

PRESIDENTIAL ADDRESS

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**PRESIDENTIAL ADDRESS SELF-ANALYSIS:
Re-Envisioning the First Psychoanalytic Frontier**

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I have never been able to decide whether the Chinese saying, "May you live in interesting times," is a blessing or a curse. My indecision leads me to believe it is both. For those who find themselves drawn to psychoanalysis, these are indeed interesting times. A year ago at the IFPE's scientific meeting, Stephen Friedlander, who has recently become our President-elect, spoke of the multiple strains (pun intended) of the psychoanalytic colloquy as a "mass of disputing doctors." Yesterday morning Lawrence Friedman outlined a conceptual framework, which begins to permit meaningful comparisons among theories. Theoretical beliefs generations of analysts relied upon to orient themselves in their navigations of the psychic terrain now appear uncertain, insufficient, or even obsolete. Multiple, frequently divergent theories compete for our attention and loyalty. Colloquy threatens to become cacophony. Success at integrating these competing strains eludes us; our attempts to strike psychoanalytic bedrock inevitably fall short. But before we feel too entitled to bemoan our collective fate, we should ask ourselves if our current situation is fundamentally different from that which confronted the early psychoanalytic pioneers. Is not each analysis, then and now, like Bottom's dream, bottomless? Interminable? Is not even the most successful analytic experience simultaneously a failure? I propose that as analysts we amend the Chinese invocation to suit our purposes, and with bittersweet empathy and modulated sadism say to our fellow travelers, "May you fail in interesting ways."

Which brings me to the subject at hand. My presentation this morning is, I believe, about one of the most interesting ways to fail -- through pursuit of self-analytic inquiry.

Toward the end of my personal analysis, which extended over ten years, a period marked by considerable upheaval in my life and by a modicum of valuable insight and integration, I began to ponder the question, which until that time had been more abstract-academic. The question, which we all confront with varying degrees of awareness and urgency as termination of our personal analysis no longer looms as a distant point on the horizon, is, "How in the world am I going to carry on this process of analytic inquiry without the help of the experienced, knowledgeable *ötherí* to guide, challenge, and sustain me?" My frustration with my personal limitations in pursuit of self-analysis led me to seek out solace in the frustrations of others and hence to my editing the volume, *Self-Analysis: Critical Inquiries, Personal Visions*, published by Analytic Press. Working on this volume enhanced my respect for the self-analytic efforts of others and increased my tolerance for my own.

"That's all very nice," says a critical voice within me, "but why is self-analysis of more than passing parochial interest? Surely you're joking. This is a farce. You don't intend to inflict your self-analysis on this as yet friendly audience. Or do you? And how do you know? Even if you are aware of some of your competing intentions, shifting identifications, defenses, and compromises how are you going to sort through their relative strengths and their shaping of your experience?"

In the musical, *West Side Story*, Officer Krupke is the policeman, symbolic of unempathic parental authority, condemning the unruly instinctual life of the teenage gang members. "The problem with you," opines Officer Krupke in my mind, "is that you're

shamelessly exhibitionistic and grandiose. The problem with you," he continues, 'is that you're shamefully masochistic and self-devaluing. Come on. Get real. Forget about presenting this paper and get yourself back into analysis with someone who knows what he or she is doing." Fueling these superego fantasies is my awareness that others who have presented papers at psychoanalytic symposia on aspects of the self-analytic process have been roundly criticized on both fronts (i.e. masochism and exhibitionism) and also have been berated for shifting the sustained focus of attention from the patient to the analyst. In addition, one analyst, Rivka Eiferinam, has candidly written about her initial fear of going crazy in the course of pursuing her self-analysis and her subsequent fear of being perceived as crazy when she presented her findings to her colleagues.

