An Attempt to Discover the Unsayable Transference in the Psychotic Patient through Narrative of Countertransference

Junichi Torigoe

I.Introduction

1. Narrative as psychoanalytic research

Narrative is now one of important research approaches in human science. What the narrative put emphasis on depends on how the researcher does his/her own research. Some people may focus on the content of stories, what teller said; others may draw more attention to the form of stories, how he/she tells his/her story.

Rogers (2007) argued how important it is to recognize a limitation of stories expressed on words or language. Borrowing Lacan's idea, she explained that words or language can contain unsayable components, which manifest between sentences, between words, and in negations, revisions, smokescreens or silences. It is impossible to interpret a narrative in a single sense.

It is obvious especially to psychoanalytic oriented researcher that a "meaning" can be created in the unconscious as well as in the conscious though the interactions with people in social or cultural context. Thus, probably, it changes the context in accordance with who the audience is; however, presumably it does not change underlying theme. They might be seen like transference and repetition. Depending on who the analyst is, transference can be changed. However, probably, repetition does not depend on the analyst. The analyst and analysand create unique transference and countertransference relationship, but the theme coming from there can be applied and generalized to other relationship.

2. Psychotic communication

Freud (1914, 1917a, 1917b, 1923) concluded that the psychotic was not cured by

psychoanalysis because he/she could not direct libido toward the object. However, after Freud, many analysts work on the psychosis (i.e. Segal, Rosenfeld, Bion, Sullivan, Searles, Rosen, Spotnitz, Ogden, Modell, and Grotstein), and have discovered that the psychotic can develop different quality of transference. Transference is not shaped not only by what the patients say but also how they talk (i.e. tone of voice, speed of conversation, and choice of words) and how they do not talk (i.e. behavior, attitude, and action inside and outside of session) . Psychotic transference can be formed and characterized by such non-verbal or pre-verbal components.

Rosenfeld (1987) pointed out that non-/pre-verbal communication of the psychotic is difficult to be observed visually and auditorily, but easy to find them creating emotional atmosphere in such ways. Rosenfeld went on to argue how influential the projection of the psychotics is and that therapist is required to sense it properly. McDougall (1978) pointed out that the aim of speech of the patient in pre-symbolic stage in which there is no difference between mental pain from physical pain is to make the therapist feel something or stimulate him to do something, which is not be able to named and not be recognized by the therapist. Ogden (1991) proposed the concept of *autistic-contiguous position* as pre-position of the paranoid-schizoid position (Klein, 1946), and argued that this type of primitive transference is characterized by the anxiety of collapsing boundary of sensational organs, especially skin sense, and that the countertransference as counterpart of it also occurs in the sensational level.

These understandings of pre-verbal communication is also contributed to therapeutic attitude and intervention to the psychotic patients. For example, Winnicott (1963) distinguished *silent communication* from *active non-communication*: The interpretation can be impingement in the former, while the latter is defense that needs interpretation; otherwise, the patient may feel abandoned. Spotnitz (1985) proposed the joining approach and object-oriented question as the intervention to the pre-oedipal patient, which is different from the interpretation being effective for mainly the oedipal patient. Ogden (1991) argued that it is necessary to analyze how the way of thinking

function in the psychotic before the analysis of content of thoughts process, because the schizophrenic does not *think* for the purpose of internal communication or trial-error, but *uses thinking* in order to connect with external world or gain the sanity. These types of primitive communication are different from the communication of the neurotic, and then the therapist working with the psychotic needs different understanding and different intervention from the one with the neurotics.

The purpose of this paper is to examine conceivable unsayble transference of pre-verbal patient through the narrative of therapist's countertransference by finding his coherent theme.

II. Case B

B, who was a man in late forties, came from country wherein they do not speak English as the first language. According to his mother in the chart, he was not the child who played with other children in the outside. He spent a lot of time on drawing picture at home. His family had difficulty understanding what he was thinking. He grew up and got job. However, one day when he forgot his house key, he broke into his neighbor. The residents were surprised and called for the police. He was arrested. However, he sat in front of the neighbor's door again in a week after. They were afraid of him and called for the police again. Since his family immigrated to the U.S., he also moved to the U.S. However, he could not speak and understand English well, which imposed a lot of pressures on him. Immediately, he was stressed out and his family took him to the hospital. And then, he was diagnosed by psychiatry as chronic schizophrenia. His families were very surprised to know his situation and decided to hospitalize him.

