

MYTHS ABOUT THE “SILENT ANALYST”: INFORMED MINDFULNESS DURING A *TOTAL* PSYCHOANALYTIC TREATMENT

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A growth of pluralism in psychoanalysis has resulted in wide-range and sometimes seemingly incompatible technical approaches. This paper reports the story of the total psychoanalytic treatment process of a person with neurosis by an analyst who in some psychoanalytic circles nowadays would be labeled a “silent analyst.” This paper also describes how the “silent analyst’s” mind works as he or she tries to answer questions such as “What am I treating?” “What tells me where the analysand and I are during any point in a treatment process?” and “What changes occur in the analysand at the end of the treatment?” Each psychoanalytic school should provide reports of total treatment processes and illustrate how the analyst asks the above questions and where he or she finds answers. Such efforts will be most helpful in assessing the aim, the effectiveness, and the expected outcome of the wide variety of approaches used today. To do so also may ease the confusion of those colleagues who are still training to be psychoanalysts.

My motivation for writing this paper came from a recent incident that occurred while I was giving a series of seminars on psychoanalytic technique at a psychoanalytic institute. Some younger colleagues insisted that many psychoanalysts who practiced decades ago were “silent analysts.” I was surprised to note that they perceived older analysts—I am one of them—as if they were machines who had little or no *human relationship* with their patients. They preferred engaging in what appeared to me to be a constant dialogue with their patients in order to maintain a “human relationship.”

The “silent analyst” can be described as someone who remains silent while figuring out hidden meanings of the patient’s verbal and nonverbal communications, and who speaks when he or she thinks that speaking will be useful for the analysand as well as the analyst. He or she obviously is not silent all the time. Besides making remarks that are more directly connected to keeping the therapeutic process active, the “silent analyst” speaks to let those on the couch know that they are not alone in the room. “Silent analyst’s” statements for the latter purpose can change from “Hm! Hm!” to “I am noticing that something is making you emotionally very uncomfortable. I wish that there were quick solutions to this. If you can tolerate it, let us continue. I will follow your pace.” Certainly, the “silent analyst” is not one who becomes engaged in seemingly constant dialogue with a patient, or tries to manage the patient’s daily life, or even attempts to be helpful by directly suggesting that the patient changes his or her troubling lifestyle. The “silent analyst” becomes a partner in patients’ struggles as they work through their conflicts.

Working through

The concept “working through” refers to the slow process towards intrapsychic change. According to Fenichel (1945), it is a chronic process, “which shows the patient

again and again the same conflicts and his usual way of reacting to them, but from new angles and in new connections” (p.31). “New angles” and “new connections” refer to derivatives of the patient’s mental conflicts and their expressions in the interpersonal and affective relationship between the patient and the analyst in categories of what a patient tells the analyst on the couch throughout the analytic process. Let us list these categories:

- 1-The patient speaks about what brought him or her to treatment.
- 2-The patient tells stories (realistic or distorted) of early childhood through the adolescence passage (developmental years).
- 3-The patient describes events from adulthood (from the patient’s past, present [here and now] and expected or fantasized future).
- 4-The patient reports dreams, daydreams or fleeting thoughts or images (royal roads to the unconscious).
- 5-The patient speaks through unusual actions or bodily sensations when in the analyst’s office or outside of the analyst’s office.
- 6-The patient talks about his or her societal, ethnic, cultural, religious involvements (large-group issues), ancestors, and investment in things and beings outside other persons, ranging from literature, arts, music, sports, pets, locations, or specific hobbies.
- 7-The patient verbalizes thoughts about the analyst (transference *manifestations*, along with realistic perceptions).
- 8-The patient responds to the analyst’s countertransference.
- 9-The patient focuses on issues that center on the transference-countertransference axis (transference *neurosis*).
- 10- The patient reports a “story” in action that goes on for some time and then concludes in a way different from the patient’s expectations (“therapeutic play,” that is necessary for the resolution of the transference neurosis).

To experience and then to see, with the analyst’s help, the same theme from so many angles and connections makes the patient a believer in the existence of his or her mental conflict—the unconscious source that produces the same or related story in different forms. Collecting the same data from many angles and connections also makes the analyst a believer in the formulation that was made about the patient’s unconscious conflict or directs the analyst to modify the initial formulation and/or add to it. As the analysis progresses, same or related data from different types of communication collapse into the communication from one area. The transference-countertransference communication, like a black hole, absorbs all the other communications and evolves, in the treatment of a person with a neurosis, into “transference neurosis.” While gaining insights about one’s internal conflicts by paying attention to various sources listed above and being involved in mostly conscious “ego exercises” that respond to them differently may be helpful and may have therapeutic value, it is the resolution of the transference neurosis that truly changes the patient’s intrapsychic world. The patient’s resolution of the transference neurosis includes his or her involvement in different therapeutic plays. A therapeutic play is a specific type of action that typically continues for days, weeks, or months, that includes the images of the patient and corresponding images of the analyst and, that reflects a story of the patient’s pathogenic unconscious fantasy which is associated with the transference neurosis (Volkan 1987, 2004; Volkan & Ast, 2001; Volkan, Ast & Greer, 2001). The patient’s preoccupation with and reporting of it to the analyst becomes the central focus of verbal communication from session to session. The

story comes to an end in a way that is a new experience for the patient when the patient crystallizes the analyst's image as a "new object" (Leowald, 1960). The patient's involvement in multiple therapeutic plays resolves the transference neurosis, and this resolution provides a "proof" that an intrapsychic change has been established.

In this paper I chose to report the total analysis of a person with a neurosis in the hope that reporting such a case better illustrates the mindfulness that informs the "silent analyst's" work. I call this patient Gable. His main conflict was an oedipal one. Since he did not have drastic actual childhood traumas during his developmental years, his anxiety-provoking expectations were primarily fantasized. I will illustrate the reflections of his unconscious oedipal castration fantasy and his main way of reacting to it in all the categories of communication summarized above. I will describe his eventual development of a full-blown workable transference neurosis, his therapeutic plays, and the resolution of his oedipal conflict. Also in this paper I will "verbalize" what came to the analyst's mind during analysis, and why he did not share many of his thoughts out loud with the analysand. I had extensive notes on my work with Gable. While I have made brief references to his case earlier (Volkan, 1976, 1997) this is the first time that I report the full story of his analysis. His total analysis, four times per week, lasted less than two and a half years.

