

Listening Perspectives for Emotional-Relatedness Memories

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When considering memory, it is as important to relinquish the distinctions of Platonic triadism—cognition, emotion, and motivation—as it is to abandon Cartesian dualism. Calling on contemporary infant research and neuroscience, the author asserts there is no memory save emotional memory. The human mind as given to us to know can be seen as springing from early-learned patterns of emotional relatedness that are retained in the personality and expressed in later significant interpersonal relationships, including the therapeutic one.

Influenced by the current relational movement on psychotherapy theory and practice, six trends in modern psychoanalytic thinking constitute a paradigm shift in the direction of listening for emotional-relatedness memory patterns brought by both participants into the interpersonal field of psychotherapy and psychoanalysis. Four listening perspectives are suggested for systematically framing different types of relatedness possibility patterns as they emerge in the course of the therapeutic engagement. Of special interest is the earliest “organizing” relational experience that manifests in therapy as two participants move toward interpersonal connection, only to have one or the other break or rupture the developing intimacy. To illustrate how primal patterns of flight, fight, and flee emerge in the transference–countertransference matrix, clinical examples are given. This paper illustrates how the relational paradigm stands on new philosophical, epistemological, and interactional ground when relatedness perspectives are used for listening and responding to (i.e., for framing) various levels of relational complexity possibility.

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Our memory is our coherence, our reason, our feeling, even our action. Without it we are nothing.

—Luis Buñuel

WHEN IT COMES TO CONSIDERING MEMORIES IN PSYCHOTHERAPY, it is as essential that we relinquish our cherished notions of Platonic triadism—that is, that the soul consists of cognition, emotion, and motivation—as it is to relinquish Cartesian body–mind dualism. Leading neuroscientists—including LeDoux (1996, 2002), Edelman (1993; Edelman and Tononi, 2000), Damasio (1994, 1999, 2003), and Pert (1997)—leave no room for doubt that in our evolving understanding of mind, our entire bodies are implicated in various ways in complex interactive systems of affectively charged neuronal processing that influence all aspects of our being, especially memory. The best maxim for the 21st century is, “There is no memory save emotional memory.”

For nearly 30 years I have enjoyed being an honorary member of a flock of 50 band-tailed doves that regale me by feeding, flapping, and cooing not 10 feet from my bed every morning. My job is to bring the seed and not to make any sudden or loud noises or movements. For many years they viewed me suspiciously from afar. Being city born and bred, I simply assumed they were dumb creatures—until we slowly made an acquaintance through the establishment of several pacts and I came to realize how closely they attended to me until they gradually came to trust themselves to roost on my deck and show me who they were. One morning a distressed dove even approached me in the hot tub with something seriously caught in her throat that, had I been more knowledgeable about birds, I might have been able to help her with. Over time, the large, yellow-ringed, red-eyed birds have grown to tolerate a great deal of movement and sound from me before startling aloft; but at the slightest irregular stimulus (usually completely unperceived by me), the alarmed flock abruptly rises, flapping noisily in magnificent unison, then swoops gracefully back and forth across the wide canyon below to recover their wits.

My mother told me that flocking birds have a leader, and that they all carefully watch the leader so that they can keep in proper formation—a lesson I’m sure she felt I needed. Of course, we now know that flocking doves, schooling fish, and other exquisite animal and insect coordinations are the product of genetically programmed

mathematical formulas. It's not that the dove says (in dove language), "There's something dangerous coming. I feel afraid. I'd best fly away now." Nor is it (as William James first proposed) that the startle response sets the bird in flight so that she says, "As I flee, my heart is pounding. I must feel really afraid." Rather, the sensory stimulus, the motor response, and the entire affective apparatus—including the mathematical links to the others—are all part of a single spontaneous automated system, a coordinated process in which there is no meaningful separation in the cognition–emotion–motivation triad.

Living in the wilderness of Southern California, I have become exquisitely sensitized over the years to the infinity of such coordinations in the nature that surrounds me (and are so well captured by Discovery Channel photographers). But *in vivo*, the coordinations also affect my sense of smell, my touch, and my taste—as well as my hearing and sight and many other subtle “sixth” senses. When I spend long days in my foothills retreat in reading and contemplation, I, too, feel completely taken in by the quiet trigonometry of nature. In reverie I watch each year for the termites and bees to swarm, for the tarantulas to dance, for the orange dragonflies to copulate over the pool. Enraptured, I keep going back to the east deck to watch the fledgling red-tailed hawks awkwardly span from tree to tree, the whole time squawking loudly until one of their parents arrives with a mouse, a lizard, or a freshly hatched rattlesnake.

Enough. You understand my point: that psychotherapy can be none other than an interpersonally enmeshed, cognitive-emotional-motivational body–mind experience—and that to believe otherwise is hopelessly naïve. But where can we start our *thinking* about the process of therapy? Freud began his scientific formulations following the model of Newtonian science: a subject (the scientist) observing an object (Mother Earth or the hysterical woman). Feminists like Benjamin (1988, 1995, 1998) have been quick to point out that the subject–object complementarity that has characterized the scientific approach leaves the (male) scientist glorified and the (female) object devalued—if not abused, abased, and exploited. Further, in recent years, therapists of all persuasions have needed to address the historically based well-doctor, sick-patient mental health model in all psychotherapies that aim to achieve personal equality and respectful reciprocity of participation in a mutually coconstructed (even if asymmetrical) therapeutic relational process (Aron, 1996).

During this same time period our attention has been drawn by neuroscientists, infant and attachment researchers, and social ecologists—as well as interpersonal, intersubjective, and relational theorists—to the necessarily *emotional* nature of all aspects of our being and our interactions. It's not that the wisdom gathered over the past century in a positivist spirit is wrong, but rather that it must be reformatted in keeping with contemporary epistemological, scientific, philosophical, and sociopolitical attitudes and approaches.