After hospitalization, he strongly rejected meeting with any family. He claimed that he would have lost his job if he had gone back to his country soon. He sometimes demonstrated delusion that he was supplying blood with soda because he left his blood at his home country. He did not have so much conversation with other residents at hospital and spent a lot of time alone. He can be considered the schizophrenic from

psychodynamic assessment as well; he demonstrated disorganized conversation implying thought disorder; he developed auditory and visual hallucination especially when he was frustrated.

III. Case Illustration

Based on the agreement with the patient, we had fifty minutes weekly session in the institution. The followings are illustrated based on therapist's 103 process notes for two years and three months. The whole sessions are divided into five phases according to the vicissitude of therapist's emotional reactions.

The First phase (#1-#10)

The first session is probably the session in which B spoke the most for two years and three months. However, it is hard to find connections between his statements and development of each statement. When we talked about the place of meeting, he started explaining the intended use of each room just like "We eat here," "Sleep here," and so forth. There was no room only for talking. It seems to me that everything such as words, the way of expressing, and the way of thinking was divided and restricted firmly, and there was no room and no flexibility in his mind.

After the second session, B's speech was more restricted. He showed up on time but he did not say anything. I was wondering how I could take on it, dealing with it. I was confused and then I had to "withdraw" rather than "waited" for his words. B looked at me out of the corner of his eyes and moved his leg. According to the movement of eyes and leg, I felt that pressed and uncomfortable tension was mounting. Over times, he started talking to the space where no body was pleasurably in his mother tong, and occasionally laughed, which was totally different from him looking at me out of the corner of his eyes and moving his legs. In one session, he suddenly said to me "Call him! Go to see her!" but I could not understand what had happened to him and what he had been talking about. Then I asked him, but he said "Okay, okay, you don't understand me" and became silent. In another session, he suddenly yelled at the space "Get out of

here" and I strongly felt being rejected by him. Over times, I started thinking that my appearance itself must have been a source of his frustration and then every movement like even eye sight, crossing legs, as well as my words made him uncomfortable. I held that he would have attacked me if I had kept giving stress to him. As a result, I became hesitated to speak to him and withdrawing and keeping distance from him.

The Second Phase (#11-#33)

B behaved as if I had not exist there. He did not answer and look at me at all. Far from it, sometimes he even slept during the whole session. He also went to the outside for smoking and in the middle of the session, and he did not even show up in the session. However, for me, there was no difference between his appearance and his absence, because I was out of his sight at any rate. I became uncomfortable with doing nothing. I came to feel that I was my fault that he did not speak, and that I should have handled the session better. Looking at him giving a big yawn, I felt helpless and thought that he would not have felt bored like that if I had been able to make the session more meaningful for him. Gradually, I wanted to connect with him and affect him, and then I started asking a few questions again.

However, at the same time, I got caught again by idea that my words would have given a pressure on him and made him feel uncomfortable. It was because I always experienced the silence with tension after I spoke to him, although he completely ignored my questions or words or automatically answered "yeah" to all my words. Then, I tried asking him how long and much he would like to talk. He could not catch my questions and asked back a few times. And then, he said "I'm sorry. I forgot. I forgot. I came here. People don't like me." I felt helpless with communications with him. I gradually became preoccupied with questions of techniques; how I can let him to accept me comfortably, what I should/can say. My mind was filled with him in my image at that moment, but I did not focus on him in front of me.

In addition, around that time, I tried to appeal myself by saying to him "Then, see you

next week" relatively loudly at the end of the session, addressing to him by calling his name in front of my words. On the other hand, he started keeping distance from me more actively by writing something on the paper in the session. He looked very satisfied but did not pay attention to me at all. One day, he told me to wait for him in the public space with TV. And then, I was waiting for him there, but he did not show up. When I went back to the usual place, I found him writing something pleasantly as usual. It made me feel him saying that he wanted to enjoy his time by himself and so I could make myself comfortable by myself by watching TV shows. I felt gap between us expanding physically and emotionally.

