

**The Sanctuary of Empathy and the Invitation of Engagement:  
Psychic Retreat, Kafka's *A Hunger Artist*, and the Psychoanalytic Process**

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Abstract

Part of a broader scholarly and political effort to unify clinical psychoanalysis, I argue that psychoanalysts' *presence, engagement, and framing* constitute the three overarching features of their work. Further, I propose that patients' propensity to turn inward, alternatively known as psychic retreat or narcissistic withdrawal, provides a similarly unifying way to view psychoanalytic patients. Narrowing the investigation to a phenomenological one, I taper the exploration further by studying the psychoanalytic process as it unfolds in real time. After addressing the problems of diffusion in professional identity and psychoanalytic theory that have plagued psychoanalysis from the start, I present three case examples into which I integrate Kafka's short story, *A*

*Hunger Artist.* I utilize these vehicles to demonstrate how such nomenclature provides the basis for a more cohesive understanding of how psychoanalysts work.

### Article

If an infant finds its need for love by a mother rejected, it turns to its father; if father similarly rebuffs its request, it turns to itself. I learned about this narcissistic withdrawal process, given various names by different psychoanalytic theorists, from a psychoanalyst who identified himself as a Kleinian. Since psychoanalytic training, I have found it extremely useful in my clinical work.

Patients who withdraw excessively into themselves do so at the expense of their engagement with the world. Their retreat disrupts their capacity for interpersonal intimacy. It prevents them from meaningfully engaging in their lives in other ways. They often abuse or become dependent on alcohol or other substances, struggle with eating habits, or wrestle with compulsions – these behaviors numbing their terror at venturing into the world of intimate interpersonal relationships and/or passionate involvement in other areas of life. They retreat to cope with developmental experiences that were, for them, nothing less than catastrophic.

In this paper – one part of an extensive scholarly and political effort to unify clinical psychoanalysis – I explore how psychoanalysts strive to disrupt this internalization process, this human propensity to turn inward and to retreat from the world. Regardless of their preferred theoretical models or metaphors, psychoanalysts and their patients form a unique kind of interpersonal relationship intended to facilitate

patients' personal transformation. Psychoanalysts offer their authentic *presence*, more commonly termed empathy or attunement, in order to provide a safe environment for patients. They *engage* their patients in dialogue in which they, together, explore and interpret manifestations of the unconscious broadly defined as including interpersonal, sociocultural, historical, and other influences on subjectivity. In the course of these conversations, psychoanalysts decline invitations to repeat archaic interpersonal patterns, thereby introducing a reparative element to the psychoanalytic relationship. They also *frame* the relationship, a process most commonly called boundary maintenance. *Framing* has become a more crucial part of psychoanalysis since its practitioners began integrating interpersonal processes – themselves considered transformational – into their work.

In categorizing the professional service that psychoanalysts provide, I select the words *presence*, *engagement*, and *framing* because they describe what psychoanalysts actually *do* in the quiet privacy of their consulting rooms. Like all words, these terms are signifiers. Perhaps other words or phrases would be equally effective, but I chose these terms because of their experience-near, phenomenological nature. These terms offer a simple, eloquent method for categorizing the varied, complicated, and often-redundant ways that the psychoanalytic process has been described.

These key elements of the way psychoanalysts work have a long history in psychoanalytic thought. Schafer (1983) credits Freud with introducing what he calls a general “analytic attitude” (p. 3) central to facilitating transformation in patients. A crucial part of this attitude, Schafer (1983) notes, consists of “the psychoanalyst’s empathic activity” (p. 34). Earlier, and emerging from outside of the psychoanalytic opus, Rogers (1951, 1957) considered empathy as one of the “necessary and sufficient

conditions of therapeutic personality change” (p. 95). Specifically, he identified psychotherapists’ acknowledging their patients’ emotional vulnerability, experiencing congruence with it, and effectively communicating their empathic understanding of it to their patients as crucial. Knoblauch (2011) considers empathy as a key component of “the psychoanalytic samba” [existing] “within the polyrhythmic weave” (p. 414) of psychoanalysis.

The various ways that psychoanalysts engage with their patients resembles a type of performance, like dancing. The samba, with its ever-changing rhythms, provides a vivid analogy. Fosshage (2013) suggests that psychoanalysts foment change in two ways: they create “new relational experience” (p. 446) as a result, in my view, of the consistency in their *presence* with their patients, and; they travel an “explicit mutually exploratory/reflective avenue” (p. 445) encompassed by my term, *engagement*. Grossman (2014) similarly argues that psychoanalysts’ *presence* creates a “point of affective contact” [that] “determines the so-called analytic surface, or point of urgency, that is *accessible to both parties*” (p. 443). From this mutual connectivity, psychoanalysts *engage* their patients within a transformational interpersonal relationship that they *frame*.

#### Outlining the Scope of the Investigation

In exploring these elements of psychoanalytic work, I utilize actual clinical examples and the lead character in Kafka’s (2012), *A Hunger Artist*. I use a phenomenological approach, referring to a focus on how psychoanalysts and their patients actually *experience* the process. Phenomenology came into its own in the early 20<sup>th</sup> century in the works of Husserl, Heidegger, Sartre, Merleau-Ponty and others

(Giorgi, 2009). Many psychoanalysts have applied it to their work. Atwood and Stolorow (2012) describe psychoanalysis as “phenomenological in that it investigates and illuminates organizations or worlds of emotional experience” (p. 267). Stolorow (2013) describes his clinical approach as a “phenomenological-contextualist” (p. 383) one. Other psychoanalysts who have recently utilized a phenomenological approach to psychoanalysis include Jimenez (2009), Kirshner (2010) Lothane (2007), Ponsi (2013), Reis (2008), Ringstrom (2001, 2007, 2008, 2010, 2012), Rozmarin (2007), Schermer (2011), Schwartz (2012), Sucharov (2013), and Stolorow and Atwood (2013). Attending to the same type of narcissistic withdrawal that I do, Bonomi (2010) and Cooper (2011) also use a phenomenological approach, with Cooper (2011) offering the phrase, the “difficult-to-reach patient” (p. 593).

