

On becoming a psychoanalyst

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One has the opportunity and responsibility to become an analyst in one's own terms in the course of the years of practice that follow the completion of formal analytic training. The authors discuss their understanding of some of the maturational experiences that have contributed to their becoming analysts in their own terms. They believe that the most important element in the process of their maturation as analysts has been the development of the capacity to make use of what is unique and idiosyncratic to each of them; each, when at his best, conducts himself as an analyst in a way that reflects his own analytic style; his own way of being with, and talking with, his patients; his own form of the practice of psychoanalysis. The types of maturational experiences that the authors examine include situations in which they have learned to listen to themselves speak with their patients and, in so doing, begin to develop a voice of their own; experiences of growth that have occurred in the context of presenting clinical material to a consultant; making self-analytic use of their experience with their patients; creating/discovering themselves as analysts in the experience of analytic writing (with particular attention paid to the maturational experience involved in writing the current paper); and responding to a need to keep changing, to be original in their thinking and behavior as analysts.

Keywords: development, history of psychoanalysis, psychoanalytic education

Few of us feel that we really know what we are doing when we complete our formal psychoanalytic training. We flounder. We strive to find our 'voice', our own 'style', a feeling that we are engaging in the practice of psychoanalysis in a way that bears our own watermark:

It is only after you have qualified [as an analyst] that you have a chance of becoming an analyst. The analyst you become is you and you alone; you have to respect the uniqueness of your own personality – that is what you use, not all these interpretations [these theories that you use to combat the feeling that you are not really an analyst and do not know how to become one].

(Bion, 1987, p. 15)

In this paper we discuss a variety of maturational experiences that have been important to us in our own efforts to become analysts following our analytic training. Of course, the types of experience that were of particular value to each of us were different, but they also overlapped in important ways. We try to convey both the commonality of, and the differences between, the sorts of experience that have been most significant to us in our efforts to become (to mature as) analysts. In addition, we discuss several defensive measures that analysts in general, and we in particular, have made

use of in the face of the anxiety that is inherent to the process of genuinely becoming an analyst in one's own terms.

A theoretical context

A variety of experiences throughout one's development as an analyst are fundamental to one's maturation as both an analyst and an individual. The maturation of the analyst has much in common with psychic development in general. We have identified four aspects of psychic growth that are essential to our view of the process of becoming an analyst.

The first is the idea that thinking/dreaming one's lived experience in the world constitutes a principal means, perhaps *the* principal means, by which one learns from experience and achieves psychological growth (Bion, 1962a). Moreover, one's lived experience often is so disturbing as to exceed the individual's capacity to do anything with it psychically, i.e. to think or dream it. Under such circumstances, it requires two people to think or dream the experience. The psychoanalysis of each of our patients inevitably places us in situations that we have never before experienced and, as a result, requires of us a larger personality than that which we have brought to the analysis. We view this as true of every analysis: there is no such thing as an 'easy' or 'straightforward' analysis. The reconceptualization of projective identification as an intrapsychic/interpersonal process in the writings of Bion (1962a, 1962b) and Rosenfeld (1987) recognizes that in these novel, disturbing analytic situations the analyst requires another person to help make the unthinkable thinkable. That other person is most often the patient, but may be a supervisor, colleague, mentor, consultation group, and so on.

Inherent in this notion of intersubjective thinking is the idea that, throughout the life of the individual, "It takes [at least] two people to make one" (Bion, 1987). It requires a mother-and-infant capable of helping the infant to achieve "unit status" (Winnicott, 1958a, p. 44). It takes three people – mother, father and child – to create a healthy oedipal child; it takes three people – mother, father and adolescent – to create a young adult; it takes two young adults to create a psychological space in which to create a couple that is, in turn, capable of creating a psychological space in which a baby can be conceived (literally and metaphorically); it takes a combination of a young family and an old one (a grandmother, grandfather, mother, father and child) to create conditions that contribute to, or facilitate the acceptance and creative use of, the experience of aging and death in the grandparents (Loewald, 1979).

However, this intersubjective conception of the development of the analyst is incomplete in the absence of its intrapsychic counterpart. This brings us to the second aspect of the theoretical context for this discussion: in order to think/dream our own experience, we need periods of personal isolation no less than we need the participation of the minds of others. Winnicott (1963) recognized this essential developmental requirement when he noted: "There is an intermediate stage in healthy development in which the patient's most important experience in relation to the good or potentially satisfying object is the refusal of it" (p. 182). In the analytic setting, the

psychological work that is done between the sessions is no less important than the work done with the analyst in the sessions. Indeed, analyst and patient need to ‘sleep on’ the session, i.e. they need to dream it on their own before they are able to do further work as an analytic pair. Similarly, in the sessions, the psychological work that the patient does in isolation from the analyst (and that the analyst does in his isolated space behind the couch) is as important as the thinking/dreaming that the two do with one another. These dimensions – the interpersonal and the solitary – are fully interdependent and stand in dialectical tension with one another. (When we speak of personal isolation, we are referring to a psychological state different from the state of being alone in the presence of another person, i.e. Winnicott’s [1958b] ‘capacity to be alone’. Rather, what we have in mind is a state that is much less dependent on external, or even internalized, object relations [see Ogden, 1991, for a discussion of this healthy state of ‘personal isolation’]).