Based on this experience, I decided to wait for his words and refrain from verbal commitment. However, while observing him, I came to feel as I had been peeking at him, and I felt that I should not have looked at him. On the other hand, it seemed that he looked at something on his jacket and tried hard to shake it off. I felt as if my perverse observation had stimulated his visual hallucination. Plus, when I asked him a question, he started speaking to the space with laugh. Just like visual hallucination, I felt as if my speech had stimulated his auditory hallucination. As a result, I felt that sensory organ of mouth and eyes were very restricted; I could not see as well as speak. Then, I just spent time while looking at the space without a word.

The Third Phase (#34-#48)

He started speaking a few words in every session. Those days, he mentioned his day schedule like "I have eating, smoking, and meeting" This made me get impression that he started paying attention to speaking just like mouth pleasure of eating and smoking.

In the session, he spoke to me about words like "toumo" or "tendit" but I could neither understand what they were nor what he would like to convey to me with them. However, he repeated to say a word to me, and I felt I was expected to say the same word with him together. Then, I tried pronouncing those words several times as

precisely as possible after him. When I said them, he nodded and looked very satisfied. On the other hand, when I spoke to him, he did not seem to like it. One day, when I was about to talk about schedule of meeting, he said "…poor because…I 'm…foreigner…I didn't know that…I can't speak…" I did not perfectly understand what he said but I could not speak to him anymore at that moment.

He also offered to shake hands regardless of inside and outside of the session. I greatly hesitated to shake hands with patients in general because it was felt to be anti-therapeutic contact theoretically and technically. Also, my supervisor those days asked me if I meant to have sex with my patient and told me to tell my patient to put it into words when I talked about his handshake. Then I tired asking him to put his handshake into words, but he was still offering his hand to shake. Far from it, he held my hands more actively while refraining from shaking his hand. Because I did not expect him to verbalize his action, his action was felt to be pressure to me. However, on the other hand, I could not feel such sexual connotations from him. Rather, he was felt to be more like the infant. In fact, he asked handshake for many people outside of the session as well, and then I could not see that his action of handshake took on sexual nuance. Around that time, another supervisor told me that it was not necessary to reject this type of handshake because it was rooted in more infantile motivation. I got great relief from this advance, which led me to be aware that I had been hurt by the supervisor's interpreting handshake as sex. After that, I corresponded to his handshake by holding his hand very lightly. Then he looked at my right hand, which was used for handshake, without a word. Handshake is handshake. I found it difficult to interpret the meaning of it to him at that point, but I held that he might have started discovering something new from the handshake. It seemed to me that the action of handshake changed from a threat to hope.

Besides, this difficulty of interpretation could be true of other things. When I asked him who laughed alone what made him laugh, he did not respond to me at all; however, when I said to him that it was funny on the premise that something funny existed in

front of him, he responded by nodding. Likewise, he did not respond at all when I asked him rubbing his eyes if he would like to sleep or not; however, he also nodded when I said “Sleepy?” on the condition that he rubbed his eyes because he would like to sleep. One day, he came with milk in a session, but he did not answer anything but “milk” to questions what made him bring milk or why milk was necessary for him at that moment. Milk was milk for him; the action of bringing milk and the necessity of milk might have been able to be explained just by saying “milk”

Another example demonstrated his limitation of language. I had to think of what he wanted to say instead of helping him exploring the meaning of words. When he laughed one day, he said “People laugh me” I was confused about his words because I did not know if it implied that “People laugh at me” or that “People make him laugh.” Also, when I asked him yawning if he would like to sleep, he said “Tired,” and then I went on to ask him “Tired of what,” and he said “You are tired” I got puzzled again because I was not clear if he wanted to say that I was tired or that I was tiring to him. Judging from the form of sentence, maybe people laughed at him and I was tired; however, it could hardly make sense, considering the situation that “he” laughed and “he” looked sleepy. I tried asking him to make it clear but he did not say more than those answers. The difference between the subject and the object in the sentence might not have been important to him. And then, I also stopped seeking for the difference anymore.