I investigate what actually occurs in psychoanalysts consulting rooms, after the parties have met and agreed to proceed with a psychoanalytic process. By imposing such a boundary, I can effectively set aside many complex psychoanalytic concepts, frequently and sometimes heatedly debated in the psychoanalytic literature. While engaged with their patients, psychoanalysts need not resolve such typically dichotomous controversies as whether mind exists in isolation or relation, whether motivation emerges from biological or social needs, or whether patients struggle with conflict or deficit. They can ignore concerns regarding etiology, i.e. to what extent biology, sociology, culture, or other factors contributed to whatever brings their patients to them. Further, they can set aside their interest in answering questions haunting philosophy and theology since the dawn of civilization, such as what makes life meaningful.

Psychoanalysts defer these controversies for exploration within each unique psychoanalyst-patient dyad. Psychoanalysts need only attend to whatever their patients bring to them – words, stories, behaviors, attitudes, memories, dreams or whatever – and be *present*, ready to *engage*, and capable of *framing* the psychoanalytic relationship. If they work from a phenomenological perspective, then their authority resides in helping their patients explore these dichotomies or discover answers to their questions in the course of what may be best described as the sets of “transformational encounters” (Karbelnig, 2014) they facilitate.

Harrison (2014) separates, as I have, other realms of psychoanalytic inquiry from the highly nuanced, individualized work performed in the consulting room, referring to the “music and the dance of what goes on in therapeutic sessions” (p. 313). She identifies two other realms of psychoanalysis: The broader views of the psychoanalytic process, such as nonlinear, dynamic systems theory, and the realm psychoanalysts use to communicate with one another that are “necessary to understand the process of exchanges that result in therapeutic change” [in order to] “to tell a story of what happened” (p. 313). I distill Harrison’s model into only two components – one concerning the actual psychoanalytic work as it happens in real time, and the other encompassing all other realms of psychoanalytic inquiry – as follows:

1. The spontaneous, nonlinear, irreducible transformational process itself that unfolds in *verb-like* fashion within the “mutual but asymmetrical” (Aron, 1996, p. 43) interpersonal relationship in which transformational encounters occur, and;
2. *All* other attempts to define psychoanalysis in *noun-like fashion*, ranging from theories of the unconscious, of the repetition compulsion, of the transference, of drive or

motivation, to models of psychological development or of the goals of psychoanalysis. Efforts to describe the process prior to, or after it has occurred, reside in the realm of nouns rather than verbs.

As a way of additionally bounding this exploration, I will not discuss, in detail, the various ways in which psychoanalysts *engage* with their patients. Unique to each psychoanalyst and each psychoanalyst-patient dyad, styles of engagement vary widely. They include confrontations, clarifications of feelings, interpretations of unconscious dynamics or transference and counter-transference, hermeneutical analyses, and more. Further, I will not discuss the *framing* process in this paper. Because they engage their patients within the context of a fragile, highly intimate interpersonal relationship, psychoanalysts must properly bound transformational encounters. I proceed on the assumption that readers understand the foundational importance of maintaining professional boundaries in conducting clinical psychoanalytic work.

In the following section, I address how the coalescing concepts that I propose positively affect the most significant problems haunting the psychoanalytic project, namely the lack of a distinct professional identity and the diffusion in clinical psychoanalytic theory. I next elaborate on how, as Symington (2002) and I agree, patients' internalization processes offer an overarching way for organizing the phenomena that patients bring to their psychoanalysts' offices. I present two models for understanding *internalization*. Finally, I descend into the mysterious realm of the psychoanalytic consulting room and provide examples of how *presence* and *engagement* affect patients' *internalization*.

### The Problem of Defining Clinical Psychoanalysis

When he introduced the profession towards the end of the 19<sup>th</sup> century, Freud (1914) considered psychoanalysis a form of medical treatment. Even at that point, however, psychoanalysts struggled with their professional identity. Unlike their medical colleagues, they worked entirely within an interpersonal relationship intended to be transformational. Even then, they offered their patients their *presence*, various forms of *engagement*, and bounded or *framed* the relationship. They had no identifiable *technique* outside of these means of interpersonal influence.

For most of its first hundred years, the profession fragmented into various competing schools, each laying claim to the proper psychoanalytic method. Ironically, even during that unfortunate period, the personal qualities of the two participants in any particular psychoanalytic process overshadowed whatever theoretical differences distinguished one school from another. Certainly patients would have had a different experience with a psychoanalyst immersed in Freudian thought than with one identified as Jungian, but even then unique, personal features, of psychoanalysts and patients alike, had great influence on the process.

One of the most significant signs of the profession's evolution during the 20<sup>th</sup> century – perhaps even indicative of its maturation – consists of its transition from competing schools named after individual psychoanalysts, i.e. Freudian or Jungian psychoanalysis, to schools organized around ideologies, i.e. Intersubjective or Relational psychoanalysis. Additionally, psychoanalysts began attending to deficits as well as conflicts – this representing another development that altered the professional identity of psychoanalysts.

Further, the types of persons seeking the assistance of psychoanalysts began to change, additionally affecting psychoanalysts' professional identities. Beginning during the mid-20<sup>th</sup> century, persons with a wider array of psychological problems (and even those simply struggling with the complexities of life) began consulting psychoanalysts. The two World Wars, particularly the second one, brought traumatized soldiers and civilians alike to seek help from psychoanalysts. During and after the Vietnam War, as Feminism and Civil Rights came to a head, European Existentialism gained in international popularity, and adherence to religion waned, persons feeling alienated, inauthentic, experiencing marital conflicts or having other problems in living began cascading into psychoanalysts' consulting rooms.

As a result, psychoanalysts found themselves helping persons deal with tragic losses, with fragile senses of self, or with feelings of loneliness just as frequently as they treated individuals with mental disorders. These changes in the nature of the service provided by psychoanalysts ultimately called into question even the accuracy of the words used to describe their services. For example, *psychoanalysis* contains, within its initial word-fragment, the dynamic *psyche* rendered inert, static. The second word-fragment, *analysis*, suggests a linear dissection. The phrase, *psychoanalytic psychotherapy*, suggests treatment for an illness. Reflecting on the diffusion in the identity of the profession of psychoanalysis by the mid 20<sup>th</sup> century, Lacan (2008) notes that

[...] the function of the psychoanalyst is not self-evident, that, when it comes to giving him his status, his habits, his reference, or even his place in the world, nothing is obvious, nothing is self-evident at all (p. 5).

