

Psychoanalytic Controversies

A relational psychoanalysis perspective on the necessity of acknowledging failure in order to restore the facilitating and containing features of the intersubjective relationship (the shared third)

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Relational psychoanalysis has emphasized that the analyst's awareness of her failures in recognition and hurtful re-opening of old wounds requires of her an internal struggle with self-regulation, with her own shame and guilt. This struggle takes place in the watchful presence of someone who is (sometimes hypervigilantly) listening to and monitoring the signs of the analyst's internal state. If, in response to the patient's hyper-arousal, the analyst retreats from the 'music' of mutual regulation (Knoblauch, 2000) into a dissociative use of observation in order to calm down, the patient can feel it. If, however, we are mindful of our failures, gradually we will learn together to recover from ruptures in attunement, and thus become sensitive to and use more effectively the inexplicable gaps created by the patient's un-integrated or warring self-parts and the analyst's failure to contain them. Thus moments of excess that fail to evoke a mirroring knowledge can serve instead to signal the unformulated, undifferentiated malaise, despair or fear.

This perspective on ruptures represents an amplification of my original articulation of the process of mutual recognition as one of breakdown and restoration of intersubjective space (Benjamin, 1988). This expanded relational perspective includes the awareness of multiple self-parts that create different dyadic pairings within the same relationship and a view of intersubjectivity that emphasizes not just the fact of mutual influence (Stolorow and Atwood) but the consciousness that there is a bi-directional dance between patient and analyst that each person registers differently – a co-created dance governed by what we call the third (Ogden, 1994). In previous discussions of the intersubjective third I have distinguished between 'a primordial third', which refers to the musical or rhythmic exchange of gestures between caretaker and child as well as the procedural principles of lawful relating that underlie it, and a 'symbolic third', which makes use of more developed narrative elements and involves procedural rules based on consensus, negotiation, and recognition, especially recognition of the other's separate subjectivity (Benjamin, 2004).

Because of the inevitability that things will sometimes go wrong, that we will enact frightening and shameful aspects of our internal world that both

partners will sometimes be overwhelmed by, I also put forward the idea of the *moral third*. I use this to designate the essential component principles of the *lawfulness* involved in repair – lawfulness begins ‘primordially’ with the sense that the world offers recognition, accommodation and predictable expectations, and develops into truthfulness, respect for the other, and faith in the process of recognition (Benjamin, 2004, 2006). The moral third refers to those values, rules, and principles of interaction that we rely upon in our efforts to create and restore the space for each partner in the dyad to engage in thinking, feeling, acting or responding rather than merely reacting.

In psychoanalysis, the belief itself in the reciprocal dynamic of surviving rupture and repair is the heart of the moral third, if you will, the courage for the nonjudgmental awareness that honestly recognizes moments of dissociation, misattunement, defensiveness – aspects of what was called in the narrow sense counter-transference. The idea that both participants in the analytic dyad survive – or perhaps more properly said *come back to life subsequent to* – the other’s failure is the principle to which an analyst needs to have recourse during impasse and lesser breakdowns. It is essential to extricating oneself from the reciprocal lock of complementary relations (see Racker, 1968; Benjamin, 1988) which characterize ruptures.

In the split complementarity, which forms the structure of all breakdowns, a person is experienced as one’s opposite pole, as in the relation of doer and done-to (Benjamin, 2004), accuser and accused, victimizer and victim, good and bad, right and wrong. Characteristically in such interactions there may be disagreement about who is the one *doing to* the other. “You made me feel X!” In this dynamic neither person feels heard, neither can see the other’s viewpoint, only one reality can prevail: mine or yours. The movement from the locked-in structure of complementarity with its see-saw polarities into the spacious opening of thirdness is often equated with the analyst’s ability to think. Difficulties arise, however, when repair is missing at the primordial level while the dynamic of rupture and repair appears to go on living at the symbolic level. Thinking limited to registering the Other’s transference in no way guarantees getting any leverage in the midst of complementary lock-ins – as our realizations about bidirectionality and multiplicity remind us. In relational thinking, an important sign of re-opening thirdness is being restored to the capacity to hear multiple voices – I can hear both your voice and mine as can you without one cancelling the other out; I can hear more than one part of yourself, you can hear more than one part of yourself – especially not only the part that is negating me, but also the complementary part that I have been carrying as you negate it. It is now possible to recognize the presence of multiple voices and parts of self.