As the sessions proceed, I got the impression that B started playing with me. He did not have a seat those days. He was just walked around the seat back and forth. When I asked him if he would like to have a seat, he sometimes said “No” clearly, and in another time, he was about to have a seat but did not have a seat after all. While he was doing such a thing over and over again, he looked at me with smile. That interaction was fun and felt to be a play to me. I got a feeling that I did not want to disturb this fun game and that I would like him to enjoy it just like eating or smoking. He also often slept during the session, but I did not mind it and did not disturb it. The silence during this time was really comfortable to me. He did not still speak so much

but it is also fact that he spoke more than before. I felt it was amazing. I was happy just like a mother who is happy with her infant started speaking.

The Forth Phase (#49-#76)

Over times, he stopped asking for handshake, came to have a seat next to me. However, he slept more in the session, and sometimes he did not speak even a word in the session. I tried not to disturb him but gradually felt restricted again. I was just staring at the space without a word. I felt as it I had been him. This situation made me wonder how I was looked by other staff member at hospital, if visitors thought of me as one of hospitalized patient. This kind of association made me feel very uncomfortable. I would like to say I was working not living here. Then, gradually I started having day dream of academic works; I wrote excellent papers and good presentation, and admired by people. Otherwise, I actually slept even for a moment. I was moving between sleeping and waking back and forth in many sessions.

When he left the seat, I became clear, but when he came back to the seat, I got sleepy again. It was really hard for me to tolerate this slumber, and I felt like leaving the session as soon as possible over and over again. He rejected having a seat as well as talking. I strongly wished he would have had a seat and talked to me. I even felt that he was wasting time and that I would have provided something more valuable for him. What's more, I strongly felt that there was no use in waiting for his speaking, and that I had to speak to him and make him speak. I had an impulse to affect him, to make him take an action, and change him by taking action.

Those desires and negative feeling about him gradually changed to helpless and negative feeling about myself. I started wondering what I was doing, why I was here, and if I was just wasting time, and becoming sensitive to him. At the same time, I became very sensitive to him and changed my own feeling in accordance with his situation. When he became silent, I was frustrated, having day dream, getting strongly sleepy; however, when he took actions or said something, whatever it was, I got excited

and became awake. The slumber in the session with him provoked anxiety that I was at a loss to know who I was and what I was doing. However, it seemed to me that his action has potential to help me form who I am, giving me chance to get out of frustration. With this movement, I could see his hallucination that he showed what he wrote to someone in his mind without fearing, because it was felt to be the same as my day dream that I showed my excellent paper to someone profession and was admired by people.

The Five Phase (#77-#102)

He started imitating me more and more, and so did I. Until then, we sometimes have communicated with each other through imitation. However, since this time, main way of communication in the session has been imitation. When he laughed, I also laughed. He saw me laughing and laughed more. Since then, the amount of his speech was still limited but he increasingly wrote names on a paper and showed it to hallucinatory figure. It also became clear how I spent time in the silence. The silence might have been considered as a form of imitation.

The situation without a word still led me to sense of helpless and futility, but while I felt so sleepy that I could not open my eyes when he did nothing, I spent time on having day dream and did not pay so much attention to him when he was writing names on a paper with happy looks. After he finished showing what he had written to hallucinatory figure, he said to me “How are you?” as if he recognized me for the first time. It was since then that he started responding to me.

Since he looked very happy when he showed what he had written to someone in his mind, I asked him how he felt about it. As he said “good” I said “I think so” He looked very satisfied with my agree, and started relating to me more actively. His way of relating to me was also thought to be based on imitation. As I offered him the couch, he offered me a chair. As I offered him chance to talk, he offered me cigarette and soda. When I had a comment on his works “It’s beautiful,” he smiled and looked very happy.

Afterwards, he came to speak to me “You are beautiful. You are beautiful…That’s good reason…I rejected communication…I worked in my country…I forgot everything…I don’t know anything…Anything! Japonese, Japonese…I like Japonese…That’s good reason.” This statement was relatively longer for him, and very impressive to me. His words that he forgot everything and he did not know anything were connected to what I was feeling in slumber in the session, namely, the anxiety that I was at a loss to know who I was and what I was doing. Then I got compassion for him.

Since then, he started asking questions. Since his question had no subject and object, I needed to add subject and object to make it clear. For example, he asked me “eat before coming?” and then I asked him “Did I eat breakfast before coming here?” There was possibility that he was asking “What did I eat?” “When did I eat?” or “Where did I eat?” However, it seemed to me that those questions were still a little too complicated for me to answer. Thus, I was thinking of the simplest question as the first choice. In fact, he did respond to simple questions that can be answered by yes or no, but did not respond to multiple wh-questions at all. In addition, when I answered his question, I found it still difficult to explore reason or motivation of question with him. Then, I just answered “Yes” or “No” Complicated statement like wh-questions cut off me from him, while simple statement like yes or no question and answer connected me to him.