Persons struggling with their occupational choice, or with their love life, are far from ill. They hardly need *therapy*. I am puzzled that phenomenologists, like Stolorow (2013), persist in their use of phrases such as “therapeutic change” (p. 383); it restricts psychoanalysis to a variant of treatment of an undefined illness. It is inaccurate.

Szasz (1988) believes that psychoanalysis was falsely identified as a medical intervention from the start. He exalts Freud because he, instead of acting as a physician applying treatment to patients, courageously behaved like an “agent of the patient” (Szasz, 1988, p. 21). He considered this Freud’s most important contribution to psychiatry. Writing well before our current post-humanist period (Wolfe, 2010), Szasz (1988) boldly proclaimed that psychoanalysts’ actual expertise resides in the realm of conducting relationships, not treating illnesses, writing,

My thesis is that the practice of analytic technique issues from the personality of the analyst and can never be distinct from it. In this respect, the analyst’s technique differs radically from techniques of medical healing, but is similar to such personal habits as honesty and politeness (p. 39).

I agree. No procedure, algorithm, guide, process, structure, or any such system exists for clinical psychoanalysts to follow. If personality and personal style ultimately trump all other transformational factors, as Szasz (1988) suggests and as I have found from many decades of clinical experience, then it matters little with what school psychoanalysts identify themselves. Worse, such identifications may actually harm the psychoanalytic process by constricting psychoanalysts’ vision, limiting their capacity for *presence*.

Consistent with an earlier contribution in which I compare psychoanalysts to performance artists (Karbelnig, 2014) I believe that psychoanalysts practice a type of artistry or craft that consists, as Szasz (1988) also notes, of managing or facilitating a transformational relationship. Psychoanalysis has strayed from medicine so far as to warrant a distinctly different identity, thus my suggested replacement phrase, transformational encounters. The level of creativity required by psychoanalysts has increased exponentially as interpersonal and personal elements of the work have entered the mainstream. Bion (1959, 1963, 1965), Lacan (1960, 1978, 1979, 2002), Loewald (1980), Szasz (1988), Ringstrom (2001, 2007, 2008, 2010, 2012), and others have similarly acknowledged the centrality of artistry to the psychoanalytic process. Patients who seek the assistance of psychoanalysts present however they may. Psychoanalysts, in turn, respond “like a vibrating string [...] “to imperceptible resonances” (Davoine and Gaudilliere, 2004, p. 139). Lacan (2008) adds, “The least we can ask might be for psychoanalysts to notice that they are poets” (p. 44).

Psychoanalysis’ lack of an integrated identity also results from the field’s tremendous resistance to relinquishing its modernist roots – grounded in positivism and objectivism. It has failed to proclaim its status as a profession in which its practitioners offer an almost entirely customized, craft-like service. The naming of schools, such as Self-Psychology or Intersubjectivity, represent ideologies intended perhaps to reassure fellow professionals, or patients, that objective methodology rather than subjective artistry will be provided. Zizek (1997) holds that, in a fundamental way, an ideology may be viewed as

a symbolic field which contains [...] a filler holding the place of some structural impossibility, while simultaneously disavowing this impossibility (p. 98).

The filler, in the case of psychoanalysis, consists of hiding just how unscientific clinical psychoanalysis has always been.

The more recent psychoanalytic literature reveals psychoanalysts beginning to relinquish their attachment to archaic modernist and medical ideologies and to embrace post-modernism (Lyotard, 1983), allowing for greater cohesiveness in defining their profession. Perhaps most significantly, three of the contemporary psychoanalytic schools, namely Self-Psychology, Intersubjectivity, and Relational psychoanalysis – although still arguing about various fine points of theory – share a virtually synonymous vision of the psychoanalytic process. Psychoanalysts from these schools agree that they strive to enlighten patients about their subjectivities, particularly as affected by unconscious factors. In confirmation, Stolorow, Brandchaft and Atwood (1987) define psychoanalysis as offering “the unfolding, illumination, and transformation of the patient’s subjective world” (p. 126). Fosshage (1997) views this formulation as “sufficiently broad to include all of the patient’s experience as well as psychoanalysts of all persuasions” (p. 422), acknowledging that psychoanalysts adhering to previously conflicting schools of thought, from the Freudian to the Jungian, provide services for patients that are more similar than dissimilar.

From the various terms used to describe psychoanalysis emerges the prospect of a shared, working definition, one that I define as follows: Psychoanalysts work with the subjective experience of patients while remaining anchored, as they always have, in

uncovering and altering problematic unconscious themes, now more broadly defined to include interpersonal, sociocultural, and other contextual factors. Their work consists almost entirely of offering their *presence* and *engaging* with their patients in some manner – with the latter particularly requiring improvisation, creativity, and spontaneity – while also *framing* the relationship so as to maintain its transformational, professional focus.

### Resolving the Problem of Theoretical Diffusion

For more than a century now, psychoanalysts, with differing personality styles and divergent training experiences, have encountered – in that special, unique privacy of the psychoanalytic consulting room – common features of human subjectivity that they then stamp or brand using their own unique nomenclature. The terms they invent to describe phenomena evolved out of their involvement in distinctive psychoanalyst-patient dyads, each with their own historical, cultural, and even geographical “signatures” (Ingram, 1994, p. 175). By analogy, impressionist painters rendered portraits in unique ways that nonetheless contain universal features, i.e. foreheads, eyes, cheeks, noses, and lips. Psychoanalysts have similarly described differing versions of the same phenomena, accounting for an inevitable degree of theoretical diffusion. Many common phenomena of human subjectivity exist, such as psychic retreat, but they manifest in unique ways in each individual and, by extension, in each psychoanalyst-patient dyad.

Like its struggle with professional identity, psychoanalysis has long wrestled with theoretical diffusion. A half century ago, Rangell (1974) decried such splintering within psychoanalysis, observing that psychoanalysis had, even by that point, already shared “the history of the 20<sup>th</sup> century: expansion, diffuse application, use and misuse,

explosion, disaster” (p. 3). More recently, Stepansky (2009) expressed his concern regarding the “fractionation” (p. xvii) of the field. Similarly, Aron and Starr (2013) worry that its theoretical waywardness could ultimately destroy the profession.