The moral third becomes more urgently relevant as we increasingly accept the analyst’s role in contributing to breakdown, rather than simply being the one responsible for repairing it. This awareness of the analyst’s contribution goes along with an examination of how the analyst may have dissociated along with the patient and requires that the analyst take responsibility for her failures. The principle of acknowledgment may only reveal its true value when we are able, as a community, to give up the ideal of being a ‘complete container’, to surrender to the fact that we survive causing pain.

Each therapeutic dyad finds its way (or doesn't) to navigate the ebb and flow of dissociation and attunement, the breakdowns in shared thirdness. When the wave of symbolic understanding follows a different line on the graph from the affective experiencing of that wave, the two levels of the third are unlinked. This almost invariably happens when we first move into areas of trauma and unlinked self-parts. Therefore I emphasize that our 'failure' to link is inevitable, to be unable to link feelings and parts is a natural part of our procedure, a liability intrinsic to our work, and not the failure it feels like. Self-correction is our way of life.

The analyst's acknowledgment to the patient of failures of recognition and contribution to rupture as necessary for the restoration of the third

One of the most common failures in regulation or containment results from the analyst reaching for the symbolic third in his own mind and so inadvertently revealing to the patient that he was indeed conversing with, listening to, someone else – that is, someone other than the part of the patient presenting at that moment (see Britton, 1988). While the 'good patient' could benefit from listening in to the analyst's conversation, the 'bad patient' (that is, we could say, the less recognized or more dissociated part of the same person) felt shut out and not listened to. This contributes to a simulacrum of the third, exclusively in the analyst's mind rather than intersubjective and shared.

This sort of event, as I understand it, led contemporary neo-Kleinians to formulate the idea of the patient feeling excluded from the third, which was understood as a form of primal coupling with theory in the analyst's own mind. Feldman (1993) interpreted the patient's dislike of this as a reaction against unwelcome proof that the analyst can have his own mind or thoughts just as mother could have father and leave him out. In my view, the patient's objection is, on the contrary, a positive effort at correction, not a refusal to tolerate difference, an attempt to get on the stage and have the analyst hold in mind the little boy as a player who counts. Yes, the symbolic third does matter, the recognition of the other's difference and independence, and it is the counterbalance to omnipotence. However, I believe that third develops, as Winnicott (1971) showed, in relation to the play of give and take, that is, when the baby is allowed to use and play with the mother's breast as an object that the mother doesn't control, so that the breast becomes a shared third. When the couple fall into complementarity the patient begins to experience the analyst as insisting upon holding the reflection of the relationship in his mind alone – i.e. the analyst's way of speaking seems to imply a belief that his view of what is going on is the correct one, that only one reality is possible at this moment (see Britton, 1998) – this easily elides into an experience with the impervious, omnipotent mother-as-god.

My view is closer to Britton's (1988) discussion of how the patient's feeling of being left out, abandoned, or controlled was a reaction to feeling uncontained by the analyst and a sign that the analyst must stop doing