Besides, he also started asking me to do something for him. For example, he asked me for money by saying “money, money” “Two dollars” while rubbing his fingers in one session; he ordered me not to go back by saying “Hold on! Hold on!” in another session. I was happy with his action of speaking to me itself, but I felt pressured because I found it difficult to respond to the content of his words. I tried asking him why he needed money but he did not answer it as expected. After this question, he stopped begging me for money but I felt that I silence him by asking question that he could not answer.

IV. Discussion

Many authors have discussed the importance of understanding of countertransference

for the treatment of the psychosis. This type of countertransference is required to recognize more sensational feeing and therapist's hatred feeling toward the patient. Unsayble narrative of the pre-verbal patient will be examined through the narrative countertransference here.

1. Conceivable Theme of B from the Negative Narcissistic Countertransference

Spotnitz (1969) argued that a therapist working with the narcissistic patient developed the narcissistic countertransference in accordance with the patient's transference. Spotnitz delineated that the therapist have to get ready for his/her own hatred feeling toward the patient; otherwise, he/she would express the negative narcissistic countertransference by getting angry at the patient's lack of gratitude or of affection.

In this case material, I showed this type of countertransference in the forth phase: "I strongly felt that there was no use in waiting for his speaking, and that I had to speak to him and make him speak. I had an impulse to affect him, to make him take an action, and change him by taking action."

I had strong impulse to affect him aggressively. This sadistic impulse fulfilled with aggression and lust to dominate transformed to the sense of helpless or self-reproach afterwards, which led me to silence. This sort of aggressive impulse directed to the self is discussed by Spotnitz (1985) as "narcissistic defense" or by Bion (1959) as "attack on linking", which indicated that my primitive defense mechanism was stimulated through the session. This sense of helpless or self-reproach is linked to the anxiety of losing my identity as therapist; "I am at a loss to know what I am and what I am doing" through the whole session, what's more, it is related to B's statement that "I forgot everything. I don't know anything" (the fifth phase). It might have implied that B's aggressive and sadistic impulse destroyed his own identity all the time. This hypnosis can be also supported by different aspect of B's action and history. What he kept writing on the paper was "name" and it was when I imitated him that B became active. It seemed that he needed "name" standing for identity and imitation to reflect what he

was doing. Considering the fact that he immigrated to different country where they do not speak his mother language because of family, and that he got hospitalized because of diagnosis that his family as well as he had not known, it might be little wonder that B had "I don't know" as one of his life themes.

2. **Conceivable Psychic Functioning Level from the Subjective Countertransference**

The sense of limitation of B's communication was confirmed through the whole session: for example, difficulty finding connection between statements (the first phase), limitation of speaking and seeing (the second phase), difficulty asking open questions to ask about motivation or reason, thought or feeling (the third phase), rejection of the session (the forth session), and the absence of subject and object in his talking (the fifth phase).

However, on the other hand, I took a number of actions ignoring his limitation: I spoke to him by his last name to have him recognize me (the second phase), the perverse observation that I highly expected to see something valuable (the second phase), the request for him to verbalizing the action of handshake, which comes from resistance to physical contact (the third phase). What is common in these is my actions based on desire and omnipotence to affect B and his reactions except for silence, which is hallucination that he had to shake off something and physical distance from me.

Spotnitz (1985) called therapist's countertransference resistance "subjective countertransference" and patient's projective identification "objective countertransference." Considering that my above action came from my own desire and impulses rather than him, it can be considered the subjective countertransference. This became clearer through clinical supervision with two supervisors. I got shocked and narcissistically hurt by supervisor's interpreting handshake as sex. I was threatened by such interpretation and submissive. This experience might apply to the interaction with my patient as well. Like the supervisor, I took on his handshake as sexual contact. However, it might have been impingement for him just as I experienced.

