# BEYOND NEUTRALITY

## The Curative Function of Analyst Self-Disclosure in the Psychoanalytic Situation

ARNOLD WM. RACHMAN

WAY BEYOND FREUD

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e-Book 2015 International Psychotherapy Institute

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From *Way Beyond Freud* edited by Joseph Reppen PhD; Jane Tucker PhD; Martin A. Schulman PhD

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Orig. Publisher: Open Gate Press

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# Table of Contents

ESTABLISHMENT OF STANDARD PSYCHOANALYTIC TECHNIQUE

THE TRADITION OF THE ANALYST AS “OPAQUE”

CONTEMPORARY TRADITION AND ANALYST SELFDISCLOSURE

THE “RESISTANCE" TO ANALYST SELF-DISCLOSURE

FREUD'S CONFUSION OF TONGUES

FERENCZI'S POSTMODERN VIEW OF PSYCHOANALYSIS

DECONSTRUCTING THE OEDIPAL THEORY: NEW MEANING IN THE CONFUSION OF TONGUES (COT) THEORY

DECONSTRUCTING THE PSYCHOANALYTIC SITUATION

CONSPICUOUS SELF-DISCLOSURE

JUDICIOUS SELF-DISCLOSURE

THE CONFUSION OF TONGUES BETWEEN ANALYST AND ANALYSAND

About the Authors

# Beyond Neutrality: The Curative Function of the Analyst Self-Disclosure in the Psychoanalytic Situation

**Arnold Wm. Rachman, PhD, FAGPA**

## ESTABLISHMENT OF STANDARD PSYCHOANALYTIC TECHNIQUE

During the first decade or so of psychoanalysis its founder, Sigmund Freud, established what he called "technical recommendations for clinical practice."The publication ofFreud's technical papers,from 1911 to 1919, established a standard of classical psychoanalytic technique (Freud. 1911 /1958a, 1912/1958b, 1913/1958c, I914/I958d, 1915 [1914]/1958e, 1919 [19I8|/ 1955). He formulated 10 general ideas: (1) method of free association; (2) phenomenon of transference; (3) unfolding of unconscious motivation; (4) phenomenon of resistance; (5) removal of infantile amnesia; (6) issue of acting out; (7) development of insight; (8) technique of interpretation; (9) working through process; (10) principles of neutrality.

Unfortunately. Freud's authoritarian style (Fromm, 1959) and the politics of psychoanalysis (Roazen, 1975) combined to turn these recommendations into "taboos" in clinical functioning. Freud was more aware of his error in emphasizing the negative than were his conservative followers

when he said:

> . . . the “Recommendations on Technique” I wrote long ago were essentially of a negative nature. I considered the most important thing was to emphasize what one *should not do,* and to point out the temptations in directions contrary to analysis. Almost everything positive that *one should do* I have left to “tact".. . . The result was that the docile analysts did not perceive the elasticity of the rules I had laid down, and submitted to them as if they were taboos. Sometime all that must be revised, without, it is true, doing away with the obligation I had mentioned. (Jones, 1955, p. 241, italics added)

Freud was the first to deviate from his own technical recommendations. As I have pointed out in another context, he began a technical revolution when he changed his own functioning (Freud, 1919 [ 1918J/1955. He also encouraged his favorite pupil, Sandor Ferenczi, to experiment with the analytic method (Rachman, 1997a). There remained, however, one dimension of the standard procedure which was inviolate, analyst self-disclosure.

## THE TRADITION OF THE ANALYST AS “OPAQUE”

Growing out of Freud’s original conceptualization of the analyst as surgeon (Freud, 1912/195Sb) and following the technical recommendations for the analyst to maintain a sterile field, analyst self-disclosure was considered “not pure psychoanalysis.” In the traditional orientation, the analyst functions as a “blank screen” onto which the analysand can project the childhood neurosis. The psychoanalytic situation, in the Freudian

framework, is essentially a laboratory for the reliving of the childhood neurosis, through the transference, created in the here-and-now between analyst and analysand. Any form of analyst self-disclosure contaminates the transferential field. It is only through the maintenance of a sterile field in the transference that the analyst can be confident the analysand is projecting parental distortions. Only then can interpretations present insights into the recreation of the childhood neurosis in the transference distortions with the analyst.

