In summary, there is something in this book for everyone. I am an enthusiastic convert to Young-Bruehl’s thesis, because she creates a coherent explanation for much of what I have witnessed and experienced throughout my career. Elisabeth Young-Bruehl has contributed mightily to varied fields of knowledge, but Childism may be the best of her legacy.

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**Doubt, Conviction and the Analytic Process: Selected Papers of Michael Feldman**
by Michael Feldman

This book is edited by Betty Joseph and contains 10 previously published papers and 3 papers that are published first in this volume. The articles span Feldman’s work from 1989 to the present. Feldman, whose mentors include Rosenfeld, Segal, and Joseph, became an analyst in London during a time of lively debate and creative thinking. Some essays, like “The Oedipus Complex: Manifestations in the Inner World and the Therapeutic Situation,” first published in 1989, have been widely read. The two papers that give the collections its title, “Filled with Doubt” and “The Problem of Conviction in the Session,” are new.

Several of Feldman’s papers deal with clinical phenomena eminently well explained by Kleinian theory, but more importantly, they are amenable to orthodox Kleinian technique—among them, “Manifestations of the Death Instinct in the Consulting Room” and “Envy and the Negative Therapeutic Reaction.” In the former, Feldman rethinks Freud’s death
instinct in reference to observable clinical phenomena, namely, that vitality is drained from the patient. Links to the patient’s objects are invariably tormented and tormenting, and gratification is bound up with both the masochistic subjugation to, and the sadistic inflicting of, torment. Feldman approaches these destructive impulses as gratifying in and of themselves, not as a result of early fusion of the life and death instincts, as Klein would say. His handling of patients’ subtle attempts to subvert the analysis into a sadomasochistic enactment—with a despairing patient tormenting an equally despairing analyst—is lucid and can be seen as relevant in every analysis. I found Feldman’s take on the negative therapeutic reaction and his paper on grievance equally compelling and useful.

Feldman’s theoretical interests spring from his experiences in the consulting room. Hence each paper starts with a clinical observation or question, followed by one or more clinical illustrations. He then discusses the question in light of the clinical material. For example, Feldman noticed that many patients started their session with the remark, “I was thinking . . .” His curiosity was piqued, and that kernel of curiosity became the seed for a paper called “I Was Thinking . . .” He asked himself why his patients moved away from the immediacy of the encounter with the analyst and situated their musings in mythical time, outside the consulting room. This question prompts a discussion on technique, specifically on how to deal with splitting and projective identification, culminating in the following advice:

The most appropriate way to deal with such persecutory anxieties, to “make the best” of the situation is to interpret the “suspicions,” the doubts and persecutory anxieties that invariably arise in relation to the needed and desired object. . . . As Strachey (1934, p. 159) writes, ‘Such a moment [of making a mutative interpretation] must above all others put to the test [the analyst’s] relations with his own unconscious impulses. (p. 176)

This recommendation seems curious in light of Betty Joseph’s (1983) comment that only the patient functioning predominantly in the depressive position hears an interpretation as a communication to be understood, not a persecutory attack. How then can a patient who feels persecuted make use of a mutative transference interpretation that describes his persecutory fears?

The question of how to handle persecutory anxieties is at the core of my own reservations about these papers. I would like to illustrate my concerns by discussing in more detail the paper entitled “The Problem of Conviction in the Session.” Feldman starts here with the intriguing ques-
tion: what significance does the analyst’s conviction in his interpretations, or lack thereof, have on the analytic process? Britton and Steiner (1994) pondered the difficulties in judging the truth of an interpretation. They contend that it is impossible to know at the time whether one has come upon a “selected fact” or has introduced an “overvalued idea.” For Bion, a selected fact is the kernel of emotional truth that becomes the nucleus of an interpretation. Steiner and Britton caution that an interpretation that is convincing to the analyst and/or the patient does not have to be true. Instead, the interpretation might contain an overvalued idea, cherished by the analyst and compliantly accepted by the patient. Feldman, for his part, emphasizes the importance of “bending one’s ear” to the role that conviction or doubt might play in the analyst’s own mind.