Continuing to play in this theatre of the mind (to use Joyce McDougall's apt phrase), I notice a small indistinct figure of indeterminate sex on the side toward the back of the psychic stage. This figure asks *sotto voce*, "Have you noticed that, in this play you're constructing for this occasion, you prefer to represent the critical voices as masculine?" I feel like responding, "So what. Who asked you? And who wants to know?" But I know the quiet voice would respond, "You did, of course." Or more accurately, "You did and didn't ask, and you do and don't want to know."

But what is going on here? Are we merely witnessing the unique vagaries of my intrapsychic interlocutors? I would answer yes, but that those vagaries are illustrative of a general phenomenon -- how quickly we can get ourselves into a tangle as we attempt to engage in, write about, or present on self-analysis. As one wag put it, the problem with self-analysis is the counter-transference. And that observation strikes me as true as far as it goes, but it doesn't go far enough. The fundamental problem or challenge, as I see it, of self-analysis (as of a dyadic clinical analysis) is the disunity of our psyches, or to put it another way, with the difficulty of repeatedly and profoundly confronting the illusion of a consciously unified self, an illusion shattered by Freud's discovery of the psychoanalytic method which he compared to the great narcissistic blows inflicted by the discoveries of Copernicus and Darwin. Not only is there a split between experiencer and observer within the psyche, but both are split further into multiple identifications and partial identifications at varying levels of awareness. Despite his genius, Freud, of course, did not overleap the difficulties and the limitations inherent in self-analysis. And Freud's fate is also ours, for each of us encounters resistance and ambivalence as we trod the self-analytic path as if for the first time.

Surprisingly, despite these difficulties, we are witnessing a resurgence of interest in self-analysis. (For this section of the paper, I am borrowing freely from the introductory material to my book on self-analysis because the contributors are among those who have thought deeply about the self-analytic process.) More articles specifically about self-analysis have sprouted in the literature during the past two decades than appeared altogether during the prior history of psychoanalysis. The historical underemphasis or neglect of this topic is paradoxical, since the origins of self-analysis and psychoanalysis are inseparable. In fact, psychoanalytic theory and practice are the intellectual children of Freud's self-analytic efforts (Anzieu, 1986; Gay, 1988). In his correspondence with Fliess, while engaged in writing *The Interpretation of Dreams*, Freud exclaimed, "My

self-analysis is in fact the most essential thing I have at present and promises to become of the greatest value to me if it reaches its end." (Letter to Fliess, October 15, 1897; in Masson, 1985)

Yet Freud's attitude toward self-analysis, as we noted previously, was profoundly ambivalent: "My self-analysis remains interrupted. I have realized why I can analyze myself only with the help of knowledge obtained objectively (like an outsider). True self-analysis is impossible; otherwise there would be no [neurotic] illness." (Letter to Fliess, Nov. 24, 1897; in Masson, 1985)

Generations of analysts appear to have allied themselves with the negative side of Freud's ambivalence toward self-analysis, citing its difficulties and limitations, and contributing only a handful of articles on that topic until the 1960s. Then Kramer (1959) and Ticho (1967) investigated the development of self-analytic functions during the termination and post-termination phases of clinical analysis. Fleming (1971) wrote about self-analysis from the perspective of psychoanalytic training and education. Gray (1973), while not using the term self-analysis, spoke of the development of closely related self-observational capacities of the ego. Thomson (1980) also focused on the receptive functions of the analyst as they relate to self-observation.

A growing number of analysts have seriously explored their own pathways to self-analysis, as well as the relationship between their self-analytic efforts and their work with patients (Calder, 1980; Gardner, 1983; Beiser, 1984; Eifermann, 1987a, 1987b; Silber, 1991; Sonnenberg, 1991; Poland, 1992). Others have focused more specifically on the utility of self-analysis in deepening our understanding of countertransference (Ross and Kapp, 1962; Jacobs, 1973,1991; Kern, 1978).