Freud recommended that the analyst not reveal his own emotional reactions or discuss his own experiences (Freud, 1912/1958b, pp. 117-118; Freud, 1913/1958c, p. 125; Freud, 1926/1959 pp. 225, 227; Freud, 1940 [1938], p. 175). Freud was very clear about his negative view of an analyst who revealed any kind of personal reaction during the clinical encounter:

> The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him. In practice, it is true, there is nothing to be said against a psychotherapist combining a certain amount of analysis with some suggestive influence in order to achieve a perceptible result in a shorter time—as is necessary, for instance, in institutions. But, one has a right to insist that he himself should be in no doubt about what he is doing and should know *that his method is not that of pure psycho-analysis* (Freud, 1912/1958b, p. 118, italics added)

Unfortunately, this strong recommendation against the use of analyst self-disclosure initiated a tradition such that any technical advance of which his conservative followers would disapprove would be damned with the idea

of being "not pure psychoanalysis." Growing out of Freud's conceptualization of the analyst as "opaque to his patients," and the technical recommendation for the analyst to maintain a sterile field, analyst self-disclosure was, perhaps, the deviation considered most unacceptable to classical analysis.

We now have some interesting data on Freud's actual clinical practice regarding analyst self-disclosure. Lynn and Vaillant (1998) studied 43 of Freud's cases as revealed in published and unpublished sources, both by Freud as well as his analysands. The findings indicated a discrepancy between Freud's theoretical recommendations about analyst self-disclosure and what he actually practiced: " . . . in all 43 cases, Freud deviated from strict anonymity and expressed his own feelings, attitudes, and experiences. Freud's expressions included his feelings toward the analysands, his worries about issues in his own life and family, and his attitudes, tastes, and prejudices" (Lynn & Vaillant, 1998, p. 165). What is more, Freud breached his recommendations against influencing an analysand through directiveness. The findings in this area were: ". . . in 37 (86%) of these cases . . . Freud breached his repeated recommendations against directiveness by the analyst . . . Freud's directiveness spanned this entire period [1907-1939] and was as much of his work in one time as in another" (p. 166).

Lynn & Vaillant concluded that Freud's deviations from anonymity and directiveness to analysands clearly counterindicated the recommendations

for opacity he so stringently championed in his writings. Freud's actual clinical behavior, it can be argued, gave his analysand’s a view of the real Freud, not the transferential Freud.

## CONTEMPORARY TRADITION AND ANALYST SELFDISCLOSURE

Although there has been a re-evaluation in traditional analysis of the issue of analyst self-disclosure, it is still bogged down, I believe, in the taboos of yesterday. Arlow (1969) echoes the classical position. He says that when there is less interference in the internal processes of the analysand, there is more willingness to acknowledge that incoming data are a function of wishful thinking and unconscious preconceptions. The more the analyst encourages realities about him/herself through self-disclosure, the more difficult it is for the analysand to acknowledge his or her own transference fantasies. Sechaud (2000), in a discussion of analyst self-disclosure in the traditional framework, emphasized such negative aspects as: “the dangers . . . of satisfying the exhibitionistic needs and tendencies of a narcissistic analyst; . . . the incapacity for self-control in an analyst’s incompletely structured personality” (p. 164). Sechaud did indicate some positive factors in analyst self-disclosure when the analyst is free of perversion. In this instance, analyst self-disclosure: provides direct emotional communication that reduces intellectualization; facilitates a reduction of idealization of the analyst when the situation allows for or requires it; introduces some elements of livable symmetry into the

correct frame of the asymmetrical analytic setting; reveals some elements of the analyst's personal psychic situation. But Sechaud did emphasize a very cautious use of self-disclosure: ". . . in the hands of an inexpert or disturbed therapist fit] can be like a 'Kalashnikoff' (a submachine gun) or a scalpel in the hands of a child!" (Sechaud. 2000. p. 164).

One of the most flexible and forward thinking discussions of analyst self-disclosure within traditional psychoanalysis has been presented by Renik (1995). He seems to have developed a unique position, in which he acknowledges a connection to tradition: ". . . self-disclosure by an analyst burdens the analytic work" (p. 468), yet he aligns himself with the most liberal analytic dissidents, when he also states: "If an analyst places primary emphasis on the importance of healing interactions within the treatment relationship, as opposed to the pursuit of insight, there is no reason for the analyst to strive for a posture of anonymity" (p. 475).

Renik (1995) presents a meaningful discussion of the subject of anonymity and idealization of the analyst. He argues that analytic anonymity actually contributes to the idealization of the analyst within the psychoanalytic situation. Anonymity, which was intended to protect fantasy, ironically turns out to "promote irrational overestimation of the analyst" (p. 478). He makes the bold statement that: "a policy of 'nondisclosure' and maintenance of the ideal of an 'anonymous' analyst has permitted us

implicitly to solicit and accept idealization even while we are ostensibly involved in ruthless analysis of it" (p. 479).