Following the discussion of the truth of an interpretation, Feldman introduces his clinical material:

The first case to which I wish to refer involves a patient who comes from a remote area in Eastern Europe, where he was brought up in a family with a tradition of strict religious practices. Mr. K is the oldest of four brothers. He gives a picture of a mother who was controlling and intrusive. They were initially very close, and he felt that during his father’s long absences he was required to help her take care of his younger brothers. During the session in question Mr. K mentioned a communication he had with his old professor in Russia. “In the message Mr. K had been able to send, he had described his loneliness, the difficulty of living in London. . . . When he finally managed to decipher his professor’s email, it turned out to be quite a brief message, referring only to problems in the professor’s own family. . . . Mr. K felt hurt and disappointed by this response to his own more detailed, personal communication.” (pp. 239–241)

Feldman later interprets the various narrative strands in part to make sense of them, and then with a modicum of conviction, he describes the patient’s difficulties in communicating to him in the here-and-now of the session. While Mr. K. accepts the interpretation and even furnishes some associations, the analyst is experiencing doubt about the intervention. Feldman describes in detail how the analyst arrived at this interpretation and goes on to write that while he was initially convinced that his interpretation was correct, his patient’s agreeable response seemed to raise doubts in his mind about the possibility of compliance. While the analyst clearly tries to understand the patient, the case vignette leaves one with the sense that contact between them is fleeting and ephemeral, that the analyst somehow is not “in touch” with the patient, that Mr. K.’s professor/analyst is indeed preoccupied and unresponsive to his patient’s communications.
How could that be, especially since Feldman’s musings on the case are undoubtedly thoughtful and introspective? I believe that the overvalued idea is actually the belief in the exclusive importance of mutative transfer-ence interpretations.

Since Mr. K complained about a lack of reciprocity in the analytic process, I decided to pursue the question of analytic contact. Here is what Ferro (2002) has to say about psychoanalytic technique:

This leads me to reflect on the analyst’s mental functioning in terms of all the “non-interpretive” functions—for interpretation, whether saturated or unsaturated, is merely the last act in a series of processes of transformation and searching for meaning. When conducting supervision groups I increasingly find myself reversing the dictum “think before you speak” into “speak before you think,” because one can then make contact with the dreamlike functioning of the mind, which can create more connections and meanings than any “reasoning.” (p. 9)

Following this logic, Feldman might be too thoughtful and reasoned, and thus might be experienced as self-involved.

In my search for literature on analytic connection, I came upon Havens’s (1986) book Making Contact: Uses of Language in Psychotherapy. One case vignette in particular seemed to parallel Mr. K.’s struggle. Havens, a professor of psychiatry at Harvard, has developed a highly original theory on the use of language/utterances in psychotherapy. Havens is surprisingly Freudian not only in content, but also in his style of thinking about the therapeutic encounter. Like Freud, he often uses military metaphors. English readers may not be aware of the full extent of this phenomenon in Freud’s thinking, i.e., Freud’s term Besetzung was translated by Strachey as “cathexis.” A more accurate translation would be “occupation,” with all its connotations of invasion and oppression.

This notion of oppression and invasion becomes the nexus from which Havens interprets his patient’s persecutory anxieties.

“I have no rights,” I said for him. His mother had said, “Eat what’s put in front of you,” and Francis ascribed the same expectation to me. He was supposed to like treatment, find good things in it, and do as he was told. . . . “I have no rights,” he remarked later, seemed to say first that I was like him, and then that I wanted him to have rights. To have talked about his plight from outside would have left him alone in it. The patient without rights is like the prisoner who has no authority to whom he can protest, except for the very ones who have imprisoned him. Actually family prisons are worse than real ones, because at least prison guards wear uniforms that identify
them as such. Mothers wear “mother” uniform, and it is not until much later that one learns she is a guard. The therapist who talks about the patient is easily mistaken for a guard. (pp. 38, 39; emphasis added)

Returning to Feldman, one might say that his interpretive style is too easily mistaken for “guard talk,” leaving the patient either isolated and alone, hence silent in the session, or compliantly furnishing his analyst with associations. The latter is precisely the analytic situation Feldman was describing. It is to his credit that he noticed the lack of contact with his patient, although he did not question what, in my view, is the overvalued idea, namely the need for transference interpretations.

This volume gathers and unites Feldman’s many contributions over the years. It gives the reader the pleasure of tracing Feldman’s thinking and his clinical sensibilities. It is full of invaluable ideas on a wide range of clinical phenomena, counterbalanced by one overvalued idea on psychoanalytic technique.

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**Loneliness and Longing: Conscious and Unconscious Aspects**
*edited by Brent Willock, Lori C. Bohm, and Rebecca Coleman Curtis*

Loneliness and longing is a huge topic. After evolving for millions of years, we social mammals have developed a profoundly complex system for attachment. The experience of non-connection can range from mild longing to a catastrophic affective state with lifelong consequences. Willock, Bohm, and Curtis have enlisted 25 authors to engage this loneliness behemoth theoretically and clinically. Their stated intent was to “address the inner sense of