are a number of instances in these two sessions where the therapist makes an interpretation and the patient says, "I'll give you another example." I don't remember at once what they were, but such illustrations occur. That means that something has been said that was meaningful.

9) It's also true that that could be a compliance, and there are evidences of compliance here. For instance, I think an interesting one that occurs to me is the explanation about why sometimes it is better not to answer questions because that stops the thinking process, and the patient says, "Oh, yes, doctor, yes, that stops the thinking process." I think the patient is simply being compliant because the doctor has said that.

10) I have a couple more points which I will allude to. There is a very important issue in these two hours that is touched upon in only a glancing way that I think would bear some very interesting and detailed discussion. I cannot say anything about it very useful, except to draw your attention to the issue. The fact that these are two hours just before a vacation I think for most analysts would mean that the whole issue of separation and loss would inevitably be the major theme of these two sessions, but it doesn't seem to be. What seems to be the major theme of these two sessions is anxiety about curiosity that will be interpreted as aggressive. That seems to be at least stated in a manifest form. What the whole thing is about, anxiety about activity, passivity, aggression, I don't know. Where is the separation issue'? Obviously it's here in that whole business of "Can I get in touch with you during the vacation?" It's there, but surely it has been made more explicitly as subject of examination. My hypothesis is that in a way that I would need more time to study and think about, the interaction that is taking place between them is a disguised gratification of the patient's anxiety about the separation, that possibly even this discussion about harmonious union – and I think that has something to do with why at the very end Dr. Thomä made that remark about individuation and separation etc.

So that would be a very important issue to consider here, but it also leads to, I think, a very important consideration with regard to technique and brings me back to one of the things I said at the very beginning with regard to the nature of the analytic situation.

11) If somebody would re-examine these two sessions from the point of view of the conviction that the separation and loss issue is the main issue, I suspect he could build a very logical, reasonable case to make his point. So what does that mean? That these are terrible two hours because the main issue wasn't dealt with? No, it means, in English we say, there is more than one way to skin a cat. If the issue of separation is important, it will come again, it will be dealt with, there are different ways to go about it, and if any analyst tells you that he knows what is the right theme that should have been taken up in these particular two hours, don't believe him. That's his idea, and there are other ideas, too.

12) I think the last point I am going to make has to do with what I think is a very interesting countertransference issue here, having to do with this whole issue of technique that Dr. Thomä and I, if I may speak of us as in harmonious union in that respect, stand for. Helmut Thomä: I know that. I hadn't known it at the time of these sessions. By the way, this is a very important point to make, and I am glad that you make it explicit. These things that I am telling you are more or less in some of the things that I have written in the book, the Monograph on the Analysis of Transference, not nearly as clearly as I am telling them to you now, because they have become clearer to me in the course of the last year or two since the book was finished. But Dr. Thomä conducted these sessions, and Dr. Thomä's whole way of doing analysis is before he knew my ideas. Therefore I think it is absolutely correct to say that he came to them independently. He is not simply doing something he learned from Dr. Gill.

Nevertheless, it is very nice to find out now, to find somebody who is in harmonious union with one, too, because we all have our problems about separation and individuation and unity etc. But at the same time, having had the experiences that we have had, Dr. Thomä and I – and it's in my work, too, I can show it to you – have anxiety about what we are doing, because we have Gewissensbisse about what those other analysts are going to say about us, about these terrible things that we do. And I think that that grips into our work every now and again. I think, for example, that it plays some role in your making this explanation about the virtue of not answering questions, as if you are saying, "I know that other way of doing things, too, I know about that, too." And I think, although I am not sure, that it also has something to do with the reassurance that you are giving the patient.

And I think it has some- thing to do with this final speech about individuation and separation, because it's a peculiar trend of reversal. You explain to the patient why you are holding yourself somewhat separate from him. When analysis is done the other way, the analyst doesn't feel any need for that, he doesn't feel any need to explain why he holds himself separate, because he considers that to be the proper technique that he is behaving the way he should. I think in a very complex way that I cannot explain to you now, but that I am simply offering for your and Dr. Thomä's consideration, the change in technique is finding subtle expressions both in what one does and in what one doesn't do. In a way, Dr. Thomä feels guilty not only because he isn't being distant enough, he also feels guilty for being too distant. Too distant – and he is explaining to t-he patient why he is. You understand that in his fight, in that Kampfgegen the old way of doing things he

also feels some guilt that he isn't doing it even more, and he is therefore explaining to the patient why that is so.

In answering a question Dr. Gill concludes: I don't know whether I would have or would not. And the important thing is not whether it was done or was not done I am trying to understand why it was done, that's all. This is one more elaboration of my statement that to me the crucial thing is to be aware of the nature of the interaction. And to be aware of the nature of the interaction one has to pay attention not only to the patient's experience, but to one's own experience. And I am saying that when Dr. Thomä and I conduct an analysis I think for us the whole issue of technique and whether we are employing correct technique or not plays a very important role in our feelings, and I am only saying we should be aware of that, because it will probably affect certain interpretations and interactions that we will have with the patient.

To me, the issue is not "Should he have done that, would I have done that", it is only to try to explain that every analyst enters every analytic situation with his own personality and his own ideas about what is an analysis, and his own ideas about technique. And I am saying that since for me and Dr. Thomä the whole issue of what is correct analytic technique is a very important one, for all the personal meaning that it has in terms of our relationship to our colleagues, and in terms of our ideas about whether we are making a contribution, and in terms of our 'anxiety about whether we will be listened to, etc. etc. etc. that we should be aware of that. When we begin to look for our counter- transference, we should realize that the likelihood is that that will be an issue in our countertransference. And so will it be for you, too.

Those of you who are being trained in this Institute presumably are being taught certain ideas that some of your colleagues in other institutes, possibly in Vienna, I don't know, are told is not proper. How will you deal with that?