I fully agree with the implications of this argument that only if we are to deconstruct the authority of the analyst can we be assured that our clinical interaction is not based on the exercise of power, control, and status. In the next section I will examine how the issue of the analyst's authority was of prime concern to Ferenczi and his development of a democratic atmosphere in the psychoanalytic situation, which deconstructed the orthodox framework of analyst as sole authority.

Since the early 1990s, with a return to a focus in psychotherapy and psychoanalysis on the intersubjective experience between analyst and analysand, the issue of neutrality, anonymity, and transference distortions has undergone revisions. Analysts who accept a relational orientation have moved much further along the self-disclosure continuum. Anonymity is an irrelevant issue for Hoffman (1983) because he emphasizes the importance of the fact that the analyst's personality is always present in the clinical experience. There is no distinction in his framework between realistic and distorted transference because he believes the analysand unconsciously chooses an interpretation which best suits his/her needs. In this system there is no anonymity for the analyst because the analysand is recognized as being as much an interpreter of the analyst's experience as the analyst is an

interpreter of the analysand's experience.

There is also a new view of the analytic encounter, which emphasizes mutuality. I have called this analysand-informed psychoanalysis (Rachman, 1997a. 2000, 2002). Speaking from a relational framework, which is informed by Ferenczi's ideas, Aron (1991) illustrates this new view:

> I often ask patients to describe anything that they have observed about me that may shed light on aspects of our relationship . . . . I find that it is crucial for me to ask the question with the genuine belief that I may find out something about myself that I did not previously recognize . . . . [I]n particular I focus on what patients have noticed about my internal conflicts. (Aron, 1991, p. 37)

Aron's application of Ferenczi's discovery of mutual analysis is a far-reaching clinical activity. One needs to emphasize that an empathic approach would follow the analysand's need for self-disclosure by responding to an inquiry or an observation of a verbal or nonverbal communication of confusion (Rachman, 2002). With this concern in mind, Greenberg (1991) offers the following caution: "My technical prescription . . . is not to confess but to follow the often more difficult path of maintaining an awareness of the plausibility of the patient's perception" (p. 70).

Renik (1995) is also concerned with intruding upon the subjective experience of the analysand with self-disclosure:

> . . . I am not advocating imposing one's thinking upon a patient, but I am

> suggesting that one's thinking should be made available. . . . The point of an analyst presenting the analyst's own view . . . makes the analyst's way of operating, like the patient's, a legitimate subject of joint inquiry. . . . The psychoanalytic situation is one of what I would call complete *epistemological symmetry:* That is to say. analyst and analysand are equally subjective, and both are responsible for full disclosure of their thinking. . . . I think the great majority of successful clinical analyses require that at certain points, the analyst, like the patient, accept the necessity to defect from his or her own preferred ways of preceding and to bear a measure of discomfort. (Renik, 1995, pp. 482-484, 486-488)

Without acknowledging Ferenczi's technical innovations, he is describing the process of mutuality (Ferenczi, 1932/1988): "Faced with a clinical dilemma, an analyst should feel at least as ready to seek consultation from the patient as from a colleague" (Renik, 1995, p. 492). What is more, Renik connects mainstream psychoanalysis with what Ferenczi suggested 60 years ago(Ferenczi, 1932/1988):". . . [We need to) begin to establish a mechanism for self correction by inviting our patients to point us as collaborators, *even in questioning our methods* (including our decision about self-disclosure)" (Renick, 1995, p. 492).

## THE "RESISTANCE" TO ANALYST SELF-DISCLOSURE

We need to examine what can be termed the analytic community's resistance to accepting analyst self-disclosure as part of the analytic process. Rosenblum (1998) makes an excellent point when he says that: ". . . the resistance reflects an idealization of Freud who maintained that the

avoidance of selfdisclosure was necessary for the development and resolution of a transference neurosis" (p. 538).

But it is not just the Freudians who have this resistance to analyst selfdisclosure. My own experience has demonstrated that contemporary alternatives to Freudian analysis also have the same resistance. One such example occurred when I presented a paper at an international conference on Self Psychology. The chairman, discussant, and senior members of the association were all critical of my view on self-disclosure, suggesting that it took away from the focus on the subjective experience of the analysand. Interestingly enough, younger members of the audience did not share their view, feeling that analyst self-disclosure was an empathic way of being.