Something in us wants certainty, demands the best possible fix on reality, experiences discomfort unless we know for sure, insists on finally knowing the truth of what's really out there. Psychoanalytic theorizing, like the theorizing that preceded it in the natural and social sciences, has followed this unyielding demand for certainty into the pursuit of the true nature of mind—even though at this point in time it is widely understood that objective certainty, as it has been sought in science is, in principle, an impossibility. The result is that the psychoanalytic enterprise, after a century of clinical experience and theoretical elaboration, is an everexpanding, tangled labyrinth of competing and contradictory truths and myths emanating from any number of schools of thought—each religiously purporting in its own way to have a corner on the truth of mental functioning. Lost in the burgeoning body of psychoanalytic work, however, has been the essential epistemology and philosophy of science informing 20th-century thought that reveals the basic psychoanalytic approach to knowledge expansion to be anachronistic and untenable.

Hedges (1983) set out to reformulate psychoanalytic psychology along lines that are more compatible with a contemporary epistemology and philosophy of science—with the hope of liberating psychoanalytic theory and practice from an obsolete 19th-century scientific paradigm. My studies reorganize the central concepts of psychoanalytic practice—transference, resistance, countertransference, and counterresistance—along the lines of progressively complex internalized self-and-other relationship possibilities. This move makes it possible to conceptualize an infinite set of individualized patternings of relational possibility that can be reconstellated in an endless variety of ways in the context of every psychoanalytic relationship. With the potential data pool of psychoanalysis thus expanded to an infinity of relational possibilities comparable to the expanded data pool of the other 20th-century sciences, questions can

then be entertained as to what perspectives on the forever elusive data of mind one might choose to define, and for what purposes.

Paralleling the development of the listening perspectives approach has been another vigorous set of studies aimed at understanding and working with clinical experience spawned by Greenberg and Mitchell's (1983) *Object Relations in Psychoanalytic Theory*. The relational psychotherapy and psychoanalysis movement they inaugurated became sufficiently defined by 1999 for Mitchell and Aron to declare the clear emergence of a tradition stretching as far back as Freud's early mentors Charcot and Janet. It includes both Ferenczi (1932) and Reich (1945), early disciples of Freud, and runs through the interpersonal school of Sullivan (1953) developed chiefly at the William Alanson White Institute in New York and later New York University. By January 2002 the First International Congress of Relational Psychotherapists and Psychoanalysts was convened in New York City under the auspices of the Stephen F. Mitchell Center for Relational Psychoanalysis. While the West Coast work of Ogden (1994, 2002), Stolorow et al. (1987, 1992, 1994, 2002), Spezzano (1993), Oremland (1991), Renik (1993, 1995), Grotstein (2000), and their colleagues has all along been integrated into the relational movement, it is only since the publication of philosopher-psychoanalyst Orange's (1995) work on the importance of conceptualizing psychoanalysis in terms of perspectives rather than truths that increased interest has been shown by relational theorists in the listening perspectives approach.

*Listening Perspectives as Frames for
Understanding Relational Experience*

The listening perspectives approach aids in framing for analysis different qualities of internalized interpersonal relatedness experience as they arise in the here-and-now cognitive–emotional–motivational matrix of the analytic relationship. Based on the work of Wittgenstein (1953) and Ryle (1949), this philosophical and epistemological orientation has been elaborated further in light of quantum and chaos theories (Hedges, 1992) and seeks to mitigate against ever assuming or proceeding as if we know or understand with certainty anything that's "really there!" This approach represents a radical shift in the

conception and perception of the interpersonal relatedness experience itself that is seldom fully appreciated.

The listening perspectives approach abandons entirely the naïve view that we can ever objectively consider how “things really are” or that the human mind can ever be studied as an isolated unit separate from the biophysical, sociocultural, and intersubjective fields in which human beings necessarily live. The perspectival view maintains that all we can ever do with any degree of certainty is to generate systematically helpful points of view, perceptual angles, and/or empathic stances from which to listen in order *to frame* (to experience in the broadest possible sense) what people have to tell us and to the ways in which two people engage each other in the analytic relationship. This way of approaching the psychotherapeutic situation encourages us as professional listeners to *experience* ourselves as living human participants involved in a *full emotional relationship* with someone endeavoring to experience, and to express in one way or another, his or her life experience.

The listening perspectives approach further encourages us to *formulate* our work in terms of theories that enhance listening and speaking possibilities within a living, breathing, here-and-now relationship, rather than theories that seek to reify or personify concepts or to capture the eternal verities of existence or the true nature of the human mind as objectively defined and viewed in isolation. The four self-and-other relational listening perspectives that have evolved out of more than 100 years of analytic research bridge across existing theories of the mind and arise from the relatedness paradigm of psychoanalysis.

The Relatedness Paradigm

The self-and-other relatedness paradigm that has accompanied the widening scope of psychoanalysis to include what have been called preneurotic or preoedipal relatedness structures is characterized by six fundamental features formulated in diverse ways by different contributors. The prioritization on relationship in the self-and-other paradigm marks six shifts in emphasis from previous thought paradigms: (1) healing as a medical preoccupation gives way to interpersonal consciousness-raising experiences; (2) purely objective

science, long ago abandoned as a way of thinking and working by “hard” scientists, now gives way in psychoanalysis to a systematic study of subjectivity and intersubjectivity; (3) the search for historical truth gives way to formulating *interpersonal* narrational truths; (4) the search for empirical truths of the classic and relativistic scientific approaches yields to the quantum, chaos, and complexity approaches of defining positions and stances from which to make observations of happenings that interest us for various reasons; (5) defining the mythical nosological beasts of descriptive psychiatry gives way to the formation of subjectively viable frames of reference (in psychoanalysis formulated as *theoretical perspectives from which to listen* to subjective and interpersonally constructed realities); and (6) a presumptive, a priori frame for studying the psychoanalytic dialogue gives way to moment-by-moment variable frames and techniques for focusing, sustaining, and studying the meaningful interactions of that exchange. We can no longer afford to imagine that our accumulated wisdom is anything other than a series of ways of thinking or a set of ideas to orient us to human listening/relational situations.

The Four Relational Listening Perspectives

The number and ways of defining listening perspectives from which to study the transactions of the analytic encounter is entirely open-ended and arbitrary. But a century of psychoanalytic study suggests four distinctly different relational listening perspectives that have served the purpose of framing self-and-other relatedness patterns that operate in the interpersonal field (or, differently said, the constructions arising from the transference–countertransference matrix). Traditional scientific-objective approaches prespecify in various ways the *presumed nature* of psyche, what kinds of *structures and contents* an analytic observer is likely to see, and the ways in which the analytic search for *transference and resistance memories* are best framed. A more intersubjective-relational listening perspective approach simply defines an array of human relatedness possibilities that could serve to frame, for mutual understanding, *whatever* idiosyncratic narratives and narrational interactions emerge for observation in the course of the relationship development.