We can no longer sooth ourselves with the belief that self-analysis was necessary for Freud and enabled him to make his fundamental discoveries, but that we ourselves do not need to make use of self-analysis as a basic discovery tool. We can no longer hide behind the myth of perfectly analyzed analysts (Silverman, 1985) who need to engage in self-analysis (or to return to a dyadic analysis) only when we experience unexpected, unwanted countertransference reactions to our patients. Instead we have a growing appreciation of the intersubjective nature of the analytic encounter and consequently of the ongoing necessity of self-analysis to illuminate the ways in which our inner worlds actively shape and are shaped by the inner worlds of our patients.

Within the theory and practice of psychoanalysis, there is a quiet revolution taking place which contributes to our renewed interest in self-analysis, and reciprocally the increased interest in self-analysis is one of the engines of that revolution. Analysts have always been participant observers, but historically we have been more comfortable emphasizing our observer status. We were the blank mirrors reflecting our patients' transferences, maintaining our neutrality, and interpreting our patients' psychic realities from our privileged epistemological positions as the ones who knew.

We are collectively re-envisioning and redefining the psychoanalytic situation.

Conceptually, we are moving slowly (and not without considerable anxiety and resistance) away from the periphery and toward the center of engagement with our patients in the analytic encounter. Our view of countertransference is undergoing corresponding changes. McLaughlin (1975, 1981, 1988) states that the term countertransference is misleading in that it suggests that the analyst's transference is solely or primarily counter to the patient's transference. Countertransference is not just an occasional aberration or perturbation of the analyst's neutrality, but is an ongoing part of his or her psychic reality. I agree with McLaughlin that it is more accurate to dispense with the term countertransference, and to speak instead of the analyst's transferences. As we attempt to appreciate more fully our patients' psychic realities (Schwaber, 1983, 1986), including our patients' perceptions of our inner worlds (Hoffman, 1983), we need to take greater responsibility for our own inward looking.

Members of this audience represent diverse theoretical perspectives and clinical backgrounds, but I trust you recognize the importance of self-analysis and the necessity of its elaboration. I would suggest that we can fail in interesting ways by asking ourselves such fundamental questions as: What do we mean by self-analysis? To what extent and under what conditions is self-analysis possible? How is it different from ordinary self-reflection or introspection? What are the different modes of self-analytic inquiry? What are the developmental antecedents of the capacity for self-analysis? How do we make use of self-analysis in our work as analysts? Conversely how do we make use of our analytic work as an impetus to our self-analytic efforts? What is the role of the "other" in self-analysis? What are the relationships among self-analysis, writing, and creativity? Those were among the questions I was interested in exploring in my book.

This morning I will focus on two areas: (1) the interaction between the analyst's pursuit of self-analytic inquiry and his or her engagement in analytic work with patients; and (2) the different modes of self-analytic inquiry. As we grapple with the formidable ambiguities of self-analysis without either idealizing or devaluing its potential, we begin to paint a richly detailed picture of how the mind of the analyst works and how the psychoanalytic process really functions.

ANALYTIC WORK AND SELF-ANALYSIS

Locating both our patients and ourselves within an intersubjective space, we can explore the complex interplay, the mutual shaping and influencing, of patient's and analyst's inner experiences. We can begin to link the self-analytic process to the reciprocal nature of the transference-countertransference dialogue.

In my book, Alfred Margulies provides a clinical example illustrating this reciprocity. In an effort to understand the multiple sources of the striking parallels between his patient's dreams and associations and his own, Margulies (1993) wonders about the ways in which patient and analyst communicate at the edges of each other's awareness. These communications at the edge of awareness may then function as day residues influencing the manifest content of each other's dreams. "In parallel dreams my patient and I search

for missing fathers, and we enact this search in the uncanny concordance of our mutual dream experience ... In the multiplicity of roles and reciprocal-roles, transference and countertransference, inner world and outer life, my patient and I are both father and child."

Although initially repressing his dream-memory, after reviewing his clinical notes detailing his patient's dream, Margulies then recaptures his own. "I had in effect regained entrance to my own repressed dreamscape by first entering my patient's similar dream ... In the circularity of empathy and in the resonance of our unconscious overlap, *I empathize with another -- and am startled to find myself.*" (See also Sonnenberg, Chapter 12, for a fuller description of the function of clinical/theoretical writing on the analyst's ongoing self-analysis.)