The third aspect of psychic growth that is essential to our conception of maturation in the analyst is the idea that becoming an analyst involves a process of “dreaming oneself more fully into existence” (Ogden, 2004a, p. 858) in progressively more complex and inclusive ways. In the tradition of Bion (1962a), we are using the term ‘dreaming’ to refer to the most profound form of thinking. It is a type of thinking in which the individual is able to transcend the limits of secondary process logic without loss of access to that form of logic. Dreaming occurs continuously, both during sleep and during waking life. Just as the stars persist even when their light is obscured by the light of the sun, so, too, dreaming is a continuous function of the mind that continues during waking life even though obscured from consciousness by the glare of waking life. (Waking dreaming in the analytic setting takes the form of the analyst’s reverie experience [Bion, 1962a; Ogden, 1997].) The timelessness of dreams allows one to simultaneously elaborate a multiplicity of perspectives on an emotional experience in a way that is not possible in the context of linear time, and cause and effect logic that characterize waking, secondary process thinking. (The simultaneity of multiple perspectives that was captured in the cubist art of Picasso and Braque has had an influence on 20th century art of every genre – the poetry of T.S. Eliot and Ezra Pound, the novels of Faulkner and the late novels of Henry James, the plays of Harold Pinter and Ionesco, and the films of Kieslowski and David Lynch, as well as the art of psychoanalysis.)

The work of dreaming is the psychological work through which we create personal, symbolic meaning, thereby becoming ourselves. It is in this sense that we dream ourselves into existence as analysts, analysands, supervisors, parents, friends, and so on. In the absence of dreaming, we cannot learn from our lived experience and consequently remain trapped in an endless, unchanging present.

The fourth aspect of psychic growth that we believe to be fundamental to the way we think about the process of becoming an analyst is Bion’s (1962a, 1970) concept of the container–contained. The ‘container’ is not a thing, but a process of doing psychological work with our disturbing thoughts. The term ‘doing psychological work’ is roughly equivalent to such

ideas/feelings as the experience of 'coming to terms with' an aspect of one's life that has been difficult to acknowledge or 'making one's peace with' important, deeply disturbing events in one's life such as the death of a parent, a child, or a spouse, or one's own approaching death. The 'contained' is the psychological representation of what one is coming to terms with or making one's peace with. The breakdown of a mutually generative relationship between thoughts derived from disturbing experience (the contained) and the capacity to think/dream those thoughts (the container) may take a number of forms which manifest themselves in a variety of types of failure to mature as an analyst (Ogden, 2004b). The disturbing lived experiences – 'the contained' (for example, boundary violations on the part of the analyst's personal analyst) – may destroy the analyst's capacity for thinking as an analyst ('the container'), particularly under certain emotional circumstances (Gabbard and Lester, 1995).

With these ideas in mind, we will now consider a set of maturational experiences that are common to analysts in the course of their development. When one completes psychoanalytic training, one often has the vague sense of feeling a bit fraudulent. One is authorized to 'fly solo' without the help of a supervisor, yet one feels a degree of turbulence that can be disconcerting. At times, analysts welcome the opportunity to learn from (and mature in) the sorts of analytic situations that we are about to describe. At other times, under other circumstances, analysts suddenly and inadvertently find themselves immersed in these disturbing analytic situations and achieve psychological growth by means of 'flying by the seat of their pants'.

Maturational experiences of the analyst

In the sections of the paper that follow, we discuss a number of types of maturational experience that have played an important role in the development of our analytic identities. These experiences include the gradual process of developing one's own way of speaking with patients; developing one's sense of oneself as an analyst in the course of presenting clinical work to a consultant; making self-analytic use of experiences with patients; and creating/discovering oneself as an analyst in the process of writing analytic papers.

1. Developing a voice of one's own

In listening to oneself speak (for example, to one's patients, supervisees, colleagues and seminar members), one asks oneself: "What do I sound like when I speak like that?" "Do I really want to sound like that?" "Who do I sound like?" "In what ways do I sound foreign to the person I have become and am becoming?" "If I were to speak differently, what might that sound like?" "How would it feel to speak in a way that is different from anyone other than me?" There is a paradox in the fact that speaking naturally, as oneself, is both easy (in the sense of not having to pretend to be someone other than oneself) and very difficult (in the sense of finding/inventing a voice that emerges from the totality of who one is at a given moment). When paying close attention, one discovers that there are

unmistakable residues of one's analyst's voice in the words spoken to one's patients. These ways of speaking are 'in our bones', internalized long ago and made part of us without our being aware of the assimilation process.

While this mode of maturational experience largely occurs in the context of speaking to others, there is also an intrapsychic aspect, a conscious and unconscious battle with oneself in the effort to find/create oneself as an analyst. The voices one hears are largely in one's head (Smith, 2001), and belong to our "ghosts" and "ancestors" (Loewald, 1960, p. 249). The ghosts inhabit us in a way that is not fully integrated into our sense of self; our ancestors provide us with a sense of continuity with the past. In the process of becoming an analyst, we must 'dream up' for ourselves an authentic way of speaking that involves disentangling ourselves from our own analyst(s) as well as past supervisors, teachers and writers we admire, while also drawing on what we have learned from them. A dialectical tension exists between inventing oneself freshly, on the one hand, and creatively using one's emotional ancestry, on the other.

