CREATING A HUMAN ANALYTIC SPACE - INDEPENDENT PSYCHOANALYSIS AT THE CROSSROADS

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I will begin looking at some general features of independent psychoanalysis, then some of the institutional and political issues which can either facilitate or restrict psychoanalytic thinking and institutional life, and then move to the analytic encounter itself and the hard task around trying to create what I have called a human analytic space, one which respects human diversity and theoretical pluralism, pays adequate attention to the patient's emotional pain and suffering, while hopefully facilitating psychic change. I will assume that there is an intimate relationship between what happens in the analytic space and the analyst's own institutional influences; the latter affecting how the analyst listens to the patient and what interpretations are made.

Independent psychoanalysis

Though there is great interest in independent analysis abroad, with increasing attention paid to the thought of Winnicott, those in the UK who see his thought as a deep influence are very much in a minority, perhaps even an endangered species. I am not sure if we need special protection against our predators, or to be placed in a separate reserve where we can increase our numbers, though that at times feels like a temptation. But I certainly feel that we are at a crossroads, and need to have a view about which path to take before it is too late.

Psychoanalysts of course cannot put aside the particular and potentially fateful, or fatal, resonances that come with the notion of a crossroads, given the importance in analytic theory of the Oedipus story, and his murderous encounter with his father Laius at the place where three paths met. I have always wondered what those three paths were in reality, apart from any symbolism, such as representing past, present and future. One path led back to where Oedipus came from and yet was not his original home, Corinth; another led onto Thebes where he became King, which was where he was born but from which he was expelled as a baby; but where did that enigmatic other path lead to? Or was it there to remind us that there is always some other path we never do take, or we need to be there as another path?

But in general, a crossroads is a place where multiple paths meet. Some time ago, I made the point that there are many different ways of practising and understanding psychoanalysis, both as a clinical treatment and in its interaction with other disciplines. That it, there are what I called many voices in the analytic field, each of them bringing something potentially valuable. Each analyst then has to find a particular kind of approach which more congenially matches their own quality of listening, development, character, values, prejudices and ambitions. One has to find one's own analytic voice or identity; this is a constant process, involving coming to grips with what the American critic Harold Bloom (1997) called the 'anxiety of influence'.

Bloom, influenced by Freud, charts the story of how poets have suffered from other poets, just as any biography is the story of how anyone has suffered from their own history. When a strong poet reads a predecessor poet, there is a necessary act of misreading, of misinterpretation - what he calls 'misprision', (literally an act of scorn) before the new poet can find their own poetic voice. The anxiety that makes misprision inevitable is a melancholy fact. Some poets need to 'swerve' away from their precursors, others feel they are 'completing' a precursor's work. Furthermore, each poet is caught up in a complex dialectical relationship, which includes transference, repetition, error and communication, with another poet or poets. Each poet fears that no proper work remains for them to perform; this potentially paralysing anxiety of influence pervades their work. They can find their own style by distancing themselves from the parent poet, to the point of misinterpretation and even demonization. However, the dead can return once the poet has found their own voice, the precursor can bear comparison with the new poet; indeed, it can even seem as if the later poet themselves had written the precursor's characteristic work.

I cite Bloom here as it seems to me that much of what he says about the nature of influence by poets on poets can be applied within psychoanalysis itself to the way that, for example, schools of analytic thought deal with Freud's and their own major thinkers' overwhelming influence. Indeed, at least some followers of analytic schools imagine that their pivotal figures have written Freud, that Freud was really a Lacanian, a Kleinian or Kohutian in disguise etc.

Freud's influence is still profound, even if we are surrounded by various kind of influence-anxiety. Freud's thought continues to be transmitted in a variety of ways - through his texts, through different psychoanalytic schools, and from analyst to patient. The reading and re-

reading of Freudian texts requires we both go back to Freud but also read Freud as a contemporary, connecting his text with the living practice of the present. This is a hermeneutic activity up to a point; where it diverges from hermeneutics is that psychoanalysis is primarily an oral, clinical activity, a technique or craft. We should not have pupils in analysis; even in training analyses, for that is potentially dangerous, leading to indoctrination, where the analyst's voice takes precedent over the candidate's voice.