Internalized relatedness patterns from the lived past of each participant (as well as novel configurations emerging from the interpersonal engagement of therapy) will be an expectable focus of discussion as the therapeutic relationship unfolds (Hedges, 1983, 1992, 1996, 2000b). Emotional honesty and limited disclosure of affective experience on the part of the analyst will be an expectable part of the emerging therapeutic relationship (Maroda, 1999). The development of a personal creative style of relating that integrates, like postmodern art, a variety of ideas and interventions into the specific therapeutic exchange will be another expectable aspect of the emergent dialogue (Johnson, 1991). A multiplicity of ways of viewing and working together with the internalized patterns of both people, and the emerging configurations of interaction characteristic of the couple, can also be expected (Stark, 1994, 1997).

The four listening perspectives that follow are based on developmental *metaphors* of how a growing child potentially engages and is engaged by others in interpersonal interactions that build internal habits, structures, or patterns of relational expectation. Differential framing secures for psychoanalytic study the *structures, patterns, configurations, and/or modes* of internalized interpersonal interaction that have characterized the past interactions of both participants and that are transferred into and resisted conscious awareness and expression in the current mutually developing psychoanalytic relationship. Listening perspectives thus formed do *not* represent a developmental schema, but rather serve to identify a general array of relatedness possibilities lived out each day by all people.

Relational psychotherapy and psychoanalysis rightly or wrongly have been repeatedly criticized on the basis that there is little *systematic* attention to transference, resistance, and countertransference in relational work. In contrast, the relational listening perspectives have been explicitly defined for the purposes of bringing out the unconscious transference/resistance and countertransference/counterresistance relatedness dimensions perennially at play in the analytic relationship.

The four listening perspectives are summarized in Tables 1 and 2 and Figure 1.¹

¹The material in Tables 1 and 2 and Figure 1 is elaborated in considerable detail in Hedges (1983, 1992, 1994a, 1996).

Table 1 summarizes the developmental metaphors used to describe the four distinctly different types of patterns of self-and-other relatedness to be listened for and responded to in the evolving self-and-other transference–countertransference relatedness matrix of the analytic listening situation.

Table 2 outlines the comparative features of each listening perspective in terms of the traditionally held *diagnosis*, the *developmental metaphor* employed, the way the *affects* are thought to be organized, the varieties of *transference* which are commonly expected, the ways *resistance and counterresistance* are thought to manifest, the *mode of listening and responding* believed to be most efficacious, the *technical or therapeutic modality* generally recommended for this mode of transference/resistance experiencing, and the ways that *countertransference* relatedness dilemmas are often perceived to arise.

Figure 1 shows the relationship between listening perspectives used to define transference–countertransference–resistance and the features characterizing the intersubjective field, or analytic third.

It is necessary to study these tables and figure in some detail to grasp the crucial importance of framing different relatedness possibilities with different thought systems, or listening perspectives.

Formulating in Terms of Listening Perspectives

The listening perspectives approach considers psychoanalytic concepts viable and valuable only insofar as they are formulated specifically within a human listening (relational) context. Psychoanalytic knowledge cannot be about a thing, the human mind, but rather exists as a body of thought about how people are able to achieve mutually enlivening consciousness-raising experiences in an emotionally alive and emotionally stressful (Friedman, 1988) relationship.

Listening perspective III, for framing self-experience in relation to the psychological use of selfothers for self-consolidation, has been the focus of Kohut (1971, 1977, 1984) and the self psychologists, as well as Winnicott (1971). Listening perspective IV, for framing psychologically independent relatedness in triadic self and other constancy experiences of the oedipal period, has been the traditional focus for psychoanalytic thinking and so requires no special attention here.

TABLE 1
Four Relatedness Listening Perspectives

I. The Organizing Experience

Infants require certain forms of connection and interconnection in order to remain psychologically alert and enlivened to themselves and to others. In their early relatedness they are busy “organizing” physical and mental channels of connection—first to mother’s body, later to her mind and to the minds of others—for nurturance, stimulation, evacuation, and soothing. *Framing* organizing patterns for analysis entails studying how two people approach to make connections and then turn away, veer off, rupture, or dissipate the intensity of the connections.

II. The Symbiotic Experience

Toddlers are busy learning how to make emotional relationships (both good and bad) work for them. They experience a sense of merger and reciprocity with their primary caregivers, thus establishing many knee-jerk, automatic, characterological, and role-reversible patterns or scenarios of relatedness. *Framing* the symbiotic relatedness structures entails noting how each person *characteristically* engages the other and how interactive scenarios evolve from two subjectively formed sets of internalized self-and-other interaction patterns.

III. The Self–Other Experience

Three-year-olds are preoccupied with using the acceptance and approval of *others* for developing and enhancing *self*-definitions, *self*-skills and *self*-esteem. Their relatedness strivings use the admiring, confirming, and idealized responses of significant others to firm up their budding sense of self. *Framing* for analysis the self–other patterns used for affirming, confirming, and inspiring the self entails studying how the internalized mirroring, twinning, and idealizing patterns used in self-development in the pasts of both participants play out to enhance and limit the possibilities for mutual self-to-self/other resonance in the emerging interpersonal engagement.

IV. The Independence Experience

Four- and five-year-olds are dealing with triangular love–hate relationships and are moving toward more complex social relationships. In their relatedness, they experience others as separate centers of initiative and themselves as independent agents in a socially competitive environment. *Framing* the internalized patterns of independently interacting selves in both cooperative and competitive triangulations with real and fantasized third parties entails studying the emerging interaction patterns for evidence of repressive forces operating within each participant and between the analytic couple that work to limit or spoil the full interactive potential.