No one has described better than Loewald the psychological dilemmas that are involved in the passage of authority from one generation to the next. In *The waning of the Oedipus complex*, Loewald (1979) describes the ways in which growing up (becoming a mature individual in one's own right) requires that one simultaneously kill one's parents (in more than a metaphoric way) and immortalize them. The parricide is an act of claiming one's own place as a person responsible for oneself and to oneself; the immortalizing of one's parents (an act of atonement ['at-one-ment'] for the parricide) involves a metamorphic internalization of the parents. This internalization is 'metamorphic' in that the parents are not simply transformed into an aspect of oneself (a simple identification). Rather it is an internalization of a far richer sort: that of incorporating into one's own identity a version of the parents that includes a conception of who they might have become, but were unable to become, as a consequence of the limitations of their own personalities and the circumstances in which they lived. What better atonement can one make to the parents one kills (Ogden, 2006)?

In the process of becoming an analyst, one must be able to commit acts of parricide in relation to one's own analytic parents, while atoning for the parricide in the act of internalizing a transformed version of them. That metamorphic internalization recognizes their strengths and weaknesses and involves an incorporation into one's identity of a sense not only of who they were, but also of who they might have become, had external and internal circumstances allowed.

In the following clinical vignette, one of us (Ogden) describes an experience in which patient and analyst together lived and dreamt an experience that facilitated maturation on both their parts.

For a significant period of time, the analyst found himself using the word *well* to introduce virtually every question and comment that he addressed to his patients. It felt so natural that it took him a long time to recognize the fact that he had adopted this pattern of speech. He also noticed that he spoke in this way only while talking with patients and not while speaking with supervisees, conversing in seminars, talking with colleagues, and so on.

On becoming aware that he was speaking in this way, it was immediately apparent to him that he had adopted a mannerism of his first analyst. He felt no need to 'correct it' since, he told himself, he experienced it as an emotional connection with a man he liked and admired. What he did not realize was that he also saw no need to look *into* it (i.e. to think about why this identification had evidenced itself in that form at that juncture in his life and at that juncture in his work with these particular patients).

One of the patients with whom he was working in analysis during this period was Mr. A, a man who had chosen a career in the same field in which his father was a prominent figure. It was in the sessions with this patient – though there were related experiences with other patients – that he began to feel differently about what had seemed to him a harmless quirk in his manner of speech. This shift in perspective came over a period of weeks as he listened to Mr. A minimize the effect on him of having entered the same field as his father while at the same time repeatedly using the phrase 'his field' instead of 'my field' or 'our field'. During this period of the analysis Mr. A mentioned an instance in which it seemed to the analyst that the patient was very uncharacteristically teasing one of his children for 'trying to act like a grown-up'. Even though the analyst did not comment on the behavior, it had a disturbing effect on him.

At the beginning of a session during this period of work, the patient complained that the analyst was making too much of the effects of his choice to go into 'my father's field'. The analyst believed that he had been careful not to take sides on the matter, so he chose to remain silent in response to his patient's accusation. Later in the session, Mr. A told the following dream: "*An earthquake had begun with just a few short bursts, but I knew that this was just the beginning of an enormous earthquake in which I could very well be killed. I tried to gather a few things that I would like to take with me before getting out of the house that I was in. It was kind of like my house. I reached for a family photograph – one that I actually have on a table in my living room. It's a photo I took in Florida of my parents, Karen [his wife] and the kids. I felt an enormous pressure of time – it felt as if I was suffocating and that it was crazy to spend the last breath of air I had on saving the photograph.* Suffocation isn't the way an earthquake gets you, but that was how I felt. I woke up frightened with my heart pounding". (For reasons that were not at all apparent to the analyst, he, too, felt intensely anxious as the patient told the dream.)

In the course of talking about the dream, Mr. A was struck by the fact that: "because I took the photograph, I wasn't in the picture. I was in it as an observer, not as a member of the cast". The analyst said: "You were initially frightened by the feeling of the beginnings of an earthquake that might increase in force to the point that it might well kill you and everything that is dear to you; later in the dream, you felt that you were one breath away from dying by suffocation. I think that you were talking with yourself and with me in the dream about your feeling that you are being squeezed out of your own life – you were only an observer in the family picture and yet you were willing to use your last breath of air to preserve for yourself even that marginal place. That seemed crazy to you even in the dream".

As the analyst was saying this, it occurred to him that Mr. A, in his telling of the dream, may have been making an observation about the analyst. The patient's saying that he knew that he "could *very well* be killed" by the earthquake involved a phrasing that not only used the same word on which the analyst was focused, but also linked it directly to the idea of being killed. This led the analyst to suspect that Mr. A was responding to something happening in the analyst that was reflected in the change in his manner of speech. It seemed to him that the patient was afraid that the analyst had developed a form of verbal tic that reflected a craziness in the analyst that would prevent him from being the analyst that he needed. If the analyst, too, were being squeezed out of his own life as an analyst and his own way of speaking (with which the patient had become familiar over the years), how could the analyst be of help to him with a very similar problem?