Such theoretical diffusion is evident in the phenomena that I study in this paper. Although I initially learned that this idea of turning inward was first observed by Klein, it turns out that, in fact, Fairbairn (1941) first described it using the phrase, the “schizoid background” (p. 250). Klein (1946) later used “schizoid mechanisms” (p. 99) when she observed the same phenomenon, captured still later by Steiner’s (1993) “psychic retreats” (p. 1) and subsequently by Kernberg’s (2007) “narcissistic spectrum” (p. 510). Symington (2002) proposes as I do that such internality unites all mental disturbances, writing that

the fundamental idea is that madness in all of its forms has its root in a constellation of elements that I describe as narcissistic, self-centered, solipsistic, or autistic” (p. 12).

He adds that

[...] narcissism *is* the core pathology in our contemporary world, the elucidation of which illuminates what we mean by madness. Narcissism is a self-centeredness, a solipsistic pathology that affects individuals but is also one that has staggering social repercussions (p. 1).

Psychoanalysts’ use of their physical, emotional, and cognitive *presence* (empathy, empathic attunement) with their patients has been identified by many hundreds of theorists in the psychoanalytic field. Ferenczi (1980, 1988) may have been the first psychoanalyst to identify this mutative aspect of psychoanalysts’ behavior. It re-entered

the psychoanalytic literature with the British middle or independent school, followed several decades later with the introduction of Self-Psychology in America (Kohut, 1975, 1977). Abram (2012) credits Winnicott with acknowledging that the psychoanalyst-patient mimicked, on a much deeper level, the mother-infant bond. Out of psychoanalysis' previous surgical model of the detached doctor treating the passive patient emerged a viewpoint that acknowledges that psychoanalysts – through their caring or even their love – attend to deficits in patients in addition to helping them resolve intra-psychic conflicts. The contemporary school of Relational Psychoanalysis also privileges the central import of empathy, and incorporates ideas from theorists outside of psychoanalysis, particularly Roger's (1951, 1957) and Sullivan's (1953, 1954), both of whom privileged empathy as helpful to patients.

Having demonstrated how a kaleidoscope of different and often redundant terms or phrases have been applied to similar phenomena in the psychoanalytic opus, I offer two models for describing *why* persons tend to retreat into themselves. Before proceeding, please remember the phenomenological basis of this investigation. Certainly in the post-Cartesian world (Stolorow, Orange, and Atwood, 2001), mind needs to be conceptualized as embedded and contextual. However, individuals nonetheless *experience* themselves as having independent minds. If a person drives from Boston to Stockbridge alone, he or she will *experience* an individual self or mind, regardless of how illusionary this might be. The two models I present were introduced before the concept of a two-person psychology. They in no way preclude incorporation of how self-perception becomes flavored by social and other contextual factors.

Fairbairn (1952) theorizes that infants and toddlers, when faced with a neglectful or abusive caregiver, unconsciously deal with the situation by creating an unconscious internal world consisting of the rejecting figure (i.e. rejecting mother) along with the part of self that was rejected (i.e. unworthy self). These comprise what Fairbairn called unconscious “dynamic structures” (p. 377). Because their parents or other caregiving figures then represented God-like figures, this solution allowed them to maintain the sanctity of these real caregivers. Better to have an internal relationship with an internalized rejecting “other” than to exist all alone in the world. Ogden (1983) clarified Fairbairn’s thinking by suggesting that dynamic structures are “dynamically unconscious suborganizations of the ego capable of generating meaning and experience, i.e. capable of thought, feeling and perception”(p. 228), thereby better explaining how persons unconsciously identify parts of ego with self or with other and why internal conflict occurs.

Fairbairn (1952) believes that persons cling to their internal worlds tenaciously due to their “fear of the loss of internalized objects which appear infinitely precious (even precious as life itself)” (p. 22). They display a particular devotion

[...] which is all the more difficult to overcome because these objects are bad and he is afraid of their release from the unconscious (Fairbairn, 1943, p. 335).

Anticipating the incorporation of interpersonal elements into psychoanalysis, Fairbairn (1943) believes that “bad objects can only be safely released, however, if the analyst has become established as a sufficiently good object for the patient” (p. 333).

Therefore, in order to dislodge patients' excessive involvement in their internal dialogue, or to use his more archaic words, their "internal objects" (Fairbairn, 1952, p. 169), psychoanalysts must create strong, even intimate, bonds with their patients. In other words, psychoanalysts struggle, almost in a competitive way, to create an interpersonal environment safe enough for patients to pass through a process akin to orphanhood. The sets of transformational encounters that psychoanalysts offer provide just such a reparative experience. As I argue throughout this paper, these encounters require a highly refined capacity for emotional *presence* and for an interpersonal *engagement* that invites patients away from their internal dialogue and into greater contact with the external world.

Bion (1959) provides essentially synonymous reasoning, but, of course, uses his own unique terminology because of his historicity and his unique sets of psychoanalytic-patient dyads that affected his theory development. He suggests that, rather than conducting a general archeological investigation as Freud recommended, psychoanalysts expose "evidence not so much of a primitive civilization as of a primitive disaster" (p. 311). Considering the calamitous experience as still existing, he continues:

in the analysis we are confronted not so much with a static situation that permits leisurely study, but with a catastrophe that remains at one and the same moment actively vital and yet incapable of resolution into quiescence (Bion, 1959, p. 311).

Bion (1959) hereby describes how the internalization process manifests in the transference as well as in the patient. He believes that persons turn inwards to prevent a recurrence of what was once unbearable to them.

In addition to the ideas that Fairbairn (1941, 1943, 1952) and Bion (1959) offer, narcissistic withdrawal may result from myriad other reasons such as a protection from unresolved mourning, rage, or other painful emotional experiences. Patients in psychic retreat may feel immersed in shame that any engagement would expose. They may also suffer from neuropsychiatric conditions, such as autistic spectrum disorders or schizophrenia, which feature a tendency to withdraw. In general, internalization processes impede growth.

Having now provided two models for this internalization process, I now descend into that unpredictable, dynamic realm of what occurs within the consulting room, hoping to identify commonalities across psychoanalysts, theories, and patients that will contribute to efforts to unify the psychoanalytic profession. Before proceeding, I acknowledge that I cannot avoid writing as yet another psychoanalyst uniquely influenced by my sociocultural factors and my sets of psychoanalyst-patient dyads.