Ferenczi (1949) argued that a child/patient got traumatized by the adult/therapist interpreting his/her approach to the adult as being sexual. According to Ferenczi, the patient directed aggression toward the professional hypocrisy, but he/she disappears as part of environments and kills his aggression by identifying him-/herself as the aggressor of therapist not to make the therapist uncomfortable. It is dealt with in primary process. However, when therapist admit this misunderstanding, the patient gets confidence that establishes the contrast between the present and the unbearable traumatogenic past.

It seemed that this type of dynamics happened between supervisors and me, and between B and me. It is not clear that B could contrast between the present and the past as Ferenczi argued, but, he looked at my right hand (to use handshake) for a while without a word, demonstrating the material that he could not tell the difference between subject and object by words. In addition, it seems to me that he started playing with me by refusing the couch with smile.

This train of interactions might have indicated that his mind functioning in the pre-oedipal and pre-verbal level, and that the issue of identity might have related to more primitive process of the introjection rather than that of the identification that can be issue of more oedipal level.

3. Silence as the Stage of Narrative

In the interaction with B, the silence created various kinds of fantasies. As the session proceeds, the silence changes the meaning to me. The silence can be considered as the stage of narrative between him and me.

As for the first phase, the silence was fulfilled with menace. In the silence, he looked at me out of the corner of his eyes, moved his legs, even saw hallucination. Through a train of those actions, I felt I made him too much regressed and aggravated him. It

seems to me that there was fragile object. I was afraid that I would have broken such an object easily.

The second phase might have started by my keeping distance from him not to stimulate him badly. I killed my voice and tried making myself part of environment like chair or table. Considering the fact that he did not react me at all, I might have succeeded in it. However, by killing my voice and putting much value on observation, my looking came to take on perverse sense. I expected to know and see something valuable through my observation. Although he behaved as if I had not existed there and I tried despairing from him, the object did not despair as part of environment. I just peeked at him behind from him. Thus, he was not no-object but perverse object to me in this phase.

In the third phase, through examination of physical contact, his mind can function in the level of infant rather than that of sexually maturated adult. It may also be implicated by the fact that there is no difference between subject and object in his expression. He said “milk” to explain the milk as drink, the action of drinking milk, and the necessity of milk. It seems that it is hard to take on multiple meanings in one single concept, which makes me hold that he was like the infant who has difficulty in using abstract concept and is dominated with concrete stuff. The silence is not more or less than silence. The silence was felt to be very simple symbiotic state between subject and object.

However, in the forth phase, every movement, including physical contact, was frozen. It seemed that the symbiosis between subject and object was shifted to annihilating state in which I felt as if I had been B himself. For me, this was the process of losing my identity as therapist. The silence was not death state of no stimulation but dying process of losing myself, which was very hard to be tolerated. I had impulse to get back my identity, to make it clear who was therapist and who was the patient. B was sick, and I was healthy. B was bad and I was good. Such split occurred in my mind.

In the fifth phase, physical performance of imitation could bring possibility to the relationship between him and me. Until then, the silence emerged passively, got rid of my identity as therapist, made me feel as if I had been the patient. However, the imitation might have stimulated the mind, making me feel that the silence can be also imitated and therapeutic action. He imitated me. I imitated him. By imitating each other, the session seemed to be activated.

The silence could become the stage where I could develop many different types of fantasies and emotions. Specifically, the silence was menace in the first phase, perversion in the second phase, symbiosis in the third phase, and psychotic anxiety in the forth phase. They were different quality of emotions but they are the same in that they were likely to be activated in the primitive mental state.

As authors and psychoanalytic researchers like Rosenfeld and Spotnitz pointed out, assuming that the patient and the therapist are able to share primitive mental experience with each other, probably the silence that I experienced in the interaction with B may have manifested some parts of B's mental states. The silence may not have been nothing for him. Far from it, the silence can be the stage to create some different types of emotions. Identifying and sharing such emotions and fantasies behind the silence can lead him to develop the mind.

V. Summary

Through the narrative of my countertransference built in the interaction with him, although he was really quiet during the session, I found conceivable theme of his, which is "looking for his identity." This can be very primitive mental theme. He did not have model with whom he can be identified. Far from it, he did not even have the object that he can introject. He might need the object that looks like him to take in, who can fit the sense of silence where his mental state might be reflected. The narrative of countertransference can indicate these materials that B was never able to describe by words.

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