The analyst thought that it was highly unlikely that the telling of this dream was Mr. A's first unconscious comment on something he perceived to be significantly different in the analyst's way of speaking. The patient's dream was critical to the analytic work, not because it was addressing feelings so very different from those being addressed in other dreams, but because it was the first time that the analyst was able to hear and respond to what he believed to be the patient's unconscious effort to talk to him about his fear that he perceived an ominous change in the analyst. In retrospect, the source of the symptom (as the analyst came to understand it) had affected his ability to mature as a person and as an analyst. Also in hindsight, the analyst recognized that the patient's cruelly pointing out his child's 'trying to act like a grown-up' represented a communication to the analyst regarding the patient's self-hatred for the ways he felt like a child. (We view the dream as a dream that cannot be ascribed to the patient alone, but to an unconscious subject that is co-constructed by patient and analyst – 'the analytic third' [Ogden, 1994]. It is this third subject that dreams the problems in the analytic relationship [in addition to the patient and analyst as individual dreamers].)

The patient's unconscious observation that he was an observer in the family photo, in conjunction with the analyst's awareness of his own anxiety while listening to the dream, led the analyst to begin a line of thought, a conversation with himself, about the meanings of his imitation of his first analyst. What was most powerful about the new awareness of the speech pattern that he had adopted was its persistence and invariability across the full range of emotional situations and across very different kinds of conversations with very different sorts of patients. It seemed to him that the impersonal quality of this generic way of speaking reflected a subliminal feeling that he had harbored for a very long time, but had not previously put into words for himself: it had seemed to him during his first analysis (and subsequently) that his analyst had in some important ways perceived him in generic ways that were neither personal to him nor to the analyst. There was a way in which he felt that his first analyst's perception of him was unwavering and missing something important. Both of these feelings were reflected in the photograph in the dream in that the photograph, too, was unchanging and did not include the photographer. The analyst felt some disappoint-

ment in his first analyst, but primarily felt ashamed that he had not had the courage to consciously recognize the impersonal quality of the way he felt he was being perceived and to register a protest. In the dream, there was a choice between the dreamer's saving the photograph and saving his own life. The analyst realized that he had metaphorically chosen to save the photograph – his fixed image of his own analyst – and, as a consequence, had given up something of his own vitality.

On the basis of these thoughts and others that followed, in the succeeding weeks and months, the analyst was eventually able to speak with Mr. A about Mr. A's feelings of shame (the shame of having betrayed himself) in having chosen to pursue a career in 'his father's field' and not a career in his own field (even if it was the field in which his father also worked). (We will return to this clinical example later in the paper.)

II. Presenting clinical material to a consultant

When struggling with a clinical situation in one's practice, analysts frequently turn to a trusted colleague. Listening to oneself in this context is significantly different from those instances in which one speaks to patients, students or supervisees. Analysts, in speaking with a consultant, are not attempting to understand the other person as they would in their work with a patient. The gradient of maturity (Loewald, 1960) tilts in the other direction in an analyst's work with a consultant. The analyst's insecurities and anxieties are center stage given the fact that he has explicitly requested the help of the consultant. The emphasis is on what the analyst does *not* know. The analyst's lack of understanding – his self-doubt, anxiety, dread, shame, guilt, boredom, blind spots, lust, envy, hate and terror – are all exposed to a colleague in an act of faith. The experience of one's own limits (as an analyst and as a person), and the acceptance of those limits by the consultant, help shape the analyst's identity in the direction of humility, curiosity about himself, and the awareness that his own analysis is a lifelong task. A portion of the analyst's identity involves conflict, ambivalence, longings and fears from childhood, and an attempt to come to terms with the fact that the analyst's personal analysis has not allowed him to transcend the internal torment that drew him to analytic work in the first place. Moreover, the fact that the consultant does not recoil in response to the analyst's struggles provides confirmation that being "good enough", in Winnicott's (1951, p. 237) terms, is acceptable to others and that the analyst will inevitably fall short of the comprehensive understanding and therapeutic results for which he may strive.

Aspects of the analyst's lived experience exceed his capacity to do psychological work with them and often emerge in the context of his encounters with his patients. Seeking out consultation may provide a much needed container when an analyst finds it impossible to process what he is confronting both in himself and in his patients. One of us (Gabbard) worked for years with a relentlessly suicidal patient who continued to plan her suicide despite the analyst's best efforts to understand, contain and interpret the multiple motives and meanings involved in the wish to die.

After the analyst presented this dilemma to a consultant, the consultant noted that the analyst was attempting to ward off the idea that all his well-intentioned efforts were likely to come to naught, and the patient would probably end her life in spite of the treatment. The consultant stressed that the analyst was exasperated with the patient's interpersonally enacted fantasy of having omnipotent control over him and with his own inability to accept his powerlessness to prevent the patient from committing suicide. Ultimately, suicide would be the patient's choice without regard to the analyst's desires or needs. Hearing the consultant's comments allowed the analyst to work with these frightening thoughts and provided a way of detoxifying them so they could actually be thought by the analyst, accepted as inherent to the treatment situation, and heard as a communication of the patient's own feeling of not having a say about her own life or death.

The analyst's mind had been colonized by the patient's internal world and, as that colonization diminished, the analyst became aware of how his own aspirations for the analytic enterprise were being thwarted by the patient's unwavering death-wish (Gabbard, 2003). Like many analysts, he harbored a powerful unconscious fantasy regarding the analytic relationship – one in which a specific form of object relationship would be generated. He would be the devoted, selfless healer, and the patient would progressively improve and ultimately express gratitude to the analyst for his help (Gabbard, 2000). His suicidal patient had not agreed to this unconscious contract, and her march towards self-destruction continued on in spite of – or perhaps oblivious to – the analyst's wish to help. With further reflection, the analyst recognized that he had been relegated to a transference position that would later be described by Steiner (2008) as the excluded observer who resents the fact that he is not the primary object for the patient.