Having a "heart attack" while playing basketball

Gable was 24 years old when he started his analysis. At that time he was attending a university and studying English Literature. Two years before he came to see me, his father, a general in the United States Armed Forces, along with his mother and younger sister, had moved to a foreign country to which the father had been assigned. During this time period there was no armed conflict in that country and no danger to Gable's family members. During the two-year period when his father, mother, and sister were away, Gable, who remained behind to attend a university, did not see them except once for a brief Christmas-time visit during the first year. He lived in a small room in a house rented by half a dozen male students. He was popular with girls because of his looks, charming smile, and love of sports, but in spite of this, he described himself as a rather timid person.

At the beginning of the second year of his family's absence, he began regularly dating a beautiful and intelligent young woman who was a year younger than he. Soon this young woman took the initiative and asked him to marry her. He accepted her offer and they were wed. Using her salary as a secretary in a law office, they found an affordable basement apartment. What is most interesting is that Gable kept his marriage a secret from his parents and sister. Although they corresponded, it was very seldom by phone. This was over three decades ago, before modern communication advances, and it was difficult for him to call his family, as telephone service where his parents and sister lived was not easily available. One day he received a telegram telling him that his parents and sister were returning home. This would make it impossible for Gable to further conceal his secret. As his parents' and sister's imminent arrival loomed closer, Gable's anxiety increased.

Two weeks prior to his parents' and sister's arrival date, he was playing basketball, his mind full of thoughts about facing his father as a married man. He had the ball, passed a player from the opposing team, jumped up to score, but missed the shot. When he realized that he had not "scored," he suffered a "heart attack," and was rushed to the university hospital. Cardiological examination showed no apparent physical

problem, and he was referred to me as someone suffering from a “cardiac neurosis.” During his diagnostic session he said, “Since I am married, my father will know that I am involved in a sexual relationship with a woman.” Apparently this made him very anxious. He told me that he never had any sexual activity after eleven o’clock at night. If he was ever sexually aroused after eleven o’clock, he would feel very anxious. According to Gable, his parents were decent, good people. There was no history of physical abuse; Gable could not even recall his father shouting at him. But, he described how since childhood he could not stay alone in a room with his father; he was afraid of him.

I learned that Gable’s father was already in the military when Gable was born. The family lived together at a military base in the United States during the first three and a half years of Gable’s life before his father was sent to a far-away island in the Pacific Ocean on military duty and stayed there a little over a year. When his father was away Gable slept with his mother in the parental bed and felt himself to be her “darling.” “My mother spoiled me,” he said. “Whenever I demanded potato chips she gave them to me.”

Listening to Gable’s story of what brought him to seek analysis, I imagined his failure to put a ball in a basket as if it were a dream, and concluded that Gable experienced his inability to “score” as a self-castration. I thought that before facing his father with his secret—he had used his penis as a sexual organ—he defensively self-castrated, had a “heart attack.” At this time I did not know why Gable would not have sex after eleven o’clock, but I imagined that it too had something to do with his castration fantasy. It occurred to me that Gable’s sleeping with his mother when he was an oedipal child while his father was away might play a role in his preoccupation with oedipal issues. I did learn during his diagnostic interview that after his father’s return from overseas when Gable was a boy, Gable’s mother became pregnant with his sister. He did not report any malignant sibling rivalry, but I sensed that he was not very close to his sister. They were friendly, but seemed to have their own lives and friends as they were growing up.

Gable had no break with reality. He had inhibitions and anxieties, but he knew well who he was and seemed very willing to undergo analysis because he was tired of having a secret and suffering from anxiety attacks. After one diagnostic session I used my initial impressions about him and my intuitions as the basis for accepting him as an analysand. My hunch is that many experienced analysts also do the same thing. At that time I was working at a medical school and receiving a salary, so my accepting Gable as a low-fee patient made no financial difference to me. We made arrangements to start his analysis beginning in two weeks. In fact, Gable’s analysis would begin a day before his parents’ and his sister’s return. I gave him the usual instructions: He would lie on my couch and tell me whatever came to his mind and whatever bodily sensations he experienced.

Making linking or preparatory interpretations

When Gable came to his first analytic hour, he looked like a different person than the typical university student I had seen two weeks earlier. He was dressed as a worker, wearing shorts and his bare arms were covered with dust. He declared that immediately after the diagnostic interview he had quit his classes at the university and gotten a job as a crew member on a road-building team. He appeared as a “macho guy,” ready to tackle any opponent. I thought that Gable was experiencing a counter-phobic phenomenon in order to face his father the next day as a married man. Since we did not yet have a therapeutic alliance and we had not yet collected data together about his internal world, I

did not wish to attack Gable's possible counter-phobic defense mechanism and therefore I did not say anything about it.

Two days later, Gable informed me that he had introduced his wife to his parents. They were surprised, but not angry, and got along well with her. They thought that he had become a laborer because he needed money and told him not to worry about money since, if he asked for it, they would support him and his wife financially. Both parents expressed their wish for their son's return to his university studies. Gable did not tell his parents about having anxiety attacks or beginning his analytic work. He also avoided staying alone with his father.

By the time Gable came to his second analytic hour, his parents and sister had already left town since they were taking up residence in another city. While Gable still appeared as a hard-working, muscle-using laborer, what was interesting was a big fresh cut on his leg. He had not even bothered to put a bandage on it. I sensed that while he had faced his father as a "macho man," he had also performed a new self-castration. Again, since there was no therapeutic alliance between us, I did not "interpret" Gable's possible self-castration. Premature interpretations work against promoting curiosity in the patient's mind, curiosity that acts as an ally to investigate the patient's internal world slowly but systematically. Gable mentioned that the road building was hard work. Accidents would happen like the one that caused the cut on his leg. He was balancing, I thought, his wound (self-castration) with manhood (counter phobic response). I was not totally silent. I likened the beginning of his psychoanalysis to a trip on a new road and wondered out loud about the possibility of a link between his involvement with me and his getting a job as a builder of roads. I said that if what came to my mind made sense to him, he might tell me that he was getting ready to do not only physical work, but mental work as well.