something he doesn't know he is doing (Britton, 2000). For those with an already shaky maternal container, such side conversations between mother and father would constitute a disruption, regardless of its apparent accuracy. Elaborating this idea further (Aron, 2006; Benjamin, 1999, 2004) a relational analyst might want to acknowledge in some form that this internal conversation was disruptive to the shared conversation – the third – and that it got in the way of engaging the voice that the patient is having trouble with at the moment. Our conversation with the 'good' part of the patient whom we sometimes reluctantly see upstaged by a more troubling, less easily contained part is a key to what drives the enactment: the patient's deep conviction that the analyst doesn't want to know her dissociated self-state crashing against the urgent need to have him know. Through such enactment, with the facilitating knowledge of the analyst aiming in that direction, the place develops for the analyst as believing and believable witness, specific to the multiple parts of this patient. When, as Ferenczi (1933) originally advised, we acknowledge to ourselves the inevitability of such enactments, the symbolic repetition of old wounds we have struggled to avoid, we are less likely to become disregulated and so are able to make use of what has been revealed. When we acknowledge to the patient the felt experience of having recreated the original injury we are in effect inviting the abandoned, shamed and wounded part to become more vocal. We thus avoid repeating the part where the original abuser or bystander adult denied the child's reality. In my view, what usually solidifies and makes intractable re-traumatization in the analytic dyad is not the enactment itself but the analyst's failure to acknowledge, which the patient correctly grasps as the *avoidable* failure.

A case illustration

I want to illustrate these themes of abandonment, dissociation and acknowledgment with some clinical material. My patient Hannah, now approaching the end of a long analysis, lay weary on the couch not even wanting to talk about the dream she'd had for the umpteenth time about not fitting in at work, being inferior to her male colleagues and less glamorous than the female ones. After speaking of her child for a moment Hannah paused. After some moments of silence she shifted to describing a strange reaction she'd had last night after watching the film *To Die For*, in which the glamorous, murderous Nicole Kidman exploits, among others, the pathetic overweight teenage girl sidekick who adulates her. This is a girl who has been molested and forever neglected, who has never had anyone give her attention or encouragement. Hannah tells me that, while she had laughed raucously at Kidman during the film, she found herself feeling weirder and weirder afterwards, almost disoriented. I took it that some dissociated, unformulated feelings were pressing to be known, and asked if she might be able to tell me more. She immediately realized that she was that girl her – a terribly unhappy, self-hating teenager. Throughout her analysis, she has barely been able to tolerate the shame of this: how she was seduced as a

14 year-old by a friend of her father's and had been sexually acting out since the age of 12.

This horribly shameful adolescence has remained the dark side of the moon for an analysis that accompanied great changes in the patient's life, including success at work, the attractive appearance she does project, her gratification in marriage and children. Still, we are not done with the intractable complaint of inferiority and failure, a part of self resented and ineffectually hidden. This part comes up against the wall of idealization she maintains toward me and feels a crippling shame – an idealization necessary to protect me from being in the transference the degraded mother who crumbles and disappears. One of us must crumble, and she prefers that shameful position to the guilt of being strong and crushing me.

To sum up, this hated girl has actually been railed against in countless sessions from the beginning of treatment. The opening to this particularly shameful self that was afraid to be found yet clamoring to be heard was for a long time blocked by a combination of self-beratement and assumption of my superiority, which early in the analysis I had often found quite painful to listen to. With time the process seemed to create enough self-regulation in Hannah that we could parse out her identification with the 'one who was doing the beating' as Guntrip's patient famously put it, and we had come to repeat her quip about her self-beating, in which she transformed Flaubert's 'Emma, c'est moi!' into 'Hitler, c'est moi'. Naming the transference position in which she expected that I, as the powerful one, would join the part of her doing the beating and decoding her once abundant masochistic fantasies and dreams was a constant part of our dialogue. Even while I appeared to be that more powerful, more perfect Nicole figure, my experienced counter-transference in the face of this expectation was – perhaps a joint defense against my playing the sadistic part – often that of the frustrated helpless witness who can do nothing. There were long periods in which this complementarity kept the treatment in a state of deadness while Hannah and I each suffered in our own way.