The consultation also freed up the analyst to reflect on resonances from earlier developmental experiences where he realized his powerlessness in the face of the inevitable decline and death of others and himself, an important unconscious determinant of his career choice. Looking squarely at his magical wishes, and recognizing the impossibility of determining what another human being (or himself) ultimately will do constituted pivotal elements of the maturation of the analyst. Part of knowing who one is as an analyst is knowing the limits of one's power to influence a patient and using that knowledge to be able to listen and respond to a patient who confronts her own limits (as well as those of the analyst).

III. One's analytic work as a principal medium for self-analysis

Every analysis is incomplete. As Freud (1937) stressed, termination is ordinarily a practical matter rather than a definitively determined endpoint marked by conflict resolution. It is widely accepted now that we do not 'terminate' an analysis (with a belief that we have helped the patient achieve a 'complete' analysis); rather the patient and analyst end an experience in analysis at a point at which they feel that a significant piece of psychological work has been achieved and that they are at a juncture at which the principal work at hand feels to them to be that of their separation. Put still

differently: transference is interminable, countertransference is interminable, conflict is interminable. A generative experience in analysis sets a process in motion that will continue throughout the analyst's life.

The analyst's self-analysis serves a contrapuntal function to the dialogue one has with a trusted consultant. The interpersonal experience of working with the consultant is punctuated by periods of isolation in which one thinks one's own thoughts in the quiet of one's car, in the wee hours of the morning when one is staring at the ceiling, or in the privacy of one's consulting room while waiting for a patient who does not appear. Psychoanalytic treatment initiates an exploration – often tentative and ambivalent – of the inner life of both patient and analyst. Self-analysis contributes to that process, but in this variation one works alone, determined to look unflinchingly at what one finds, but always falling short of the mark. From this perspective, the ending of an analysis, the 'end' of a piece of self-analytic work or of analytic work with a consultant is not the point at which unconscious conflict is resolved, but the point at which the subject of the analytic work is able to think and dream his experience (to a large degree) for himself.

IV. Discovering/creating what one thinks and who one is in the experience of writing

Writing is a form of thinking. Very often, in writing, one does not write what one thinks; one thinks what one writes. There is something of the feeling that ideas come out of one's pen, of watching ideas develop in unplanned ways (Ogden, 2005). Writing, however, is not necessarily a solitary activity. In psychoanalytic writing there is often a reader in mind as one proceeds. The fantasy of how the reader will react to a turn of phrase or a radical new perspective on theory or technique shapes and influences what appears on the page. Yet much of the creative process develops in isolation as one thinks about the kernel of an idea over and over in different settings. This contemplative period may take days, weeks, or even years. Most writing involves some oscillation between, on the one hand, quiet reflection on what one has to say, and on imagined responses by potential readers, on the other. An imaginary audience is a fixture in Freud's writing. Time and again, he invents an imaginary skeptical audience and masterfully anticipates the objections of the audience/reader to his argument and offers a compelling rebuttal.

When the text is co-authored, further complexity is introduced into the process. In addition to the solitary contemplation and the imagined interaction with a reader, a collaboration with another writer requires a special sensitivity to one's co-author – after all, each sentence must represent two authors, not one.

One such example of collaboration emerged in the course of writing this paper. We began with a shared idea – namely, an updating of Freud's idea that what was definitive of analysis as a treatment for psychological problems is the grounding of the work in the understanding of transference and resistance (Freud, 1914). We planned to describe how our own definition of analysis has evolved from and/or is discontinuous with Freud's 1914 ideas.

We began our work on this collaborative project with enthusiasm. However, we found that the words did not flow as freely as we had hoped from either of us.

Feeling stuck in our efforts to get things moving, we re-read and studied Freud's 1914 text. We were singularly disappointed as we came to recognize that much of Freud's paper was a rather vitriolic polemic against Jung's departures from Freud's theoretical premises and a fierce insistence that he and he alone was the founder of psychoanalysis. Hence we came to understand that the defensiveness in Freud's tone was a reflection of his insecurities regarding competing claims of authorship of *his* idea (i.e. of psychoanalysis as a discipline) and a fear that Jung would subvert what he had invented and continue to call it *psychoanalysis*. We had picked a quotation that caught Freud at an inauspicious moment in the history of his own psychological maturation.

As our enthusiasm waned, we had to re-think the theme of our paper.

We traded revisions back and forth until we began to clarify that what was most pressing to us was *not* the task of proposing a contemporary definition of psychoanalysis. Rather the collaboration itself had served to clarify for each of us how *we* had evolved as analysts over 30 years of practice. We talked at length with one another about how each of us had come to his current, evolving sense of himself as a psychoanalyst. Our developmental experiences in the course of analytic training and in the early years afterwards were markedly different in some respects, and yet we found that there was great overlap in how we conceived of the way we work and who we are as psychoanalysts. Although we have known one another for more than 20 years, we found that we came to know one another in a new way in the course of these discussions. But with regard to the task of deciding what we hoped to achieve in co-authoring a paper, talking alone was not sufficient. Only by our repeated efforts to write our thoughts (or, more accurately, to allow ourselves to see what we thought in the very act of writing), we were eventually able to discern what it was that we wanted to attempt. Putting words to the page forced us (and freed us) to transform inchoate thoughts and feelings into concepts and an idea of what it was that we wanted to communicate in the form of a co-authored analytic paper.

