

SLIPS OF THE ANALYST

by Sherwood Waldron Jr., M.D. (Waldron, S. (1992) Slips of the Analyst. *Psychoanalytic Quarterly*, 61:542-563.)

There have been a number of writers over the years who have contributed greatly to our appreciation of the role of non-conscious aspects of the analyst's functioning. Freud had originally described how the analyst "must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient" (1912, p.115). Isakower, expanding upon Freud's early comments, coined the phrase "the analyzing instrument" to draw special attention to aspects of the way analysts carry out their work (1963). The term 'analyzing instrument' highlights a crucial aspect of psychoanalytic work: the participation of most aspects of the analyst's mind in carrying it out. Beres and Arlow (1974) gave vivid form to this interplay when they described fantasies of the analyst arising in response to a patient's material, demonstrating how these fantasies gave the analyst information via his own unconscious mental life of what the patient was communicating. James McLaughlin provided examples (1975) of the sleepy analyst in which the contribution from the unconscious via visual or auditory imagery in hypnagogic or hypnopompic moments or even brief dreams served to provide important bridges to understanding the patient which could then be conveyed via interpretation. Jacobs (1973) documented how the non-verbal behavior of the analyst, such as motor restlessness, could serve similarly to provide indications of hidden dimensions to the patient's communications. He also described other aspects of the analyst's countertransferrential response which reflected important aspects of the patient's conflicts and experiences, of which the analyst was initially unaware, in another paper (1986). Abend (1979) illustrates the importance of understanding the contribution from the analyst's unconscious in regard to theories of cure. The patient's unconscious fantasies contribute to his or her theory of cure, and the analyst needs must recognize his or her own resonance to this theory in order to be able to analyze the unconscious fantasy contributing both to the patient's beliefs and conduct in the analytic situation. Gardner (1983) gave a particularly rich and full illustration of the interplay of conscious and unconscious mind between analysand

and analyst. The authors cited have discovered beneficial consequences of attending to such information from one's own unconscious.

The occurrence of a slip by the analyst during a session is an event potentially revealing of the relation between the various forces at work in the mind of the analyst, hence providing an opportunity to study the role of conflict and compromise formation in the carrying out of psychoanalytic work (Brenner, 1982, ch.7). The analyst's slip would appear to reflect a disturbance in the smooth functioning of this compromise formation, indicating the activation of or intensification of some conflict in the analyst (Freud, 1901). Such slips as I had noticed in my own work were consistent with this understanding. In addition, however, I had noticed on a few occasions that the slips appeared to indicate useful additions to the interpretations I was in the process of making when they occurred. In other words, there was evidence that the slips themselves represented one aspect of the compromise formation of psychoanalytic work, and were not simply a disruption of that compromise formation. This observation stimulated me to make a further study of such slips.

Data was collected both by a traditional and a modern means. First I recorded in my ongoing process notes four different slips with three patients. Then I studied some recorded hours. Transcripts of these were available because of my undertaking the tape recording of some psychoanalyses, and transcribing some of these hours for use in a study group on interventions¹. These recordings are now part of a nationwide effort to collect tape recorded analyses for research and teaching purposes². Since I had available some transcripts of recorded hours with three different patients, I could search for additional slips which I had not noted or recalled at the

¹ Kris Study Group on Interventions of the New York Psychoanalytic Institute, Charles Brenner, Chairman.

² This effort is now under the leadership of the Psychoanalytic Research Consortium (PRC), an independent not-for-profit organization originating out of discussions taking place at the Committee of Scientific Activities of the American Psychoanalytic Association. The purpose of the organization is to make available recorded psychoanalytic treatments with suitable safeguards for confidentiality to qualified English language researchers.

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time of the session. This procedure led to discovering three more slips. These slips were studied as soon as discovered, either at the time or within several weeks, when the relevant transcripts were examined. I wrote down my own associations to them, which revealed some interesting aspects reported below.