TABLE 2
Listening Perspectives: Developmental Frames or Modes of Inquiry

I. The Personality in Organization: The Search for Relatedness

Traditional diagnosis: organizing personality/psychosis

Developmental metaphor: + or – 4 months—*focused attention versus affective withdrawal*

Affects: connecting or disconnecting, but often appearing as an inconsistent, generalized, or chaotic clamor to a casual observer

Transference: connection versus disconnection, rupture, discontinuity, and disjunction

Resistance: to connections, to channels that are organizing or promise consistent bonds

Listening mode: connecting, intercepting, linking

Therapeutic modality: a focus on withdrawal, constriction, and/or destruction of links that results from mutually connecting or from mutual engagement—*interception*

Countertransference: fear of intensity of psychotic anxieties that arise from interpersonal and intrapersonal connections; withdrawal and defense

II. Symbiosis and Separation: Mutually Dependent Relatedness

Traditional diagnosis: borderline personality organization/character disorders

Developmental metaphor: 4–24 months—symbiosis and separation-individuation

Affects: split “all good” and “all bad”—*ambivalent*

Transference: replicated dyadic interactions or scenarios

Resistance: to assume responsibility for differentiating, for renouncing the scenarios

Listening mode: interaction in replicated scenarios, followed by standing against them

Therapeutic modality: replication and differentiation—*reverberation*

Countertransference: participation in reciprocal mother and infant positions—a “royal road” to understanding merger relatedness

III. The Emergent Self: Unilaterally Dependent Relatedness

Traditional diagnosis: narcissistic personality organization

Developmental metaphor: 24–36 months—*rapprochement*

Affects: dependent on empathy or optimal responsiveness of selfother

Transference: selfothers (grandiose mirroring, twinship, idealizing)

Resistance: shame and embarrassment over narcissism, narcissistic rage

Listening mode: engagement with ebb and flow of experiences of self-affirmation, confirmation, and inspiration

Therapeutic modality: empathic attunement to self-experiences—self-to-selfother *resonance*

Countertransference: boredom, drowsiness, irritation—*facilitating*

IV. Self-and-Other Constancy: Independent Relatedness

Traditional diagnosis: neurotic personality organization

Developmental metaphor: 36+ months—*(oedipal) contingent triangulation*; competitive and cooperative

Affects: *ambivalence*; overstimulating affects and repressed drives

Transference: constant, ambivalently held self and others

Resistance: to the return of the repressed

Listening mode: evenly hovering attention/free association/equidistance

Therapeutic modality: verbal-symbolic interpretation—*interpretive reflection*

Countertransference: overstimulation—generally an impediment or detraction

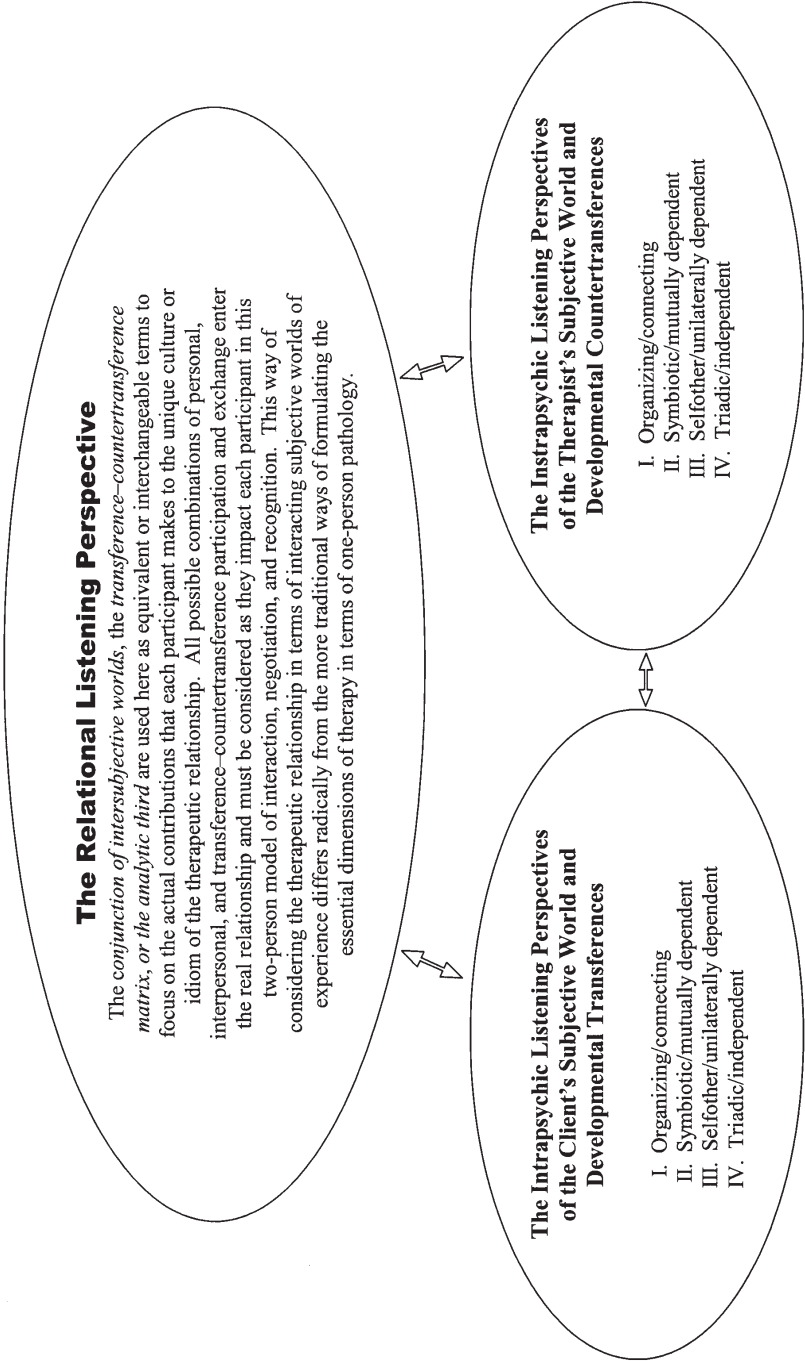


FIGURE 1 Listening perspectives and transformational relationships—the leading paradigm of psychoanalytic psychotherapy.