I was making what Giovacchini (1969) described as a "linking interpretation." Giovacchini's description of linking interpretation was based on Freud's (1900) concept of day residue in dreams. As day residue (insignificant impressions derived from the real world) join infantile aggressive or sexual wishes to comprise the content of dreams. Giovacchini said: "An interpretation may make a casual connection by referring to the day residue which may be the stimulus for the flow of the patient's associations or for some otherwise unexplainable behavior" (p.180). The concept of linking interpretation is akin to Loewenstein's (1951) description of "preparatory interpretations." Linking interpretations illustrate the influence of an external event on the patient's internal world.. In contrast, preparatory interpretations primarily focus on how a patient's visible behavior pattern in certain circumstances can be explained by an internal motivation. For example, the analyst names repeating avoidance of competition as a manifestation of unconscious rivalry, without an in-depth study of what has caused it. It is as if linking interpretations demonstrate the effect of the external on the internal, whereas preparatory interpretations reflect the internal's effect on the external. Such communications make patients more psychologically minded and ready to observe their psychic processes without undue resistance or anxiety. The patient is then increasingly prepared to produce more sensitive material. Through linking or preparatory interpretations, the analyst communicates the following to the patient: I am with you and listening to you carefully; there is an intertwining of external and internal events; there are deeper meanings to the things you report while lying on the couch. The aim of linking interpretation or

preparatory interpretations is to make the patient curious and to develop the therapeutic alliance.

During the first month of his analysis Gable exhibited more and more cuts and bruises on his arms and legs. The analyst sensed that it was as if Gable was screaming: “I am cut up! You [the analyst] do not need to cut me up.” Gable was exhibiting a transference *manifestation* by relating to me as an oedipal and castrating father. A transference manifestation is *not* a workable transference neurosis. It would be fruitless, I thought, to force Gable at this point in his analysis to work on his self-castration in order to “work through” his oedipal issues, or to ask him why he was having so many accidents. He would not know the answer because his behavior was motivated by unconscious sources. So I did not ask questions and waited. At this phase of the analysis of a person with neurosis the analyst needs to nurture curiosity about deeper meanings of what the patient reveals in the analyst’s office and pay attention to developing a therapeutic alliance.

The first dream and childhood war games

Gable brought his first dream to analysis without any encouragement from me to do so. In the dream he was playing ping-pong against an opponent, and the opponents were not talking to one another. I, once more keeping in mind possible linking or preparatory interpretations, said that Gable had felt anxious while playing basketball, that this brought him to analysis, and that now in the dream he was involved in another sport. I wondered out loud about the possibility that deep down in his mind Gable might also experience our analytic work as a sporting event or a competition between two opponents. I added: “In your dream the opponents are not talking with one another. During your sessions our aim is that the “opponents” will get to know each other. If you let your mind wander and let me get to know you, in turn there will be a way for you to get to know me too.”

In the second month of his analysis, without my saying a word to him about his keeping or not keeping his new job, Gable quit working as a road builder and returned to becoming a full-time university student, once again dressing the part. I thought that his increased defensive maneuvers against his father’s return from overseas and his starting his analysis, self-castration and counter-phobic gestures, were given up as he “heard” my remarks about his letting me get to know him and in turn, through his getting to know me.

Gable decided that rather than study English Literature, he would take classes in city planning. This included studying maps and thinking about rearranging roads, buildings, parks, sewer lines, water pipes, and so on. I sensed that Gable was preparing to rearrange his own internal world. Interestingly, Gable recalled that when he was a child he was involved in similar activities in solitary play. During his father’s long absence, little Gable would go to the bathroom and use pieces of rugs to create islands. He had two sets of toy soldiers—“good” ones and “mean” ones—that went to war over the control of the islands. Since his father was in the military and on an island far away, it is not surprising that Gable chose to play war games to control imaginary islands. In his war games, the winners were the “mean” soldiers; “good” soldiers submitted to the “bad” ones. The “mean” soldiers then put all the islands under one rule.

Since Anna Freud (1936) we have been aware of the importance of the mechanism called “identification with the aggressor.” In his war games, Gable again and again allowed the aggressor to win the battles and put all the islands under one rule. A boy first submits to his father/aggressor and then identifies with him in order to consolidate his

superego and in fact his overall internal structures. I considered Gable to be someone stuck in submitting himself to the oedipal father who in his mind was dangerous. Accordingly, I continued to think he would either become involved in self-castration, or counter-phobic activities, or use excessive avoidance. I recalled his statements about how he avoided being alone in the same room with his father. At this time I imagined Gable's father to be a rigid and stern military man.

When Gable finished telling me about his childhood war games, after being preoccupied with them and reporting their details for weeks, he developed a daydream. In his daydream he was a warrior on top of a hill. A "foreigner" wanted to capture this hill and Gable was ready to give his life to defend it. I sensed that Gable once more had brought his oedipal struggle to transference, since in reality I immigrated to the United States as a young man and spoke English with an accent: I was the "foreigner" in Gable's daydream. Listening to him, in my mind I also visualized Gable's hill and saw it in the shape of a breast. When I asked him to describe the hill in the daydream, he compared it to the shape of a hill in the city where we both lived, and this confirmed my assumption. I thought that Gable was protecting his position at his mother's breast (an oral as well as a sexual one) against the "foreign" analyst/military father.