#### Descending Into the Murky Realm of the Psychoanalysts' Consulting Room

In offering clinical examples of psychic retreat, I interweave excerpts from Kafka's (2012) *A Hunger Artist* because my clinical material, like that of all psychoanalysts, takes the form of fiction, particularly by the time it has been transcribed, edited, and transposed into a paper. No story exists – not as told by a patient, not as described by a psychoanalyst, not as described by a journalist – that is *not* fictional. The

hunger artist serves, by analogy, as an example *par excellence* of a person in extreme psychic retreat.

First published in the German periodical *Die Neue Rundschau* in 1922, Kafka's story, eight pages long in its Joyce Crick's English translation (Kafka, 2012), describes the final arc in the life of a hunger artist. These artists, whose performance consisted of abstaining from nutrition while confined in cages, were still performed during Kafka's lifetime (Kafka, 2012, p. xxvii). They appeared in circus-like venues in America and Europe during the 19<sup>th</sup> century; one of them, Giovanni Succi, thrilled "callous visitors by the sight of his famished body" (Kafka, 2012, p. xxvii). I surmise that hunger artists' were drawn to their particular art form because it paralleled their style of internalization that, in turn, protected them from the feared repetition of archaic trauma.

Kafka's story introduces the hunger artist as sitting, dressed "in his black singlet, with sharply jutting ribs, on a floor of scattered straw" (p. 57). He sits or stands, resisting any efforts to make him comfortable, refusing even a chair. Responding to questions from attendees, the hunger artist would

stretch out an arm through the bars for his audience to feel how thin he was, but then would sink into himself, paying attention to no one, not even to the clock, the only furniture in the cage, as it struck the hour so important to him, but would merely gaze ahead with eyes almost closed, and sip now and again from a tiny glass of water, to moisten his lips (Kafka, 2012, p. 57).

Here, Kafka offers a wrenching depiction of the subjective experience of persons in extreme narcissistic withdrawal. More than just a feature of the performative (Butler,

1997, 2005) elements of social existence, these persons' entire identities become absorbed in their turning inward.

Persons who have retreated to such an extreme degree perceive the world as definitively *unsafe*. Often, they become so accustomed to it that compulsively repeating it comes naturally. They may, like the hunger artist, experience a secret pride in it. They rarely if ever feel tempted by offers to enter the risky fray of interpersonal relating or passionate engagement in work or play. In a sense, they have unconsciously adopted the slogan, "Never Again," branded by Jewish Defense League. Grotstein (1997) describes his work with such a patient who psychically withdrew into a world of materialism:

I learned that he believed that he had 'signed a Faustian bargain' (his words) in which he would never again be in love or attempt to find pleasure. Since that time pleasure and excitement were constrained to the obsessive pursuit of future acquisitions, whether they be classic cars, yachts, or women, upon the acquisition of which he would lose interest and become an expedient trader of them to others (Grotstein, 1997, p. 73).

Grotstein's patient's relationship with material objects parallels the hunger artist's relationship with food. It reveals a commonality among those along the narcissistic spectrum who manipulate objects they can control in the place of interpersonal or other forms of engagement where they may be emotionally injured again.

In some persons, their inwardness persists for so long, and their emotional pain becomes so numbed, that their narcissistic solutions, ranging from the anorectic to the addictive, leaves them feeling reluctant to *ever* leave their cages. The hunger artist

displayed pride at showing the guards who monitored him at night “that he hungered in a way none of them possibly could” (p. 57). Kafka elaborates

For he alone knew what no other initiate knew: How easy hungering was. It was the easiest thing in the world. He didn’t hide it, either, but nobody believed him, at best they thought him modest [...] he had never, not after any period of hungering – they had to testify to that – ever left the cage voluntarily (pp. 58-9).

In contrast, some persons maintain more active engagement with the external world of people and things. Although tentative, they allow their hands, metaphorically, to be touched by others. They can look into the others’ eyes. Once psychoanalysts receive them with their *presence*, these persons stand ready for engagement. They readily assist in creating what Grossman (2014) calls the “analytic surface” (p. 443). At this end of the continuum of narcissistic withdrawal, persons’ internal dialogue speaks softly, allowing them maximum “flow” (Csikszentmihalyi, 2008) with the world; for persons on the other end of the spectrum, the loudness of the internal discourse almost completely silences the external world. I tend to feel challenged by these more internalized patients, experiencing anxiety at times and frustration at others while improvising and experimenting with different ways of *engaging* them.

My first clinical example, Mr. Rescue, was so capable of engagement that, at least for the first few meetings, I felt uncertain as to why he sought my help. Extremely intelligent, he had left his childhood home where he’d felt loved, albeit in a “formal” way. He left his childhood home with a strong sense of independence, pursuing a major in biomedical engineering at an Ivy League university. In seeming opposition to his

pursuit of such a linear, scientific discipline, Mr. Rescue enjoyed participating in college theatrical productions. After working in his field of study for a few years after graduating, Mr. Rescue left the east coast for Hollywood. He began writing comedy skits for talk radio shows, transitioned into writing for a comedy television series, and then, within just a few years, started a production company that he operated for more than a decade. When he was age 35, he sold the company for enough money that “working became optional.”

Although desirous of leaving the entertainment world by that point, Mr. Rescue reluctantly accepted an invitation to start another production company. In the next ten years, he doubled his net worth, and only then, at age 45, he contacted me. He reported that he wanted consultations to help him transition into an early retirement, to deal with sadness he felt at having divorced his first wife, and to discuss the ambivalence he felt about his current wife. She was nearly 20 years younger than him, was much less educated than he, and had no financial resources of her own. He feared that she would prevent him from moving into the new and more adventurous life he sought.

I ascertained the first hints of what turned out to be his most significant form of narcissistic withdrawal as the details of his current marital situation came to light. Mr. Rescue often felt frustrated at his failed efforts to help his stepdaughter, who was then age 18, stop abusing methamphetamine. As I soon learned, Mr. Rescue had not only financed several months of inpatient rehabilitation for this young woman, but he also supported many members of his wife’s other family members. The extent of his largess could not have been greater: he employed her son in his production company; her mother cooked for the family; and, he bought a house for his wife’s brother. Further, Mr. Rescue

provided complete financial support for his brother-in-law and his wife; he paid to send their two teenage children to a private school.