In listening to people presenting personality features widely referred to as borderline or various types of character structures, it is helpful to think in terms of a metaphor of internalized childhood symbiosis (listening perspective II), so that the demands of a tightly intertwined internalized mother–child attachment or bonding dance can be called to the listener’s mind for both passive and active (role reversal) transference and countertransference replication and interpretation. Early mother–child experience has been conceptualized by Mahler (1968) as an *internalized* character structuring that she calls symbiosis—not to be misconstrued as a sociological notion. Over time, the internalized symbiotic experience has been formulated variously by different theorists. For example, expanding Freud’s (1915) notion of turning passive trauma into active victory in relationships, Anna Freud (1936) speaks of identification with the aggressor as a way a child internalizes the parental role in relatedness. Klein (1952, 1957) speaks of projective identification as a way of making early interpersonal internalizations known to the analyst and available for study by the analytic couple. I speak of *interactive character scenarios* (1983) and of *interpreting the countertransference* (1992, 1996) in such a way that in listening perspective II the analytic listener often comes to experience and to speak for the child self of the analytic speaker (see also Bollas, 1987). That is, not only are early (or preoedipal) self-and-other interpersonal schemas or character scenarios internally represented in forms as they were originally experienced, but their characteristic interactions are internalized in role-reversed forms as well. Both passive (original) and active (role-reversed) representations of early relational patterns appear in transference–countertransference replications. Replicated interactive forms (symbiotic or character level) of transferences and countertransferences stand in sharp contrast to those Kohut (1971) defines as selfother or narcissistic transferences and to those Freud (1924) defines as oedipal or neurotic triangular transferences (Hedges, 1992, 1996).

*Listening to Transference and Resistance Memories
of the Organizing Experience*

At the core of all personality functioning lies infantile *experiences* of environmental limitation. Listening perspective I provides a relational

way of defining a variety of transference and countertransference experiences *metaphorically* conceptualized as arising from the infant's relational disappointments and traumas during the earliest months of life. Modes of organizing experience can also result from cumulative strain trauma (Khan, 1963) or from other kinds of later focal traumas.

Metaphorically considered, from approximately four months before birth to four months after birth, the infant is actively searching, reaching out in various sensory/motor/affective ways, seeking to organize reliable physical and psychological channels to environmental sources of safety, nurturance, stimulation, comfort, and evacuation. When an infant's reaching is met in a timely and pleasurable manner by the environment, that way of reaching is reinforced until it gradually becomes a reliable channel for the development of mutually regulating symbiotic scenarios (Hedges, 1983, 1992, 1996), for interpersonal-attachment internal working models, or for bonding schemas (Bowlby, 1969; Schore, 1994, 2003; Siegel, 1999; Beebe and Lachmann, 2002).

But when, for whatever reason, the reaching is not met in a timely, satisfying manner or is actively thwarted or traumatized, it is as if a sign were posted in the nascent neurological system saying, "Never go there again. Never expect or reach out for relatedness in that way again." Difficulties in organizing experiences are conceptualized as foundational and universal, since no early environmental situation ever perfectly meets any baby's complete needs in the sought-after or desired manner. The fragmenting experiences of reaching, not finding, and *withering*—or of reaching, feeling injured, and *constricting*—are universal, and the impact of failed extensions leaves a mark on our characters and our bodies in various ways (Johnson, 1991; Stark, 1994, 1997; Shapiro, 1995; Maroda, 1999; Grotstein, 2000).

When needful and desirous extensions are not met in a satisfactory or timely manner or are met with trauma or abuse, we observe what Fraiberg (1982) calls the predefensive reactions of fight, flight, or freeze common to all mammals. We can observe in any mammal the terrified frenzy followed by collapse that results when the warmth and nurturance of the maternal body and mind cannot be found. These predefensive reactions to painful or frightening experiences set up memory barriers along paths of possible interpersonal connections so that these paths are not selected again or are employed only with caution and trepidation. Freud, as early as 1895, spoke of these barriers as counterathexes. Tustin (1984, 1986) describes various kinds of

autistic and psychotic responses that develop when the needed/desired interpersonal (sensual) connections cannot be established. Infant researchers describe many ways that early interaction schemas develop or fail to develop that might lead to satisfying and satisfactory bonding, attachment, or mutually regulated symbiotic interactions (Stern, 1985; Schore 1994, 2003; Siegel, 1999; Beebe and Lachmann, 2002). Current studies in neuroscience specify the various ways in which interpersonal relationships condition synapses throughout the neurological system early in life—so that even central-nervous-system functions traditionally considered genetically or constitutionally hardwired are increasingly being understood as products of our personal relational histories (Edelman, 1993; Damasio, 1994, 1999, 2003; LeDoux, 1996, 2002; Pert, 1997; Edelman and Tononi, 2000).

In psychoanalytic situations of later life, these predefensive reactions can be studied as organizing or psychotic transference and/or countertransference resistance to establishing basic love, dependency, interdependency, or trust in relationships. Reviving the somatopsychic memories or blocks to reaching out for love necessarily entails consciously reliving agonizing primitive experiences in the here-and-now relationship with the analyst (Hedges, 1994a, b, c; Van Sweden, 1995). Contemporary neuroscientists support the notion that psychotherapeutic relationship experiences actually function to recondition neuronal pathways (Edelman, 1993; Damasio, 1994, 1999, 2003; LeDoux, 1996, 2002; Pert, 1997; Edelman and Tononi, 2000).

The central feature of *Working the Organizing Experience* (Hedges, 1994c) revolves around the contact moment. The analytic listener's first task is to sort through the often complex and confusing reflexive and nonhuman content to determine where potential points of real and safe interpersonal (cognitive-affective-motivational) connection may be possible. Then the analyst learns to track the person's movement toward contact moments that seem as inevitable as any mammal searching for a breast. But somewhere just before, during, or immediately after interpersonal contact, "something happens" to make contact or sustained connection impossible. It is the specificity of the contact-rupturing experience that must be coaxed "out" or "forth" and then framed for analytic study. The person's internal, idiosyncratic way of rupturing contact is understood as the organizing or psychotic transference/resistance and can be fruitfully studied in the

interpersonal setting of psychoanalysis. Resistance comes to be understood as the person's all-out efforts to avoid dealing with (a) the contact experience itself and/or (b) the traumatic life-and-death somatopsychic terrifying transferences (Hedges, 2000b) that must be relived if one is to sustain the connection and move toward growth-producing interpersonal experiences.