## FREUD'S CONFUSION OF TONGUES

Freud's "confusion of tongues," that is his difficulty in distinguishing between affection and sexuality, due to his own sexual issues, may be at the heart of his prohibition of analyst self-disclosure. There are several landmarks in the development of this prohibition. The first is contained in the famous paper which introduced the concept of "abstinence" (Freud, 1915 11914|/1958e). Freud developed the concept of abstinence on the basis of his concern that young male analysts would satisfy the romantic longings of their female patients. With this concern in mind, he wrote: "The resolution of

transference is made more difficult by an intimate attitude on the doctor's part. . ."(Freud, 1915 [1914J/1958e, p. 118).

Several analysts have suggested that Freud's conceptualizations on abstinence and neutrality may have developed as a result of his unconscious attempt to suppress his erotic feelings toward women patients (Rosenblum, 1998; Stone, 1961; Schachter, 1994).

There is some credence to the idea that the conceptualization of analyst anonymity was originally a function of Freud's conflict over his erotic feelings. There are indications of the validity of this hypothesis in Freud's clinical behavior. Freud's moralism with Ferenczi occurred when Freud became convinced that Ferenczi was having sexual contact with analysands, when it was reported to him that Clara Thompson said: "I am allowed to kiss Papa Ferenczi, as often as I like" (Ferenczi, 1932/1988, p. 2). Alarmed at the alleged sexuality, Freud wrote Ferenczi the famous "kissing letter":

> . . . You have not made a secret of the fact that you kiss your patients and let them kiss you . . . why stop at a kiss? . . . And then bolder ones will come along which will go further to peeping and showing . . . petting parties . . . the younger of our colleagues will find it hard to stop at the point they originally intended, and God, the Father Ferenczi, gazing at the lively scene he has created, will perhaps say to himself: maybe after all I should have halted in my motherly affection before the kiss. (Jones, 1957, p. 197)

Freud's hysteria over Ferenczi allowing Clara Thompson to kiss him had

nothing to do with sexuality or erotic contact. It was, in actuality, Ferenczi's "relaxation therapy" (Ferenczi, 1930) intended to provide reparative therapeutic measures to individuals who suffered childhood trauma (Rachman, 1998b). Thompson was a victim of sexual abuse by her father (Ferenczi, 1932/1980c, p. 3). Ferenczi decided to provide Thompson with the opportunity to have a passion-free therapeutic experience with an affectionate father (Rachman, 1993a). In actuality, Thompson initiated the kissing experience and Ferenczi agreed to it to provide the therapeutic measure to aid the recovery from the confusion of tongues trauma. This type of trauma, which Ferenczi was the first to identify, refers to the emotional disorder which is activated by parental/authority abuse fueled by narcissism and inauthenticity (see pp. 226-227 below, for an outline of the confusion of tongues trauma). Freud's suppression of his own longings for erotic expression prevented him from distinguishing Ferenczi's affectionate response to Thompson from sexuality.

Roazen (1990) has suggested that the greatest taboo in psychoanalysis is speaking about Freud's analysis of his own daughter Anna. It is reasonable to assume that in analyzing his own daughter's oedipal complex Freud would be exploring his daughter Anna's erotic longings for her father. Freud's willingness to analyze Anna is an indication of his "emotional blindness," being unaware of the seduction dimension of this enterprise. In fact, this analysis could be characterized as a confusion of tongues trauma (Rachman,

1996). Anna spoke “the language of tenderness and love.” Freud spoke “the language of passion.” Any discussion of sexuality with his daughter contaminates his child’s privacy to have oedipal desires for him. This sexualizes the interaction. He created the issue of sexuality as the central topic, but then disavows that he has an interest in it.

At the deepest level of understanding the analyst must struggle to cure his/her own COT trauma in order to work through his/her pathologic narcissism and become emotionally and interpersonally available to the analysand. Any analyst suffering from the incest trauma or severe physical or emotional abuse needs to reach the basic fault of these traumas to be able to work in the zone of authenticity. There has been a suggestion that Freud did suffer a childhood seduction from which he was dissociated (Kriill, 1986) which may be at the bottom of his moralism with Ferenczi and emotional blindness with his daughter (Rachman, 1996).

## FERENCZI'S POSTMODERN VIEW OF PSYCHOANALYSIS

In the present discussion, Ferenczi’s postmodern ideas are imbedded in the way he deconstructed the issue of the analyst’s anonymity. As I have discussed, the psychoanalytic situation was constructed as a standard clinical situation with rules determined by the analyst to create a neutral, objective tabula rasa, onto which the analysand projected manifestations of the

childhood neurosis. Analyst anonymity was intended to create a sterile field of observation, uncontaminated by the analyst's personality.