Before describing some of these instances, a discussion is in order in regard to the great difficulties of reporting evidence in psychoanalytic writings. There are obviously so many different aspects of any given event in a psychoanalysis, and there are so many possible views of the same event, many of which may simultaneously be valid to one degree or other. From the point of view of scientific method, how does one take adequately into account the problem of observer bias? Our ordinary procedures for dealing with these problems seem to me to have more merit than we have heretofore received credit for, even though these procedures are far from conclusive. An analyst-writer, such as the present author, presents ideas and related clinical illustrations. Analyst-readers can not hope adequately to judge the material itself, presented as it always is to illustrate the author's thesis, with all the potential for bias implicit in that situation. What we mostly do as a consequence is to judge the utility of the idea by applying it to our own ongoing or past clinical experience, to see how useful and valid the idea seems to be. This procedure is, after all, a reasonably empirical one, and one we needn't be ashamed of, although it suffers from the disadvantage that such empirical trials do not add to our public knowledge.

In an effort to improve upon this situation, I have asked several dozen colleagues if they are willing to collect the next instance of a slip by themselves, and communicate with me what their observations are about the slip. I plan to report the results in an effort to provide an opportunity for more public confirmation, modification, or disconfirmation of the views I have expressed here. Meanwhile, the present paper outlines my findings.

In view of the limited evidential value of the examples I can adduce, I have attempted in the following vignettes simply to provide illustrations of a few clinical situations and the slips

which occurred, avowing from the outset that each aspect of the situation might well seem to different readers to merit different emphases than I have given them. Furthermore I will not even attempt an actual description of id, ego and superego aspects of the analyst in these actual work situations. It would be both impossible adequately to convey such in a paper of reasonable length, and undesirable as well to reveal so much about oneself in a public forum. Nevertheless, I believe the following examples speak for themselves in illustrating the aspects of the slips which pertain to the accomplishment of the work of the analyst in analyzing. Hence they may merit the reader's reflective attention.

THE CASE OF MR. A.

I will briefly describe first the analysis of patient whose hours were most extensively transcribed as part of a study group focussing on interventions of the analyst. Four of the seven slips I have documented in detail occurred in work with this patient.

Mr A. had been in analysis for five years for depression and difficulty asserting himself at work. He chronically characterized himself as unable to relate to people, although in his work and as a family man he was not to external appearances isolated, and many regarded him as their friend. In the analysis there had been considerable focus upon his tendency to avoid intimacy, and in the course of a previous analysis homosexual concerns and fears had been somewhat in focus. But his capacity to isolate and intellectualize, as well as a tendency toward pat answers, had to a considerable degree kept this work from having a full effect.

The first two slips on my part had passed essentially unnoticed by me until reading of the transcript as part of preparation for the study group.¹ My patient in the course of his business happened to be passing the office of a company, and saw some materials outside the office

¹ Many details which would elucidate the particular reactions have been omitted for reasons of confidentiality.

which stimulated in him a surge of warm feeling and memories from childhood which he then minimized. Despite the minimization he entered the company office, inspired to seek a job with them. He mentioned his awareness of a fantasy: he would be interviewed by a man who would end with "Yeah, A. I love you, come on aboard." The wishes for love which he was lightheartedly confessing became the subject of exploration for a while in this hour. Commenting on this, I spoke of the warm feelings "which drove¹ you, or rather drew you, into the company office."

Later in the same session, the patient was discussing a conversation with a man whom he was friendly with, whom I shall call Jim, and who had an important position in a firm with which my patient had some hopes of doing business. He noted and was puzzled by his disinclination to develop the business opportunity which this man could make possible for him. He had also been speaking of having to *force* himself to call this man. He then made a slip in which he substituted this man's brother's first name which I will call "Jack", for Jim. He only knew Jack very slightly. I asked him, "well, let's see, why would Jack sort of...why would you introduce him unwilling... unwittingly?" He thought of things about Jack which made him feel critical of and distant from him, and then analyzed his own slip as reflecting a way of distancing himself from Jim, because Jim frightens him: he is one of the guys he has to deal with now, whereas Jack he never sees. The substitution of critical memories and remarks in this case toward Jack, for warm ones in this case toward Jim, was quite characteristic for him, just as he had initially in this hour emphasized his critical reactions to the materials of the company which had evoked the warm memories from childhood.