However, around the analytic experience there is teaching of theory and technique, out of which arise, as in any other body of knowledge, issues of mastery, influence, rivalry, transmission of tradition, betrayals, subversions, power relations, as well as the positive influence of apprenticeship, where mutual exchange and learning of skills and craft can take place.

Finding one's own voice then is a complex process, involving some kind of nuanced discipleship, where managing multiple influences have to be worked though in some way.

Relevant to these issues is a quote from Freud's brief yet powerfully evocative paper on 'Family Romances':

> The freeing up of the individual, as he grows up, from the authority of his parents is one of the most necessary but also most painful achievements of development. It is absolutely necessary that this should occur, and it may be presumed that it has been to some extent achieved by everyone who has reached a normal state. Indeed, the progress of society is based upon the opposition between successive generations.
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> Freud 1909 SE IX: 237 [my own translation.]

Having outlined what happens in normal development, Freud then turns to neurotics, some of whom have failed in this task. The family romance is the name for fantasies where the subject imagines that his relationship to his parents has been modified, so that for example he might fantasize that he is an adopted child, or has noble parents. Rather than face the conflicting Oedipal feelings towards one or both parents, the child creates a fantasy of being special or of having other, however idealized, parents.

Thus, Freud's paper seems to imply progress in (Western) society depends upon the opposition between generations, that discipleship of necessity requires rejection, and that it is only neurotics who cannot face this opposition and hence avoid liberation.

One might ask, then, are we the true born children of our analytic parents? Can we only become free by opposition? Hopefully not. If psychoanalysis continues on this oppositional path, scorning those who do not follow the 'one true path,' demanding allegiance rather than respectful recognition of different viewpoints and approaches, I cannot see much of a future for it in an increasingly pluralistic world.

I have summarized some of the typical features of the pluralistic independent analytic approach before (Kennedy 2007). These are, in brief, a certain kind receptivity to what the patient says, a trust in the unconscious, bearing states of unknowing and openness to the unknown, while also being aware of the realities of the external environment and how they impact on the patient's life. Technique is important but needs to be flexible, responsive and not from 'on high.' The analyst is not all-knowing, giving constant transference interpretations because they know what is going on and want to 'show' the patient what they are doing. Reconstruction of history is vital, as is a flexible attitude to analytic theory; whatever works may be of some use, provided it aids the patient's associations and the analytic process. A collaborative or intersubjective approach is common, and an awareness of the potentially traumatic nature of being in analysis; it is tough, and the patient may well need some ego support while going through the inevitable regressions involved in a successful analysis.

I will give just one clinical example from a past analysis to highlight the vital role of a patient's history in resolving unconscious conflicts and trauma, very much an Independent theme.

This involves a man in his forties nearing the end of a long analysis. He had come into analysis because of a sense of emptiness and futility in personal and work relationships, as well as periods of depression. He had a traumatic early history, in that his mentally ill mother was subject to repeated hospital admissions for quite florid psychotic behaviour. His father, a more stable but somewhat emotionally distant figure spent periods away from the family home on various kinds of business. My patient in fact found some stability in attending a male boarding school, together with his younger brother to whom he was not that close, but learned there to hide his emotions and also to turn to academic achievement as a way of

finding some self-regard. Despite these early difficulties he had managed to marry and have a successful career, a marriage and children, but was always haunted by the ill mother.

The period of ending the analysis was, not surprisingly, emotionally difficult, yet also productive, as can be seen in this excerpt from a session a few months before the end.

He was worried about how he got into entangled relationships, muddled up and confused. He described some situations at work when he felt he was being drawn into behaving like a rival for his mother's attention, and linked this to his feelings about his younger brother, whom he felt was favoured by his mother. His mother had in fact had her first major psychotic breakdown after my patient's birth, and the theme of feeling responsible for her illness had been a major element of the analysis.

My patient then said that what he had got from the analysis was a way of fighting through all these problems, without losing the thread any more. But he was fearful about how he was going to do this without coming to see me. I linked this fear to one we had frequently talked about before, about how to separate from a mentally ill mother. He replied by suddenly remembering a fragment of a dream. This was that he had pain in the soles of his feet.