Ferenczi realized that there was a crucial dimension within the clinical interaction that influenced the entire analytic process, namely, the presence of empathy (or tact, as it was first used) (Ferenczi, 1928/1980b). By listening to the subjective experience of the analysand, at the level of listening with the "third ear" (Reik, 1949), he discovered that the response of the analysand was determined by the manner, style, and level of responsiveness of the analyst. For the first time, the analysis was informed by the analysand's subjective experience. What was formerly considered the inviolate standard of being "opaque" to the analysand was decontructed to now mean the need for authenticity. This was especially necessary when there was a disturbance in the analytic relationship. Ferenczi observed that being opaque communicated emotional distance and unresponsiveness. Instead of "blaming" or "shaming" the analysand for wanting or needing a real or genuine response from the analyst, he searched his own functioning to see if he had contributed to the interpersonal difficulty. Even if he hadn't, he realized that the analysand needed an empathic rather than an interpretative response.

What informed Ferenczi of the need to respond with authenticity rather than remain opaque? After all, he was the leading practitioner of Freudian analysis in Eastern Europe (Rachman, 1997a, 2002). Ferenczi realized that

difficult cases (severe neurotic, narcissistic, borderline and psychotic disorders) were difficult because the Freudian standard of interpretative interaction had one meaning for the analyst and another for the analysand. Ferenczi use of clinical empathy informed him of the need for analyst authenticity, because trauma survivors indicated they were emotionally injured or retraumatized by persistent interpretative behavior (a finding Kohut verified over fifty years later). New meaning was created by paying attention to the "phenomenology of the relationship." The focus shifted in the Ferenczi paradigm from the intrapsychic experience of the analysand to the subjective experience between analyst and analysand. By deconstructing the traditional analytic text, Ferenczi derived meaning from the "immediate experience" within the psychoanalytic relationship. The data of analysis was no longer confined to the analysand's reaction to the analyst. The field of inquiry, dialogue, and process was deconstructed into a two-person relational experience.

## DECONSTRUCTING THE OEDIPAL THEORY: NEW MEANING IN THE CONFUSION OF TONGUES (COT) THEORY

It would be helpful, at this point, to discuss the theory that Ferenczi developed to create new meaning for the psychoanalytic situation. The Oedipal theory of neurosis (Freud, 1905/1953, 1916-1917/1963, 1924/1961) was deconstructed into the confusion of tongues theory

(Ferenczi, 1933). Ferenczi believed that the global meaning established in the oedipal theory did not take account of neurosis caused by trauma, whether physical, sexual or emotional. By the time he developed the COT theory he had specialized in trauma cases for at least half his clinical career (Rachman, 1997a). Neurosis and more severe psychological disorders develop when parental narcissism takes precedence over the child's developmental needs. The COT paradigm is characterized by narcissism which drives parents to satisfy their own needs, whether they be dependency, power, dominance, perversion, sexuality, etc. There is little or no awareness of the traumatizing effect the parental behavior has on the child. Two different languages are spoken, leading to a confusion of tongues. The child speaks the language of "tenderness," the phase-appropriate, developmental need for tenderness, affection, nurturance, physical touch and love. The parent speaks the language of "passion," driven to fulfill his or her own needs, in an "emotionally blind way." Caught in their own narcissistic webs, the parents are unaware the child experiences their passions as intrusion, betrayal, manipulation, abusive, or even demonic (Rachman, 1993b).

As the abusive experience continues, the child is overstimulated and the self begins to fragment. In order to prevent psychosis and complete disintegration of the self, a series of mechanisms develop to help the individual cope with the confusion of tongues trauma:

a) *A dissociative process ensues* as the child valiantly struggles to reduce being overwhelmed by removing her/himself from direct emotional and interpersonal contact with the abuser and the disturbing feelings, thoughts, and details of the abusive experience.

b) *The child's capacity to speak the language of tenderness*, or any language related to her/his experience is interrupted. In fact, language fails to maintain a self-soothing function.

c) *A state of being tongue-tied predominates.* Memory, self-reflection, insight, and understanding are impaired. A form of *elective mutism* takes hold. The child develops the language of silence; it cannot, will not, speak of the abuse.

d) *The individual's sense of reality is compromised* since the authority defines the abusive experience in the language of love. Yet the child senses it is the language of passion that is being spoken. Caught in the developmental need for love and affection, the child accepts the adult's version of reality: e.g., passion is love. The individual loses a grasp on reality, as well as a willingness to trust her/his own intuitive powers and psychic wisdom.

e) *A sense of victimhood overtakes the individual* as he/she feels overpowered, dominated, controlled, used as an object. A sense of separativeness and independence is shattered.

f) *An encapsulation of the self occurs.* A fugue state predominates where the individual is lost in an inner world of hurt, despair, fantasy, and a sense of helplessness. The individual

behaves in a ritualistic, automatic way, easily captivated by a domineering, manipulative person who is reminiscent of the parental abuser.