When I studied my two slips, what struck me was that the patient was probably struggling against a homosexual fantasy of being *driven* to submit *unwillingly* to an indignity at the hands of someone whom he also liked and admired. This aspect of his conflicts had not previously come into full view in the present, although he had previously recounted an incident when he was in latency: an older relative had urged him to submit to anal penetration. There

¹ Slips of the analyst are underlined throughout.

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was also indirect material regarding transference reactions along these lines. Another aspect of Mr. A.'s story which was consistent with the idea that closeness with men was something which aroused strong conflict in him was the following: Mr. A. had had rather close feelings toward his father and fear and discomfort in his relationship with a reportedly critical and cold mother, yet, during this analysis the death of his father many years before had not been discussed with any feeling of conscious loss - just as he warded off a sense of missing the analyst over periods of interruption in the work, while regularly being depressed and negative the session immediately following such interruptions. We could surmise then that I was already responding without full awareness to the conflicted wish on the patient's part to be driven into a close relationship with a man who expresses love for him, and again to be obliged to be intimate with a man (Jim, the company interviewer, the analyst) even if he were (consciously) unwilling. This corresponded in the transference to his frequent somewhat teasing complaints about how expensive the analysis was for him. The avoidance of the opportunity for Jim to do him a favor, and the comparison made between the two brothers, also points back to another important theme of the analysis which had not been recently in focus: his ambivalent relationship with an older brother who had died a couple of years before this analysis had begun. There had been clear indications previously that he had at certain times of his life felt a special warmth in the relationship with this brother, and that the feeling of missing his brother had contributed to the dysphoria which had led him back into analysis. Furthermore, it was with the brother that he had as a small child shared a bed often. He did not directly recall sexual experiences, but the aura surrounding these times included the sense of being included, warm and protected from the scary and lonely dark.

The next slip occurred about a week later, and must be described in even more summary form than the last, in that the actual word used in the slip can not be specified. The patient was discussing his relationship with a man who was both his former boss and friend, who in some ways evoked in him feelings formerly connected with both his older brother and his father. They were resuming a business connection, and my patient was once again taking a psychologically subordinate position with this man. I noticed that he had failed to inquire about a certain matter relevant to their business arrangement. As I started to ask him about his failure to ask about this

matter, I used a closely related word instead. When my patient corrected me, I realized that the word I substituted referred to another dimension of the situation as well which my patient was avoiding even mentioning, because he feared this man would take his questions in this direction as an intrusion. This was because this inquiry would be about the actual circumstances of the man, not just about their business arrangement. I told the patient that as a matter of fact, I meant both words, and I then outlined his avoidance of placing himself on a par with this man, and his conviction that he is not supposed to try to find out what is going on. As this was investigated, a basis was developed for me to point out that "you are having a lot of trouble being curious and using your mind openly, as if you should only make observations secretly." As the session subsequently unfolded, he arrived at a memory of a dark room in his aunt's house when he was a child, and something that went on in there, a feeling of ignorance, curiosity, fear, and feeling that he was not supposed to know what really went on. During ensuing weeks there was an alteration in his customary use of pat answers in the analysis and an alteration in his view of himself as someone who inevitably will be kept in the dark and treated like a child in business situations. There was also a reduction in his previous tendency to keep himself in the dark in his analysis, by failing to think about what had been discovered or revealed. My slip and its use by me in the hour was only a small part, of course, of the various strands of analytic work which became woven together in interpretations during this time. But it seemed a useful one.

The last slip studied occurred another week later. In this session, he hoped I would give him a prescription for a skin ailment he had, because it would save him having to find and pay for a dermatologist and he knew what medication always helped this condition. Then he related a dream of books stuffed up his behind. Later in the session he discussed how he tortured himself and berated himself in business situations. I added that he also damaged himself by delaying pursuing a number of business opportunities, and he interjected that there was some kind of gratification...I then continued my remark intending to add, in respect to his interjection, "which is totally useless", but said "useful" instead. Startled by my own slip, I wondered out loud at it. Mr. A. was however ahead of me at that particular point, and went on to outline the gratification in obtaining sympathy or a pat on the back when he messes up. In this sense his