He said that this was a bit weird, and wondered what it meant. Something about pain, he added. I replied that maybe it was something about another kind of 'soul', and about a painful soul, how he was going to deal with that kind of pain. This led onto him thinking about how he dealt with emotional pain, tending in the past to distance himself, although now he was more able to face conflicts, as he had described at his work. He said he needed to find a space to feel pain without disintegration and madness. He was thinking about the next phase of his life. He mentioned a book he was reading about a brother and sister who were 'fused' with one another. That led onto more thoughts about him and his mother, what he had had to deal with, with her bizarre behaviour, how he had to defend himself against her intrusion, and also his fear of being 'fused' with her. However, he did feel that he could lead a life of his own. He could now feel he could be happy with his family, but he was also afraid of how the ending was going to be, what kind of life he was going to live. He ended the session by wondering what the next phase of his life was going to be.

While of course there was considerably more work to be done around the ending of the analysis, the patient was much more able to deal with conflicting emotions. As he put it, he

now had a way of fighting through his problems without losing the thread, or one might say without being taken over by his mother's illness. As so often the case with such patients, one of the main tasks of the analysis is to sort out how much a patient is muddled up with the parent's psychosis, which becomes an alien presence as it were. This work concerns separating the patient's own disturbance from that of their parent's disturbance, or of trying to diminish the unhappiness that gets passed down the generations. The patient was able to have more lasting periods of happiness with his family because as he put it he had begun to find a space to experience emotional pain and to manage almost unbearable trauma. Then this piece of work of course became part of the history of the analysis and therefore a piece of the patient's new reality.

In defence of pluralism

I think that Independent analysis is consistent with Hannah Arendt's view that one should remain suspicious of the existence of a single compelling truth (though not evidenced facts), and that instead one should rejoice in the unending discourse among people in search of the truth but never reaching a single source of truth; the notion of single truth only leads to inhumanity.

Arendt (1970) describes this pluralistic thinking as a special form of tolerance, involving the gift of friendship, openness to the world and with the genuine love of mankind. The ideal of absolute truth, that she describes in its extreme form in totalitarian regimes, threatens in all societies the political public space between people, which she prioritizes as the site of freedom, a space in which there is room to consider different perspectives and reach sound political judgments and room to stand back from one's immediate feelings and loyalties and strive for impartiality.

If men united in a single opinion, she states,

> ...so that out of many opinions one would emerge, as though not men in their infinite plurality but man in the singular, one species and its exemplars, were to inhabit the earth...the world, which can only form in the interspaces between men in all their variety, would vanish altogether.
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> Arendt 1970: 31

Arendt argues that pluralism is essential to preserve humanity. She gives us a powerful vision of a tolerant public space, which, while open to all, needs to guard against the forces of

intolerance, those who limit open and public discourse, often in the name of some single and abiding truth.

Pluralism does not imply confusion, or lack of coherence or wooliness, something which Independent analysts have been accused of in the past and even now, and have perhaps not done enough to counter. It requires considerable and hard-won discipline, in the process of focusing down on what makes sense for a particular situation. This does not imply a lack of focus or an 'anything goes' approach, but a disciplined, open-minded yet flexible approach to responding to what the patient brings. As Eric Rayner put it,

> Commitment to open-mindedness in any endeavour requires self-discipline of a high order when complex issues are being evaluated. This is certainly the case in analysis. It should also be added...that the Independents' empirical ethic gives no encouragement to that quality of cruelty which can emerge in the minds of strict adherents to a doctrine after it has started to become sterile.
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> Rayner 1991: 205

I think that such strict adherence to one way of working and thinking is a reaction to the uncomfortable fact that much of what we do is pretty messy and uncertain, like most things of importance in life. Donald Schön has put this rather well in his book *The Reflective Practitioner*:

> In the varied topography of professional practice, there is the high, hard ground where practitioners can make effective use of research-based theory and technique, and there is the swampy lowland where situations are confusing "messes" incapable of technical solution. The difficulty is that the problems of the high ground, however great their technical interest, are often relatively unimportant to clients or to the larger society, while in the swamp are the problems of greatest human concern.
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> Schön 1983: 42

Descending to the messy swamp of pluralism means engaging with the most important and challenging problems, where trial and error, intuition and muddling through are the order of the day. This often means judging what to do by the feel of things.