I had to bear her victimhood, as if 'forced' to be a helpless witness to her attacks on her shameful, 'monstrous' self, much as she had to bear her mother's self-hate. This was our complementary lock-in, with its deep symmetry. But there were repeated small enactments in which, in a rapid reversal of the complementarity, I as bystander could fail her, cause pain by seeing her too positively, that is, only recognizing her functioning presentable self, allying my ideal self with her 'good' self, leaving her 'bad' self shamed and excluded. By failing to grasp how desperate her plight was, as she imagined herself about to lose her job, be disgraced forever, I was occluding her shameful, monster self. To be empathetic was to be one with her despair; to think she had not ruined herself socially and professionally forever was to be in denial of her dissociated but powerful sense of catastrophe, which was overlaid by such deep shame. I could not be with both parts as they could not be together. As long as the wound whose opening would bring that catastrophe remained hidden, it seemed as if Hannah and I were caught in an unending choice between false reassurance and despair. The more perfect a mother and successful

professional I was in the transference, the more failure I had to contain as analyst.

Hannah's mother had always responded to Hannah's accounts of being excluded and ridiculed in childhood with anxious despair – the opposite of the soothing mother who can hear her baby's pain and mark her expression (Fonagy *et al.*, 2002) to show that she understands the baby's distress but is not one with it. We reconstructed how, lacking in attunement to emotional cues or need for regulation, herself constantly disregulated and hyper-aroused, this mother lacked all belief in her ability to soothe and create a rhythmic third with her baby. Hannah's precocious intellectual and verbal development gave her an apparent access to mentalization and insight, but actually covered a sense of profound emptiness and aloneness, a sense of being abandoned or potentially poisoned by the dead, empty other.

Thus in the enactments created by self-attacks I had to struggle to maintain contact with Hannah's need for a live yet soothing mother and to monitor a tendency to move toward joining the simulacrum of a third based on insight she generated as a substitute for the missing rhythmic thirdness. The more Hannah craved such soothing, the more she felt a traumatic certainty that the Other would be disregulated and fail to survive her bid for regulation, *shame* the expression of her need; would be crushed by her subsequent destructive disappointment; and that she must protect that other/mother by showing herself to be unworthy. Thus she experienced herself as the destructive one who kept ruining a potential viable third.

A turning point came when she returned from a weekend with some other young people with a familiar tale of woe. Unable to engage in witty banter, she became withdrawn, excruciatingly uncomfortable, as she felt observed scornfully by her friends. In this instance I did not question her extravagant conviction of failure. I chose to speak from within this drama, as if it were true, from what I prefer to think of as my own subjectivity inside the drama. It was not a moment of analytic virtuosity but it was one of authenticity. I spoke from a place of protective indignation, as if she really were my own child, whom I considered at least a match for her friends in integrity, personal insight and intelligence. But I also spoke from a connection to a particular moral third, which led me to respond to her with a question: why did she think she thought her anxiety and vulnerability were so unacceptable, why weren't they a part of imperfect but acceptable humanness? And why didn't she deserve the understanding and compassion from her friends, which she would surely have given them? Next session Hannah began with an unusual response, saying how surprised and gratified she was by my "staunch defense". What she was able to hear this time was not a refusal to bear her despair or witness her demise, but rather my presence at her side defending a way of connecting, a principle, a behavior she herself believes in. She allowed as how her self-beratement proceeded from thinking this was a way of facing reality, trying to take responsibility for her problems by identifying with her friends' judgment. I suggested that she indeed did identify with this kind of judgment, indeed that she probably elicited their contempt because she shared it. She agreed: "Yes, I do Shtick, I make a

Shtick out of vulnerability when I'm anxious." I said: "Yes, it really is a Stick – you punish yourself with it, and invite people to join you. What you have to be responsible for is not your vulnerability – that's just human – but your punishing and beating yourself, for your lack of compassion toward you."

