

THE PAPER

Some preliminary considerations regarding the need for self analysis after a training analysis

If no analysis is ever complete, as is generally recognized and demonstrable, it is logical to postulate until proven otherwise that:

- There are basic and applied theories required for completion that have not yet been discovered
- The parts not complete have not been identified and therefore have not been researched
- They will be aspects of conflicted self with symptom roots that lie deeper than current theories can reach
- They will be aspects of extreme, extensive and severe childhood conflicts or conflicts developed in infancy
- Subjective methods of formulation will prove incapable of engaging them in either analysts or analysands because of unidentifiable resistances
- To engage and define what is left will require collections of hard data at the points at which current analyses are forced to end
- A science of psychoanalysis rooted in objective observations processed by conscious clinical minds will be essential for collecting such
- Existing clinicians who understand science and appreciate its potential in their fields will be the best possible sources of that development
- Researches that lead to theories that allow analysands to reach and dismantle the bedrock roots of symptoms will only follow when clinicians take hold of available scientific theories and go deeper by self analyses

Introduction

Following my training as an analyst, I began to experience and develop a curious series of interests. They arose spontaneously, in a naturally-unfolding sequence. Some appeared immediately, and some came over several years. I did not plan them. Nor did I anticipate any new link in the chain before it came. After an indefinite but lengthy period of time had passed, however, I did begin to see that each new development was a natural outcome of the one before. I

also became aware that each new interest and direction was proving to be immensely complementary to every other one, and that the whole was a great orchestrated mix. I saw that the total experience was providing me with an extraordinary opportunity to expand my personal and professional horizons to a maximum degree and that it was doing so at a rate and with an assurance not commonly offered by that great but unpredictable and slow teacher, Experience. It was offering me apparently unlimited access to theoretical, personal and professional developments by active means. It was also enabling me to develop clinical methods that allowed an extensive application of the Scientific Method in my daily work.

As this experience progressed, and its various facets deepened towards what proved to be their common roots, an unusual self analysis evolved and became the cornerstone of a profusion of opportunities. It emerged in an exciting and uncommonly comprehensive form, and revealed itself to have such a sweep of power to illuminate the treatment situation that it released a boundless clinical curiosity, one that had been restrained for want of an effective method of investigation. My conscious professional and personal selves saw, in its emergence, a marvellous opportunity for increased integration of their earliest unconscious parts, and they quickly seized it. They then reached down into dark wells of possibility for observing the analyst's deepest subjective engagements with his analysands, and drank of a clear and refreshing content.

It is mainly about the self analysis that I wish to write, to describe the developments that led to it, along with the process and its course and results. I also wish to provide some initial comparisons of the process to that of personal analysis and to place this particular experience in the context of the literature on self analysis by trained analysts after training. Because the experience was one of enormous scope (as will become evident) this initial report must be confined to the form of an overview of its central features. As the encounter proceeded towards its latter phases, it led me to new and unsuspected findings - a method for observing the unconscious processes of artistic and scientific creativity in progress, material for extending knowledge about the root limitations of human social and institutional organizations, a technique for reaching into the subjective experience of preverbal infants through infant observation, an opportunity for extending scientific research design possibilities in psychotherapy and an avenue for building an integrated theory of the psychotherapies, to name a few. These fresh realms of access to important matters of professional interest deserve individual and separate treatments and, except for making brief reference to my application of self analysis for research, I shall try to take them up in subsequent reports.

The Experience in Its Developing Sequence

I. Metapsychological Formulation

The first development in the sequence leading towards the self analysis that I am about to describe, began in 1973. It involved experimenting with the common retrospective method of theoretical formulation employed in preparing clinical reports. I began to take the method into the clinical situation itself, and using conscious cognitive processes, started to study the metapsychological compositions of the many symptomatic phenomena that appeared regularly and in great array in patient sessions. I also began to search out the metapsychological principles governing the shifting presences of the various phenomena. After some years, I found it to be a natural extension of those practices to experiment with the creation of a conscious, cognitive metapsychological theory of technique. Then out of those experiments emerged an on-the-spot method for applying the more reliable elements of metapsychology to the process of formulation. I began to employ this technique extensively, while continuing to work with conventional methods (the free-floating attention method, the use of the analyst's unconscious, the use of the countertransference and the empathic immersion approach) and subjecting those methods to metapsychological study. In time I came to think of the formulative process that was at the core of my new endeavours as "The Process of Metapsychological Formulation.

By this term, I mean to encompass several dimensions of clinical practice as I conceive of it. I include them as follows:

a. The study of the metapsychological structures of all symptomatic phenomena of the neurotic and character types as observed in analysands of all diagnostic categories. By "metapsychological" I mean the Basic Theory of Psychoanalysis, and I include in this, Freud's five theories, Ego Psychology, Object Relations Theory and "Self" Theory. Like Meissner (1981, p.936 bottom), I think of Metapsychology as the theory of Psychoanalysis and I regard this view to be in keeping with Freud's intentions when he created the term. By "structures" I am using the word in its lay sense [my use of the term in its more narrow application in connection with the Structural Theory will be apparent], and I intend by it, distinct, cohesive, dynamic complexes of thought, affect and behaviour. By "symptomatic phenomena", I intend to refer to a range of symptoms far more encompassing than the general symptoms described in the five common neuroses and the commonly-accepted character types. I mean to

include every clinical phenomenon that is not a self-evident response to an objectively-perceived stimulus in reality and can therefore be regarded as “symptomatic” of problematic psychic processes. I would include many symptoms that are masked and subtle and often go unrecognized, as well as those that are more obvious and more familiar to us. By the “study” of symptomatic structures, I mean the detailed observation and description of such structures in their associative and behavioral contexts as they can be found in and outside clinical sessions. I also mean the creation of hypotheses, in terms of their metapsychology and development, of methods for testing them that do not interfere with the natural progression of the effectiveness (or otherwise) of the clinical process. (A simple example of such a study and one that to my knowledge has not been done, is one that would address the question of the relative depths [topographic dimension] of the material in a slip, a symptomatic act, a dream element and a symptomatic, characterologically-determined facial expression, when all of these phenomena appear in a patient in a single session. I have found it possible to study this question and many others of a similar nature, and in the course of taking such questions up I have discovered thousands of others waiting to be asked, all of them appearing to be of great importance for technique.)

b. A similar type of study of non-symptomatic mental states, that is, a study of cognitive configurations, affects, drives and behaviors that would be considered functional, effective, unconflicted responses to events when examined and dissected for the presence or absence of unconscious processes.

c. The metapsychological study of intrapsychic states as they manifest themselves in transferences during assessment and treatment. Here I would ask: Which elements of, which internal psychic structures or pre-structures are transferred? Why? In what sequence(s)? What principles govern the sequence(s)?

d. The delineation, in theoretical terms, of the identifying characteristics of transference configurations that are problematic to the analysand's efforts and require intervention. (This area of study extends naturally to the examination of the metapsychological structures of desirable interventions and of the structural indicators for the effectiveness - or otherwise - of interpretations that are attempted.)

e. The regular practice of this formulative technique to the point of developing capability for a rapid, fully-integrated application of it at any moment in the

clinical process and with any clinical material. A simple example will serve to illustrate this point. Were:

(a) the symptoms (reported subjective data) and signs (objectively observed data) of shyness identifiable, and

b) differentiation of that particular state from other states (such as backwardness, embarrassment, humility and many other similar-appearing states) possible, and

(c) knowledge of the metapsychological structure of shyness something that the therapist possessed with fingertip familiarity, then:

f. if the phenomenon were observed in assessment, a systematic, precise intervention (referring to a planned inaction as well as an active contribution) could be offered, an intervention that the metapsychological markers of the clinical moment might indicate to be essential if the assessment is to develop successfully and to flower into a viable treatment.

g The practice of prediction. This would involve making weighted predictions on paper and checking them for accuracy against the material that follows, without providing interventive input in the interim that could be suggestive. Such a practice would serve as a check on the therapist's ability with the method and help him to hone his formulative skills to a fine edge.

I do not mean, by my reference to this term, to suggest the exclusive use of this formulative method in clinical practice. In the system that I am describing, the formulative techniques of the so-called "Classical" method are most certainly used, but they have been integrated into an over-all theory of technique in which they have a specific application and play a secondary role. Formulations derived from empathic identifications with the analysand also have their very important place. Specific points are determined by the metapsychological method, and at such points the empathic processes are set in motion, where they can have predictable and maximal effectiveness. They are not used to hunt and find. The sequence can be likened to the gross, followed by the fine-tuning, of a radio. [The scope of this paper does not allow me to elaborate upon the integration of the three techniques into a systematized, unified whole. I shall try to do so in a subsequent report that takes up the subject of Metapsychological Formulation alone. I have collected the extensive, detailed examples of the process in operation that would be

essential to such a report. They illustrate the method and make it serviceably understandable.]

As I have developed my own capabilities in the various aspects of this technique, I have found myself able to make highly-accurate, sophisticated and extensive formulations from very small pieces of observational data. I have tested the method in the clinical situation and in workshops to the point of being mightily impressed by it. If one develops skill with it, it is capable of providing the analytic therapist with a wide-ranging ability to help the most severe Character-disordered and (so-called) Borderline patients into, and through, treatment. It can pull potential treatment failures from the fire at the critical moments.

II. Writing Technique

At an ill-defined point in time, along the line of the evolving sequence that I am describing, the second development in my total experience made its appearance. With my analytic patients, I started to jot down, quite spontaneously, one day, in small, effortless, soundless, almost-automatic pen-hand on a clip-board, my analysand's associative efforts. I soon found that I was also writing my formulative thought processes as I studied and practised them. It was my observation, in retrospect, that this writing habit made it easier to observe and think. It relieved my working mind of the burden of retaining material in memory while I was perceiving and considering it. I then began to record the directions of my cognitive and reactive responses on paper, putting an arrow from this thought or affect of my own, to one or several of the analysand's. Soon I was noting other things and organizing them on what I came to think of as a "work-sheet". Included were various subjective states, fantasies and symptoms that I observed in myself during sessions. A later development was that of jotting down core material in page-end summaries as I went - the operative transferences, the presence of resistances, the types of resistances, symptom changes, structural changes, and so on. A final addition to this writing method was the devising of a quick codification system applied to the summaries as I proceeded. It was one that allowed me to identify and note such things as transference movements and process shifts at a glance if I had reason to review the material later.