Pluralism is also very much a contemporary theme in other disciplines and reflects the global world we live in. Just to give one example in a discipline I am currently doing work on, that of music. After the second world war, there was a reaction against old musical languages, and an explosion of new, very modern musical languages intent on creating music divorced entirely from the sort of mystical self-expression and nationalism that were perceived as being responsible for fascism and Nazism. Serialism, pushed forward for example by Pierre Boulez, involved the the denial of tonality and even the expression of beauty in music, the latter seen as a reflection of an old and outmoded world that had led to the catastrophes of the second world war. Pre-existing structures such as the triad, the basis of tonality were eliminated. I think one can see similar developments at that time even in psychoanalysis, with a search at that time in the fifties for unitary thinking aimed at inclusive explanations, such as in the work of Klein and Lacan.

However, in music, as in many other fields today, pluralism has become acceptable and desirable. Pluralism in music describes a compositional philosophy: the willingness, for expressive reasons, to employ a range of different musical languages within a single piece and even within a single movement. Heightened music expression and even beauty have returned to the concert hall – much to the relief of the audiences. The serialists had forgotten the way that music is actually perceived by the listener.

In my own work, I have looked at what drives people to become intolerant towards pluralism. In my recent book (Kennedy 2019), I made the point that tolerance and intolerance inevitably go together; there is a dynamic between them. I also suggested that what often drives intolerance of others and other opinions and views is a fear of losing one's identity. I described in this book and the previous one (Kennedy 2014), how a fear of a loss of home, or more fundamentally a fear of a loss of a psychic structure which provides a central core of our identity a - 'psychic home' – accounts for a considerable amount of prejudiced and intolerant attitudes to strangers, as well as towards anyone who has different ways of being and thinking.

One can often see this dynamic in psychoanalytic institutions, who fiercely hold onto particular ways of reacting, or beliefs about their ways of working. This becomes like a psychic home, a hard-won base as it were. Inevitably then intolerance of other ways of working gets set up, as if the hard-won psychic home is under threat. The point is that this sort of dynamic is inevitable. 'We have our psychic home; we don't want them over there spoiling it. Let's put up a wall against them.'

To move beyond unconsciously acting out this dynamic to addressing intolerant attitudes and changing them requires considerable work. To achieve what I have called 'subject tolerance', where there is respect for the other and others as subjects of their experience, with agency and capacity for independent judgment, requires a tolerant imaginative internal space in people's minds. This contrasts with 'object tolerance,' where the other and others are seen as mere objects, to be put up with or confined in a walled area, or ghetto, or behind a barrier of indifference or hatred.

I cannot see how such institutional issues about the need for an open public space for discussion cannot impact on what happens between an analyst and patient in the consulting room, where a more intimate and private space needs to be created. Without the backing of a tolerant institutional space, it can be very difficult managing to preserve plural ways of thinking and working.

A human analytic space

I would suggest that a pluralistic approach to psychoanalytic thinking of necessity is intimately linked to what I have called a human analytic space, one where there is respect for the complexities of the patient's inner world, and which, starting specifically from what the patient says, allows the patient's many voices to be heard and is not closed down by too rigid, or even cruel, attitudes from the analyst. As it is the union of the patient's words with the analyst's close listening to what has been said which then leads to interpretation, facilitating a human analytic space involves particular attitudes to listening and interpretation, which I will examine in turn.

Listening

In my view a human analytic space involves a kind of pluralistic or fluid way of listening to the patient. How one listens usually varies as the analysis progresses. There are no rigid rules about how an analysis progresses, but one can often trace what Serge Viderman (1979: 273) described as three basic phases. Occasionally the phases merge quickly into one; but mostly a process develops.

In the early or pre-transference stage, I usually take time to get to know the patient and their story. It may take time before unconscious themes begin to cohere. Listening and waiting is important, so as not to close off the associations. Of course, if a patient is highly anxious, one

may need to quickly address their surface anxieties. This is a matter of what Ferenczi (1999 [1928]: 257) called 'tact', or basic empathy. This empathy will protect us from unnecessarily stimulating the patient's resistance, or doing so at the wrong moment.