Linking his experiences with his patients to the phenomenon of finding oneself in the gaze of the other, Margulies recalls the opposite views of Kohut and Lacan. Kohut believed that a cohesive self comes into being largely through empathic mirroring by the other. Lacan believed that the initial alienation of the self occurs at precisely those moments of reflected mirroring -- "a return with a difference." Margulies argues that both are necessary, i.e. the empathic sense of sameness and the empathic sense of difference. He calls our attention to the pain associated with fuller awareness of difference and aloneness.

Margulies captures the interdependence of the analysis of the patient and the analyst's ongoing self-analysis:

Each of us had our own rhythms and singularities, our own ways of working through. Because our griefs were similar enough, we could make contact; because we were each different, we could deepen the particularities of understanding.

James McLaughlin also focuses on the reciprocal relationship between our self-analytic efforts and our work as analysts. Our encounters with patients, particularly those who confound our expectations, stimulate our self-analytic activity. "Seeking open resonance to each patient made it inevitable that new facets or aspects of old concerns could come alive in me, and impel further self-watching." Our self-analysis, as it leads to a clearer definition of our own inner experience, in turn enables us to explore more fully the particulars of our patient's psychic reality.

In a clinical vignette, McLaughlin (1993) explores the intersection of patient's and analyst's transferences. As was the case with Margulies' example, McLaughlin was also struggling with incomplete mourning following the death of a parent. His incorrect attribution of a dream fragment to his patient provides the impetus for his self-inquiry into the "fluid shifting of transference laden mother/son identificationsÖ"

A second clinical example illustrates an impasse in the treatment of a patient who relentlessly attacked the meaning and value of the analyst's interpretations. McLaughlin's self-analysis of his transference to his patient gradually led to a way out of that impasse. His self-analysis could not be encompassed entirely within the treatment sessions

themselves, but required continued working through outside of those sessions in private transitional spaces which McLaughlin refers to as "transference sanctuaries."

His work with these and other difficult-to-treat patients, who aroused strong transferences in the analyst, provided an impetus to McLaughlin's ongoing self-analytic efforts and led to a significant shift in perspective. 'Work with these patients drove home the recognition of the relativistic nature of the analytic enterprise when perceived from the different reality views of the two participants. I had no choice but to consider the extent to which my stance of superior knowing invalidated the psychic reality of the patient, and kept us both from understanding how that unique reality view had necessarily come to be.' These changes in understanding led to a more collaborative way of working with his patients.

Henry Smith (1993) explores the nature of engagement of both analyst and patient in the analytic work. He focuses on the uses of that engagement in the analyst's ongoing self-analysis, although he cautions:

[I] am not suggesting that the work exists primarily for the benefit of the analyst, nor am I speaking of modifications in technique that would alter our intrapsychic focus on the patient. I am suggesting that the two individuals are involved in an interactive process that lends itself to "reciprocal inquiries," in Gardner's (1983) term, that these inquiries are at times simultaneous, parallel and symmetrical; and that whatever the analyst's self-inquiry may tell us about the patient, it will tell him something about himself if he chooses to listen.

In his clinical vignettes, Smith demonstrates the ways in which he advances his self-inquiry through an exploration of the symmetries and asymmetries of his own and his patient's experiences within the analytic hour. His analysis and self-analysis proceed simultaneously, at times parallel, at times intersecting, part of an ongoing process of finding, losing, and refinding in new ways both himself and patient. For example, Smith describes his dream during the termination phase with one patient:

My dream was a compromise formation that had borrowed some of the narrative style of her dreams to express my conflicting wishes and fears and, strangely, hers. My dream seemed to contain elements of her intrapsychic life and mine, simultaneously intertwined and yet discrete.