For a long time, while I was developing my now two-fold technique, I made predictions and tested them. This was an excellent practice method, and an effective gauge of my level of development, as I have described above. Of course I wrote much more during my long period of learning than later when

the process began to weave itself into my clinical fabric, so to speak. At that point, my perceptual and cognitive processes began to operate automatically and rapidly, separating essential elements from their supporting ones without deliberate effort. (Hansen, 1961, p.16 provides an excellent description of how the physicist, Pierre Duhem, incorporated and integrated the Basic and Applied Theories of his science to such a degree that his theoretical thinking operated automatically and instantly.) After that, I wrote extensively only when I came upon those occasional new and/or enigmatic situations that therapists encounter from time to time.

To properly describe this writing method that came my way as a spontaneous development, it is important that I differentiate it from note-taking. I know that many analyst therapists would be concerned to write during sessions and would expect it to interfere with the mind-set necessary for analytic work. I do hope that it is clear from what I have outlined that this particular approach did not have such an effect. It actually enhanced the analytic process and by doing so, it drew me increasingly to it. Nor did it derive from defense motives as some would fear. It actually contributed to an increasingly-intimate correspondence that I was able to have with myself, and to a more deeply ultimate and intimate one with my analysands. It reminded me of the felicitous habit of bygone generations whereby friends communicated by letter in the most private, personal and elegant manner. In the light of it, I began to find it regrettable that in this century we were pressed to immediacy of response by our dominant modes of communication (e.g. telephone). I began to think that we were given little time for extensive reflection upon the communications that we received from others and were rarely able to give deep consideration to the replies that we made. I saw that my writing method was enabling me to recapture the timelessness of past eras. It was allowing me to think about what I had taken in, and to speak when I had drawn from, and understood, all of the parts of my self that had responded to what had been communicated to me.

III. Countertransference and Theory of Intersubjectivity

The above developments, in the unfolding experience that I am describing, grew to importance in a slow and gradual fashion, and, naturally, as they did so, I regularly observed signs of the inevitable counter-transferences in my work. It was this phenomenon that next began to catch up my interest and to enter my written dialogues with myself. I started to record

countertransference material on the spot along with everything else, and I began linking it with the other recorded elements on my work-sheet.

Prior to the end of my training analysis, my interest in this subject had largely found expression in an effort to learn to recognize the general signs of countertransference and bring evidences of it into my analysis for work on myself. As my new interests and skills developed after training, however, my investigation into the subject began to expand beyond its initial pragmatic nature. With knowledge of metapsychological formulation, and the ability to observe, think and organize on paper, I began to drift, in a natural way, towards a curiosity about the nature of the formal relationship between transferences and their respective countertransferences. My readings of the commonly-accepted writings on the subject, such as those by Racker (1968) and Searles (1979), while very helpful, had not provided what I thought of as a comprehensive metapsychological theory of the transference-countertransference relationship, and I wanted to understand more. This curiosity, applied, led me in turn to the broad, natural, phenomenological field in which countertransference phenomena can be placed as a subcategory, the field of “intersubjective” phenomena in general [an area that has been so interestingly studied by Thomson (1980), among others].

In addition to being a natural progression from developments already underway, my curiosity about this broad field and its sub-category had been stimulated by certain readings in particular. I had noted, for example, that workers who tended to accept the theory that symptomatic phenomena in the analyst during sessions are stimulated by, and specifically reflective of, the patient’s transferences, either did so with uncertainty,

e.g. Jacobs (1973, p.85 bottom)

[The act of rubbing his wedding ring while listening to a patient]

“*seemed*” (my italics) “..... to be a way of expressing my understanding of what the patient was communicating “

or on faith,

e.g. Thomson (1980, p.196 top)

[With reference to subjective experiences in response to a patient] “I *believed* (my italics) I was experiencing, subjectively, a struggle within the patient.”

These views, to my mind, were not simply or readily supported by the generally-held, basic analytic Theory of Symptoms. It held that symptoms

emerge from unconscious processes of compromise between defense and drive, the defense being forced upon the self's ego by unconscious, threatening super-ego and ego-ideal structures, the drives always seeking release, capable of being stimulated by non-specific stimuli, and sometimes finding expression upon objects through the mechanism of transference. A contradiction appeared to exist. If this theory was correct, it suggested that:

1. The stimulus for the symptom, and the structural components activated to create it, could not be known without analysis.
2. Immediate analysis to any significant degree of completeness was impossible due to the depth of conflict implied by the very process of symptom-formation itself.

Until full analysis released the symptom's structure, a viable alternative hypothesis for the role of the patient's material would be that it had offered the analyst's unconscious a non-specific stimulus for the discharge of an internal conflict.

This line of thought led me to take the view that hypotheses of the kind described by Jacobs and Thomson, were not supported either by theory or by a method for testing, and that progress towards proving or disproving them would be impossible without a self analysis of the analyst's symptoms, an analysis carried out long enough and far enough to expose their roots. I began to apply this thinking to myself, and early experimentation quite confirmed the applicability of standard theory to the common higher-level symptoms when they occurred in me in response to patients. But I found it equally valid when applied to symptoms rooted in fixations at the early developmental stages (the stages that some would call "pre-structural") and when other evidences accumulated to recommend that I do so, I dropped the concepts of "prestructural" and "structural" in favour of a view of structure-building that begins at birth. (My reasons for doing so may become apparent in what is to follow.)

In my reading, I became impressed, next, by descriptions of analytic work that reflected on the analyst's drives to analyse. Some such descriptions bespoke of a strength, force and topography to the drives that was out of keeping with what I had come to think of as being optimal for the drives involved in analytic work. I had been taught about "sublimated drives",

“neutralized energies”, and “conscious aims”, but the drives about which I was reading did not seem to fit any of these descriptions.

e.g. Thomson (1980, p.193 second column, middle)

[in response to a patient] “I experience feelings of frustration, anger and despair

“I continue to feel frustrated

(p.196 first column, top)

“He began to talk about extremely mundane matters of everyday life and then gradually lapsed into silence. I began to feel full of frustration.”

These excerpts spoke to me of intense drives made of raw, vital, basic and original force, drives that did not reveal their aim, which appeared to be unconscious. I could not think of this situation as idiosyncratic to Thomson, for he had been one of a very few (e.g. Engel, 1975) who, in exemplary scientific fashion, had regularly reported the unvarnished details of his analytic work and of his subjective experience. I was inspired to investigate my own drives, and when I was able to lift the questionable veil of respectability that shrouded them, I found similar phenomena to be present.

As I proceeded further, under the influence of these curiosities about symptomatic phenomena in the analyst during sessions and about the nature of the drives to analyse, I began to experiment with Self Analysis more and more. When I did so, I naturally employed the techniques that I had developed for patient analyses and I obtained sufficiently encouraging results as to be led further. Gradually I began to take note of the large number of signs of residual or new symptoms that could be found by a therapist in himself if he looked for them (even after an extensive personal analysis). And in such pursuits, after considerable time, I began to have regular, encouraging measures of success. Some of the formal properties of the transference-countertransference relationship began to reveal themselves, and with further study I was able to translate this understanding into a technical application. Using it, it became regularly possible to predict from any sign of counter-transference, a small circumscribed range of possibility for the metapsychological state (though not for the specific transference) of the analysand, then to narrow my formulation down by directed scrutiny of subsequent material. I also began to get an inkling into the enormous potential that the Metapsychological Formulation Method possessed for enabling the analyst to gain effective access to his own psyche by the process of Self Analysis. My application of the method to myself

enabled me to begin an investigation into symptomatic phenomena similar to those reported by Jacobs (1973) and to make an initial clarification of the issues that were of interest to me (Anderson 1979). I also began to feel excitement at having entered the intriguing and enigmatic area of the "Theory of Intersubjectivity". I had entered this realm from a point in the observational field opposite to that of my colleague, Thomson, and this promised the possibility of making discoveries that would be complementary to his. While Thomson had proceeded from a point inside himself involving the close scrutiny of his own subjective experience followed by a search for a stimulus from the patient and a bridging principle that would explain the intersubjective effect, I had started from a cognition-derived formulation of the patient's psychic state that highlighted correct and incorrect techniques in myself and drove incorrect technical tendencies back to symptom formations in myself, then followed this by analysing my symptoms using self analysis. By this approach I was developing metapsychological profiles of analysand and analyst at particular moments in time, and seeing in them a potential for releasing the hidden principles governing intersubjective stimuli and responses.

IV. Self Analysis

The Innocent Traveller

In an incipient fashion, as my gradually-enlarging experience progressed, I began to both reap the benefits of, and fall innocent victim to, an interesting set of circumstances. In retrospect, my situation could have been predicted, but Retrospect, as usual, was out of sight and a long way down my path at the time. What I came to realize was this - when one uses methods that make it very clear whether formulations of analysands or of oneself are either "yes", "no", or "maybe", and if one adds to the mix a scientific ideal that will not permit retreat from the facts, it becomes very difficult to remain in a state of uncertainty, even if one has very powerful reasons to do so. Incorrect theories, theoretical unknowns, misapplications of theory, problematic unconscious states in the analyst, all of these stand out in black, grey or white. A formulation is either correct, partially correct, or incorrect, and the same applies to an interpretation. And when the writing technique is used, as well, one has the exact state of affairs facing one in the record. It becomes very difficult to rationalize. The therapist cannot attribute one thing to another (e.g. a misapplication of theory to an obscurity in the material) without offending his scientist self and drawing fire from it.

This was the situation that faced me as I proceeded, and given it, I might have foreseen that the clinical techniques I was developing and employing would end by throwing me more sharply back upon inner sources of unresolved conflict in self than would have been the case with conventional methods. I might also have anticipated on a theoretical basis that this trend, in turn, would press for one of two outcomes. Either I would develop tension-binding symptoms, curb my curiosity, and stabilize at that point, under a domination of defense motives in my work ego, or I would become engaged in self analysis. If the process took the latter course, then symptom-formation would become a way-station development in the course of an extensive piece of work with myself. Fortunately for the scientist in me, I was an innocent traveller. I was so intrigued and engaged with whatever spot I was in at the moment, that I did not look ahead at all, and it was (Alas!, as it turned out) a self analysis that lay a little farther along my route. It was preparing to set upon me like a wild thing, readying itself to give me good cause to think twice about the desirability of having an incautious curiosity when practising psychoanalysis! I would like to describe this part of my total experience now. It certainly was for me a most remarkable thing. Indeed I would say that it was the most remarkable experience I have encountered in my whole life.