This listening tool of studying *in vivo* connections and disconnections during the course of therapeutic hours is as useful for people living pervasive organizing experiences as it is for people who may be much better developed in most ways but who need to explore some aspect of early organizing experience in the course of their analysis.

Early environmental failures and traumas cannot simply fade harmlessly into the past unless something in the present replaces them or fills in the gap left by disruptive, failed, or traumatized internalized relational experiences. Bromberg (1998) has studied these early developmental phenomena in terms of the mechanism of dissociation and speaks of the developing capacity to "stand in the spaces" between various dissociated aspects of one's personality as the road to psychological health. Stern (1997) specifies how psychoanalytic therapy permits heretofore unformulated experiences to emerge into the here-and-now transference-countertransference matrix, where conscious formulations at last become possible and the person recognizes previously unknown or unrepresentable choices.

For this kind of work to succeed (i.e., for a cohesive self to develop *de novo*), Kohut (1984) believes that the patient has to be willing and able to sustain long periods of prepsychological chaos alternating with long periods of borrowing heavily from the personality of the analyst. The terrifying organizing experience that has been internalized can only be fully brought for analytic scrutiny when there is enough belief established that other ways of surviving the revitalized internalized infantile trauma are possible within the analytic relationship. It is only within the context of reliable analytic relational holding that a person dares to reexperience the terror of the once-perceived life-threatening infantile traumas of the organizing period—which are still silently and self-destructively alive in the personality. Only as the analyst offers a new and better way of relating in the here and now can the ancient disconnecting traumas be relived and actively relinquished in favor of actualizing in the analytic relationship more complex and flexible relatedness modes

(Johnson, 1991; Hunter 1994; Stark, 1994, 1997; Shapiro, 1995; Van Sweden, 1995; Aron, 1996; Mitchell, 1998; Maroda, 1999; Grotstein, 2000). Elsewhere I have specified various ways in which the organizing transference affects and gives rise to organizing forms of counter-transference (Hedges, 1994c, 2000b). I have also written extensively on how the organizing transference often works to endanger therapists, giving rise to malpractice suits as well as ethics and licensing board complaints (Hedges et al., 1997; Hedges, 2000b).

Three Case Illustrations

1. Fight in the Organizing Transference

The first case example is from a female therapist who has been treating a woman twice a week for three years. An intense therapeutic relationship has developed. The client is a very bright and sophisticated professional. She lives very comfortably in the everyday world but suffers privately from what she refers to as a “multiple personality.” The most troubling switch is when, without apparent reason, she goes into a rageful self. Her therapist sought a crisis consultation after she got this telephone call after their last session: “I’m not coming in anymore because there’s something wrong with our relationship.” The therapist inquired about the nature of the problem. The patient replied, “I can tell you feel there’s something wrong with my relationship with Naomi.” Naomi is a lesbian with whom the patient has developed an intimate relationship. She continued, “You don’t think that it’s right, or you think there’s something wrong with Naomi. There’s no point in our going any further so long as you think that way.” She was angry, shouting at her therapist, and then she listed a number of other things, “You don’t listen this way . . . and you’re not that way . . .”—a tirade of complaints and accusations.

Her therapist is in a state of shock, feeling she may never see her client again. She is not even clear about what might have been said to upset her. She tells the consultant that her client is basically not lesbian: she had three or four relationships with women, but ones in which she was looking for soothing contact with a woman, possibly in order to feel mothered. She cannot develop relationships with men because she does not know how to relate to men. She is confused and

frightened by men. She has said various times that, even though she is having a sexual relationship with a woman, she does not feel she is lesbian—she does not feel like other lesbians. The client feels certain she is really not a lesbian. At one point the therapist had said, “I really don’t think you’re a lesbian, either.”

I have reported extensively elsewhere (1994c) on this case and the two that follow, but for present purposes we can see that the reflective comment the therapist made about her not really being a lesbian is used by the client in order to accomplish a rageful disconnect. The therapist reviewed the misunderstanding and learned from the episode that rage becomes the way of accomplishing relationship ruptures when intimacy of certain types threatens. Of special interest here is a screen memory in which the patient, who grew up in poverty conditions, witnessed her mother have an abortion and flush the fetus down the toilet. The mother’s rage at having needy children appears to have been one of the sources of the rageful disconnecting mechanism. In the counter-transference, the therapist was able to report the passing fantasy of letting the patient go because she promised to be so difficult.

This episode represents the patient’s first tentative foray into working the organizing transference directly with her therapist, though a series of parallel transferences with friends had been discussed extensively. Now the therapist has a clearer view of the nature of the disconnecting transference replication. The organizing transference typically is worked through in a series of waves or episodes. The therapist will be more prepared to act quickly next time to deal with the disconnecting intent. The interpretation may be accomplished in the nonverbal or preverbal way; the therapist stays with her in her rageful self and invites her to stay connected and to live out her terror of being with the therapist together rather than to disconnect or rupture the connection with rage.

2. Flight in the Organizing Transference

The second example of organizing transference involves a female therapist who has been seeing a client for three or four years. This client has been driving an hour and a half each week to her appointment (“So there’s a long umbilicus,” the therapist says). The client has presented as tenuous in her ability to maintain relationships. In the last

six months she has talked frequently about terminating therapy because of money and distance. She canceled her sessions in bad weather and during the winter holiday rush. On several occasions the therapist has empathically tried the following, "Well, okay, I can understand how busy you are and how far it is. You have accomplished a number of things in therapy, so if you want to consider termination, we can talk about that." She has even suggested helping the patient find a therapist who was geographically closer. But that all became taboo. The client was allowed to talk about termination, but the therapist was forbidden to talk about it.