Smith relates the concept of engagements in the psychoanalytic work to that of enactments, which he sees as both necessary and inevitable. He argues for a "taxonomy" of enactments which includes an examination of their multiple functions, and distinguishes between enactments which are analyzable (dependent to a significant degree on the analyst's capacity for self-analysis) and those which are not. In the midst of those enactments, Smith suggests that the greatest stimulus of the analyst's self-analytic efforts are the patient's perceptions of the analyst's actions and motivations, particularly when those perceptions are at considerable variance with the analyst's self-perceptions.

MODES OF SELF-ANALYTIC ACTIVITY

Discordant views of patient and analyst, particularly of the analyst's inner world, may serve as an impetus to self-analysis. But how do different analysts approach the task? What routes do they take? What are the varying modes of self-analytic inquiry?

Ernest Wolf comments on the perpetuation among present-day analysts of Freud's life-long ambivalence about the efficacy of self-analysis. "More than half a century after Freud's death we are still gripped by the same ambivalence: we pay lip service to the great value of self-analytic endeavors but we rarely report the data that would justify our faith." Wolf attempts to provide such data from his self-analysis of a taboo.

Following Kramer's conceptualization, Wolf distinguishes between two modes of self-analysis: deliberate, conscious attempts (such as Freud's systematic analysis of his dreams) versus spontaneous, unconsciously initiated self-analytic activity (such as Wolf's response to the eruption of surprising symptomatic behavior).

The inhibitions and intense anxiety occurred when Wolf, a German-born Jew who fled to this country during the Holocaust, returned to Germany 27 years later. As his self-analysis proceeds, he gradually becomes aware of the relationship between his symptoms and the existence within himself and his friends of a taboo against talking candidly about what happened to them during the Nazi era.

Wolf's narrative suggests the interplay of self as experiencer and self as observer. He oscillates between experience-near, phenomenological description and experience-distant, abstract conceptualization growing out of a self psychological perspective. Every effort at self-analysis is theory-bound. His self-analysis, guided by his explicit theories and implicit assumptions, leads to his fuller awareness of the selfobject functions served by Germany and the Germans, of the self pathology which resulted from the traumatic disruption of those functions, and of their role in the creation of the "German taboo."

Wolf's self-analysis leads further to his associations to the archetypal incest taboo. He wonders whether he has displaced anxiety related to the incest taboo onto his German taboo, but concludes otherwise. Again demonstrating the interplay of experiencing, observing (and theorizing), he states:

[M]y self-analytic exploration of my (and others') taboo about discussing what happened to me (or them) during the Nazi era reveals not a displacement of an incest taboo rooted in the Oedipus complex but a displacement of my fragmentation anxiety resulting from a fear of disconnectedness.

In his discussion, Wolf comments on the relationship between self-analysis and self-revelation in doing and writing about analytic work. He feels that analysts have been excessively concerned about anonymity, and also slow to recognize "the subtle power of the patient's subjective experience of the analyst" Nevertheless he advocates a cautious approach and expresses the hope that analysts may become "less afraid of being somewhat more self-revealing."

Wolf suggests that we accept the impossibility of being a blank screen:

From a practical pragmatic point of view the analysand will always make observations of his/her analyst that will somehow skew the transference at least a little. Therefore, since the exposure of the analyst to the analysand cannot be avoided altogether, it seems more reasonable to accept and regulate it than to totally deny its occurrence.

Implicit in Wolf's comments is the view of transference as largely emanating from within the patient, although subject to being "skewed" by the analyst's countertransference. Wolf's conceptualization takes a narrower view of countertransference, and differs in emphasis from my own perspective and that of several other contributors to the volume on self-analysis (e.g., Smith, McLaughlin, Poland) who explore aspects of the transference as joint creations (enactments) of patient and analyst. Wolf recognizes that further conceptualization "of the intra-analytic interaction between analyst and analysand is required for a rational approach to self-revealing discussions of both countertransference reactions as well as self-analytic events." I would add that I think the conceptual frontier that requires further elaboration is neither the intrapsychic alone nor the interpersonal, but rather what I would call the intrapersonal.