Being Drawn In

When I finished my personal analysis, like many others, I'm sure, I began to experiment with Self Analysis. At first this was out of curiosity. But as I became more and more familiar with such things as the metapsychological implications of neurotic and character symptoms, (large and small, known and unknown) and as I began to apply the Metapsychological Formulation Method to myself, my curiosity was boosted to levels beyond the incidental and the occasional. For example, I found a symptom such as a symptomatic act performed upon my own body to have implications for the presence of unconscious conflict much greater in magnitude than is suggested by the relatively minor place such a symptom has in our observational field. The methods I was applying were also pointing up other concepts and phenomena and showing them to be (to a great extent) theoretical unknowns. New directions of investigation into them were indicated if their theoretical bases were to be revealed. The following are some examples: (a) I could not corroborate Freud's (1908) "transformation-of-libido" theory of character development, and it seemed that there were indeed many theoretical questions about character development that had remained unanswered throughout the years (a point of view shared by at least two current investigators into the

subject, Stein (1969) and Beaudry 1984); (b) Another very important area that was proving to be less understood in the literature than I was inclined to think, was that of the natural sequence of development of the aggressive drive, i.e. the drive in all of its many shapes and forms and in the developing relationships of the various forms to each other. It appeared that a comprehensive clinical observational study of the drive was not available in the literature, and that there was no systematic, data-close, observation-based study of the causes of shifts in the drive from one form to another (in the courses of the various pathological lines of development that it is known to take). It happened then, that in my dablings in Self Analysis, whenever I saw material that bore upon these various unknown areas, I was eager to study it and collect it.

While this development was taking place, my explorations into the usual theories of Countertransference and Intersubjectivity were leading me away from two conventional views, namely, that,

1. symptomatic acts in the analyst during sessions could be, and should be, readily used to discover patient transferences and,
2. the analyst's drives to analyse, after personal analysis, are in a basically "sublimated" and "neutralized" state.

I was increasingly being drawn by my metapsychological formulations of such symptom and drive phenomena in myself to find out the facts by doing self analysis with them. Everything was pointing to the value of a technical approach to these phenomena that directed analytic attention not to the analysand but to the analyst. I took this course, and as I did so, I became strikingly aware of how much there was, of both symptoms and drives, that was imbedded in unresolved conflict. I found infant drives to be extensively present and disposed towards discharge by the mechanism of transference in all of my relationships, including those with my patients. I also found symptoms of all sorts, shapes and sizes in every realm of my life, at times. Formulations and interpretations, for example, could sometimes be clearly defined as symptomatic. I also became more sharply aware of the presence in others of transference-determined responses to me, in collegial, social and institutional situations, as well as of the signs of unwitting counter-transferences in clinical reports in the literature.

During this early period of groping my way into Self Analysis, I reported a few small pieces of the work on myself, in the investigation into parapraxes and symptomatic acts in myself during sessions that I mentioned earlier (Anderson,

1979). The clinical examples in the study served to illustrate for me the personal questions of great magnitude that could be posed within minutes of some successful self-analytic work with untroubling symptoms. I discovered that when I did self analysis with such phenomena, instead of taking them as indicators of patient transferences, they proved to derive from extra-analytic conflicts that had been seeking expression at the first non-specific opportunity to offer itself. I also found that in each conflict so revealed, there was evidence (as I might have theoretically suspected) for a problem in the adaptive capacity of the self's ego in a particular type of current event, on-going situation, or relationship. I took note, in that study, that my findings were stirring me to do further self analysis with those less-than-functionally-ideal ego patterns that the work had revealed.

Thus it was, then, that another piece of experience was drawing me into self analysis, and as I proceeded, with regular effort, to analyse the minor parapraxes and symptomatic acts in which larger issues resided, I was able to see, time after time, how well the conventional theory of symptoms stood up to the test of application. Analysis of the phenomena revealed them to be comprised of all the features that we are used to seeing in work with patients - compromises of defense and drive, problematic super-ego and ego-ideal structures in their earlier and later forms, transferences, and the repetition compulsion. They were also the very devil to analyse, i.e. analyse in the full sense by complete depth exposure and working through over months or years, not by performing analytic "toilet" as described by Glover, 1955, p.92, top). And they seemed to sometimes lead to issues that I understood poorly or not at all, so that my curiosity was wetted even further (damnable thing that it was!).

Before I knew it, I was regularly carrying out this or that bit of self analysis. The work seemed to be part of a natural unfolding of the series of developments I have described. I employed, as I have said, the Metapsychological Formulation Method, and I wrote my work down, often integrating it into other elements of the flow of the process in sessions. Then, imperceptibly, gradually, I found that I was doing some of the work outside sessions as well, doing it regularly, and with increasingly extensive scope. And, finally, in what seemed like no time at all, I was thoroughly immersed in a thing of enormous size. It was something that took a startling course and after ten years produced unpredictable results of a truly amazing kind.

A Taste of My Adversary

As I proceeded, early on, I was naturally working on defenses and I had no idea of where the work would lead as I became successful in undoing them. I had ended my analysis having effected a number of changes in my more troubling symptoms, and what had remained had seemed of a functionally-minor, or relatively untroubling nature. This new work, however, unravelled symptoms and moved beyond the initial defenses that they contained, and I then developed unsuspectedly-severe new ones. While early on I had taken interest in such a symptomatic act as a small imperceptible rocking movement in my chair unaccompanied by distress, I later developed very severe anxiety, depression and insomnia of sometimes huge proportions. Some old symptoms that had become worse and then lessened during personal analysis (such as “speaking anxiety”) became more intense than they had ever been, as well. Self analysis then became something that I had to do, to bring my distress down to tolerable levels as a short term goal and to reach my ultimate long-range goal of symptom-resolution. I was successful, but not without travail and long periods of uncertainty, and not before I learned a great deal about the subjective experience of an Adult Self that has been given charge of an Infant Self disposed to experience the loss of all objects. While in the experience, had I been asked about it, I would have reversed Freud's famous statement about the Nazis and said (unable to muster the slightest humour) “I do not recommend the experience to anyone.”

An Outline of the Method

It is important at this point to provide some detail of my method of self analysis as I employed it. Beginning with a symptom, I dissected out its metapsychologically-implicit components and free-associated to each. I considered the analysis of a particular piece of material incomplete if one component remained more-or-less enigmatic, or if the whole piece of work did not fit, in some way, into the on-going streams of conflict that I was gradually unearthing. I came to find that it was of the utmost importance to rigorously force the infant self's ego (and the Adult ego that was persuaded to rationalize its defensive behaviours) into situations of anxiety, and out of discharge behaviours that relieved internal tensions. As I did this, I became increasingly able to pin-point the behaviours that were symptomatic. Rationalizations fell away, although they were always ready to re-assert themselves, with honeyed tongues, and promises (which they delivered, of course) of relief and ease.

There were many times when I fell victim to the short-term pleasure, long-term pain principle, after being forced into it by the sheer magnitude of

the distress, and at such times I experienced a sense of demoralization. Gradually, however, the work progressed. Neurotic symptoms (such as symptomatic acts) gave way to characterological ones, an interesting reverse of what commonly-held theory would have led me to believe, i.e. it places symptom neuroses at a higher level of psychic organization than those of the character type. (I plan to write on this observation later, in a paper on the interrelated geneses of both categories of symptoms.). Then those symptoms, in turn, gave way to the most intense intrusions into the Adult Self of raw, basic, Infant Self in its relations to its primary objects. They tended, by their force, to deform the Adult Self's ego component in its responses to the demands placed upon it by everyday events. A major mechanism by which this effect was produced, was one whereby the infant psychic organization brought about transferences to current objects. Those transferences were at times impossible to contain, and at best were very difficult. And containment was effected at the cost of subjective experiences of protracted periods of very strong anxiety. And it was in this "containment" arena that the major battles were fought before final changes took place.

I did my self-analytic work whenever I saw any indicators of symptomatic thinking or feeling. While some who have described their self analyses have reported carrying the process out after working hours (e.g. Calder, 1980), I did my analysis whenever symptoms wove their way in and out of my life and work. This amounted to doing it on the spot - at work, at home, in Society meetings (once when chairing a Scientific Meeting and having read the paper) and so on. I believe that this aspect of my method was essential to being able to work at a deep affective level. In the light of what I came to see and experience, I do not believe that I would ever have got myself to face the greatest stresses if I had attempted to do the work in a comfortable state of mind after the problem moments had passed. In fact, I doubt if I would have been able to get to anything serious at all. (This point of view is in direct contrast to the one described by Ticho, 1967, p.311 top left). When I did try to do so, I was not able to maintain affectively-painful effort for very long. Some analysts would regard the analysis of a symptom, such as a piece of countertransference in a patient session, as work that should be done on one's own time. Ticho (1967) gives an example of this attitude (p.311, bottom left.). I do not agree with that view. The presence of true counter-transference signs in a session implies that an unknowable (because of it's being significantly unconscious) process has been stimulated, one that will seek outlet in ego functions important to correct technique (e.g. listening, formulating and interpreting). At best, the analyst will be able to control the countertransference-determined behaviours that it has

activated in him, but even this less-than-desirable possibility is a dubious one, owing to the frequent presence of unknown defences such as rationalization that can make even the detection of incorrect techniques impossible. I think that the best thing one can do for the patient at such times is to set about at once with counter-transference self analysis (and keep interventions to a minimum).