On the occasion in question, the client called during the Christmas holidays and, without any warning, canceled all future appointments. Her therapist made several phone calls to contact her. She sent a Christmas card. She did everything she could to reach out to her. The therapist thought, "Well, maybe it's best that she stop—and this is her way of stopping. Maybe I shouldn't pursue her." In my view this *laissez-faire* attitude may be appropriate for listening to more differentiated forms of personality organization but is clearly not empathic when working an organizing transference in which the client cannot initiate or sustain connection and is frequently compelled to break it through some form of flight. The therapist is an empathic and intuitive woman who remained persistent in her attempts to restore the connection. They finally did connect by phone, and the therapist discovered what happened. The client said, "In the last session I was telling you about my friend Valerie, and you turned away. Then I knew you didn't care for me, so there wasn't any point in coming back."

The consultant says, "She's found a way to live out the organizing transference of mother disconnecting and used the Valerie content to accomplish it. This is the window to the organizing experience we are waiting for. We patiently wait for the moment in which the reenactment of the turning away, the breaking of contact, the rupture of experience happens in the transference." As the case was reviewed, therapist and consultant located a number of such breaches in which the client needed to flee the developing intimacy of the relationship.

The therapist was fired up with these ideas because they seemed to make sense and to organize in her mind many past incidents. She is ready to talk to her client about all this right away. The consultant cautioned her not to rush into verbal interpretations about something that is perennially lived out nonverbally. The therapist tunes in

quickly and says, “I feel like where we’re at right now is both lying down in a playpen, and I have to wait for her to come to me.” The consultant reminded her that the baby has to be allowed to find the breast, but it must be available to be found—not somewhere in flight and not through talk. The transference to the psychotic mother will be reenacted again and again, so there will be ample time to discuss what is happening. But the therapist can use her new understanding to simply be with her client in new ways. She was reminded of what she already knew from her studies of the organizing experience: that abstract verbal interpretations per se will not touch this very early transference.

Interpretation at the organizing level must be a concrete activity, often manifest in some token physical gesture, interpretive contact, or touch at the specific moment when the analytic speaker is actually in the act of pulling away from contact, of (transferentially) creating a rupture. Viable interpretation of the organizing transference often involves some form of actual, physical, concrete reaching out by one person toward another to communicate, “I know you believe you must break off our personal engagement in this way now. But it is not true. As an adult, you have the ability to stay here now with me and to experience your long-standing terror of connectedness. How can you manage not to leave me now? Can we find a way to remain in contact for just a few more minutes?”² Clients needing to work on organizing experience terror often deliberately (and perhaps wisely) conduct the early phases of therapy at quite some distance from the therapist by spacing appointments far apart or arranging long and difficult drives. They often sit at a distance from the therapist and talk about seemingly unrelated things. They know that interpersonal closeness can only be experienced as traumatic. Thus, the invitation to sustain contact must be cautiously offered and episodes of flight anticipated and responded to appropriately.

²All forms of physical contact have been avoided in traditional psychoanalytic psychotherapy. However, it becomes clear that when the organizing rupture in contact is being actively lived out, the client is in an extremely concrete state of mind, and adequate empathic contact may involve token “interpretive touching” in the specific manner just suggested. Elsewhere, I consider the many and complex issues involved in this concretized form of interpretation (Hedges, 1994a, c). Kohut’s (1981) deathbed legacy involves just such interpretive touching.

3. *Freezing in the Organizing Transference*

In the third example of how organizing transference works, an emerging theme of an otherwise very-well-developed woman has been related to the organizing period. This example is from a much later working-through period of the analysis (with a male therapist) and occurs in a personality much more capable of verbal abstractions than the previous two. The woman's mother, during the baby's early months of life, was afraid to pick her up for fear of "breaking" her. The client actually believes she can recall her mother frequently lurking or hovering just out of sight so she would not beg to be picked up. In transference she would often lie on the couch absolutely motionless for long periods listening to the quiet sounds of the analyst breathing, clearing his throat, or stirring in his chair. It has been discovered through several years of intensive psychotherapy that there were many strengths this mother was able to stimulate in this child, but at the deepest psychic level there remain connecting difficulties. The emergent theme over several weeks to be reported was the analytic speaker's rage that occurs on a fairly regular basis in social situations when she knows that the person she's interacting with can indeed do more for her and be more there for her, but somehow flakes out. In short, her rage is mobilized at people when they have potentially more to offer than in fact the person is actively living in the current relationship.

In a key session she develops the theme further. Early in the marriage, she says, her husband was far more warm, giving, and available than he is now, and she is angry that he is not more available when she knows he can be. She becomes exasperated to the point of feeling *utterly helpless and frozen*. By the same token, she indicates that what attracted her to a close friend was that this other woman had so much to give. The friend is well-traveled and well-read. She is alive, active, versatile, a good conversationalist, and much more. But, in a recent example, when her friend had the flu and could not get out of bed to go to her son's very first baseball game: "Then I don't see her any longer as what she could be or might be for me if she can't [even] be there for her own son. I become angry and disillusioned with her and withdraw into myself. Now I know what has been bothering me so much lately about her in our relationship: too often she cancels, flakes out, or blobs out when I know she doesn't have to, when I know she has far

more to give but is choosing not to. I become completely *immobilized, frozen*, in impotent rage.”

In the discussion of various examples that have occurred with her husband and her friend, she said, “Now I’m finding that not only when I’m enraged at the other person for not living up to their potential do I not get what they have to offer me, but I also see that when I’m enraged I am totally unable to take in, to get, to make use of that which they can in fact offer me.” She referenced some examples from previous transference experiences in therapy in which she, in complaining bitterly about the therapist’s seemingly endless unavailability over the holidays and weekends, was so preoccupied in her hours leading up to the holidays that she was unable to make use of whatever good experiences might be possible in the sessions. Her comment is “Something always happens.” The emphasis here is on the subjective statement of the disconnecting experience being impersonal. It’s not “I’m disappointed with the other” or “The other lets me down” or “The other fails to live up to his potential.” It’s “We’re interacting, and then something happens, and the potential that is there isn’t being lived out, and I fall into a lost state of sadness and grief, which is usually manifest in instantaneous but frozen rage.”