I wondered if I should tell Gable my views on his transference manifestation at the level I understood it, but I concluded that he was not ready to "hear" it and work on it. Such an interpretation, I believed, might re-inflate Gable's counter-phobic activities or exaggerate his avoidance mechanisms toward me. I thought that first I needed to explore with Gable the reasons why he was stuck in his identification with the aggressor stage of the oedipal phase with its anxiety-provoking expectations. I knew that Gable had slept with his mother when he was an oedipal-age boy when his father was away. I said to Gable: "Your daydream of defending a hill against a foreign aggressor most likely is a new version of your childhood play with the good and mean toy soldiers. I recall you telling me that you were obsessed with these war games when your father was away. Your father was in the military, so perhaps through your games you were trying to remember him. I wonder what a little boy thinks when his military father is away for a long time?"

Gable began to talk about his belief that when his father was away he was fighting with the "bad guys," like those he had seen since childhood in cowboy shows on the television. Soon, he was ready to give most valuable information. He reported his memory as a little boy of his father's return from overseas. Gable was at a train station with his mother, holding her hand and waiting for his father's train to come. The train arrived at the station, slowed down and stopped. He could not remember seeing his father. What he remembered was his awareness of colors that day. They were so bright that they were *blinding* him. Reporting this, Gable began to rub his eyes as if bright colors were "blinding" him while he was on my couch, just as they did when he was an oedipal child waiting to welcome his father. I thought that Gable was telling me a variation of the Oedipus story: in the mythology, Oedipus blinds himself. I concluded once more that as a little boy he was afraid of being "blinded"/castrated by his father.

There was a direct link between Gable's memory as an oedipal child at the train station and his "heart attack" when expecting his father's return at the age of 24. I said, "It appears that your high emotion before your father's return a few months ago had another version when you were a child. If you stay with your childhood story we may

learn more about what made you emotional when your father suddenly reappeared in your life.” Gable responded to my suggestion very well.

When his father was away on an island in the Pacific little Gable and his mother lived in a house outside the military base. When his father returned they did not go back to the military base and continued to live in the same house. At this time, Gable was given his own bedroom that was across from the parental bedroom separated by a hallway. Gable recalled having a symptom soon after his father’s return: fear of “witches.” We can say that he had developed a childhood neurosis after he had been awakened by a sound coming from his parent’s bedroom one night. (On the couch as an adult Gable was aware that this sound was due his parents’ sexual activity). Upon awakening he called out for his mother. He retained a recollection of her saying that he should go back to sleep because it was late—*it was eleven o’clock*. It did not really matter to me whether Gable’s recollection actually happened or not, because Gable was reporting a psychic truth. He thought that it was after this incident that his childhood phobia began and he became afraid of “witches” late at night. I reminded Gable that, as a married man, he would not participate in sexual activity after eleven o’clock. The realization that there was a link between this and his childhood neurosis visibly shook Gable. He remained speechless on the couch until the end of the session and I did not say a thing to break his silence. I was a “silent analyst” at this time in order to help him assimilate what he had learned.

Childhood neurosis

At the beginning of the second half of the first year of his analysis, Gable brought the following dream to a session: He is a child lying in his bed, and a woman sits next to him combing his hair. There is smoke and the smell of incense in the room. (When Gable reported this he made a slip of the tongue and said “incest” instead of “incense.”) The window is open, but the bedroom door is locked. The door is made of steel, but little Gable knows that on the other side of the door there is a huge snake.

I did not use Gable’s slip of the tongue or try to hammer into Gable’s mind my understanding that this was an indication of his oedipal desires for his mother. I thought that it would be more beneficial for Gable if I suggested that he wonder about his dream. Gable remembered the following: His mother smoked cigarettes (the smoke and smell that filled the air in the room in Gable’s dream which he, by a slip of a tongue, referred to as incest). Her husband was against her smoking, perhaps because of her pregnancy with Gable’s sister, so she developed a routine. According to Gable’s recollections, each night she would come to his room to put her little boy to sleep. But first she would lock his bedroom door, sit on his bed and light a cigarette. While rubbing her son’s hair (through displacement in the dream the woman combs his hair) to put him to sleep, she would say: “Hush, hush, my darling! Don’t tell your father what we are doing here. This (referring to her cigarette) is our *secret*.” She would also open the bedroom window to get rid of the cigarette odor.

Novey (1968) used the term “second look” activities to describe attempts by a patient in analysis to investigate the past, such as returning to a childhood home or other important places, in order to compare the psychic truth and real truth. Similarly, after his analysis advanced, Gable spontaneously, without my suggestion, checked the dates his father had been absent from home by asking his parents, who by then knew about his being in analysis. I learned that his father had indeed been absent from home when Gable

was between three and five years old. Although it apparently was also true that his mother had visited his bedside to smoke secretly, it was hard to determine whether she made a nightly habit of this, or did so only occasionally. What was important was the psychological constellation reflected in his narrative as association to his dream: he was referring to an inflammation of his yet unresolved oedipal triangle. The mother and son shared a “secret” while the father was locked out, potentially causing great anxiety in little Gable based on his (unconscious) expectation that his father would disapprove and retaliate. In his dream Gable had made the locked bedroom door out of steel. I thought that this reflected his exaggerated avoidance defense that kept his father’s image/the snake away, although there was always danger if he were not careful.

During Gable’s sessions it was easy for me to notice how the stories of his adult life were linked to his childhood “secret.” I shared such links with Gable and slowly he joined me in finding his own links. For example, as a teenager when still living at the parental home, for a long time he could not date any girl openly; it had to be done “secretly.” On the evening of a date, he would *lock* his bedroom door, *open the window* as his mother had when she was smoking a cigarette, jump out, meet a girl for a date, and return in the same way. His marriage was similarly a “secret” from his parents and sister, but primarily from his father, until the time they returned from abroad. While in high school he had a difficult time relating to male teachers, and later male supervisors at work, and had anxiety over the idea that they might harm him, if not bodily, then emotionally through humiliation.

I hope that I have provided enough data about the similarities in themes that run through Gable’s stories—those of his developmental years, adult history, dreams and daydreams, and transference manifestations—to have a solid formulation about his primary mental conflict, an oedipal one. Now I will provide more data, including unusual actions while he was in his apartment and while he was on my couch, to illustrate Gable’s transference neurosis and its resolution through various working-through processes.