## DECONSTRUCTING THE PSYCHOANALYTIC SITUATION

Ferenczi decontructed the psychoanalytic process by writing anew text for clinical interaction between analyst and analysand. There was a shift from an analyst-centered to a mutually constructed dialogue and process. The confusion of tongues paradigm which gave new meaning to the individual's experience in the parental/child relationship had implications for the analyst/ analysand dyad as well. Retraumatization, that is, the individual re-experiencing aspects of the childhood confusion of tongues trauma, was seen as occurring in the clinical interaction of the psychoanalytic situation. In the oedipal view of transference, meaning is created from the analysand's projection onto the analyst of his/her perception and feelings of parental authority, colored by the childhood neurosis. New meaning was available when the text of the psychoanalytic situation was conceptualized to be an experience of *mutual analytic partners,* if you will, constructing *the narrative of the analysis in unison* (Rachman, 2002).

Fundamental to the creation of the narrative of the analysis is the analyst's contribution. A crisis in the relationship, which is inevitable, occurs when the analyst's pathological narcissism impedes emotional openness and

honesty. Ferenczi termed this "clinical hypocrisy" (Ferenczi, 1933/1986) indicating the analyst was acting like the abusive parent of childhood. The parent blames the child, not taking responsibility for their contribution to the relational crisis. When the analyst's clinical hypocrisy prevails, an enactment of the confusion of tongues occurs. It is then that Ferenczi gave further meaning to the psychodynamics between analyst and analysand by encouraging a two-person relational view of the analytic process. A two-person experience of the analytic process encourages analyst self-scrutiny. It is only through the analysis of the countertransference that the analyst confronts his/her pathologic narcissism. The curative function for the confusion of tongues trauma is predicated on the analyst's capacity to become more authentic. Emotional honesty is curative because it repairs the neurotic experience of childhood when parental authority blamed the child for any difficulties in the relationship. Rather than reinforce emotional dishonesty, defensiveness, evasion, and unauthentic interpersonal contact, the analyst struggles to examine his/her contribution to the relationship crisis, take responsibility for his/her contribution, and then give voice to that contribution. In this way, the analyst finds his/her *authentic voice* in the analytic dialogue.

Each analyst, in this new view of the analytic encounter, must conquer his/her own childhood neurosis where inauthentic parental relations limited his/her ability to maintain an authentic voice. As I have outlined, parental

inauthenticity encourages a confusion of tongues experience at the level of emotional trauma. In order to fulfill the curative function of analyst authenticity, judicious self-disclosure is introduced (Rachman, 1982, 1990, 1993a, 1997b, 1998a, 2000a; Rachman & Ceccoli, 1996). I have made a distinction between conspicuous and judicious self-disclosure.

## CONSPICUOUS SELF-DISCLOSURE

Conspicuous self-disclosure is not curative because it is the analyst's narcissistic expression of his/her own needs. Such disclosures are disguised as tenderness, but are actually self-serving. In this way they maintain the trauma of childhood. A trained psychoanalyst who perceived himself as active, open, flexible, and humanistic, initiated a dialogue with a male analysand in a group therapy setting focused on his alleged fear of intimacy. The analysand had reported a change of heart in buying an apartment, which meant postponing moving in together with his girlfriend. It was then that the analyst conspicuously self-disclosed that he too had had the problem, when he was younger, of being unable to commit himself to a woman. The analyst did not explore the reason behind the analysand's change of heart. Rather, he blurted out: "Don't make the mistake I made and lose the woman. You are afraid to make a commitment." What was presented as curative was actually retraumatizing. The analyst continued with the explanation that his self-disclosure was intended to provide the analysand with the emotional benefit

of the analyst's experience. As such, the analyst saw himself as the wise, fatherly, parental surrogate trying to prevent his "son" from making a serious mistake. However, because the analyst was more interested in confronting this individual with his self-disclosure than in struggling to understand the analysand's subjective experience, the selfdisclosure produced a rupture in their relationship. It did not provide any curative function of the confusion of tongues trauma. The analysand was enraged with the analyst self-disclosure, feeling that the content, manner and presentation was intrusive, manipulative, and controlling. He told his analyst: "You are not my father, I don't have to take this from you." The analyst became increasingly more aggressive when the analysand rejected his interpretations about fear of intimacy and commitment. This led the analysand to feel misunderstood, blamed, and abused. The analyst would not yield, insisting he was doing this for the sake of the analysand, saying: "I want to save you from the emotional difficulties that I had created for myself."