A Record of the Process

As I worked, I “thought in writing”, just as I did in patient analyses. At first I integrated the work on the patient work-sheets, but as it became more continuous, and as a series of themes evolved, I began to do it on a small work-sheet of my own. For the first few years I made no particular effort to preserve the material, but I did date each piece and I did keep everything in file folders. As I entered the sixth year, however, and began to be amazed at what I was uncovering in myself and at the effectiveness of self-analysis, I organized the work into its chronological order. And as I began to find that the project was throwing light upon numerous unsettled theoretical questions in my own mind and in the literature, I started to make notations in the recorded process of how particular elements of the material illuminated particular conceptual issues. I also started to title the notations (e.g. “the Projective Identification” question, the “Merger” question, the “Interminable Analysis” question, and so on) so that I could, at a later date, review the course of a particular issue as the deepening analysis threw its deepening light upon it. By the seventh year, I became so impressed by the value of the process as a research tool, that I began to think that I had an unusual and valuable set of records, something to preserve and protect for extensive use in the future. At that time, I instituted a system whereby I filed the notes in three-ringed binders at the end of each day. At that point, added to my motives to analyse (i.e. curiosity, the desire to increase professional expertise, and the wish for relief), came the excitement of discovery to spur me on. By then, I very much wanted to know what I had in my very depths, and why it was commonly held that “no analysis is ever complete”. Under the influence of this new drive I began to experience the enigmatic tenacity of the proverbial mountain-climber, the one who, weak and pale, hungry and frostbitten, fresh from the conquered peak, when asked why he did it, replied, “Because it was there”.

Scope, Course and Stresses

I would like, now, to convey some impression of the material scope of this work, in terms of the time and effort that it required, the symptom-course that it took, and the stresses that had to be endured.

I have no direct account of how many hours I put into my project. I carried it out before, during, and after my working day, and sometimes into the small hours of the night when the insomnia was at its worst. At times I was pressed to do it on week-ends and holidays too, because new symptoms, once released, do not take a week-end or any other kind of break. My notes, to date, provide some means for objectively measuring the time and effort spent. They fill eight large binders [**Note 2013, when finished, fifteen**]. They are in small script and condensed in space. Conventional short forms have been used whenever possible. In terms of pages, there are approximately two thousand [**when finished, 5000 plus**]. I have estimated that if the short forms were to be replaced by a complete prose, there would be a readable typewritten record amounting to perhaps forty-five hundred pages. And if elaborative contextual comments were included, to make the material easily readable to the lay or professional reader, a significantly-longer record would evolve.

The course taken by the symptoms as the analysis progressed, with the appearance and disappearance of one symptom and its replacement by another in repetitive fashion until several cycles of this nature had passed, was a fascinating aspect of this work, but one that I have not yet had time to study in detail. As can be imagined, such a study would require a close review of hundreds of symptom notations and a presentation of observations and tested hypotheses that would stand up to scientific scrutiny, a huge task, indeed. I do have, at this time, however, distinct impressions of some of the symptom shifts, and I certainly remember the many symptom types themselves. One simple example involved cigar-smoking.

For several years, a good cigar had been one of life's great pleasures for me. I had smoked at least one a day, and sometimes two or three. Early in the analysis, I quite suddenly lost all interest. The experience was such a dramatic one, that when the change settled in for good I was quite amazed. I had had no wish to stop. I had not inhaled, and my health had not been at stake. I thought to myself that I would be wise to watch my use of this new tool carefully!

This "smoking" symptom, along with others of a similarly innocuous and untroubling nature, gradually became replaced by a succession of increasingly-severe and disruptive symptoms. They had the features of "dormant presences"

that had been “released” by the analytic work. I have mentioned the insomnia. It was sporadic at first, but it gradually developed into a pattern characteristic of the so-called “Endogenous” Depressions, the pattern common to the Depression Pole of the Bipolar or Manic Depressive syndrome. Although there were some nights when I did not sleep at all, my usual experience was one of early-morning wakening, after sleeping from midnight to two-thirty a.m. At first, when this pattern took hold, I would awake and remain in a state of mild and puzzling dis-ease, but as I continued to undo defenses (during the work I never thought of the process as such) I began to wake up in states of gripping anxiety that lasted until they dulled with the dawn. I had never had clinical symptoms of Manic-depressive illness, though when I thought about it, I recalled a mood shift in my early twenties that had puzzled me at the time. It had been a shift from a state of energy and enthusiasm to one of flatness and discouragement, and it had occurred almost overnight after writing examinations on which I had done well. It had been of a subclinical nature, and I had worked during both periods of mood and functioned at par. And from the standpoint of external observers the moods had not been noticeable.

With that development, I began to feel great opposition to doing the analytic work. It was clear that the resistance was deriving from a dread of the affect state that I was releasing in myself, a condition brought about by the release-into the subjective experience of the Adult Self, an Infant self in a condition of unassimilated, early conflict with its objects. I began to think that perhaps in my training analysis I could have pushed myself actively into the conflicts bound by the minor symptoms (the symptomatic acts on the body - the rocking movements and others) but that an unconscious awareness of what they had contained had led me to ignore them on the face of their innocuous appearances. **[2013: The real reason was that there was no theory in or out of the training analysis to allow such.]** I also began to think that my observations had bearing on the question of why no analysis was ever complete, and that they suggested methods by which analysts could extend their reach into themselves. I found, as I continued, that it was essential, in some deeply-felt way, to “throw caution to the wind”, as they say. I learned that I had to live under an injunction to myself like the one that the famous Hollywood captain put to his men on the day of the great battle – “Think of yourself as dead”, he said, and so did I. The part of my self that was destined to experience the infant’s plight, given half a chance, was unashamedly ever-ready to don a white feather. It would balk at the sight of the struggle and use all manner of rationalization to avoid it. I had to catch it in a friendly Half-

Nelson and speak softly and with understanding, before it would give way to my curiosity and my determination to be free.

As I continued on, I developed very intense states of depressed mood with suicidal ideation (but not rumination). They were followed by a period during which fantasies of myself in a state of catatonic stupor came spontaneously and regularly into my associations while I worked with episodes of extreme anxiety. Those experiences were very frightening, and at times I feared that I might become psychotic. There were, in fact, occasions when I was not at all certain that the “glue” of common parlance would hold. (I could feel it about to break, and feel myself pull itself from its course in mortal terror.) In time, I also came to recognize elements in the material that were reminiscent of Paranoia. And eventually I observed features in the associative work and the symptom changes that moved through the various sub-categories of Schizophrenia in its increasingly disorganized forms and on to the characteristic signs of Infant Autism. Each new symptom development appeared to be the result of a temporary binding of a new and deeper stage of very troubled Infant Self in relation to its objects. Every symptom that emerged, eventually disappeared, and became replaced by the self and object (and eventually part-self and part-object) conflict that had been bound by it. **[Note: On re-reading and recalling this paper for the website in 2013, I had the idea that I should get a Purple Heart for the effort.]**

The analytic work with these very early stages of object relationship was carried out in a state characterized by the veritable insistence of the infant conflicts into everyday life and by a virtual maelstrom of subjectively-experienced affect. It took great effort to carry out everyday activities, while not backing off from the work anymore than was required by states of fatigue and the temporary need to leave defenses intact. An added stress arose from my awareness that colleagues would measure me by what appeared at my surface, and that their receptivity to my scientific contributions would be influenced (perhaps even determined) by the measure that they took. I had observed the scientific work of others dismissed by negative assumptions made on foundations of flimsy observation. Sometimes such dismissals had occurred on the basis of single incidents. An unintended slight at a moment of frustration, a show of dis-ease in a social situation, these things (even if part of a temporary phase in character reconstruction) were clearly capable of creating a serious rupture of interest in a man’s researches and this concerned me. But as with worries about experiencing terrible affects, and fears for psychic safety, these “career” demons had to be cast aside. Carefulness and trepidation, it

became certain, did not mix with discovery and the determination to undo conflict roots.

With persistent effort, the Adult Self and its ego adapted to the stresses of each new stage of self and object conflict, wore the intensity of the conflict down, and overcame it. The process then moved to the next and deeper cycle. The Adult ego gradually became accustomed to the intense stresses placed upon it in each new phase of the work, and this allowed the full conflict in each period to take centre stage until it played itself out to completion. Eventually the bedrocks of fixated psyche, a complicated interconnected mix of several object relationships and stages, were reached. The genesis of my neurotic and characterological symptoms had not really been understandable until this point had been reached. And to reach it, I had had to meet the acquaintance of my infant Self in his earliest year.

The material that the analysis released was truly amazing to me. The complete, recorded form of the process contains and reveals all of the spontaneous, dynamic shifts that I experienced in the act of working backwards from the symptom layers to their roots. A study of the notes in the reverse direction would reveal the sequential development of my character and neurosis from its beginnings in the first year. It would not be found to be a linear development by which the cumulative and progressive effect of an early fixation shapes and determines later phases. Indeed the earliest fixation appears to have been one that most infants may quite likely share. Nor does it feature what one might refer to as the innately-unfolding, subjective, psychic phases of development implied in such psychoanalytic concepts as the “oral”, “anal”, “genital” and “oedipal” periods. What emerges instead, are the actual behaviours of the objects in most interesting and complex ways that can be clearly delineated in the data. A detailed study of the symptom shifts would logically encompass a closely-dissected description of the pathogenesis of my end-point adult symptoms. The material for a valuable scientific research lies in the extensive raw data of the process records. Such a research could be done independently by a third party, as well as myself. It could also, I expect, lend itself to processes involving measurement and statistics, if such processes were deemed to have promise. At this point, however, I can only mention some of the material that fairly bowled me over when it appeared out of the blue.

Towards the latter part of the work, perhaps one and one-half years before some major roots were exposed and the project began to move through the tiresome process of wearing down familiar patterns, very early self and

object material began to appear. I remember it well enough to provide a sampling of the experience.

Perhaps the most startling thing was a spontaneous shift from ideational material to visual. During one self-analytic session, without any anticipation whatsoever, I began to have images of what I spontaneously called “eye-faces” come into my free-associative work, instead of the usual thoughts. These were round outlines with two eyes and no other identifying features. Gradually, other obviously very-early material began to come and go. There were vestibular sensations, mouth-selves, and face-like images dominated by large mouths with teeth. And there were scenes of early mouth-self assertions on breasts. At first these images were disconnected in space and concept from the eye-faces. Later the eye-faces appeared with mouths, and they scowled. At some point, the face and breast of the object became connected in time and space in the scenes, but they were not connected by other body parts. I came to refer to these new images as “breast-faces”. The scenes contained blood carnage and rage, and the desolation that apparently comes with total object loss. Much light was thrown on the earliest psychological forms of the drives and on the nature of the primary drives. Much could be seen too, of the earliest stages of the object relationship. And a great deal of the data suggested the need for a re-investigation of some elements of developmental theory that have been accepted by psychoanalysis as basic, but which are probably not.