Under the Volcano.

Throughout his analysis Gable had a repeating dream: In it he is a boy wearing a cowboy outfit and carrying a gun. While walking in a field, he notices a big “mean” cowboy coming toward him. In some of these repeating dreams he is afraid of the big cowboy and runs back toward a house and *locks* himself in. In other dreams he tries to shoot the big cowboy, but alas, what come out of his gun are harmless rubber bullets. At such times in the dreams he is petrified by the idea that the mean cowboy will shoot back at him with real bullets, and he wakes up with anxiety. As our work together progressed, Gable freely talked about the mean cowboy representing his father’s image. He also understood his avoidance (running back into a house and locking the door) of his father’s image and his self-castration if he has to meet the older man (his mean image).

Many times I sensed that he also related to me as if I were like the big cowboy/father. I practically stayed “silent” about such transference manifestations—they had not evolved into a transference resistance and they did not need my early interference—until near the end of the first year of his analysis. At that time Gable, the former English Literature student, began making references to Malcolm Lowry (1909-1957) during nearly every session. I am a Turk born in Cyprus, who migrated to the USA after completing medical school in Turkey, and therefore, when I was analyzing Gable more than three decades ago, I was not (and to a great extent am still not) very

familiar with English literature. I was only vaguely aware that there was a writer named Malcolm Lowry. While Gable was talking about his immersion in Lowry's work, session after session, I had a fleeting thought of my being ignorant as well as "stupid," and kept this thought to myself. The reason for my "silence" at this time was the fact that initially I did not know the full meaning of my fleeting thought. Gable was telling me how Lowry had written one of the greatest works of the twentieth century without naming the title of the work. When I realized that I did not know the title of this book, I also became more aware of how Gable indirectly, meaning secretly, was attacking me, shooting and wounding me. In spite of my curiosity, I decided not to research Lowry at this time. My learning right away about this author would be in the service, I thought, of refusing to be wounded by Gable. I did not wish to spoil what was happening between us. Then I caught myself thinking about my "superiority" over Gable: "Even though I do not know who Malcolm Lowry is, I know about Gable's secret attempt to shoot me down, and therefore I am superior to him since he is not even aware of what I know!" Then I, in my mind, drew a parallel between the small and big cowboys in Gable's repeating dream and the "small" patient and the "big" analyst. The realization of this pleased me: Gable's dream story had come alive between us with a modification: The little cowboy indirectly and secretly could hurt the big cowboy! I thought that "interpreting" this would be like shooting the little cowboy with real bullets while leaving him with rubber ones, rendering him helpless once more. Waiting to see what would evolve allowed a workable transference-countertransference story to develop. The little cowboy who continued secretly shooting the big cowboy became more and more anxious on the couch until one day he did commit "self-castration" by reporting the name of Lowry's (1947) greatest work: *Under the Volcano*. I did not rush to tell Gable that my name, Volkan, also means Volcano. I "knew" that Gable "knew," unconsciously, that he was submitting his self-representation to the analyst's self-representation. This story reflecting Gable's oedipal fixation was told from session to session now. Sometimes Gable tried to shoot me secretly, sometimes he became paralyzed with anxiety that I would retaliate, and other times he did symbolic self-castrations and exhibited symbolic homosexual surrender. This went on some months, until I intuitively sensed that he had owned his struggle. Then I verbalized what had been happening between us. If I prematurely "interpreted" this, Gable would not own his struggle, would not have this opportunity to work toward mastering his castration fantasy.

Another ping-pong game dream

During the first part of the second year of his analysis, soon after the above interactions between the patient and the analyst, which centered on references to *Under the Volcano* and which had been sustained for some months, Gable had a memorable dream. In the dream he is on the fourth floor of a building. (In reality my office at that time was on the fourth floor.) He is in a room with a gray-haired man. (I had gray hair.) Gable goes to the window and looks down. In the street below he sees a little boy tightly holding his mother's hand. Then from somewhere above, pieces of glass fall down on the boy, cutting his eyes, *blinding* him. After watching the boy, Gable slowly moves away from the window and turns to face the gray-haired man. A ping-pong table appears in the room and Gable and the man begin playing ping-pong, but in slow motion. The ping-pong ball is dark, and each time it is the gray-haired man's turn, instead of hitting the ball back to Gable, this man holds the ball in his palm and rubs it. Then he sends it back to

Gable with his paddle. Each time the man holds the ball in his palm, the color of the ball changes, becoming lighter. It is as if the ball is painted with a dark color and the gray-haired man is rubbing off the paint each time he holds it.

Referring to his dream, Gable knew that he was the little boy holding his mother's hand firmly as he had done as a child at a train station waiting for his father's return from his first long absence from the United States. At the train station Gable felt "blinded" by bright colors. I joined Gable in interpreting the dream. I told him that as a little boy, he had not wished to lose his position as his mother's "darling," and he did not want to see his father coming off the train, but wanted the older man to disappear—in a sense to be "dead." But then he became afraid of the older man's fury and punishment. This is why he avoided being in the same room with his father. Gable could easily hear such a statement because by then he had collected enough data from his childhood and adult history, symptoms and fantasies, and struggles with me to know that what his analyst stated made sense.

I reminded Gable that in the first dream of his analysis he had seen himself pitted against an opponent on the other side of the ping-pong table. At that time the opponents were not talking. This time the opponents were relating important information about how their togetherness had evolved. I added that in Gable's current dream, the identity of the opponent was clearer: the gray-haired man represented me. I said to Gable: "After you sensed I did not know much about English Literature, you felt that you surpassed me. But then you put yourself under me, *Under the Volcano*, as a self-punishment. In a sense you and I, in this room, repeated your childhood wish to surpass your father, own your mother, and the danger such wishes initiated in your mind. In the dream, down below in the street you watched what made you anxious as a child: your fantasized punishment. Do you think that in your dream, in a sense, you wanted to say goodbye to this child? This time when you turned to me and took your place on the other side of the ping-pong table you were sending me dark parts of you or things that made you anxious as a child. If I am correct, you are noticing that I can tolerate holding on to your dark parts or things that make you anxious, making them lighter, before I give them back to you. We are doing a lot of good work here. Let us continue!" Gable agreed with me.