Some months after mostly just being *present* to receiving Mr. Rescue's story, and experiencing the emotions that accompanied it, we together began to notice a rather strong, and consistent, tendency to rescue others. We discovered that such a propensity had its roots in his relationship with his mother. We noticed the ways the trend manifested in his relationship with me – most often with him attempting to comfort me in some way.

Perhaps six months into our work, Mr. Rescue, who was not narcissistic in any overt way and certainly not sociopathic, surprised me when he shared that he felt guilty at his lack of sexual interest in his wife. He attributed his disinterest to his having several ongoing, sexual relationships with two ex-girlfriends. He naively believed that his lack of libido resulted simply from too much sexual activity with these other women. His sincere guilt at betraying his wife was counter-balanced by the devotion he felt to these other women, all of whom he also helped financially. Interestingly, this same rescue theme contributed to his difficulty selling his second company. He had been so financially successful that he felt badly that a number of people, for whom he felt responsible, would lose a regular source of income if he shuttered it. In a tragicomic fashion, Mr. Rescue even felt responsible for his lawyer and his agent, both of whom had many other clients.

Mr. Rescue serves as my first example along the narcissistic spectrum because his particular type of narcissistic withdrawal proved easy to access – particularly once we became aware of the recurrent theme and he sensed my *presence* as a sanctuary.

Consistent with Fairbairn's and Bion's ideas, Mr. Rescue endured some early traumatic experiences, primarily in the form of a role reversal with his mother that created a subtle fear of interpersonal intimacy. This was later exacerbated by his feelings during his middle and high school years that he was "nerdy" and thereby of little interest to girls. At around this time in his life, Mr. Rescue began his pattern of "saving" girls and later women.

Of course, Mr. Rescue's life involves much greater complexity than time permits me to express. Suffice to say that, in contrast to persons more *in retreat*, Mr. Rescue and I engage in free-flowing dialogue, frequently punctuated by intense emotional experiences such as guilt at betraying his wife, frustration with the limitations in his ability to help others, regret that he has not developed a more balanced sense of interest in self and other, and sadness at feeling trapped in his repetitive pattern. Mr. Rescue, who continues to consult me, experiences the greatest despair when he confronts the deep loneliness he feels when he realizes how little emotional intimacy he has ever enjoyed.

In summary, historical, socio-cultural, and biological factors shaped Mr. Rescue's psychic retreat before we met. We have worked together to discover and experience, to use Bion's (1959) ideas, the "catastrophe" that started the plot line. We, together, strive towards understanding and experiencing the fine details of his subjectivity. No one ever leaves the cage entirely behind. However, in Mr. Rescue's case, the cage door has swung wide open as we continue in our work together.

While not completely locked inside the metaphorical cage, Dr. Fragment, a middle-aged philosophy professor who sought help because she had been assaulted at the university where she worked, initially presented as highly internalized when I first met

her some five years ago. Dr. Fragment had been sexually molested between the ages of four and six; just after puberty, the same perpetrator attempted to sexually assault her. These early traumata fractured her identity, sending her into hiding. Although she “managed” to complete her education, write a doctoral dissertation, marry and have children, the assault that led her to seek my help destroyed her already fragile sense of herself.

In a tragically ironic twist, the crime occurred in the context of an academic environment in which Dr. Fragment had enjoyed the greatest success of her life: her fascination with philosophy combined with her love of teaching had allowed her to “lose” herself and, at times, to feel joyful. The attack by two students involved a beating that, had a security guard not happened upon the scene and intervened, likely would have led to a sexual assault. The assault caused Dr. Fragment to turn inward further. It delivered a nearly lethal lesson to her subjective world: engagement with others will, in fact, ultimately become dangerous.

During the first year of our sessions, Dr. Fragment resisted even my simple efforts at *presence*. Often, she became angry when I simply made small inroads towards emotional attunement. I quickly found that Dr. Fragment also resisted my efforts to provide even the most basic interpretations, this also eliciting rage. I learned to allow longer periods of silence than I would typically have with other patients and to only on occasion provide overt empathy. Any form of engagement was too risky for her. Her remarkable reluctance to come out of hiding reminded me of Kafka’s hunger artist’s anger at having his devotion to starving called into question. Kafka (2012) writes:

And if some good-natured person turned up who was sorry for him and tried to explain to him that his sadness probably came from the hungering, it could happen, especially at an advanced stage of the hungering-period, that the hunger artist would reply with an outburst of rage and to everyone's horror begin to shake at the bars of his cage like an animal (p. 60-61).

In a sense, by even hinting at offering Dr. Fragment an interpretation of why she was experiencing certain feelings or why she had tended to "fall into pieces," I had been unwittingly questioning her devotion to her inward-turning solution.

Kafka's story offers more examples of how, by analogy, the internal retreat becomes, for some, a kind of identity, a source of meaning in and of itself. The impresario who managed the hunger artist would, on occasion, sell photographs of the artist in a more emaciated state, thereby stimulating audience members' curiosity. He told the audience that the hunger artist was prone to irritability because he was famished. Kafka (2012) writes:

This distortion of the truth, certainly nothing new to the hunger artist but every time grating on his nerves afresh, was too much for him [...] To struggle against this stupidity, this world of stupidity, was impossible! Again and again he had gone on listening avidly and in good faith to the impresario as he clung to the bars, but every time the photographs appeared he would let go of the bars, sink sighing back into the straw, and the public, much appeased, was able to approach once more and view him (p. 61).

In this excerpt, the impresario represents the abusive other in that, rather than honoring the hunger artist's (albeit perverse) triumph in mastering a dependency that had earlier been calamitous, he profits from it. He re-enacts it. These excerpts suggest to me that my early, ill-timed attempts to interpret Dr. Fragment's unconscious themes had an effect akin to the impresario's showing the photographs to the audience. Dr. Fragment needed me to first, and for many months, simply be *present* with her dissociative, terror-filled solution of withdrawal – even if I remained completely silent.

Similar to how I worked with Mr. Rescue, I also utilized Fairbairn's (1952) ideas in working with Dr. Fragment – but obviously I ended up waiting longer, and treading much more gently, when I did so. In my work with both Mr. Rescue and Dr. Fragment, I represent how certain theories work well for me; I also demonstrate the centrality of improvisation to the psychoanalytic process. Gradually, Dr. Fragment and I came to understand that during what she called her “dark periods” she experiences herself as having descended into a state of possession by “Rina.” This is the name she assigned to her extremely harsh, internal critic, modeled roughly on her highly narcissistic mother.