During this process, I was able to function quite adequately, and even well much of the time (in work, family, social, professional and institutional life), although I did so with great stress upon the ego of my Adult Self. I did have moments of embarrassment. I absorbed them internally and analysed them, without engaging in defensive apologies to those who had observed my faux pas or my inadequacies. Some of the worst of these occurred when “speaking anxiety” was at its height, and when there could be no backing off lest I lose the opportunity to force the roots of my symptom to consciousness by experiencing it to the fullest. In each instance I got the job done by juggling, internally, the demands of the task and the enormous stress from the symptom. I was always frustrated afterwards and I learned more than ever to decry the wasted life that neuroses visit upon their hosts. My dislike for them took on a concrete shape when the phrase “Eros over Thanatos” appeared spontaneously in my mind and stayed on to become a quiet personal motto.

Advantages over Personal Analysis

By the time that I was well into the work, it seemed clear that the self structure peripheral to the "Infant Self-in-relation-to-its-objects" organization that I possessed (the outer structure that was socially and occupationally directed, and capable of effective function in spite of what lay in its deepest layers) was quite able to absorb into itself the immense struggles of my infant psychic organizations while carrying out its normal responsibilities. I never once felt the need or the inclination to seek a return to formal analysis. I saw, in time, that self analysis, given a reliable, systematic method for conducting it, reduced greatly the presence and staying power of obstacles to progress inherent in personal analysis at its current level of development. Resistances of the defense and transference types are given the shortest life possible because there is no felicitous object upon which to make transferences and obtain relief by discharge. The limitations of psychoanalytic theories are overcome because the process unfolds according to its inherent natural sequence and, in doing so, casts out what is incorrect and discovers what is unknown. The analysand has no countertransference to face, no unknown, unfamiliar psychic structure of another's self (with its separate life to live) to come in conflict with its aims. With respect to current theories, I was able to see, first-hand in my own case, how certain cherished theoretical beliefs (especially those that attribute pathogenesis to innate psychic phases and minimize the roles of the real objects), when they are applied in interventions, operate against the Real Self that strives to emerge and tell its true story. I had been taught them and I had believed them and so I had applied them. But they took me to a self that disclaimed them and chided me for asking it to "give up its rivalrous striving for its mother" and its "obstinate retention of free-associative faeces". It spoke to me in epithets and told me that I thought what I thought in order to avoid the truth of its deep misery. It told me that my theories suited me because I didn't want to face the facts about our real parents and what their neuroses had done to us. Then it pointed up facts about our life that I could not deny, for I had been there, too. It asked me why I was critical of "manipulation" and said that no one in his right mind would choose that method if more direct ways for getting satisfaction had not been crushed. And it told me quite a bit about the various forms of aggression, how they came about and how they were related to one another. Sometimes it gave me an object lesson on aggression when I tried to talk it out of its ideas. And when I quoted Freud in support of my arguments, it asked me (quite sarcastically) to "go over once again" how Freud had made many of his major discoveries by listening to himself. In time, I got its point, and we struck an accord by which I would go with it – offering, during the journey, all of the insights my training had given me, but not insisting on them. With this development, it mellowed towards me. And as it

showed me convincing sights that I had never suspected, I stopped fighting and became its friend.

I realized that Freud, of course, had used self analysis to discover. It surprised me, then, when the truth of my own experience hit home, that the process had not been developed as a major method of research. New breakthroughs have to take place somewhere, and the analyst has more scope for taking experimental liberties with himself than he has with his patients. And, with an effective technique for probing his own depths he has a control of the process that another cannot have. He must work precisely with the surface or not progress at all, for the “self” in self analysis will not falsely comply with a formulation in order to stave off horrors of a loss within the context of a transference relationship. It is already in the throes of its worst nightmares with its primary objects and has no others, and it seeks a hearing for its troubles. But when, why and how the self can analyse itself are research questions of a complex nature. I am able only to touch upon their answers and continue to ponder my data. They address directly, the commonly-accepted phenomenon wherein “no analysis is ever complete”, as well as the questions Freud raised and addressed in “Analysis Terminable and Interminable” (1937), and I look with excitement to studying my material for whatever light it may throw upon them, when time permits.

The Merits of this Particular Method

A major factor that contributed, in an essential way, to my being able to plumb my depths without extreme disruption of life or tragedy, was the self-analytic method that I used. It allowed me always to be systematic. Although I was held up at times by enigmatic states and by inscrutable material and often for longish periods, I never felt lost and I never went in circles. The core of my method, of course, was the Metapsychological Formulation technique. I developed even greater respect for it after the self work than I had acquired from employing it in patient analyses. I often thought, with regret, of the late John Klauber’s wistful comment at the 1979 International Congress in New York when, speaking in an aside about Self Analysis, he said, “Can anyone analyse his own dreams?”. Kenneth Calder, too, in his very interesting paper on Self Analysis in 1980, expressed dissatisfaction with the results of analysis of his own dreams (p.9 top). And Meissner (1971, p.279 middle bottom) reported some of Freud’s pessimism as to the possibility of achieving completeness in self analysis, a pessimism that derived from Freud’s own experience. From my review of the literature on the subject and my own

experience, I became convinced that some of the major limitations to the process described, lay with the methods employed.

Also weaving its way into the process, and playing an essential part in its success, was having available, precise, conscious, cognitive formulative techniques for use in my simultaneously-conducted patient analyses. Had I had to rely on formulations arising from my own unconscious during the heaviest periods of self analysis, I would have had to have retreated from it. During the very difficult times, when the worst was being released, technical procedures that relied on my own unconscious in a primary way would have been sorely invaded by the upheaval I had created in it. I'm sure that I would have unwittingly used my patients for neurotic purposes, got into impasses, and been drained by the unhappinesses and discouragements that accompany such failures of mutual effort. I suspect that the additional stress would have tipped the scale and made it impossible to tolerate the total load. As it was, my work with analysands actually improved progressively, even when I was in the most wretched states. I felt proud of it, and I enjoyed my increasing confidence in the ability that comes with achievement. And that confidence, in turn, fed me with the courage to endure.

My writing habit was another major contributor to success. As it had done with patients, it freed my memory and released energy for the analytic work. To have had to rely on memory for a sense of linear development in the process, would, I think, have resulted in the earliest parts of my infant experience being lost forever. The return of earliest infant subjective experiences, and their assimilation into the Adult Self, seems to present that self with a morass of unfamiliar chaos, and anything that enables it to keep track of it all and devote its energies to exploring and sustaining its effort, is helpful. One of the most complete reports of a self Analysis in the literature, is the one by Engel (1975). It illustrates, I think, the difficulty that the analyst faces in trying to achieve linear progress with a minimum of confusion. And if one can generalize from the few who have reported on the symptoms and/or the nature of the material that they or their "interviewees" dealt with in their self analyses (e.g. Kramer, 1959 p.19 top right, p.20 bottom left; Ticho, 1967 p.315 top right; Beiser, 1984 p.9 middle), one can say with certainty that the (so-called) "pregenital" period will hold the stage when a training analysis is carried on into a self analysis.

Some Beliefs Disproved

Some elements of the training analysis that are held to be essential or important to the analyst's being able to practise self analysis after training, were not corroborated as such by my own experience. I have reviewed all of the major papers on Self Analysis (i.e. Kramer 1959, Ross and Kapp 1962, Ticho 1967, Fleming 1971, Gray 1973, Engel 1975, Calder 1980, Beiser 1984) in detail, and I hope to have time to address this area in particular in a later paper as it has been covered in these fascinating reports and as it can be elaborated upon by my own experience, but for now I wish only to make a few brief points.

Ticho (1967, p.312 bottom right) speaks of the importance of stable object relations and adequate object constancy as the most important ingredients in the analyst's being able to replace the training analyst. I did not find this to be the case. The potential for total object loss (i.e. instability of object relations) was very much present. I was able to begin and to proceed in spite of it. When the subjective experience of the loss of the two original internal objects and part objects began to emerge, beginning with the simultaneous loss of the inheritors of their significance in current life (i.e. spouse and training analyst - I had remained in the Society within which I had trained and was therefore in regular professional relationship with my former analyst), I sought refuge in the ascendant significance of other objects. These included figures such as friends and patients to whom I clung (in my mind). When I undid that defense, I found myself fighting with dogged persistence to effect changes in character traits in my spouse, traits that were transference-determined in her and led to the "object loss" experience in myself. (I likely would have pursued the same course with my former analyst but the structure within which institutional relationships exist makes that much more difficult if not impossible.) My wife had become, by certain symptomatic parts of her character, the inheritor of the negative transferences from my original objects. It was possible to experience the loss of both parents within the context of an actual interchange with her, a single object. This took place when transferences of her own to me were operative and dominant. The effecting of changes in an actual current object is a complex task, however, and among its complexities is the requirement that one learn to live without defenses against the "total-loss" experience before one can develop measures for assisting changes in the object that induces it. I began to realize this, and I eventually faced and experienced the objectless state without desperate effort to stave off the horrendously-distressing affects associated with it. As I was able to do so, and to assert my reasonable rights, my object returned of her own accord and I received her. (Man lives for his object relationships, a state of affairs more than interesting, with regard to the psychoanalytic study of its subjective

dimensions in the adult, and one that my data illuminates). But I did not feel obsessed with the need to have her back at any cost. I did not have to accept any conditions in order to stave off the terrible subjective sensations associated with an objectless world - drives with no outlet, the inability to stand or walk, no food, and the smell of faeces accumulating. I had developed the capacity to tolerate the state, if necessary, and, any objects that produced it, when they returned, had less potential to stimulate it than they had had before.

When working this material through, the internalized training analyst became caught up for a while with transferences that involved the total loss of him as an object. This occurred as I took the analysis deeper and went beyond those levels of the transference that had been addressed during my analysis with him. The transferences that I had experienced there, had derived from so-called “anal” and “oedipal” levels of fixated conflict with the primary objects, while the self-analytic work proceeded to the earliest (also so-called) “oral” period before it moved forward again. The first time that this happened, was a very frightening experience, and when the other major object relationship (My spouse ordinarily displayed a sufficient number of positive features to keep my negative transferences subdued) fell victim to the absolute-loss experience at the same time, I felt truly in trouble. It was in order to face that part of the whole subjective experience that I had to “think of myself as dead”. I had to accept that if I persisted in my work, I might have to experience a psychosis (which seems to involve something akin to the death of the self, or even more deeply, the “soul”, e.g. the central core of the self?). To my surprise, when I did so, like the man who fights the inevitability of death and in the face of impossible odds stops struggling, a measure of calm took over and some of my energies were freed.