Hearing Gable's new ping-pong dream, I was reminded of the metapsychology of psychoanalytic technique that was described by Strachey in 1934 and then modified and expanded by many analysts after him. Briefly, the focus of this metapsychology is the externalization—internalization or projection-introjection processes that take place during the analytic work. The analyst does not return the analysand's externalizations and projections right away, and thus through his or her analytic stance (which includes being a "silent analyst") modifies them before giving them back to the patient. The analyst becomes, according to Strachey, an "auxiliary superego." Such a process, through identifications, changes the patient's severe superego. Following Strachey, in 1956 Heimann described how the analyst becomes an "auxiliary ego." Heimann tells us to imagine an infant who first shrinks from a new object, a cat, and takes flight into his mother's arms. After the mother gently strokes the cat's back and shows the infant that the creature is not dangerous, the infant, encouraged by his mother, does the same thing. Gable's dream reflected Heimann's description of a mother-child dyad with a cat between them. We can say that the terms "auxiliary superego" and "auxiliary ego" referred to the analyst as a "new object," "analytic introject" or "developmental object"—

terms that are used in later years of psychoanalysis (Loewald, 1960; Cameron, 1961; Giovacchini, 1972; Kernberg, 1975; Volkan, 1976; Tähkä, 1993; Volkan & Ast, 1994). The analyst's newness does not refer to his or her social existence in the real world, but depends on the analyst being an object (and its representation) not hitherto encountered. The patient's interaction with a "new object" is akin to a nurturing child-mother relationship (Rapaport, 1951, and Ekstein, 1966).

The ping-pong ball bouncing between two individuals in Gable's dream, in my mind, reflected such processes. When treating individuals with lower levels of personality organization, this ping-pong game appears more clearly. The externalization-internalization or projection-introjection processes between the patient with neurosis and the analyst remains in the shadows and sometimes appears in dreams such as the one Gable had. Deliberately I did not name the possible sexual meaning of the "ball" that went between two men. The important thing for Gable was to work through the homosexual position of the oedipal phase (*Under the Volcano*) and not necessarily learn the name of this position.

After this dream, I noticed that Gable was becoming his father's "friend." During a visit to his parent's home with his wife he found a wooden chest in the attic. He opened it and was "shocked." All along he had an image of his father as a "warrior," but in the chest were many documents from places his father had been stationed overseas praising his "peaceful" works. Gable's father's main task was to help people after massive trauma, repairing infrastructures of ruined environments, building houses. Gable realized that by studying city planning he had identified with his "good" father while, in reality, he was not aware of such an identification before. I explained this identification to him.

Gable's phobia of being alone with his father in a room was gone. His father, now retired from the military, often came, along with Gable's mother, on weekends to visit his son and his wife. The retired general and his son would go to football games and enjoy each other's company immensely. Gable, and to some degree, the analyst, were surprised to find out what a kind man Gable's father was. His mother and sister, too, enjoyed being with Gable and his wife.

The analyst as Al Capone

As Gable's father slowly ceased being a reservoir for the mean, castrating oedipal father image of his childhood, Gable's transference neurosis toward the analyst, the image's other version, became hotter and hotter. At this time Gable was experimenting by having sex with his wife after eleven o'clock at night. I had not suggested this to him, but on his own, he wanted to get rid of this symptom. However, whenever he had sex after 11.00 p.m., he would then jump out of bed, put his clothes on, go to the living room and *open the window*. His premise was that passers-by looking into the window would think that he had not just had sex; they would simply see him watching television or doing some other mundane activity. Sex with his wife would remain a *secret*.

It should be recalled that Gable and his wife lived in a basement apartment, and according to him, someone looking at their open living room window would be able to see him. He described how sometimes he would eat potato chips while sitting in front of the television after sexual activity. Potato chips reminded me of little Gable demanding potato chips from his mother and her seemingly always giving in to his demands. Watching an "orally" satisfied adult Gable, no one would think of him as a sexually satisfied Gable. I shared this observation with him.

After some weeks I felt rather bored hearing the same story again and again of his going to the living room after 11:00 p.m. One day I became fully “awakened” from my boredom when Gable said, “Last night again I had sex with my wife after eleven o’clock. It was very good for both of us. She went to sleep. I struggled with the idea of staying relaxed in the bed. But I couldn’t, so I did my routine: I went to the living room, opened the window, and sat in front of the television with a bag of potato chips. Then I looked up and saw people passing by our window. You know I can’t see their full bodies, only their legs and shoes. Then a thought came to my mind. What if you were passing by our apartment? If you looked down and saw me in front of the television you would still know that I had just had sex.” Gable became very anxious on the couch as he reported this.

If there is such a person, this is the time for the “silent analyst.” My giving assurance to Gable that I did not even know his apartment’s address and that I was fast asleep at eleven o’clock the night before would be analyst interference with a developing therapeutic play. To make quick interpretations—even the correct ones—would also interfere with the developing new therapeutic play. My remarking on it would be showing disrespect for Gable’s courageous attempt to allow his transference neurosis to bubble up.

By the next session Gable was “sure” that I was wandering in his neighborhood at night after eleven o’clock, looking in his apartment to see if he and his wife were having, or had just had, sex. Gable looked paralyzed on the couch. If anyone knew what Gable went through that day in my office and later asked him during a relaxing moment at a coffee shop if he thought that his analyst, in reality, spied on him and his wife, most likely Gable would reply, “Of course not!” “Breaking with reality” in the height of transference neurosis does not make a person psychotic. A “hot” transference neurosis for a patient is like a serious play in which a story feels as if it is real. For weeks Gable lay on my couch accusing me, first in whispers and then in shouts, of looking into his apartment after eleven o’clock at night. Gable imagined that I was wearing wing-tip shoes like the ones American gangsters wore in the movies. He began calling me, “Al Capone!”