In thinking about how readers might respond to our perspective, we recognized that our maturational experiences might not be shared by other analysts. We certainly did not want to be prescriptive in our tone. We thus made a concerted effort to present our ideas as simply a description of our own experiences rather than suggesting that they are universal. We became clearer with ourselves that among the qualities of an analyst that we view as most important is the way in which an analyst makes use of what is unique and idiosyncratic to his or her personality.

Working with a co-author also involves an experience of having a built-in editor or consultant (whether or not one wants one) who can offer an 'outside' perspective on the other author's clinical material. In the course of our collaboration on this paper, one of us (Ogden) sent a draft of the paper to his co-author containing the clinical vignette presented above involving the earthquake dream. The co-author (Gabbard) responded (in written form)

with the following thoughts about the case in general, and the dream in particular:

I very much agree with your point that the dream cannot be ascribed to the patient alone, but to a co-constructed subject. I felt that the dream was as much yours as his. My fantasy about the dream is this: that even though you had perceived your analyst as treating you in a generic manner, you felt some sort of protection – a safe harbor, if you will – in resorting to his style of speaking. In doing so, you had not separated from him and thus did not have to bear the pain associated with the loss of him. I am reminded of Freud's famous comment that the only way the ego can give up an object is to take it within. The earthquake, then, could be seen as a growing awareness in the patient that you were about to be ripped from your internally created house – i.e. the safe harbor of your analyst's office or internalized presence – and cast into a world where you must speak in your own voice. At some level, the patient felt that way about being ripped from his father's 'house'. What was going on in you had a great deal of resonance with what was going on in him. I did not add this to the paper because it is purely my own conjecture and may not fit with your experience.

As this quotation indicates, a co-author's perspective on clinical material must then be filtered through the thoughts of the author providing the clinical data in order to see if it is 'a good fit' with the actual analytic moment described.

Ogden, who was not used to such 'interference' with his writing process, found himself feeling unsettled by Gabbard's unexpected comments. He required more than two months of 'sleeping on' (dreaming) what had been elicited in him by Gabbard's note before he was able to offer a considered response (also in written form):

On rereading my account of my work with Mr. A, I find it telling that I saw in the invariability of the photograph in the patient's dream only stasis, as opposed to reliability; and that I saw in the absence of the photographer in the photograph only the absence of a thinking/feeling person, as opposed to unobtrusiveness. Your comments on the vignette helped me to see what had been there all along in my writing of the account: my deep appreciation of what I feel to be two of my first analyst's best qualities – his willingness to remain emotionally present during trying times in the analysis and during very difficult times in his life; and his ability to 'stay out of the way' (and not reflexively make transference interpretations) when I was doing psychological work on my own in the sessions.

The co-authors view the emotional experience that Ogden describes as a *current* response both to his memory of his work with Mr. A and to Gabbard's comments on his written account of that experience. This exchange between the co-authors constitutes a type of maturational experience that was of value to both authors.

V. Daring to improvise

With each patient, we have the responsibility to become an analyst whom we have never been before. This requires that we drop the script and enter into a conversation, a conversation of a type we have never before experienced (Hoffman, 1998; Ringstrom, 2001). This may take the form of

responding to a patient's mention of a film by saying: "There's hardly a word spoken in the entire film, at least that's how it left me feeling". With another patient, improvising may mean remaining silent – not complying with implicit coercive demands for reassurance or even for the sound of our voice. Improvisation is, of course, a theatrical metaphor. The great Russian acting teacher, Konstantin Stanislavski, once noted:

The very best that can happen is to have the actor completely carried away by the play. Then regardless of his own will he lives the part, not noticing how he feels, not thinking about what he does, and it all moves of its own accord subconsciously and intuitively.

(Stanislavski, 1936, p. 13)

In an analogous way, maturation as an analyst involves increasingly allowing ourselves to be caught up in the moment (in the unconscious of the analysis) and carried by the music of the session. Analysis is not an experience that can be mapped out and planned. Events happen between two people in a room together, and the meaning of those events are discussed and understood. Analysts learn more about who they are by participating in the 'dance' of the moment. The extent to which the analysis is 'alive' may depend on the analyst's willingness and ability to improvise, and to be improvised by, the unconscious of the analytic relationship.

VI. Noticing the aspects of ourselves which, as if of their own accord, protest against our being the analyst whom we have been for so long

What at one time might have been called being reliable, stable and trustworthy, may gradually become too easy and more than a little stale and predictable. We, at times, become aware during a session with a patient that we have become too comfortable with ourselves as analysts. 'Errors', in these sessions, can often be seen as expressions of the healthiest parts of ourselves and are invaluable to our maturation if we can make use of these alerts. Such 'errors' include the analyst's arriving late for a session, ending a session early, falling asleep during a session, and expecting a different patient when one meets the analysand in the waiting room. (Not included in this type of error are boundary violations such as having sex with patients, breaches of confidentiality, entering into a business relationship with a patient, and so on [Gabbard and Lester, 1995].) The errors that do not involve boundary violations very often represent the analyst's unconscious efforts to disturb his own psychic equilibrium, to force himself to take notice of the ways in which he has become stagnant in his role as analyst.