When influenced by the internal Rina, Dr. Fragment experiences anxiety, dread, and pain. She views herself as insecure, old, ugly, and foolish. During these periods, anything beyond my most basic, quiet *presence* has the effect, like it did on Kafka's hunger artist, of “grating” her nerves “afresh” and causing her to “sink into” herself. During periods of lightness manifest externally, for example, in her enjoying closer relations with her two adult daughters, or in her sporadic employment editing papers for some of her former colleagues, the voice of Rina recedes.

Dr. Fragment and I have spent hours upon hours exploring the ways that she retreated to escape her early life trauma, how the literal recurrence of a disaster led her to retreat into her cage further, nearly resulting in the door slamming shut behind her, and how she oscillates between these “self states” (Bromberg, 2012, p. 3). As our work together enters its sixth year, the “dark periods” occur with less frequency and intensity. Dr. Fragment began meeting with me once or twice a week, but we have gradually increased the session frequency to four or even five sessions per week. Between that heightened level of contact, and the good fortune of her having others in her life – her two daughters and a few close friends, some work experience and the company of her two dogs – Dr. Fragment also experiences, with greater frequency, a sense of feeling enlivened. During these periods, she actively engages with me and together we proceed in our exploration of her past, darkened by trauma, and of her present, lightened by hope.

I view Dr. Fragment as gradually integrating the various parts of her that were broken apart by childhood and adult trauma. As our work together progresses, we have both become more familiar with her various dynamic structures or self-states. We observe how they become enacted in the transference and counter-transference. Perhaps most significantly, and despite the regularly occurring periods of dark retreat, she and I remain more engaged than not. Like Mr. Rescue, Dr. Fragment experiences our relationship as a place of sanctuary. Her trust of others for others and for the world slowly increases as she gradually re-emerges into the realms of love, work, and play from which she had retreated for most of her life.

I turn finally to introducing Mr. Resignation, a 70-year old actor who met with me for sets transformational encounters more than three decades ago. Because the one-year

term of the internship where I met him came to an end and I moved away from the area, our sessions were, unfortunately, terminated prematurely. Mr. Resignation resided on the far end of the continuum of psychic retreat, struggling with thoughts of self-destruction the entire time I knew him. He had “dabbled” in acting without ever seriously pursuing the career, had abused alcohol for many years, and was barely surviving on minimal Social Security benefits. He had been married, fathered one daughter, then age 40, but had grown distant from both of these family members as well as from his family of origin.

Filled with bitter tears of remorse and loss, Mr. Resignation expressed abject hopelessness. He had neither consistent work nor regular love. Although he still had an agent representing him, his opportunities for future acting work were bleak. He lacked passionate, or even moderate, engagement in recreation or creativity. The way that he presented during our meetings, combined with my relative inexperience at the time, elicited what felt like equal levels of hopelessness in me. I remember encouraging him to meet with me more frequently; I also recall that his refusal to do so left me feeling powerless. I never felt as if he found any sanctuary in our relationship. I believe Mr. Resignation was the first significantly suicidal patient with whom I worked. I only remember him as reporting a passive wish to die, but I equally recall thinking that suicide was a palpable possibility for him.

Mr. Resignation brings to mind how Kafka (2012) closes his story, *A Hunger Artist*. When his maximum of 40 days of starving ended, the hunger artist was permitted to leave his cage and eat a small meal – but one step of the gradual process for restoring him so that he could perform again at some future date. “Two young ladies,”

who felt “delighted” (Kafka, 2012, p. 57) were selected by lot to escort the hunger artist from his cage. The personage of the ladies suggests a fascination with the emaciated artist who likely represented a darkness that such presumably *lively* young women believed they could *not* experience (or had not yet experienced). Once they took the hunger artist by the arms, the two women “turned deathly pale” (p. 57), likely because their intimate encounter with the emaciated man prevented them from seeing him as so completely different from them.

The hunger artist appeared with “his head drooped on his chest” and his body “hollowed out” (p. 60). The artist’s legs

in some instinct of self-preservation, were tightly pressed together, but they still scraped along the ground as if it were not the real ground and they were just searching after the real ground, while the entire weight of his body, though very light, lay on one of the ladies” (p. 60).

The hunger artist’s lethal mastery now in full display, he is constricted, body excavated, his legs operating like a puppet, and his diminished weight obvious. Kafka (2012) writes of the hunger artist’s dark mood

For many years, with short breaks for rest, he lived like this, in apparent glory, honoured by the world, but for all that mostly in a dark temper of mind, which became all the darker because no one had the discernment to take it seriously (p. 60).

That excerpt elicits vividly painful memories of Mr. Resignation. Emerging into adulthood with hopes of finding an aliveness lacking in his lonely early childhood experience, he sought opportunities as an actor during his late teenage years. For a few

short periods, Mr. Resignation had himself felt “honored by the world.” Thereafter, however, he met with failure after failure. His inability to entertain any other career options caused him to struggle financially and to become increasingly bitter in mood and negative in outlook. He withdrew from the external world and in parallel retreated into himself. Mr. Resignation had put his toe, perhaps even his entire foot, into the river of life, hoping that the early trauma that had elicited the “never again” defensive style would not recur. Over time, his few successes in his life – the occasional casting in a feature film, the brief periods that he remembered enjoying the company of his wife and daughter – were overshadowed by the much lengthier periods of his life spent essentially entirely locked in the cage of his psychic retreat.

By the time Mr. Resignation began consulting me, his temper had already become “all the darker.” He lived, cognitively and emotionally, in a world in which “no one had the discernment to take it seriously.” My despair at his unwillingness to come for more frequent sessions – and the fee was sufficiently low so that cost was not the inhibiting factor – paralleled my budding realization of his degree of hopelessness. Even though we had months to prepare him both for ending our relationship and beginning with another psychoanalyst, he greeted the transition as yet another traumatic loss.