In reality, if Gable turned his head on the couch he could see my shoes. But, his transference neurosis would not allow him to turn his head and see reality. He needed to perceive me as Al Capone, own his castration fear and his corresponding rage in front of me, notice that no damage was done to him and Al Capone/analyst, and then give up his fantasy of castration for good. I consider an analyst’s interference with such a process a big mistake. I mainly stayed silent, but internally I was filled with joy. Watching an analysand entering into a “hot” therapeutic play is very gratifying to me. It reconfirms for me that analytic treatment works, gives me pride and joy for the ability to help another individual have such a unique experience. I was also very aware that Gable’s extreme anxiety and struggles were contained and occurred when he was on the couch as well as when he was in his living room after eleven o’clock, especially after having sex with his wife. When Gable came to his sessions week after week during this period of his analysis, first he would smile at me, and then he would lie on the couch and whisper or shout with extreme anxiety. At the end of the sessions I would make a remark such as, “Well, let’s see what will develop.” Then Gable would get off the couch and again smile at me and

leave. As an aside, Gable managed to hide his anxiety from his wife to a great extent, even though she was aware of his leaving their bed after sex late in the night.

After a month or so, Gable reported that one night after eleven o'clock he was sure that a man wearing wing-tip gangster shoes was outside his open living room window. In Gable's mind he was Al Capone/Volkan. He got up and checked the front door of their apartment and relocked it. The next night Al Capone/Volkan was back. This time, Gable imagined me bending down, looking through the window and seeing him sitting in front of the television eating potato chips. When he reported this to me while he was lying anxiously on the couch, I made a reference to his dream about a snake behind a steel door: "Your steel door is no longer shut tight. The snake has entered your room. Is it really that dangerous?" Gable stayed silent for about five minutes before responding. "I guess not. No, I know that this snake is not dangerous." I could see Gable's body relaxing and a big smile coming to his face. Next session he appeared friendly; he even told me a joke. It was not the content of the joke that interested me at this point, but the function of his telling a joke during his session that was important, and therefore I laughed with him. He was becoming close to his analyst as he had become close to his father.

Half-naked wrestlers and two minarets

Therapeutic plays require repetitions in order for patients to crystallize the changes in their internal world. During the second part of the second year of Gable's analysis, I received a postcard from one of my friends in Turkey. My friend had just been to the historical Kırkpınar Oil Wrestling Festival. Every year since 1357, Turkish wrestlers gather in Kırkpınar in a field and wrestle until a champion is declared. Naked except for leather pants, they smear olive oil over themselves and their pants. This makes the wrestling interesting. The postcard showed two male wrestlers holding each other in a wrestling position with two minarets looming behind them. One minaret, an obvious phallic symbol, was taller than the other, just as in Gable's repeating dream when one cowboy was taller and bigger than the other cowboy. I had put the postcard, face-up, on my office desk across from his couch, not thinking about the possibility that Gable would see it before lying down. It only occurred to me just before Gable's arrival for the session.

I was not aware of any reason for leaving this symbolically stimulating postcard face-up on my desk. On a conscious level I was very pleased with Gable's going through "hot" oedipal transference. But, did my patient also continue to induce in me unnoticed feelings of irritation such as those that had occurred when he tried to make me, as a Turk unfamiliar with English literature, feel unsophisticated by not knowing who Malcolm Lowry was? Even before he obsessively talked about *Under the Volcano* he had heard that I am a Turkish-American. When he asked me if this was correct, I said "Yes." Did I in turn desire to show him something Turkish that he would not understand? Did Gable's open oedipal struggles induce remnants of an oedipal struggle in me? Did I want to remind Gable that a father/analyst's penis is larger than a child's penis? Since my counter-transference motivation to show the postcard to him was unconscious, I could not know the primary reason for sure. An analyst should not deliberately "manipulate" a patient; this would be false, designed to induce a therapeutic process, and the patient most likely would sense it as less than genuine. A counter-transference reaction—positive or negative—happens spontaneously. The important thing is the analyst's effort to try to

understand it and help the patient, as well as him- or herself, put the process initiated by a counter-transference response on the analytic track.

Gable lay on the couch after looking at the postcard. The competing wrestlers and minarets on the postcard functioned like day residue of a dramatic dream. He looked around the room without turning his head to look at me. He began noticing “protruding” elements of the furniture and items in the office. For example, a book in the bookshelf was “protruding” toward him, as was a desk lamp that was bent in a peculiar way. I knew that Gable was “seeing” my symbolic erect penis all over the office and he was feeling threatened by a homosexual attack. Once more, Gable would visit being stuck in the homosexual position of a normal Oedipus phase where he was afraid of submitting to father first before identifying with him and resolving his complex.

Gable’s body became tense and he started to say, “Chop! Chop!” as he moved his arms to cut down, symbolically, the “protruding” items in my office. After the initial shock of seeing Gable doing this, and once I understood what he was doing, I relaxed and stayed “silent.” Soon, once more I was filled with joy that Gable was involved in another “hot” therapeutic play, this time with unusual gestures of his arms and hands. Gable “chopped” my protruding items for the rest of the session. I felt as if I were watching a swashbuckler sword fighting on a movie screen. Knowing what Gable was doing, and having knowledge about a male child’s passage through the oedipal phase, I comfortably sat in my chair enjoying the show, so to speak. For the next ten sessions Gable spent his time symbolically cutting down my protruding items while saying, “Chop! Chop!” Again, Gable’s activity was confined to my office. Again, Gable would smile when he came to the office and when he left it. But, during the fifty minutes on the couch, his body and soul were involved in his transference neurosis. Now and then his repeating dream of two cowboys would return. In these dream he would no longer run back to the house and lock himself in, but he would walk toward the taller cowboy.

After behaving like a swordsman in my office for ten sessions Gable opened one hour by reporting an event which turned out to be the day residue of a new dream. “When I left my session yesterday on the way home I came across a skunk? It stunk!” he said. I responded: “Go on.” Gable continued: “Well, you should know that when I have sex with my wife after eleven o’clock I no longer get up and go to the living room. What a relief to be able to relax with her in bed after sex. Last night too, we had sex very late, but then I had a dream and it stunk too!”