As to the object loss itself, I realized that internally, and in infant-life terms, I was experiencing the loss of a so-called “auxiliary”, object (the father) as well as of the “primary” object (mother). I could see too, that in infancy, I had come to the periphery of the experience, and in desperation avoided it. I was experiencing something in the self analysis that had never actually been possible to experience before.

Ticho (1967 p.309 bottom right) also speaks of the importance of “identification” with the methods of the training analyst in developing a capacity for self analysis. My record of the process shows that this is not what took place for me. I did learn to apply some aspects of method practised by my training analyst, but the process by which I acquired them was not the

psychological one of “identification”. A cognitive learning process was most certainly at work. I think that analysis places too much emphasis on the operation of psychological mechanisms in its efforts to understand the processes by which it helps to effect change. By the same token, I think that it gives too little credence to the presence of an adult self and its ego in the analysand. Such a self is rooted in the skepticism that a traumatized infant (later child, adult) develops for the ubiquity of logic in the conduct of human affairs. It has an enormous range for cognitively apprehending serviceable information, and a ruthless disposition to discriminate about what it takes in. It also has a strong psychic economic disposition to learn. In my own case, an idealization of the analyst in his working mode, along with the type of identification that commonly follows it, took place. But neither lasted very long, and neither made for the development of my skill with self analysis. Cognitively-apprehended information about technique learned from all aspects of my training (including observations of incorrect formulations by my analyst, ineffective supervisory methods, and curriculum-taught analytic techniques that had had adverse effects in the clinic) enabled me to develop the methods that actually undid, without intent, any idealizations and identifications that had taken place. While they may have been of initial assistance in coping with the unknowns in my early clinical experiences with analysands, they later revealed themselves to be symptom structures. And, later, still, when self analysis had revealed their underpinnings and operative influences in depth, they could be seen to be incredibly powerful interferences with my personal and professional development. The details of my self analytic work that illustrate this point are abundantly present in my process notes. If my own experience holds up for others, they show that the graduated analyst who joins the Society in which he trained, is unconsciously and internally at great risk when he openly expresses views that are at odds with those who trained him. The relationships that he has with his internalized teachers reveal that he is unconsciously disposed to object loss under such circumstances and that the affects that this condition mobilizes are powerful deterrents against speaking his mind. My insights into my own experience in this regard have led me to think that many aspects of psychoanalytic societal institutional structure are antithetical to creativity and discovery and that the examination of its social organizations using self analysis could be a fruitful new avenue for the profession to take.

Some of the methods that were essential to my success in self analysis were clearly not part of my experience in my training analysis. While I utilized a clinical technique involving the precise metapsychological breakdown of

symptom material, and did so to myself in highly technical language, my experience with interpretation as an analysand was that the methods by which formulations were arrived at were not conveyed and interventions were given in non-technical language. While my analyst might have formulated metapsychologically, I did not hear it in his interpretations. The same could have been said about my experiences in supervision. It is only natural that one should learn from experiences of all shapes and sizes, and make applications of what one has learned. I have been so much impressed by the role of the cognitive functions of my own mind as stimuli and agents for analytic change (in contrast to the role played by psychological mechanisms), that I am much more inclined to make use of them in my analysands than is generally done. One of the advantages of self analysis carried out by metapsychological formulation is that it is not selective. It churns up ill-founded injunction and orthodoxy and leaves them in its wake, and in doing so it allows the conscientious practitioner to investigate "method" firsthand. For example, I have investigated discussion of clinical phenomena with patients using technical concepts and providing direct descriptions of my formulative processes. I was taught not to do this. But I have found that by doing so, concepts that are inadequate or woolly, show themselves up quickly, often as I am in process of speaking them. And if I miss a logical contradiction, my patients point it out. What I have found has led me to continue these practices with confidence. When I have precise metapsychological readings of the moments of their application, I do not concern myself with such strictures of method as, "It will be used for the purposes of resistance".

The Question of Generalization

To the scientific reader, it will be natural to ask what degree of generalization might be possible from this post-training self analysis of one experienced analyst? I have found this to be a very interesting question, myself. And as the encounter drew me along to the depths of immersion before releasing me back to the surface, as with hundreds of other scientific questions that it cast up I studied it. I wondered if my psychopathology was uncommon in terms of its levels, depths and origins? A number of observations and theoretical considerations provided enough doubt about that hypothesis to make me look for others - for example, the surface features of my life before self analysis.

I entered analytic training with a well-defined, common, neurotic symptom, one that many believe to derive from a defensive regression from an

oedipal developmental phase. I had functioned throughout its sudden appearance following a traumatic event during my medical internship nine years earlier, and in the interim, I had achieved a level of standing in a university department of psychiatry in keeping with that of many colleagues who seek training in psychoanalysis. I had a good marriage and a child who was thriving. I entered training by way of a standard admission process and was accepted without qualification. I was active socially, professionally and in sports and hobbies. And I was greatly excited at the opportunity for a career spent in the depths of the human mind.

Some of the basic roots of my symptoms, as I came to see and document them, also cast doubt upon the “uncommon psychopathology” hypothesis. Key aspects of what proved to be very significant early infant experience seemed unlikely to have been unique to me or due to the character of my particular maternal object. One core factor in the genesis of my adult neurosis was the subjective experience of the helplessness of the pre-postural and pre-motive stages. Another was the effect of the internalization of perceived facial and behavioral reactions of the primary object to the assertions of the teething infant on her breast. A short-lived, gastrointestinal infection that required an over-night hospitalization at the age of nine months played a part in genesis - an event, it is true, that was a matter of individual fate. But, I thought, how unusual is such an experience (or a distressing loss experience of a comparable nature) for uncomprehending infants to have?

And still other observations cast doubt upon the hypothesis. They had to do with the fact of my adult neurotic symptoms having had a suggested commonality with some of those reported by other trained analysts. While I had released severe insomnia and depression in myself by self analysis, the symptoms that had bound them, those that I had undone to let them loose, had not been as unusual as those later ones. Some of those binding symptoms were common to the world at large, and some of them, I knew, remained intact throughout the lives of highly-productive people, including analysts. The cigar smoking was an example. The symptomatic acts on the body were others. While I was developing a curiosity about my own symptomatic acts, my attention was drawn to similar phenomena in others. On one occasion, I watched, fascinated, as a respected senior colleague in my Society turned his pencil on end and reversed it, over and over in cycles punctuated with abrupt stops, throughout a two-hour meeting. The reports by Kramer (1959), Ticho (1967) and Beiser (1984) (mentioned earlier) bear on the question of symptoms remaining in trained analysts after analysis. It was also illuminating to read

about the experience of the anonymous analyst who spoke so frankly to Janet Malcom in “Psychoanalysis: The Impossible Profession” (1980). There, “Aaron Green” referred to a severe “speaking anxiety” that had been present during his training analysis and remained after it. Speaking anxiety, of course, is a world-wide symptom, one that is often never eradicated but only controlled. I thought it to be a reasonable hypothesis to consider that such a symptom might never have been traced to its earliest beginnings, and that it might have its origins in everyone where I found them in myself (in the first year of childhood). I also noted (from extensive observations of my behaviour within the social structures of the professional groups to which I belonged) that mental health professionals had not freed themselves or their professional organizations from social anxieties that prevented the compiling of phenomenological data on symptoms that remained after analysis. One only had to observe one’s private subjective experience over the span of a full day, and ask oneself how much of it could be openly reported to one’s colleagues as the stuff of scientific observation, to be impressed by this point. I tried it myself and was intrigued. I doubted that we could know, without such freedom, what prevalence we would find for such a symptom as speaking anxiety in trained analysts. Those who had reported raw data about any symptoms studied by self analysis were few. And the candour and frankness of Dr. Green’s reports, in Janet Malcom’s interviews, was possible only because anonymity was assured. These observations and considerations all spoke to me of a great reservoir of untapped symptomatic experience of a daily nature in human beings, symptomatic experience at the roots of which might be found newer discoverable depths to the human psyche than theoreticians had so far suspected.

Another hypothesis that the scientist would consider, as an explanation for my particular experience with self analysis, would be that my residual symptoms after training had been the result of an uncommonly inadequate or insufficient analysis. But several facts led me to think otherwise about that idea, too. I was analysed by a senior analyst of acknowledged experience and international reputation. The work appeared to go well. It was vital and lively, and conducted with a generous humanity. I developed a transference neurosis that flowered, during which I re-experienced intense, key, affect states. I seemed to grow in analytic knowledge and confidence as a result of it. Much later I discovered that some of the conflicts I had had to face in self analysis had lain imbedded in relatively innocuous symptoms. Who could have suspected what lay deep to them? **(2013: I would now have added, “given the profession’s lack of real scientific theory and its accepted hodgepodge of different schools”.)** The occasional smoke, an occasional touching of the ear-lobe –

existing theory could have explained that those phenomena are rooted in the maelstrom of an infant's affects? Later, too, I saw suggested reason as to why my analysis had not caught such benign-appearing symptoms in its course, in spite of what was theoretically unknown. Who would have exchanged a good cigar for a deep depression? I thought that I must have sensed and dreaded what lay dormant in my symptoms, though that awareness was never conscious.

Two other questions of a different sort arose for me in the context of the above considerations. One was the question of why one would continue in a formal analysis if a self analysis could take up and complete the job? As I explained, my self analysis appeared to have quickened the process and all of my observations suggested that the experience could not have been easier with an analyst, even if a scientific theory had allowed it. I had had to go through what I went through. I saw, in retrospect, that the personal analytic situation had contained operational factors that fostered a stasis I did not encounter in a self analysis conducted by the Metapsychological Formulation Method. I wondered what the particular ingredients had been, whether from my particular psychic development, personal analysis or didactic learning, that had allowed me to carry out my self-ascribed task? I also wondered if one could do effective self analysis without a personal analysis at all? Many claims in the literature had proved to be unsupported assumptions in my own case, and some of my own unchecked beliefs had appeared to be the enemies of discoveries. It seemed prudent for Psychoanalysis to keep an open mind to such questions. It seemed not impossible that in their depths might lie fresh insights into how human beings could undo the misfortunes of their childhoods with a minimal loss of time and travail.