There is then often the emergence of scattered transference reactions. We are in the presence of true transference manifestations, but they are still relatively amorphous, not yet cohering into a stable picture. The patient may want an ordinary social relationship at this point. Listening then gradually leads to interventions enabling the transference to deepen. For me that means trying to hear the patient's deep unconscious themes, with only occasional comments and the occasional interpretation.

The phase of the 'transference proper' feels as if one is immersed in a more freely associating environment; there is an analytic process. There is a closer relationship between listening and interpretation. The listening then become more like evenly suspended attention, as the patient is probably at this point just getting on with being in analysis.

It is then that one may be able to make sense of how the patient listens to what the analyst says. How the patient listens to the analyst's interpretation, can lead to the analyst then finding new meaning to what was said, après-coup, or what Haydeé Faimberg (2005) calls 'listening to listening.'

Psychoanalysis is a listening discipline; its bedrock is listening deeply to the patient. While of course there are significant differences between listening to a musical performance and listening to a patient in a consulting room, there is also some common ground. In psychoanalytical listening, one is listening simultaneously to the 'surface' and the 'depth' of the patent's communications, to both the conscious and underlying unconscious stream of thoughts and feelings. There are some loose parallels with this kind of listening and musical analysis, particularly the kind that looks beneath the surface of the musical 'foreground' to the underlying deep structures of the 'background' (Cook 1990). However, such analysis is a highly sophisticated and intellectual exercise.

Analytic listening, in contrast, however intellectual taxing at times, also entails a responsive, receptive or affective kind of listening, more like trying to make sense of the shape of the communications or their vitality affects, the dynamic quality of the emotions. This has also been described as a kind of musical 'reverie' (Lombardi 2008), which can arise in the analyst

particularly during intense emotional exchanges. Theodor Reik (1953), who saw music as intimately linked to emotions and psychic reality, had already pointed out, with many clinical examples, how musical associations arising in the analyst's mind can be of great help in the understanding of the patient's communications.

> The tunes occurring to the analyst during sessions with patients are preconscious messages of thoughts that are not only meaningful, but also important for the understanding of the emotional situation of the patient...The tunes stand in the service of the agents responsible for the communication between the unconscious of two persons...
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> Reik 1953: 19-20

Just to give one simple example given by Reik. A patient has a dream. She is in the bath and is worried because she has forgotten to take off her watch which could be ruined if it gets wet. There were no helpful associations to the dream. In the pause between her report of the dream and the following sentences she spoke, a long-forgotten tune came to Reik's mind, which he then realized he had not heard since childhood. The title was *The Watch (*by Karl Löwe). He recalled later the first lines: 'Wherever I go, I carry a watch with me always, and only need look whenever I'd know the time of day' (Reik 1953: 23). The watch meant the human heart. Reik then recalled the phrase that Viennese girls used to say, referring to their periods, that they were as punctual as a watch. At the next session, the patient referred to her dream and that she had forgotten to put in her diaphragm after her bath, and was worried that intercourse might have led to a pregnancy.

One could say that every patient has their own music, but that every analyst and patient encounter creates a music of its own. The analyst is thus engaged with listening to both the patient and to themselves and to their own responses to what the patient brings. Thus, as Michael Parsons (2014) has shown, analysis involves listening in two dimensions at once – externally to their patients and internally to what is stirred up by listening to their patients. That internal listening involves a certain kind of receptivity to the unconscious, which seems to have parallels with listening to music. Being receptive to the 'internal' music aroused in a listening analyst helps the analyst understand the external music that is the patient (ibid 51).

During a session the analyst may become immersed in the flow of the patient's material. As Martin Nass (1971: 309) describes, 'As in listening to music, one may follow the melody line,

the obbligato, the counterpoint. The analyst is free to move from one line to the other, to hear them all simultaneously.'