We believe that there is a self-imposed need to be original – not in the sense of a narcissistic display, but in the sense of a need to quietly, steadily, unselfconsciously enter into conversation with the patient or supervisee in a way that could happen between no other two people in the world (Ogden, 2004a). If this is forced, it quickly reveals itself to be an empty contrivance. The development of an "analytic style" (Ogden, 2007, p. 1185) that is experienced as fully authentic is part of an ongoing effort on the part of every analyst to become an analyst in his or her own right. One can achieve this

sense of having become 'original' only through a painstaking effort to shed, over time, the shackles of orthodoxy, tradition and one's own unconscious irrational prohibitions (Gabbard, 2007). The analyst's struggle with theory as master or servant may be an integral part of this effort. We share the view of Sandler (1983) that each analyst develops a private amalgam or mixed model borrowing from certain aspects of various theories that are consistent with one's own subjectivity and one's own approach to analysis. At the same time we concur with Bion's notion that the analyst must endeavor to forget what he thinks he knows or knows 'too well' in order to be able to learn from his current experience with the patient. Bion (1987) once said to a presenter: "I would [rely on theory only] ... if I were tired and had no idea what was going on ..." (p. 58).

VII. Keeping one's eyes open to the way one is maturing/growing old

As one ages, one is able to speak from experience in a way that one could not previously have done. Often one becomes aware, after the fact, that one has changed, for example, through listening to oneself speak to one's patient. Optimally, the analyst engages in a mourning process in which the loss of youth and the inevitability of old age and death are recognized, accepted and even embraced as a new form of coming into being as a person leading an examined life. The analyst may, in this way, achieve a greater appreciation for the patient's experiences of loss and the ways in which he has handled or evaded them.

This maturational process occurs both within and outside the analytic setting. The analyst who shows up each day in the consulting room is (ideally) never entirely the same analyst who showed up the previous day. An analyst's capacity to fully grasp a patient's grief may be limited until the analyst himself has navigated his own grief associated with the loss of loved ones and the endings of important periods of his life, for example, the era in which his children are living at home or the era in which his parents are alive.

VIII. Difficulties in becoming an analyst

The reasons why an analyst may fear 'growing up' as an analyst, and the ways in which he may defend himself against such fears, are legion. In this brief paper, we cannot list, much less explore, these fears and defenses. In the following paragraph, we will offer a few examples of the analyst's flight from potential maturational experiences and forms of defense against such experiences.

The analyst may be afraid that he is so insubstantial as a person that it is not possible for him to develop a voice of his own; or be frightened of the isolation that he imagines will come with his becoming an analyst in his own terms; or fear that with a mature recognition of uncertainty will come unbearable confusion. An analyst may defend himself against these fears and others by engaging in adolescent rebellion against 'the analytic establishment' in an effort to avoid defining himself in his own terms; or by

speaking early on with a contrived voice of experience when he, in fact, feels painfully lacking as a consequence of his inexperience; or by embracing false certainty in the form of an intense identification with a given school of psychoanalysis, with his own analyst, with an idealized analytic writer and so on. Finally, we must remember that, as much as we love analysis, a part of us hates it as well (Steiner, 2000). Dedication to ongoing analytic work (on ourselves and with patients) consigns us not only to uncertainty, but also to face what we least like about ourselves and others.

Concluding comments

In this paper, we have discussed some of our maturational experiences and viewed them from several theoretical perspectives. Some readers will recognize something of their own experiences of maturing as analysts in what we have described, while others will not. Indeed, a recurring theme in our essay has been that speaking in generic terms to patients, colleagues and students is anti-analytic (in the sense of representing a failure to think and speak for oneself). As Bion (1987) notes in the comment cited at the beginning of this paper, part of becoming an analyst is to evolve in a direction that is neither bound by theory nor driven exclusively by identification with others: “The analyst you become is you and you alone – that is what you use ...” (p. 15). Analytic discourse involves what is unique, idiosyncratic and alive in the particular experience of a given individual. Becoming an analyst necessarily involves creating a highly personal identity that is unlike that of any other analyst.

We cannot overstate the difficulty of attempting to live by this ideal. The conscious and unconscious ties that we have to what we think we know are powerful. But the struggle to overcome these ties (at least to a significant degree) is what we ask of ourselves in each session. It has been our experience that, when the analyst is off balance, he does his best analytic work.