The Activation of Analytic Material

At a point when my self analysis had gained sufficient momentum to take me to untapped reservoirs of raw pain, I became greatly impressed by the importance of intentionally and voluntarily activating latent conflict in myself in order to progress. I found that skill at recognizing symptoms and an ability to dissect their structure-processes could take me *into* self analysis but not carry me *through* it. Indeed my experience with the work taught me a memorable lesson about the limitations of taking a passive attitude to my material (i.e. an "expectant" approach by the self-analysand that would be comparable to the "expectant" attitude in the analyst to which Glover referred, (1955, p.166). I found that I often had to proceed with the strongest

determination and in the most active manner to crack the conflict-binding power of my symptoms. And my efforts had to be towards all symptoms at all times. It was of no use to dismantle one while letting another have its way, although the temptation to do so was often great. The affects and general subjective states were of the kind that would, as is said, “bring a strong man to his knees and make him weep”. They were of a kind into which the mind would not amble voluntarily. I had to regularly force the issue, and there were several means that I used to do so.

Countertransference, as I came to understand it, was most usefully treated as a symptom no different from the analysand’s transference, that is, as a surface indicator of unsolved internal conflict. My early self-analytic efforts with the signs of it consistently led me to fruitful areas of conflict in myself, and, having made that observation, I was led to a method for activating conflict, namely to purposefully enter into the clinical situations that aroused it. This, however, was not as simple as it sounds. I discovered that my transferences to those of my analysands could exist quite undetected, defended out of awareness by the operations of unconscious processes. Situations that stimulated them, therefore, could be unwittingly avoided. One major area in which such defensive activity took place was the referral-assessment situation. A countertransference anxiety was capable of masking itself in a decision to not recommend analysis, a decision that appeared objective. The activity could also mask itself in a rationalization, such as not having sufficient time in one’s schedule. Those were insights obtained in retrospect at first, but the several lines of development that I have described were converging to dismantle my barrier to immediate awareness. My work methods, combined with self analysis, were making sharp differentiations of one problem from another in the analysis of patients. They were making it possible to separate problems of theory, technique and countertransference, and putting me in position to undertake countertransference analysis without confusion. Then, as I obtained success in the endeavour and my confidence grew, I was led to the assessment situation, where the differentiation of key elements became possible to make at increasingly faster rates and at earlier points in the process. I developed an interest in the earliest signs of problematic transferences in patients, an interest that turned into a systematic study of forty-some assessments carried out over three years (Anderson 1982). One outcome of the work was that my objective judgement of analyzability became much more certain and reliable, and another was, that I developed a technical theory of assessment that spelled out the indicators for immediate transference work when it was required. This led to a new effectiveness in assessment and to a situation whereby many

patients who would not have shown for it or would have come no more than once, were entering treatment. It then happened that the analyses of such patients were making demands upon my intrapsychic structure that it had not faced before, and that I was exposing myself to increasing numbers of new countertransference stimuli.

Often when I successfully formulated and intervened with “technically-significant” resistances on the phone or in the initial moments of the first interview, I would find myself facing immediate acted out transferences and/or symptom structures that aroused countertransferences of an equally-immediate nature. Sometimes they were of a most distressing type. That they involved personal conflicts integral to my on-going self-analytic work would be readily evident. Some new patients re-aroused my insomnia in the form that I have described. Sometimes I experienced intense feelings of foreboding that exerted pressure on the ego of my “working self” to turn the case down for analysis. But pitted against this trend were my objective knowledge about the signs of analyzability and an increasing strength of influence coming from my professional ideals. The two combined to force the self-protective outer core of my infant self, in a state of dread, out of its defensiveness and into the confines of a rationality that my working self upheld. I would take my new patient on, suffer the torments of hell, contain them in the subjective sphere, and learn much about myself while my new analysand happily proceeded into a viable analysis. What I would learn would come from my then frantic infant self. As I dragged it kicking and screaming to the fray, its outer shell would utter a slew of rationalizations as to why I should not be undertaking the particular treatment I was starting. Then, over several months it would acquaint me well with its horrors, the ones that would not let it, or me, sleep.

Another method by which I activated latent conflicts (once I had unearthed them by the work on minor symptoms) was to delineate the defensive and expressive sides of each symptom and resist the play of each. I observed, for example, that I had a habit of holding an ear lobe in my fingers, sometimes (but interestingly not always) twisting it slightly. With study, I noted that I carried this act out in subtly-imperceptible states of dis-ease. I consciously stopped the activity whenever I caught myself doing it, and I could not believe the struggle that waged back and forth between a previously unconscious part that strove with intense drive to perform the act while my conscious self fought to uncover the conflicts it contained. And that struggle was like a friendly tug-of-war when compared to the one that ensued when the unconscious material bound by the habit began to be released. I found many

symptoms of such a nature when I observed myself closely, and when I took to battling them, I felt like a bandmaster bedevilled by rebellious Bassoon, Violin and French Horn sections of his ensemble. I had to silence my understandable rebels in order to hear the strains of a tragic melody that rose and fell, faintly, through the uproar.

There was still another form of activation of conflict that I used. Once again it came as the result of the convergence of several on-going processes. As various facets of the clinical situation became increasingly demarcated from each other, I began to observe symptoms in myself that I would not have recognized as such. A visit to a friend, on the surface the so-called “social drive” in normal expression, was found to be fuelled by anxiety, under which lay depression, under which lay infant self in the throes of a lonely purgatory. When I curbed all of the symptomatic behaviours that I could find, I discovered that I had to face the most ingenious rationalizations a fevered mind can create. Some symptoms, such as non-physiological eating, when seen in their alternating defense and expression aspects, led to long fights, none of them apparent to friends, for the symptoms were often only observable to me. Taking a phone message between patients could be underpinned by the need to relieve a real or imagined fantasy of “trouble”. Not allowing my child to stay out late could relieve anxieties rooted in conflict with my internal objects. Not sailing across the lake in heavyish weather could appear to derive from prudence and meteorological sagacity while really serving to contain the horrific affects associated with an infant’s trauma.

Some have expressed the view that one reason for an analysis being incomplete may be that certain conflicts were never mobilized by natural circumstances while it was under way. Freud (1937) made reference to this view in *Analysis Terminable and Interminable* (p.231, bottom; p.232). And Thomson (1980, p.187, right column middle) has spoken of it as follows:

“The immersion of the analyst in the patient’s struggles, or in the transference may, (2) Arouse conflicts [in the Analyst] which were never resolved in personal analysis and in some instances have not ever entered into the personal analysis because life-circumstances were such that they were never encountered or could be avoided.”

In my own experience with a progressively-deepening and systematic self analysis leads me to think it unlikely (if it is even possible) that there are conflicts that cannot be encountered during analysis because natural events

have not stirred them. I think that the “avoidance” hypothesis is the most viable one to apply to the phenomenon of “apparently new” conflicts in the analyst after personal analysis. This is what I found to be so for myself, and it is what I would expect theoretically. If a transference neurosis develops in a training analysis (which it must), it can be presumed to contain every tentacle of the infant neurosis, each of which should lead to the body of the beast that has invaded and deformed the developing psyche. To grasp any part of it, is to gain access to all of it.

I can corroborate this theoretical position from my self analysis viewed in retrospect. Every symptom that I explored later, and every element of conflict that each symptom contained, could be traced to the conflicts with which I worked in my training analysis. The self analysis took these elements to deep levels for the first time, and brought all elements together in an understandable, if complex, whole. This deepening and extending process was enabled by unique facilitating features my method provided (at a certain point) that were not available in a personal analysis. And one result was that the avoidance of large conflicts, by way of their remaining bound in untroubling innocuous-looking symptoms, became impossible. None of the immensely-difficult, very early infant conflicts that I had to face in self analysis ever proved out to be truly “new”.

V: Self Analysis by Metapsychological Formulation as a Research Method

I have been enormously impressed by the opportunities that this method of self analysis afforded for carrying out original researches, researches that carried the stamp of a demonstrable scientific process. And before closing this report, I would like to speak of this important aspect of my experience with it.

The development of an understanding of metapsychological formulation, with its capability for opening the interrelated elements of the clinical situation to conscious scrutiny, was an essential first step towards my use of self analysis for research. Without such a development, any application of other psychoanalytic methods attempting to go beyond the limits that incomplete theories set on personal analysis, would be like trying to reach outer space in a jetliner. Some who attempt to do so, behave as if there were no new theories to discover and apply, and no new depths to be reached. Upon attempting to go further and meeting impassés, they conclude that no one, including the

analyst, can have a complete analysis. But they do so by a curious logic. They accept the scientific contradictions in Freud's famous technical principle of 1912 (p.112, 115) by which the analyst is advised to use his own unconscious as the source of his formulations and interpretations. It is held that what comes from the analysand's unconscious are derivatives of repressed drives warranting analysis, but that the derivatives of the analyst's unconscious can be objective reflections of the inner workings of the analysand's mind. Something is wrong there. Analysts who practise such a method, are accepting that their technical procedures are to emerge from their minds like pieces of art, the products of unknowable (i.e. unconscious) processes and contents. And to do that is to close the door and throw away the key to science in the clinic and research that is scientific. The similarity that this common practice bears to art, suggests a reason for the strong attraction that an artistic view of analytic work has for many of its practitioners. To ask such workers to do self analysis with their formulations of analysands, rather than applying them in interventions, is like asking the artist to put down his brush and free associate to his images. To do so is to be ushered out of the studio and not invited back. But if the constructive elements in the analyst's mental processes are to be separated out from their counterparts, depth analysis of his derivatives (in the form of his formulations derived by Freud's method) will have to take place. The alternative is a theoretical framework like a muddy field. One starts to traverse it and go beyond, and one is soon bogged down and forever fated to watch a beckoning horizon from a distance. And to make analysands the canvases upon which the artists stroke their brushes, is to leave many vital selves painted over with several versions of the same analytic theories. (Unless they resist the brush completely or reject a permanent bond, in which cases they eliminate themselves from the "painting" or flake off the egg tempera later.)