What fostered this move into cooperative narrative reconstruction of the drama, a shared symbolic third, including insight without shame into her preference to hurt herself before the other could hurt her? At the procedural level, the music of my indignant defense, which was 'marked' as a differentiated mother does? At the symbolic level my introducing the idea of a witness or listener who feels compassion as alternative to punitive self-judgment? Hannah heard my authentic subjective response, my "Stop beating her!" and identified with it as a moral third, a different vision of strength – my own and hers potentially. A strength that comes not from hating the shame-filled parts of self, but accepting psychic pain. This moral third could accord safety and respect to the fragile, frightened part while holding her strength in mind, including her dignity as a person struggling to understand her own pain and that of others. It allowed both selves – the beater and the beaten – to be present at the same time.

The rather simple action I took constitutes what the Boston Change Process Study Group calls a moment of meeting. My willingness to enact the improvisational role of a protective mother enabled a shift away from submission, her clinging to a simulacrum of the observing third – "I know I am responsible" – using punitive self-scrutiny to combat shame and appear normal, acceptable, lovable. My emotionally authentic response, rather than supporting the scrutiny, offered the rhythmic thirdness based on a moral third of compassionate witnessing that comes from a place of respect for human vulnerability. She explicitly articulated this sometime later when she said that what I had given her was a moral universe, in which she had learned about compassion. In my view this shift allowed her soon thereafter to start up the relationship with the man she married. More immediately, after the session I described, she was first able to tell me in a detailed connected way about the desperately promiscuous adolescent girl, to admit her humiliation and loneliness.

In this year's reprise, when the dissociative moment after the movie lifted the curtain again on her monster teenage self, it was finally linked up to the everyday woman self she sees doomed to fail and allowed her to address the problem of envy and self-hate more explicitly. The relationship to Nicole links Hannah's girlhood to the endlessly discussed suffering in relation to her more successful, adored and idealized female colleague, who even looks like Nicole. For years we have talked about how, as in the movie, Hannah would do anything to gain this woman's love. As for me, Hannah has often seen me in the transference as Nicole's pale double or her biggest fan, wishing I were with 'Nicole' instead of Hannah as Hannah wishes she were with/like her instead of her mother. Thus Hannah projected into me her own hatred of herself. But this insight into her own hatred, while of some use to her, was not enough until Hannah determined, at this moment, to bring her teen self to me in a new way.

In the next session a story emerges of a new figure, a rescuing young adult who had been her camp counselor and lived a distant university. This represents my new transference position which she can accept. Previously blinded by shame, only at this time could she recognize and reclaim her gratitude toward her teacher's generosity in giving her a home when she ran away. But mid-story shame again becomes overwhelming, Hannah switches. "I'm aware of no desire to save her," she says of teenage Hannah and then, commenting on how she is like her older child who is so much less consolable than her younger, immediately: "*Why did I need so much comfort!!!*" I remind her that she actually enjoys comforting her children, that she does not find their need for consolation burdensome or hateful most of the time. This calms her, and allows us to talk about how her own need for a mother, as she now experiences needing me and my soothing, was the feeling underlying her adolescent rage. This finally brings diminishing of self-hatred, as the hated girl elides into the child with needs whom she does love to comfort, even though at times, like her own mother, she is still frightened. She is able to bring together in her mind the self in despair at not being or having the mother who cannot comfort with the mother – herself, myself, her teacher – who can and does comfort. The containing function is no longer located only in me, outside herself, an unattainable ideal of completeness.

Between the two appearances of teenage Hannah in the analysis, there was an important enactment, in which I failed to be the 'complete container' for Hannah's shame and persecution. I think it illustrates how such failures or enactments are not necessarily dangerous and can contribute to building a shared third based on strengthening the process of repairing the rupture. This occurred shortly after Hannah became a mother and confirmed her capacity to soothe, comfort and indeed love her baby. During a session in which Hannah berated herself for being too unread in the classics to answer her teenage stepdaughter's questions – a patently false representation of herself – I failed to contain my frustration and fell into what I believe Steiner (2007) means when he uses and describes the term interpretive enactment. I wondered aloud if she would carry this propensity to denigrate herself into the relation with her own children. Hannah exclaimed: "That was Draconian!" but immediately redoubled her effort to save her and me from facing the inevitable, by explaining in an especially rational tone (simulating insight again) that I must have done this with intent as I am a relational analyst. I suggested she ought not to let me off the hook so readily and apologized for my sharpness.