As is the case with Wolf, Gedo finds that he does not actively initiate his most intense self-analytic experiences. Whereas Sonnenberg (Chapter 12) engages in a more deliberate, systematic form of self-inquiry, Gedo's more impactful experiences are "auto-analytic" to use Kramer's term, and come unbidden. They are set in motion by significant personal stresses or crises that challenge his previous adaptations.

[T]hey go into operation only in case of dire necessity. Whenever I have tried to evoke them as a matter of conscious volition, the nature of the subsequent psychological processes was utterly different -- not necessarily less useful, but lacking in the automaticity and unbroken impetus that characterize the more crucial episodes.

Unlike Margulies, McLaughlin, and Smith, who find analytic work to be a major stimulus of their ongoing self-analyses, Gedo discovers that for him transference-countertransference dilemmas and resulting enactments lead to more routine (compared to emergent personal circumstances) forms of self-analysis. He notes that these less affectively charged episodes provide insufficient motivation for the sustained self-analysis necessary to overcome strong resistances. He adds that the analyst's self-analytic efforts, while he or she is engaged with the patient, are necessarily limited and circumscribed in order to maintain the proper focus on the patient's inner world. Gedo does not, however, refer to the equivalent of "transference sanctuaries (McLaughlin) outside of the analytic situation during which the analyst can pursue his or her self-inquiry.

In speaking of the relationship of self-analysis to self-revelation in the analytic situation, he warns against the analyst's inappropriately or prematurely sharing the fruits of his or her self-analytic labors with the patient: "... one should have the conclusions of a piece of

self-inquiry ready-to-hand before attempting to communicate them to a patient." However, I think it is important to emphasize the provisional nature of the analyst's "conclusions" which may be at considerable variance with the patient's perceptions and experiences of the analyst.

Modifying the phrase from Isakower who spoke of the "analytic instrument," Gedo speaks of the "self-analytic instrument" as a capacity developed in the course of his personal analysis. Furthermore he suggests that attaining such a capacity should be the primary goal of analytic treatment, with which I concur.

While being enthusiastic about the possibilities of self-analysis, Gedo is also mindful of its limitations. He points to the difficulty of proceeding in self-analysis without some form of consensual validation (which he discovered in the writings of Gardner). He reminds us of the utility of consulting with colleagues, and of the necessity of returning to treatment when at an impasse in dealing with more archaic issues, but concludes:

Despite these caveats, the cumulative results of continuing self-inquiry can be far-reaching. In my own case, I suspect that I have changed more decisively in the decades since I terminated my personal analysis than I did during that treatment. Yet, as I have already stated, it was the experience of the analysis that made subsequent self-analysis possible for me.

Gardner takes issue with the very term "self-analysis," which he feels connotes a misleading identity or similarity with dyadic analysis. He prefers instead the term "self inquiry" which means for him "something different from, and somewhere in between, some aspects of psychoanalysis and ordinary introspection."

Both self-analysis and self inquiry are abstractions, generic terms encompassing various approaches to self understanding. Our necessary attempt to put these approaches into words sometimes makes static and reifies what is an ongoing dynamic process. In his description of the vicissitudes of his visual impressions as they shape and are shaped by shifts in his internal world, Gardner succeeds in conveying an alive sense of that process. As was the case with Winnicott, Gardner feels that self inquiry proceeds best in an atmosphere of play. I myself find Winnicott's concepts of transitional space and play extremely useful in identifying the conditions that foster self-analysis.