Psychoanalysis has certainly tended to espouse an artistic approach more than it has not, and I think that the effects of it show in the endless debates about formulations of material that take place during clinical presentations. Potentially-useful theory, untestable as it is, remains in a scientific limbo for years while conjecture is taken as fact and propagated as conclusive theory. (See Edelson 1984, p.71, top, Kohut 1977, p.221, on this point.) It is fortunate that there is a natural tendency for the structures inherent in phenomenological realities to maintain themselves and resist false conceptions of their nature. Incorrect theories fall away in time because they do not work. Inasmuch as Psychoanalysis continues to assert their validity, it will find itself playing its tunes to dwindling audiences. And the few who come

to its concerts may stay forever, staving off object loss at the expense of a lifetime of discord with a recalcitrant object.

But even when the profession does replace faulty theory, doing so by the slow “time-will-tell” method will cause those who require its assistance, to look elsewhere. Patients in need cannot wait. And they not wish to subject themselves to untested theories that tell them what they are in spite of themselves. The time-will-tell approach to theory development is the “trial-and-error” method of the Empiricists of Graeco-Roman times (Taylor, 1953 p.439, right column, bottom). Philosophers and physicians, the Empiricists eschewed reason and hypothesis and used what worked, a viable-enough method of discovery, but a slow and dangerous one. Medicine has resisted it when it was not forced by lack of knowledge to take heroic measures with dying patients, and it has supplanted the approach with science when the opportunity has arisen. The problem that faces the Empiricists can be captured in an example: There are endless possibilities to the number of natural biological substances that could bring down an aberrant blood pressure. There is also the possibility that none of those substances could do so. And there are likely to be fatalities during the process of experimentation. [This root of the word “empirical”, as well as the common usage to which it has always been put in the practice of Medicine, suggests a conception of Empiricism that is quite different from the one employed by many philosophers of science (e.g. Searles, 1948).¹

In an essence, new depths to the mind cannot be discovered by minds that do not develop scientific theories, define the limits of their certainties, and explore what lies beyond. Minds that attempt to discover using techniques that can be directed by their own defenses, are going to “discover” theories that serve as rationalizations for not proceeding into deeper and more painful areas. Science defines the unknown. And the scientific method provides the means for the mind to go further with what is unknown in itself. And if psychoanalysts are to delve more deeply into the pre-behavioral subjective experiences of the adult, they will not do so at first with analysands. They will have to do so with their own selves. They will have to do as Freud did, then go beyond his fictional Oedipus Complex to the places he did not reach. Symptoms that persisted in Freud such as cigar smoking (up to 20 per day, to combat depression), intense fears of death and hypochondriasis (Anzieu 1986), along with many other symptoms suspected of having very deep roots, will have to fall to self-analytic investigations by analysts themselves if new realms of mind are to be opened up and analysts are to develop the personal tolerances required to stay with their analysands when the latter take them into them.

To acquire the scientific methods necessary for the accomplishment of these goals, Psychoanalysis will have to yield in its predilection for the artistic conceptions of technique that in large quarters it upholds. And this will not be a simple thing to do. If the analogy to art applies, it can be understood that the analyst, like the artist, is sustaining himself psychologically by his creatively-derived interventions, and it is a rare artist who will forsake an art that is “working” (as artists say) for an exploration into its sources. The researcher who is to use self analysis will have to contain interventions that come from his own unconscious and free associate to their various components. Reasonable hypothesis would suggest that he will discover some of his more contentious theories to be serving his defenses, and that if he undoes them he will release new anxieties. And it is further reasonable to predict that if he tackles those anxieties, he will find new opportunities for going deeper.

For myself, containing my formulations and making their various parts conscious (as with work on a dream), allowed me to carry out researches at once. I could commit the formulations to paper and test them by observing subsequent material without having used them in interventions. Then I could see where, and how much, they were correct or incorrect. And when I was incorrect, I could wonder why and look for the reasons. In time I could, as I have said, distinguish personal interferences with my use of theory from problems inherent in the theory itself, and beyond that it became possible to define areas in which there existed no theory at all. This development, in turn, made possible an economy of effort when I was interested to understand more. I knew, for example, when a patient wrote a poem and proffered it in a session, that Psychoanalysis possessed only conjectural theories of the artistic creative process and could not provide me with reliable guidelines for my response. I knew to speak for taking mutual interest in the surface of the act, that is, the proffering of the piece, and to do so without preconception. I did not know if it was resistance or progressive free-associative act. I knew neither whether to take it or to not. I did know to recommend that I do neither for the moment and that we find out what, if anything, might come to light about the matter in time. My analysand and I would then proceed to discover something or nothing, and I would record the discoveries, revising or complementing them as new opportunities arose.

Because I was working with identifiable metapsychological clinical entities and processes, it was possible to build and refine theory by testing it. And when I encountered similar clinical phenomena in subsequent analysands, I was able to provide leadership as we proceeded with analysis of them. Using

these methods, I developed a confidence that I would never lose myself in researches that “rediscovered the (analytic theoretical) wheel” or explorations that were of esoteric or academic importance only.

The spontaneous writing habit also introduced important elements of research method into my daily practice. Because it was on-the-spot and effortless, it captured every element of the process in its natural sequence - initial greetings, material, formulations, analyst subjective experiences, self analyses of subjective states, formulations of interventions, statements of interventions, and effects of interventions. It also contained predictions, and the outcomes of these. Because I never revised or changed anything in my record in the light of subsequent developments and hindsight, I would have, thrust right before my eyes, the faulty conceptions that, I had made a moment or a day before. This enabled me to pin-point problems and to avoid the illusion that I understood when I did not. It also protected me from falling victim to the “I-knew-it-all-the-time” problem, by which one creates multiple hypotheses and upon finding one of them to be correct concludes that one had predicted it.

That I actually had a record, also helped to solve another problem of scientific method. It made it possible for the total data of my researches to be examined for its science by a third party. By this means, a major methodological problem in psychoanalytic research, namely that of obtaining hard-data-inclusive reports of the total analytic situation, was solved.

But if metapsychological formulation and the writing habit could be likened to wise fellow-wanderers in the forest of research-method-mystery, then self analysis was the castle in the clearing of clarity, and the self-analytic method that, I had come upon, was the keeper of the moat. Applying metapsychology in clinical situations of the moment, and obtaining some success, led me to develop a consciously-controllable, consistent, systematic technique with patients and to use it on myself. It was like stumbling on the “castle”, glimpsing excitement inside, becoming intrigued and seeking to enter. Supplications to my deeper levels were necessary (i.e. I had to promise to “lay down my arms” and wait for the passage of time to identify me as “friend”) before the drawbridge was lowered. And what I saw there' after a tour of the premises, promised to fill several books.

I cannot find the superlatives to describe how effectively, having a means for doing extensive self analysis solved, for me, many of the methodological problems of the psychoanalytic researcher. Self analysis provided information

of the most reliable nature on almost all of the questions conceivable to me in basic analytic theory. It allowed my mind to be recorded as it exposed and revealed itself, using specific techniques that were testable and could be seen to work. The systematic unfolding of deeper and deeper layers was possible to follow, along with the contents and dynamic properties of those layers. The basic drives, down to their deepest roots, could be seen to reveal themselves in their layered developmental forms. The earliest subjective experiences of the infant appeared to emerge from an unconscious that was waiting for them to be released. Affective development, phases of aggressive drive development, character and symptom formations in their earliest forms, major experiences in object relationships - all of those and more were observable in their raw states, their interrelationships to each other, and later forms. And it was built into the method to be able to make my findings open to others without ethical or legal problems and with a minimum of modification of the material in the interest of the protection of others. (And I was able to foresee a future in which increased personal freedom obtained by self analysis could make even that degree of modification unnecessary.)

Self analysis, carried to its absolute limits, also opens the door to research into technical theory. Indeed, I think many technical questions will only be possible to answer when individual practising analysts become researchers and, by depth self analysis, loosen their potential to do effective depth self work on the spot at the clinical moments when the questions arise. I would like to give one example. The well-known phenomenon whereby the analyst is driven to experience emotions and behaviors that appear to match those of the patient's internal objects or self, is one that has never been scientifically researched using a self-analytic method that went deep enough to discover its roots. The phenomenon is commonly referred to as one whereby the analysand "projects into" or "puts into" the analyst, the subjective states of his objects or selves. The terms have conveyed a "foreign body" concept of the analyst's experience (a concept that, in itself, suggests taking an attitude of reserve towards such a theory). I know that this phenomenon was always a source of mystery and a thing of curiosity to me. I studied it whenever I observed it, recording it in descriptive terms, within the context of the stimulative material from the analysand and whatever degree of self-analytic material I was able to collect at the time. As my self analysis progressed to deeper and deeper levels, I discovered deeper and deeper layers to it. And as I answered one question over a period of several months or years, a new and fascinating question arose. It took ten years before I felt that I was in a position to say that I understood their roots in me. And if my experience holds up for

others, it will be found that the phenomenon is best understood as the result of deep, huge, unsolved conflicts in the analyst, conflicts stimulated by the analysand, but not projected from him. They will be found to be sources ripe for the most profitable self-analytic investigations, investigations that will lead analysts to new personal triumphs over their neuroses and to new technical theories that are more effective.

A particularly interesting question was posed to me and answered by my self analysis. The experience serves to illustrate the forces of discovery that can be set loose by such an experience, and I would like to close this account by describing it.

Like every other human being, I tend to make assumptions that I take to be facts. Thus it was that I assumed that if my psyche was representative of that of the average analyst (and beyond that, of the average neurotic adult), and if I had had to undergo the extreme regressions that I did to get to my bed-rock roots, then others who strove to do deeper would have to suffer to a similar degree. And I held this view for years without even questioning it. But in about the ninth year of my self analysis, the work began to come together in a way that vividly illustrated why my extreme regressions had been necessary. And what it revealed led to an entirely new piece of technical theory that I had not even had reason to suspect. It was the development of my insight into a theoretical understanding of those resistances (of the defense type) in analysands that appear to derive from a dread of overwhelming affects associated with the annihilation or fragmentation of the psychic and body selves. (Such dread, as we generally believe, results from early traumas that were never assimilated and never became part of tolerable subjective experience.) That, in turn, suddenly released another, and within a period of a week, and in a state of great excitement that I recorded in my self analysis, I had a technical theory in my hands, one that appeared to be capable of assisting analysands into their depths without having to experience all of the facets of the awful and uncertain states that I went through myself. Then that development (which has been a recent one and one that I have yet to report upon) caused me to entirely revise what had appeared to be an unquestioned logical assumption. It also illustrated that analysts have unsuspected new theories in the depths of their own minds, theories that are waiting only for a method and its application in order to be discovered.

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