The quality of communication between analyst and patient is similar to that of musicians in small ensembles; there is then a close mutual adjustment and readjustment of interaction, or '*entrainment*', that is, the 'alignment or integration of bodily features with some recurrent features in the environment' (De Nora 2000: 78-9). Musical entrainment involves perceiving the regularity of beat and can be seen for example when dancing to music or marching in time to music. It seems hard-wired into the brain, since it is a skill that children can be seen to acquire naturally. There is even evidence that participating in musical activity such as synchronised singing and drumming can promote cooperation in 4-year-olds (Kirschner and Tomasello 2010).

With musicians there is obviously a complex form of entrainment. This involves conscious and unconscious communications between the players, communication at both the bodily and emotional level, with the reading of gesture and eyes as well as the building up of trust and mutual understanding. Emotional focus, where the performers are enabled to be absorbed and focused *within* the music somehow seems to be a vital part of giving a good performance (Bostridge 2011) and requires this sort of close common understanding and communication.

Perhaps we can understand some aspects of the psychoanalytic relationship in these terms, where there may be different degrees of entrainment between analyst and patient, depending upon the nature of what gets repeated in the transference.

I do not think we emphasize enough that the analytic encounter takes place within a complex boundaried sound world or soundscape, in which hearing takes precedence over seeing. Freud's use of the couch was a radical way of pushing the sound world to the fore in treatment. The distribution in space of things heard is fundamentally different from that of things seen (Kramer 2018). Sight tends to distance us from things; there is a landscape which we can admire but it remains out there. Figures may move in a landscape but the landscape we see does not move. But hearing envelops us. 'Sound, by its enveloping character, brings us closer to everything alive' (Leppert 1993: 29).

To see without hearing is to witness an uncanny dumb show, and is disorienting. But to hear without seeing, as in closing one's eyes, can be revelatory (Kramer 2018). One gets more profoundly in touch with moods, emotions and the meaning of words.

> Hearing *musical* sound, with or without words, makes us especially aware of proximity and thus connectedness. Parents sing lullabies to their infants, and their infants respond: this is music at its most enveloping.
>
> Leppert 1993: 29

Because music occurs in time, it can under certain circumstances provide a powerful sense of continuity, basic to the soundscape and to many features of the analytic space. Already with the early mother-baby relationship one can see how the maternal voice echoes and re-echoes to the baby's sounds, in a kind of musical manner, imitating and repeating what comes from the baby and providing, as Daniel Anzieu (2016 [1995]: 174) describes as a sort of sound mirror, not a static mirror but a dynamic and responsive mirror providing a sense of continuity over time. In distorted mother-baby relationships, for example with a depressed or borderline mother, there may be a lack of responsiveness, and the maternal echo can become more like the plaintive echo in the myth of narcissus, and time can become deadly, what Green has called 'dead time', (Green 2003: 115). Anzieu also describes how the sound mirror can become pathogenic when the mother's response is dissonant, contradicting what the baby feels or expects; or can be too abrupt, causing confusion and psychic damage to the baby's protective defences; or impersonal, when the mirror of sounds fails to provide emotional information for the baby. Otherwise, the mother's vocal responses normally provide a positive experience for the baby, enveloping or wrapping the baby in a comforting and enlivening sound world.

Trevarthen and Gratier propose that the expressive rhythm of human voices, or the communicative musicality of the mother-baby interchange has a vital role in promoting the well-being and comfort of the baby. Using Winnicott's notion of physical and mental holding, they propose (Gratier and Trevarthen 2007: 174) that, 'the vocal rhythms of interpersonal engagement constitute a Holding environment for the infant that is in continuity and coherent with the physical holding involved in the caregiver's mothering techniques.'

Studies of interactions between infants and problematic mothers confirm the crucial role of voice. Thus, mothers with postnatal depression speak to their babies with monotonous, low-pitched voices and have difficulty engaging in lively protoconversations or 'motherese.'

Depressed mother's speech is less musically expressive and less focused on the infant (Murray et al. 1993). Borderline mothers tend to be unpredictably intrusive or withdrawn and express more negative affect; their vocal performance is also inconsistent and dissonant, reflecting their shifting mood states, and that is confusing for the baby. Thus overall, one can say that communicative musicality is a vital element of bonding and attuned attachment between mother and infant. Without musicality the internalisation from the interaction between voices is distorted and emotions are disturbed.