Translations of summary

Psychoanalytiker werden. In den Jahren der Praxis, die auf den Abschluss der offiziellen analytischen Ausbildung folgen, hat man die Gelegenheit und die Pflicht, zu dem Analytiker zu werden, der man werden wollte. Die Autoren diskutieren ihr Verständnis von Reifungserfahrungen, die dazu beigetragen haben, dass sie zu den Analytikern wurden, die sie werden wollten. Sie glauben, dass das wichtigste Element des Prozesses, in dem sie zu Analytikern heranreiften, die Entwicklung der Fähigkeit war, ihre unverwechselbaren und individuellen Eigenschaften zu nutzen; in seinen besten Momenten verhält sich jeder von ihnen als Analytiker auf eine Weise, die seinen eigenen Analysestil, seine Art, mit seinen Patienten zusammen zu sein und zu sprechen, seine Form der psychoanalytischen Praxis widerspiegelt. Die Reifungserfahrungen, die die Autoren untersuchen, umfassen Situationen, in denen sie gelernt haben, sich selbst beim Sprechen mit ihren Patienten zuzuhören und dabei eine eigene Stimme zu entwickeln; Wachstumserfahrungen, die sie machten, wenn sie einem Berater klinisches Material vorstellten; den selbstanalytischen Gebrauch ihrer Erfahrungen mit ihren Patienten; die Erschaffung/Entdeckung ihrer selbst als Analytiker in der Erfahrung des Verfassens analytischer Texte (mit besonderer Aufmerksamkeit für die Reifungserfahrung, die im Schreiben des vorliegenden Beitrags impliziert ist); und die Reaktion auf die Notwendigkeit, veränderungsfähig zu bleiben und sich ein originales Denken und Verhalten als Analytiker zu bewahren.

Sobre volverse psicoanalista. Uno tiene la oportunidad y la responsabilidad de volverse analista en sus propios términos en el curso de los años de práctica que siguen a la culminación de la formación analítica formal. Los autores discuten su comprensión acerca de algunas experiencias de maduración que han contribuido a que se vuelvan psicoanalistas en sus propios términos. Ellos consideran que el factor más importante en el proceso de su maduración como analistas ha sido el desarrollo de la capacidad de

aprovechar lo que es único e idiosincrático en cada uno; en sus mejores momentos, cada uno se conduce como analista de una manera que refleja su propio estilo analítico, su propia manera de ser con el paciente y hablar con él, su propia forma de practicar el psicoanálisis. El tipo de experiencia de maduración que los autores examinan comprende situaciones en las que han aprendido a escucharse a sí mismos hablar con sus pacientes, y al hacerlo han empezado a desarrollar una voz propia, experiencias de crecimiento que han ocurrido en el contexto de la presentación de material clínico a un especialista, el aprovechamiento del autoanálisis de sus experiencias con sus pacientes, el crearse/descubrirse a sí mismos como analistas en la experiencia de la escritura psicoanalítica (con particular atención en las experiencias de maduración presentes en la escritura de este artículo), y responder a una necesidad de continuar cambiando, ser originales en sus ideas y comportamientos como analistas.

Devenir psychanalyste. On a la possibilité et la responsabilité de devenir le psychanalyste que l'on est au cours des années de pratique qui suivent l'achèvement du cursus de formation analytique. Les auteurs de cet article discutent de la façon dont certaines de leurs expériences de maturation les ont conduits à devenir les psychanalystes qu'ils sont. Ils pensent que l'élément qui a joué le rôle le plus important dans ce processus de maturation a trait au développement de la capacité d'utiliser ce que chacun a d'unique et d'idiosyncrasique. Chacun, lorsqu'il est au sommet de sa forme, voit son comportement en tant qu'analyste refléter son propre style analytique; sa propre façon d'être et de parler avec ses patients; sa propre façon de pratiquer la psychanalyse. Les expériences de maturation que ces auteurs étudient englobent des situations où ils ont appris à s'écouter eux-mêmes lorsqu'ils parlent à leurs patients et ont pu, grâce à cela, commencer à développer leur propre voix. Ces situations, synonymes de croissance, ont trait à la présentation de matériel clinique à un consultant, à l'utilisation auto-analytique de leur expérience avec les patients, à la création/découverte de leur fonctionnement en tant qu'analystes à travers le travail d'écriture (avec une attention particulière portée à l'expérience de maturation liée à l'écriture du présent article), à la nécessité de répondre à un besoin constant de changement et d'avoir une pensée et une attitude originales en tant qu'analystes.

Del divenire psicoanalista. Questo articolo tratta delle opportunità e responsabilità di sviluppare la propria specifica identità di psicoanalista durante gli anni che seguono la formazione psicoanalitica. Gli autori mettono a confronto alcune delle loro esperienze che hanno maggiormente contribuito all'approfondimento e allo sviluppo della loro identità di psicoanalista. Sono convinti che il fattore principale in tale processo formativo sia lo sviluppo della capacità di sfruttare ciò che è unico e specifico nella loro personalità. Gli autori ritengono di offrire il meglio di sé stessi quando conducono l'analisi in un modo che rifletta il loro stile personale, il loro modo di essere e di comunicare con i pazienti e la loro interpretazione personale della prassi psicoanalitica. Fra le esperienze maturative esaminate nel lavoro si annoverano: situazioni in cui gli autori hanno imparato ad ascoltare la loro comunicazione con i pazienti, cogliendo in tal modo l'opportunità di sviluppare una voce propria; esperienze di crescita verificate nel presentare materiale clinico in consultazione; l'uso auto-analitico della propria esperienza con i pazienti; la creazione/scoperta di se stessi in veste di analisti nell'atto di scrittura psicoanalitica (particolare attenzione è stata rivolta proprio all'esperienza formativa vissuta scrivendo il presente articolo); il prestare attenzione al bisogno di evolvere costantemente e di mantenere una propria originalità di pensiero e di comportamento nella prassi psicoanalitica.

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