At this point in the session the client realizes she has lost or repressed a further insight regarding her husband and friend that she was very excited about only a moment before when she connected to it. But just as quickly as the insight came, it fled and she was very disturbed for some time about having lost this insight. After a few thoughtful moments, she said, “It sounds like a reason to break contact.” The therapist quickly replied, “No, it’s the *way* you break contact.” The client then said excitedly, “That’s exactly what I lost. I was trying to formulate the problem with my husband and my friend in terms of how I break contact, but I couldn’t quite get there. If I’m always living in what a person could give me but isn’t, then several things happen: One, I have reason not to relate to them; two, I’m not relating to them at all but I’m relating rather to my fantasy; and three, they do have something to give or I wouldn’t be relating to them, but in my distress and frozen anger I’m completely missing what they have to give to me. I break the contact by being sad and enraged, complaining about what I’m not getting.”

At this point she slowed down and indicated that she was emoting very deeply, that she felt she’d reached a very profound point. “I know

somehow that this can change my life if I can finally get hold of it. If I can find some way of fully knowing about this, I will be able to change many things.” Her therapist said, “It seems as though you have located the mechanism regarding how the contact is broken and how it relates to the early experiences of your mother who, much of the time, was there so that you knew full well what things she could provide. But when she was preoccupied, or not willing or able to give, or frightened about how she might harm you, she bowed out, leaving you stuck, knowing that she could give more but that she was not giving it. No wonder she reports that you were such a good baby and slept a lot! The content of the transference is ‘You could be giving me more, but you’re not.’”

“Now,” she continued, “I find I’m a little scared about knowing all this. Things keep clicking in my mind—more and more examples. It’s like my whole life is built on this single mechanism. No wonder I wasn’t happy when John, my supervisor, failed to tune in to me completely when I knew he could. If I finally identify this, I may be able to change. I am excited, but I think I’m mostly very scared. I think the scare is that I won’t remember this, I won’t be able to take hold of it, I won’t be able to make it my own.” The therapist said, “No, the scare is that you *will* remember it. You are in the process of deep change, and as you are changing you are coming face to face with a terror you have avoided all your life. The terror of having to encounter a real live person who has some good things to offer but who may not, for a variety of reasons, be willing or able to give fully in all areas. Sooner or later in every relationship you encounter this situation, and it brings back the agonizingly sad and rageful reactions you had to your mother during your earliest months of life. So you have been unable to continue relating or you have given up the relating when the conditions are not met rightly. What you are scared of is actually allowing yourself to negotiate the uncertainties of relationships and to survive the positive possibilities as well as the painful disappointments which are bound to be a frightening and powerful consequence of fully knowing and living out what you are now discovering.”

“I know you’re right,” she says.

Each of these three examples illustrates how the rupture of the organizing experience is repeated in transference. In each instance, multiple interpretive possibilities exist. The decisive moment of organizing transference interpretation is not visible in any of these examples—in the first two because the relationship had not yet arrived

there, and in the third because the in vivo interpretations had already begun and the client was in a later stage of “owning” the interpretative work (though she expresses fear of losing it). The presence of Fraiberg’s (1982) three “predefenses” of fighting, fleeing, and freezing is suggested in these three case vignettes and may be seen as the clients’ ways of achieving a rupture of contact in the relationship that, due to transference projections, is threatening to become overstimulating.

*Framing Cognitive-Emotional-Motivational
Memories in Listening Perspective I*

What has been shunned for ages as madness can now be understood as a universal human experience traceable to the earliest internalized psychic experience of becoming terrifyingly disorganized or traumatized in face of failed connections. The hallmark of the organizing transference is a somatopsychic terror or horror that appears during experiences of interpersonal affective linking or contact. The dread of connection relates to one’s personal history of reaching out cognitively-affectively-motivationally as an infant (or at an interpersonally significant later time) and being received in a way that traumatizes to the point of refusing to reach out in that way ever again.

The organizing transference is conceptualized here as a memory formation of the experience of the traumatizing other, an internalized representation of the failure of environmental responsiveness to be fully attuned to the self’s real and immediate need states. Resistance is to reexperiencing the transference trauma that results from opening up in here-and-now relating the long-closed channels of potential relational experience that once proved agonizingly dangerous and terrifyingly life-threatening. Interpretation is necessarily relational (i.e., paraverbal and concrete), usually simply a timely being with an interpretive touch (physical or emotional) that communicates the analytic listener’s awareness of the present contact and the terrifying and/or painful urgency to flee, fight, or freeze. Interpretive work includes a coaxing to stay fully present, to remain open to contact and connection, and the invitation to share the sense of trauma and physical pain—trembling, twitching, itching, and reactive muscular constrictions that necessarily accompany the opening of blocked

somatopsychic channels in the early cognitive-emotional-motivational memory structures studied in psychotherapy. The overlearned or internalized tendency to repeatedly break off contact according to a style once experienced in the personal primordial past (and often seen as psychotic, dissociative, autistic, or schizoid symptoms in the present) can best be framed or perceived against a background that promotes sustained contact between analytic speaker and listener.

Conclusions

The contemporary self-and-other relatedness paradigm in psychotherapy stands on new philosophical, epistemological, and interactional ground when perspectives are systematically generated for listening and responding to (i.e., framing) various levels of relational complexity possibility. This is especially evident when psychotherapy seeks to analyze the fundamental approach to and retreat from cognitive-affective-motivational contact in the transference-countertransference matrix. Organizing structures can be brought into the light of day and relinquished by a dedicated speaker who is determined over time to learn not to retreat from developing cognitive-emotional-motivational contact with the analytic listener—even in the face of the disorientation, fragmentation, terror, and somatopsychic symptoms and pain that both must in their own ways endure during the course of the analysis. The analytic listener who has developed staying power through his or her own analytic work and who is willing to be sustained by ongoing support from colleagues is in a position to hold steady and to coax connection—and, in the process, to frame for analysis the transference and resistance structures that emerge to block and/or rupture the interpersonal cognitive-affective-motivational exchanges that are limiting psychological development in both participants.

Human bonding requires that two people be free to live a true, spontaneous, and very real life with each other, despite whatever limitations and emotional stress (Friedman, 1988) the reality of the analytic situation may place on them. Analyzing the organizing transference/countertransference/resistance structures as somatopsychic memories clears the way for human bonding or for what Searles (1979) has called the development of a therapeutic symbiosis. Only the available internal and external resources of two people

determine whether or not a treatment process can be successfully formed and resolved.

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