The confusion of tongues trauma became the predominant dimension within this clinical interaction. In the context of a group, the disturbing interaction was witnessed by three other male members (as well as four female members). The analysand and the three other male members terminated their therapy with the analyst at the end of this group session. When the confusion of tongues trauma erupted, the analyst and analysand spoke different languages. The analysand spoke "the language of hurt,

rejection, and betrayal," the analyst spoke "the language of intrusion, blame, and shame." The analyst, because of his narcissistic need to convince the analysand he was fearing intimacy and commitment, could not focus on his abusive behavior and lack of empathy. It was more important to get the analysand to affirm his message than it was to observe the damage the analyst's behavior was having on the analysand and group. Such parental/ authority "emotional blindness" and narcissistic fulfillment is the fundamental psychodynamic of the confusion of tongues trauma.

## JUDICIOUS SELF-DISCLOSURE

Authenticity in the psychoanalytic situation is best exemplified by analyst self-disclosure which is judiciously practiced. I have translated Ferenczi's original attempts at analyst self-disclosure into a contemporary relational view which focuses on empathy as the emotional compass (Rachman, 1993a, 1997b, 1998a, 2000a; Rachman & Ceccoli, 1996). The most fundamental consideration in the clinical practice of analyst self-disclosure is the meeting of the analysand's need for authenticity. There are analysands who, by virtue of their childhood trauma, characterized by severe parental inauthenticity, make it clear they need and want analyst self-disclosure to aid in the reparative process of the confusion of tongues.

One day, without any warning, an analysand who I shall call Michele

erupted in a confusion of tongues retraumatization. It was a snowy day in January and I wanted to protect a recently purchased area rug which I valued, so I placed some plastic over it. I had a session with a couple before seeing Michele. During this session, there was no issue of the plastic covering over the area rug. But, as soon as Michele entered the consultation and saw the plastic rug covering he immediately went into a rage. For about fifteen minutes he ranted and raved. As he paced up and down, still not sitting down, he said the following: "Who do you think you are! Boy, *do you have problems!* You are a sadist. Dr. Rachman. (He then walked toward a picture I have displayed of Sandor Ferenczi.) "You have betrayed your mentor, Ferenczi. Do you think he would do this to me?" (Rachman, 2000, p. 300).

I was not prepared for this "emotional holocaust," although there were other moments in the analysis where Michele had become enraged with me. Usually, I waited patiently for his rage to subside while I silently attuned to his subjective experience. Then, I would begin an empathic verbal exploration of his feelings. In this session, he was more willing to attack me than explore our interpersonal crisis. He made it clear, in this first quarter of the session, that *I had done something to him that was unbearable*. When I recovered from the emotional attack, it was clear that I had to take responsibility for contributing to the crisis, whether or not I understood the psychodynamics of the crisis. I then said the following to him:

> I regret I have done something that is causing you so much difficulty. Michele, you have expressed rage in our sessions many times. I would like you to consider talking to me about the anger you are now having so we can begin to understand it. I know you are dedicated to making progress. Continuing to rage at me, without understanding what is going on, will not help you feel better about yourself and your life. (Rachman, 2000a , p. 301)

My intervention was clearly soothing since Michele immediately stopped raging at me, sat down, caught his breath, and prepared himself to discuss the crisis. He finally revealed why my behavior had retraumatized him. Plastic covers were an integral part of his family living situation as his mother covered all the furniture in plastic. He experienced the covering of the furniture as a formal rejection of him. Michele interpreted the plastic covers as his mother's greater concern for her furniture than for him. He felt she never concerned herself with him as much as her furniture. The plastic covers became a symbol for the narcissism, emotional distance, lack of nurturance, but, most importantly, *the abusive way he was treated in his family.*

Since Michele was an incest survivor, abusive treatment was a crucial issue. He had reported childhood sexual seduction by both his mother and father. Sexual and emotional abuse had defined his life. It wasn't until he was in his 40s that he could move out of the parental apartment and begin to have a separate and productive existence (Rachman, 1999).

When he saw the plastic covering on my office rug, he experienced me as "the plastic mother," who was more concerned about my office than him.