I never learned what happened to Mr. Resignation. I remember his sadness and his angry pride as our relationship came to an end. He rejected my earnest and repeated pleas to refer him to another psychoanalyst and to facilitate his transfer to another clinic. Instead, he retreated further into his own, rapidly shrinking world. Explorations of suicidality, or of even suicide itself, would stray too far beyond the confines of this paper,

but suffice to say that suicide obviously ends the internal conversation. Perhaps, alternatively, it represents, symbolically, the ultimate psychic retreat.

Kafka's (2012) story ends with the artist's death. The narrator of the hunger artist's life again reminds readers that interest in hunger artists' work had begun to wane. Kafka (2012) writes, "It happened almost suddenly," adding, "there may have been deeper reasons for it, but who cared to discover them" (p. 61). That last sentence fragment reveals so much: On the one hand, deeper reasons exist for losing interest in the inner struggle of the hunger artist or any person for that matter. However, by sardonically adding "but who cared to discover them" Kafka acknowledges the worst fears of persons lost in their internal conversations: No one cares to know the meaning of his or her inner struggle or, worse, no one would even notice them.

Kafka's (2012) final description of the hunger artist closely matches Mr. Resignation's actual experience: He had in fact never "been discovered" on stage; he had never experienced intimacy with his family of origin or with his wife and daughter; he had not held out his hand, metaphorically speaking, to me, so that I could have taken it and helped to lead him out of his psychic retreat. With Mr. Resignation, the consulting room proved a painful realm, one where my lack of experience and one-year internship term mixed with his internality in a most unfortunate way. Mr. Resignation's life mimicked, rather eerily, that of the hunger artist who one day:

[...] found himself deserted by the pleasure-seeking masses, who preferred to go in their droves to gaze at other spectacles (p. 61).

Here, for the hunger artist, as for Mr. Resignation and for any person-in-retreat, the worst possible outcome occurs. They end up in another state of catastrophe, believing themselves as not mattering, as “deserted.”

Kafka’s (2012) narrator proceeds to describe how the audience became more interested in seeing wild animals in cages rather than hunger artists, causing the artist to feel “he was, strictly speaking, only an obstacle on the way to the stables” (p. 63). Ultimately, the impresario observes the empty cage and discovers the emaciated hunger artist who spoke his last words. The impresario observes that

[...] his exhausted eyes still held the firm, though no longer proud, conviction that he was still continuing to hunger (p. 65).

I remember clearly Mr. Resignation’s similar conviction that his psychic retreat had been his “only play.”

After burying the forgotten hunger artist without ceremony, the impresario, who makes no further mention of the hunger artist, puts a panther into the cage. The panther, in contrast to the artist

[...] seemed to carry its freedom around with it too; it seemed to have it hidden somewhere in its teeth; and its joy of life came with such fiery breath from its jaws that it wasn’t easy for the spectators to resist it” (p. 65).

As I just noted, Mr. Resignation, who was, unfortunately, also affected by the brevity and short course of our relationship, lacked freedom, joy, life, or fire. Spectators had, in fact, resisted *seeing* him. He left our meetings likely feeling that I had not seen him either.

Likely many psychoanalysts adhere to Freud's allegedly considering "to work and to love" as representing the effective life. (I could find no specific reference to Freud having written this, but Kets de Vries and Freud [1980] refer to "Freud's dictum that the 'normal' personality should possess the ability to love and to work [...]" [p. 395].) Sanville (1987) suggests that play, or some form of creativity, be added as a third fundamental. Still further, the psychoanalytic process, if successful, facilitates persons' capacities for active, even thrilling, engagement with their worlds in a manner I noted earlier, described by the popular book, *Flow* (Csikszentmihalyi, 2008). Csikszentmihalyi (2008) proposes that persons living optimally engage life in all ways, essentially losing themselves into the process of living itself. By delving into how and why patients take refuge in psychic retreats, by joining them through *presence*, eliciting dialogue through *engagement*, and containing the transformational process through *framing*, psychoanalysts strive to achieve all these goals and help bring their patients to life in a way akin to how Kafka describes the panther.

### Conclusion

By limiting this investigation to a phenomenological exploration of what occurs within psychoanalysts' consulting rooms, I intend to offer an over-arching view of the psychoanalytic process useful for practicing psychoanalysts and helpful in efforts toward reunifying an unfortunately fragmented profession. I identified but one way of being, namely *presence* (more popularly termed empathy or empathic attunement), one way of action, namely *engagement* (varieties of verbal and nonverbal interpersonal communication), and one way of bounding transformational encounters, namely *framing*, as a way of understanding what psychoanalysts provide for their patients. Utilizing these

basic elements, psychoanalysts elicit dialogue that unfolds within an asymmetrical but intimate, transformational relationship. They create a sanctuary for their patients in psychic retreat, allowing them, by analogy, to reach out from their cages of narcissistic withdrawal and engage with others and the world.

I offer, in consonance with Symington (2002), that this concept of psychic retreat, or of internalization, offers an overarching view of understanding what brings patients to consult psychoanalysts. The more mentally troubled the person, the more their tendency to retreat into their internal world. These patients turned inward so as to survive an earlier catastrophe. Their withdrawal represented a solution that subsequently became its own problem.

While not the only means of transcendence, psychoanalysis stands uniquely positioned among the modern professions to offer patients a way to reverse the inwardness that ensured that their earlier disaster *never again* occurred. The dyadic nature of the psychoanalytic relationship allows patients to experiment with sanctuary, to learn that, possibly, they *just might be safe*. While all humans live with injuries or wounds, the psychoanalytic process strives to help patients turn outwards into a life characterized, ideally, by thriving interpersonal intimacies and lively occupational and recreational pursuits.

In the final analysis, and regardless of theoretical orientation, psychoanalytic work consists fundamentally of these three features, *presence, engagement, and framing*. Psychoanalysts' capacities for empathy will, by necessity, remain limited because they can only see others through the filters of their own subjectivities. However, all human beings face the same limitations. Psychoanalysts also require skills in reactivity,

improvisation, and spontaneity in order to successfully reach the sometimes emaciated hands that reach tentatively out from the cages in which their patients psychically reside.

Psychoanalysts' skill in this particular realm most resembles performance art. As we continue to free ourselves from our modernist shackles, psychoanalysts will continue to work, as we always have, in a typically nonlinear fashion with real, breathing persons who struggle with their thoughts, emotions, and the experience of living itself, within the tangled web of family, friends, society and the world around them.

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