Daniel Stern (1985: 54) had described the important role of 'vitality affects' in the mother baby relationship. This was a way of trying to describe the dynamic quality of the emotions between mother and child, and how a mother may be 'tuned' into the baby's state of mind or on the contrary have difficulties in so doing. Affect attunement is an important quality in good enough mother child relationships, and something that needs to be looked at when considering the nature of attachments. He cited the work of Suzanne Langer (1967) who had already paid attention to the many 'forms of feeling' inextricably involved with all the vital life processes. She had also used the notion of forms of feeling to capture the many feelings evoked by music. For her music does not so much evoke particular feelings but their 'form', their essential shape over time.

In his later work, Stern (2010) extended the notion of vitality affect and, rather in the manner of Langer, described the role of 'dynamic forms of vitality,' a mental creation shaping human experience, including the musical experience. Vitality forms can be described in terms of movement, time, force, space and direction, all together giving the experience of vitality (Stern 2010: 4). Dynamic forms of vitality give life and shape to the narratives we create about our lives. We tend to think of the mother-baby interaction in terms of objects and space; the advantage of this way of thinking is that one is dealing with the 'real time' phenomena of process, dynamics and flow.)

Nass also points out how new analytic themes in the analysis may arise and develop, repeat and transform in ways similar to how they do so in a musical composition.

But if the analyst listens out for patterns, they may often be strange patterns. Some are coherent patterns, but more often than not we listen for breaks in the continuity, where the pattern is dissonant. That is where the conflicts may reside as it were.

Interpretation

A lot of passion seems to be spent in asserting that there is a 'right' way of giving interpretations to the patient. I do not think that's the best way to start thinking about interpretations. From my experience of listening to many sorts of trainees in supervision and seminars, I would say that there is something that one could call a 'convincing' interpretation, or way of interpreting. What makes it convincing depends upon the details of how the analyst listens in the session, the actual words they use when they talk with the patient and the timing of interventions, how emotionally in touch they are with the patient and their anxieties, and I would add the quality of understanding of the patient's present and past life and environment, including grasping any particularly significant or traumatic events. As you can no doubt, appreciate, I think it bizarre to forget the patient's past and only focus on the here and now. I think it very important not to keep interpreting the whole time in order to facilitate the patient's associations. Too much insistence on making interpretations just closes off the unconscious. As Ferenczi (1999 [1928]: 263) put it, 'Above all, one must be sparing with interpretations, for one of the most important rules of analysis is to do no unnecessary talking; over-keenness in making interpretations is one of the infantile diseases of the analyst. When the patient's resistances have been analytically resolved, stages in the analysis are reached every now and then in which the patient does the work of interpretation practically unaided, or with only slight prompting from the analyst.'

That is, the analyst needs to have the capacity not to interpret and to know when not to, hopefully opening up unconscious communication rather than closing it off; aiming for open rather than closed interpretations.

Elsewhere (Kennedy 2007), I have suggested there were at least three reasons why analysts make interpretations. The first need is intellectual, the need to make sense of what is happening in the analysis, or, by interpreting, give or discover meaning. The second reason is an emotional one, that of wishing to make contact with the patient, and the third need was as a defence against the impact of the patient on the analyst as a result of being constantly in contact with powerful primitive processes.

One should add that the nature of the patient's associations varies considerably. Associations can be compulsive, apparently leading nowhere, defensive, or somehow free and more spontaneous, depending perhaps on how directly the patient is communicating with their unconscious.

It is, as I say, difficult to define what makes the handling of a session sound convincing, but maybe it's something about the quality of 'entrainment', to go back to musical language, a kind of attuned interaction, though not necessarily an easy one.

Freud in his papers on technique makes the crucial point in the handling of dream interpretation, but also interpretation in general, that the appropriate analytic stance is to give up conscious purposive aims and be 'guided' by the unconscious in establishing links (Freud 1911 SE XII: 94).

Analysts vary greatly on the interpretation of what Freud means here. I also think that analysts vary greatly in how they can read unconscious communications in their patients and in themselves. Experience of doing many years of analysis does help, particularly experience of undertaking intensive analysis rather than less intense psychotherapy.