Gable reported his dream: “There was this solid three-story house [himself with his id-ego-superego, I thought]. The funny thing about it was an outdoor water spigot on the lower backside of the building [his anus, I imagined]. I was opening and closing this water spigot, but instead of water, a smelly gas would come out of it.”

Upon hearing Gable’s dream I said, “Ever since two and a half weeks ago I showed you the pictures of two minarets standing side by side, you have been trying to chop my Turkish penis into pieces. Now, you think that I’ll retaliate and rape you, so you fart on me to keep me away!” When Gable heard what I had just told him, he burst out into nervous laughter. Then he calmed down, smiled and said, “OK! OK! What is the big deal? I don’t even know if you are married. But, I suspect that you have your own woman. Oh! Oh! What is the big deal? You got your woman and I got mine. That is OK. Yes, this is absolutely OK.” Then I made my most important interpretation during Gable’s entire analysis. I repeated Gable’s last sentences, “You got your woman and I got mine. This is

OK. Yes, this is absolutely OK!” Both he and I remained silent in great comfort the rest of the session.

Two cowboys shaking hands

Soon Gable brought in his last cowboy dream. This time the big cowboy and the little cowboy approached each other; instead of shooting at one another they shook hands. Gable reported being happy at home with his wife, feeling comfortable with his parents and his sister during their visits, enjoying his school work and not having any anxiety attacks during his daily life. He asked to terminate his analytic work. I asked him to take stock and see if there were areas where he needed more work. During the next sessions Gable took stock and reported feeling very satisfied with what he had gained through analytic work.

Later Gable went through a two-month termination phase of his analysis. There was nothing unusual in his and my mourning processes. As Gable spoke of his feeling that he would miss me, his relationship with his father improved further. The two of them took a trip together to a city where Gable’s university’s football team was going to play against the football team of another university. Gable was aware that he had started his analysis with an anxiety attack while he was playing basketball because he was afraid of his father. Now he was getting ready to finish his analysis while watching a football game with his father and staying with the older man alone in the same hotel room. Gable’s university’s football team won. This allowed the father and son to share more joyful moments. Soon after this event Gable finished his analysis.

I never heard from him again. Six years after we terminated his work with me, I one day received a letter from a governmental employment office in another state, which gave me some information about Gable. Apparently he had become an architect since his analysis and he was applying for a state job. When filling out the required form, he stated that he once was in psychoanalysis. The letter I received stated this and asked if the analyst would have any misgivings about Gable fulfilling the job requirements. I had no misgivings.

The need for more reports on *total* psychoanalytic treatment processes

In 1988 Wallerstein in his Presidential Address of the International Psychoanalytic Association, posed the question, “One psychoanalysis or many?” The diverse theoretical and technical considerations within the psychoanalytic circles of today give us a clear answer. It is beyond the scope of this brief paper to list new concepts or modified versions of the older ones that have enriched our profession. The primary change, as Green (2000) stated, has been the focus on the role of object and the relationship between drive and object, the latter being unduly neglected in classical Freudian theory. As a response to the growth of pluralism, some analysts, notably Rangell (2000), proposed a united and composite theory of psychoanalysis that is to be distinguished from non-psychoanalytic theories of mental life. But the growth of pluralism also brought forth attempts that can be seen as “throwing the baby out with the bathwater,” and has created unnecessary and destructive competition. For example, Green (2000) refers to a pointless struggle for supremacy between those who focus on the intrapsychic and those who follow intersubjective processes in psychoanalysis, since both of these processes play a part in any analytic treatment. I agree with Böhm (2002) who states that different ways of listening to the patient and different styles of handling clinical material begin to put

analysts in completely different professions. What is psychoanalytic treatment? Who is a psychoanalyst? Kernberg's (2001) overview of psychoanalytic technique according to various schools of thought, is an attempt to answer these questions. It will be important for those who champion different new schools to calmly investigate where they stand in Kernberg's classification and answer questions that I raised earlier in this paper: "What am I treating?" "What tells me where the analysand and I are during at any point in the treatment process?" and "What changes occur in the analysand at the end of the treatment?"

Gable's story illustrates the technique of a "silent analyst," focusing on the core psychoanalytic theories starting with Freud, such as the existence of a dynamic unconscious with its irrational unconscious fantasies and "with its ongoing scamming for safety and anxiety, and its myriad psychic outcomes, from normal to pathological" (Rangell, 2002, p.1131) and the need for recovery of repressed childhood memories and the importance of reconstruction as a complementary agent of change (Blum, 2005). I wanted to correct new myths about the "silent analyst" who actively observes related themes reflecting the patient's mental conflict in all ten areas that I listed earlier, while participating in "two-person psychology." As he or she gains experience doing similar mind work with each patient, the analyst evolves what Olinick (1980) called, a "psychotherapeutic instrument." Becoming a "therapeutic instrument" does not interfere with humanness and spontaneity. In my view this makes the analyst someone who truly respects the patient's suffering, is more tolerant of the slow process of change and more appreciative of the patient's courage to own his or her mental conflicts with associated affects in order to resolve and master them.

For decades I have been a believer in presenting the *total* story of a treatment process in order to answer the question, "Does psychoanalysis have any curative value?" I have done my share of presenting such data, some of total treatments described through many chapters and some even book length (Volkan, 1976, 1984, 1987, 1995). While there are ethical issues concerning total case reports, it is possible to carefully disguise individual's identities while keeping the details of the actual psychoanalytic work intact. I urge that each school write *total* psychoanalytic treatment stories and illustrate what they have heard, what changes have occurred in the internal worlds of individuals they treat by the end of the treatment and why and how. Psychoanalytic institutes should not deny that pluralism in psychoanalysis is making teaching, especially the teaching of technique, rather difficult. They should pay attention to include total treatment studies in their curricula in order to ease the confusion I see among the young generation of analysts about what they are treating and what theory or technique should they follow.

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