Gardner identifies different points of entry into his self inquiries. One is the auto-analytic. "Often ... some current event catches my attention, and seems unaccountably and irresistibly to demand consideration. As a rule, through no conscious plan, I seem strongly to prefer as a starting point these conditions of the immediate, the inadvertent, and the demanding." Another is more systematic and relies on journal-keeping, although in a somewhat passive-receptive mode, rather than a more active conscious effort to focus on dreams, day-dreams, or conflicts. He records whatever is most vividly on my mind or, as it sometimes seems, whatever is hardest to get off my mind." Frequently the starting point is some strong visual impression. The third point of entry is the stimulus of doing analytic work. In contrast to Gedo, Gardner finds what he experiences in the analytic

encounter as providing "the most consistently fruitful material for his self-analytic efforts. My own experience is mixed. Frequently my work with patients triggers a process which continues unbidden and which in retrospect I consider to be self-analytic. But the most powerful stimuli for my self-analysis seem to occur outside the analytic situation.

No matter how the process begins, Gardner, who is an accomplished painter, finds that it proceeds from something primarily visual, an inchoate, rapidly changing mix of images and words to something that is still mixed but becomes more verbal-ideational to something that he tries more actively to make sense of. This last stage is primarily, but not exclusively verbal. Gardner is aware that this scheme, while useful in helping us think about stages and boundaries, does violence to the fluidity of the process. He emphasizes that there is no final interpretative resting place. Today's interpretations are tomorrow's associations and vice versa.

His description of this self-analytic process does bear many similarities to the demands of the dyadic analytic process, with patient and analyst involved in a complex interplay of experiencing and observing. The self-analytic process involves similar shifts. As Gedo emphasizes, a reasonably successful experience in analysis, partly through identification with the analyst and internalization of the "analyzing instrument," enables us to make those shifts more reliably and nimbly. Because of the complexity of our inner object world, as Gardner points out, even in self-analysis we are not solitary. "I can't escape the impression that in self-analysis, as in other moments of talking to ourselves, we're rarely if ever alone. Of talkers and listeners there are many."

Just as Bernardi and de Leon (1993) explore ways in which our unexamined assumptions (including our customary modes of processing sensory information) may facilitate or inhibit our self-analytic inquiries, Gardner looks at the effects of what we think we know on our ability to discover something new about ourselves. How do we forget what we know? Is such forgetting possible? His playing with the idea of forgetting leads him spatially to the image of placing knowledge in the back of his head and temporally to memory of being a child running ahead of his parents, but all the time knowing they were there watching over him. He suggests that we reenact this drama of separation and rapprochement and create a kind of transitional space when we allow ourselves to forget (i.e. to let our knowledge and customary way of seeing recede) so that we can see in a new way, without losing our way altogether.

As Gardner indicates, self-analysis takes place slowly, when it takes place at all, depending on the ebb and flow of our defenses. Gardner, like Gedo, emphasizes both the limitations and the value of self-analysis. Acknowledging its utility in unraveling countertransference complexities, remaining unimpressed by its self-therapeutic potential (on that battlefield I remain an agnostic), appreciating its pleasure-giving qualities as it sharpens our awareness of our subjectivities and their relationship to the creativity of everyday life, Gardner suggests that the ultimate value of self-analysis may lie in its "search of the relation between observer and observed" and by extension between self and other.

CONCLUDING REMARKS

Self-analysis, like clinical analysis, is always incomplete. Despite the magnitude of Freud's self-analytic accomplishments, they were nonetheless severely limited. As are ours. Self-analysis is sometimes pleasurable, frequently painful, and always interminable. The splitting of the ego into experiencer and observer, necessary in both the dyadic and self-analytic situations, is a difficult, at times impossible balancing act to maintain. The synthetic functions of the ego help create the illusion of a unified self. But, as Wolf points out, at times in the course of self-analysis, we find our selves disintegrating, fragmenting into multiple, often conflicting identifications and self representations, disoriented, afloat on a sea of shifting affects.

In the splitting of our psyches into experiencer and observer, that observer is far from neutral. The vantage point is frequently that of the harsh superego. We think again about the witticism that the problem with self-analysis is the countertransference. And appropriating Schafer's phrase, we might say that the challenge of self-analysis is to maintain an appreciative self-analytic attitude as we embark on this interior journey.

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