The French style of psychoanalysis is very much towards interpretations which directly pick up and name unconscious themes, though for example a verbal allusion, a play of irony, or just a judicious comment.

For example, Serge Viderman reported a patient's dream:

> 'My father and I are in a garden. I pick some flowers and offer him a bouquet of six roses.' He said to his patient, wanting to illuminate the *thorns* hidden in the gift of roses, 'Six roses or cirrhose' (cirrhosis).
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> The patient's father had in fact died as a result of alcoholic excess.
>
> Viderman 1979: 264

Slips of the tongue, witticisms and puns are of course nearer to the unconscious. Symptoms themselves can play sorts of language games with the body. A judicious use of verbal play is a form of interpretation. I certainly would use this occasionally as a way of making a point, or of trying to help the patient get in touch with their own unconscious life, or just to see what might happen. It can also sometimes make light of a very difficult situation, and help the patient to face difficult issues from a different and less challenging perspective. An example

of this form of exchange as one element of an interpretative exchange was when I linked sole to soul in the first clinical example.

Another example from a French analyst, Laurent Danon-Boileau (2016: 28-9). A patient arrives for his session saying that that morning, while coming to his session, for some reason he had the thought, 'I want to stop my analysis'. Then after a silence and various comments the patient said that before the session he had seen a mother crossing a square with her child, visibly pregnant. At that point the patient recalled the moment when his mother had announced that she was expecting a new baby, a little girl. After a silence, the analyst said 'Stop the analysis? So you don't have to hear me tell you that you are going to have a baby sister?' The patient laughed and then produced a dream.

The analyst's interpretation here was first of all placing themselves in the position of the patient – 'Stop the analysis?' but also questioning the symptom of wanting to stop analysis. Then the analyst places himself in the transference position, of the pregnant mother, and through the interpretation tries to stand in the way of the neurotic repetition, helping the patient to face the mourning of his mother's exclusive love for him.

In a psychoanalytic session, what will happen is, hopefully, uncertain. The analyst waits to see what will emerge in the patient's narrative, whether it be a dream, some unexpected thoughts, a series of free associations, fantasies, surprising actions. This is what I would call waiting for those moments of emerging subjectivity. One can see this is the last example, when the patient is confronted with the dawning of the awareness of their own sibling rivalry, which they will need to own, rather than run away by ending the analysis.

From time to time the analyst may be able to nudge the patient on where appropriate and in the interests of the treatment, offering some kind of 'punctuation' of the narrative, either through comments, or more organized transference interpretations (I try to do both). The hope is that eventually, however long it takes, and of course it usually does take a long time, the patient will find their own voice. They will move from what I have called being subject 'to' their history to being subject 'of' their history, that is more active agents.

The analytic space provides a structure, a setting in which the indefinable can become definable, what one could call a home for the unconscious.

But for free association to happen, the analytic space needs to be welcoming. Not free from conflict, not always comfortable of course, but welcoming the unconscious. This is what I mean by a human space.

Clearly analysts differ in what they hope will emerge in the analytic space. I have described (Kennedy 2000) how one important way of describing change in analysis is through a process whereby the patient 'becomes a subject'. What I mean by this is as follows:

The patient brings all sorts of different stories, fixed patterns of relating or symptoms, hopes, expectations and resistances. Patients often come with a sense of isolation; of either being alone with suffering or suffering from being alone. And they come to analysis subject to various forces in their life, past and present. If the analysis works, there is the possibility of their becoming subject of their experiences and ultimately of their lives, with a sense of being no longer isolated and more in contact with others. Becoming a subject, then, involves a shift towards a subjective position, where the subject has more capacity to take up different positions without their becoming fixed in a kind of frozen state of being. However, this shift can be both precarious and difficult to see or to define. One usually only has brief moments of illumination.

These precious moments may be most intense at various crossroads between the processes of coming and going, presence and absence, the past and the present, life and death; along paths taken and glimpses of paths not taken.

I have suggested that part of the analytic enterprise consists of a particular form of listening and waiting - for the emergence of something that is alive in the human subject. If our psychoanalytic work has any future, the message must surely be that our primary concern is with helping our patients find what is alive in themselves in a world that continues to find that difficult to hear and to bear.

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