As Hannah and I began to break down what happened, I admitted my difficulty in listening to her turn herself into a shameful failure once again. Next session, she was able to express her sense of being unfairly attacked by me, and was then able to formulate that while she appeared to be wallowing in deep shame at being the stupid mother she was actually identifying with the attacking teenager ("the one doing the beating"), the one who despises the mother and sees her as pathetically inadequate. This helped me to realize and acknowledge how my enactment came from my unformulated identification with the mother who was being attacked, my reactive (rather than deliberately dramatic and marked) counterpart role in the complementary

relation. I had been drawn into trying to defend the attacked mother: thus my outburst. Ironically – as the law of enactments would have it – by adopting that position in the complementary opposition I actually became as analyst the helpless mother, too ‘out of it’ to be of use or see what was really going on. I became the shameful mother I was trying to protect, because in some sense I was also, simultaneously, dissociatively resisting being her.

To both our surprise, my shift into acknowledging precisely the role I had played triggered Hannah’s switch into re-absorbing her protective daughter role who identifies with mother: exclaiming she felt sorry for this poor mother who can’t soothe anyone, she cried out: “You don’t love her, no one could love her, she is so unlovable!” My shame at my outburst, her need to protect me, as the unlovable mother, and her own switch into identifying with that mother closed this piece of enactment. As I then moved to slow down the pace of our switching, we reviewed what had just happened and formulated the parts we had played. Together we took in the many voices and reversible positions, capable of surviving their conflict with one another, vying to join the chorus.

Conclusion

For many years I, and I suspect many more analysts than have written about it, resisted a direct confrontation with feelings of shame about enactments, missing the chance to see this alternative ‘royal road’ with all its ‘potholes’ (Bromberg, 2000). Subscribing to the long-prevalent analytic ideal of being a ‘complete container’ (Benjamin, 2006) opposed to accepting enactment, we believed that we could avoid opening the patient’s wound, could self-regulate in the face of the patient’s hyperarousal without showing signs of struggle, without using our most valuable resource – the shared third. We were enjoined not to use communication to create a mutually containing dialogue (Cooper, 2000). Thus, initially Hannah was ready to jump at the chance to maintain my image as a complete container out of a need to preserve her devotion to the ideal which allayed her fear that otherwise all ideal properties would be destroyed (and thus she would be seen as destructive). She needed an in-between that held her use of idealization while moving toward a witnessing based on the moral third that can survive rupture and failure. That move included a joint process of replacing the ideals of invulnerability and complete containing – ideals to which she had aspired at such a high price, to defend against shameful need of the other. These were ideals I could be prone to as an analyst trying to live up to my own community’s views, a person subject to shame.

I would like to emphasize that expecting the patient to contain or survive some knowledge of our failures is neither asking him to hold the hot potato, be our container, nor to absorb all the badness in the relationship. It does not add up to a demand for forgiveness by the other; on the contrary, it should serve to reveal how the analyst takes on the responsibility for forgiving herself and thus being able to transcend the shame of her difficulties

enough to talk about and analyze them (without excessive or impulsive self-disclosure). The analyst's acknowledgment can be a way to demonstrate a sense of solidity that can tolerate scrutiny by the other, to transform the complementary see-saw of blame and invite the patient to be an interpreter of the analyst and a co-creator of dialogue, and so develop her own sense of agency and responsibility. This would help create a shared third, take account of what each one has been hearing, how each has been listening to what is happening. It is an action that develops faith in the *moral third* because it affirms the lawful ethic of responsibility and counteracts past experiences of denial. Such action is meant to show that the analyst *can* change, can model the transformational process, and that revealing her struggle to do so also transforms the analytic process into one of mutual listening to multiple voices.

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