Since we had been uncovering his emotional and sexual abuse over several years, the process of reconnecting his feelings to his childhood experiences had developed. His rage now was available to him when he felt abused. It is also true that he is hypersensitive to feeling abused. In his daily life, he can become enraged with the words and deeds of anyone, whether they are relatives, friends, or strangers.

It should be noted that his perception of abuse and his anger are in the borderline to psychotic range. All the more, therefore, that Michele needs authenticity from the analyst. I also needed to admit that I caused his retraumatization by covering the area rug with plastic. As I apologized for causing him difficulty, I gathered up the plastic covering and threw it away. It seemed clear to me that if this plastic cover, which was intended to do something positive, had, in fact, created a trauma, it should be removed. In actuality, I was *the unwitting retraumatizing agent*. Realizing this, the mandate was to create a reparative therapeutic measure (Rachman, 1998b) from the relational rupture. I believe Michele was correct. The plastic which was introduced by me to preserve an object I cherished (a newly bought Chinese area rug) should not take precedence over Michele's feelings of hurt, rejection, and abuse.

Michele was very appreciative of my genuine regretfulness and action which attempted to reverse the traumatic moment. When I threw away the

plastic cover I told Michele that I had made an error, which I wanted to reverse. He became calmer and introspective. He said he was grateful to me for my desire to help him with his trauma. He began to explore the understanding that the analyst's behavior was different from his mother's.

My self-disclosure that I had made a mistake and wanted to rectify it served a curative function. Over the course of the sessions to follow, Michele indicated to me the following insights: his rage reaction was exaggerated by his childhood trauma; initially, he could not emotionally distinguish the analyst from his mother; he was developing insight into his abusive childhood experiences and the development of rage. He reported, during the ensuing months, a reduction of anger and rage in his everyday interpersonal contacts. For the first time, he also began to have dreams in which his mother became a central focus.

## THE CONFUSION OF TONGUES BETWEEN ANALYST AND ANALYSAND

Ferenczi made it clear that when there is a retraumatization, it is by definition a two-person experience. In deconstructing the analytic situation into a mutual analytic process, Ferenczi discouraged the idea that the authority of the analyst was infallible (Rachman, 1988). The analyst's mandate is to take responsibility for the relational crisis, not to assume it is only a transference manifestation. Even if it were a matter of transference, the

analysis of the relational crisis is a function of both members of the therapeutic dyad. Ferenczi encouraged analyst authenticity by saying:

> One must never be ashamed unreservedly to confess one's own mistakes. It must never be forgotten that analysis is no suggestive process, primarily dependent on the physician's reputation and infallibility. All that it calls for is confidence in the physician's frankness and honesty, which does not suffer from the frank confession of mistakes. (Ferenczi, 1928/1980b, p. 95)

Ferenczi described his own personal struggle with authenticity at a moment in the analysis when his interpretations were met with "rebuffs." He then had to deal with the experience of being told he was wrong, and with a feeling of rejection: "I need hardly tell you that my first reaction to such incidents was a feeling of outraged authority. For a moment I felt injured at the suggestion that my patient or pupil could know better than I did" (Ferenczi, 193 l/1980d, p. 130).

Ferenczi's profound understanding of the function of clinical empathy led him to recognize the necessity for a two-person psychology: "Fortunately, however, there immediately occurred to me the further thought that *he really must at bottom know more about himself than I could with my guesses*" (Ferenczi, 1931, p. 130, italics added).

The intervention that completes the deconstruction of the psychoanalytic situation and creates a new text for the psychoanalytic

dialogue is for the analyst to add his/her contribution to the clinical interaction: “I therefore admitted that possibly I had made a mistake, and the result was not that I lost my authority, but that his confidence in me was increased” (Ferenczi, 1931/1980d, p. 130).

In my clinical interaction with Michele, when he reacted as if I had become the abusive mother of his original confusion of tongues trauma, I attempted to follow the example of Ferenczi, by realizing that Michele was in the position to define the psychological meaning of his traumatic reaction that had initiated a confusion of tongues between us. I was speaking “the language of narcissism,” concerned with aesthetics, beauty, and practicality. Michele was speaking “the language of rejection, betrayal, and hurt.” Empathy as curative of the confusion of tongues trauma necessitated that I hear and respond to his subjective experience, not ask him first to understand mine. What would have been even more traumatic, and would, perhaps, have caused a psychotic break, would have been any attempt I made to “blame” Michele for his anger. This could have occurred if I went into an interpretation of his rage as an intense maternal transference reaction. For analyst self-disclosure to serve as a curative function, the analyst must be willing to analyze his/her own functioning without feeling a loss of status, power, and control within the psychoanalytic situation.

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