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failure to assert himself at work and his recounting of his failure to me were quite useful in providing the gratifications he sought from the world and in the analysis. He finished the hour by describing a friend whose wife had married him thinking he was rich, but not only had he lost most of his money but he was impotent throughout the marriage as well. It would seem reasonable to surmise that this material came to mind as an indirect expression of his wish to be defiant and disappoint women by failing them, and remain in an unconsciously gratifying subordinate relationship with the analyst, gaining satisfaction by avoiding actions which would promote his functioning both within and outside of the analysis. A helpless and sick person could make an appeal for special indulgence from the analyst (the wish for the prescription).

In this instance I was, I believe, warding off a full awareness of anal and homosexual elements in the transference, which tended to be expressed by him via well aimed self defeating behavior. The warding off was evident by my starting to interject a hortatory remark - "useless" - as if to remind him that his behavior would get him into a lot of trouble, instead of taking a more productively analytic approach to the meaning of his activity. It seems reasonable in this instance to maintain that my slip actually was helpful in overcoming an impediment to the analytic work, and getting me back on the track with the patient when I was straying from good work due to my own conflicts, aroused by the transference of the patient.

The themes of frightening sexual events in parental bedrooms, and an apparent preference for appeals to men for love, concern or sympathy by self abasement or injury, rather than pursuit of more phallic goals continued subsequently to play an important role in his analysis. My being led to a greater awareness of some of these themes in my patient by my own slips caused me to be more aware of ways in which my patient's conflicts had stirred feelings connected with these same themes as they have played a part in my own life and/or in the lives of those close to me.

The transference-countertransference situation, in respect to this patient, was suffused with elements of these conflicts, in ways which threatened to vitiate the analytic goals. The patient expressed, in his way of working and *not* working with the analyst, his passivity,

fearfulness, and wish to be taken over or forced by a more powerful male, with a consequent yielding to the analyst while frustrating the goals of the analyst at the same time. My interventions with him had become more numerous, pointed, and forceful in response to his ways of stalemating. This represented a compromise of my own, partly as a way of not being like the patient, and not accepting the patient's goals. Furthermore, there was a degree of role differentiation which reflected my being the active and positive one and his being the passive, sick and defeated one, which served defensive purposes for us both, and which is reminiscent of the way siblings will sometimes differentiate roles. Here there was a very specific connection in which I represented his older brother, to whom he yielded the active and forceful role, and he represented my younger brother, with a reciprocal reverberation. These personal threads which were evoked in the analytic work with Mr. A. had not been so fully comprehended by me. In consequence of my slip and my reflection about it, I came to see more clearly the aspects of enactment on my own part (Jacobs, 1986).

MRS. B.

The examples of slips just given are necessarily highly condensed and abbreviated. This is even more true in regard to the two other patients during whose treatments I have collected such information. It is with a hope the reader will derive some value from the briefest of sketches that I will now indicate for each patient the circumstances of the slips which I studied.

A woman who had been in four times a week modified analysis for four years has been exploring with great pain and difficulty the ramifications of some erotic fantasies, based upon traumatic over-excitation at the hands of a very disturbed mother, and other circumstances as well. A short while after she had been discussing the frightening arousal she experienced in latency when her mother engaged her in assisting to skin a mouse, I had occasion to remind her of this event. In doing so I spoke of her mother engaging her participation in skinning the rabbit. Realizing my error, I immediately associated to a recent story she had written about a

hound pursuing a rabbit - a story which was actually a kind of romantic tale. There was a strong parallel with her experience of the treatment. She had originally feared me and imagined my being aroused to overpower her in some way. Only as the treatment had proceeded had wishes of a less manifestly hurtful contact with me become evident. But these wishes always held a considerable feeling of hazard for her. My slip and my thoughts about it helped me realize more completely than before my own fear of responding to the hidden erotic transference - that is, becoming the hound who would pursue the rabbit with too much excitement and causing too much hurt. And I became more aware of the connection between her feelings about me and about her mother. I was not fully consciously aware of the connection until I made the slip. Subsequently I could show her her own fear of sexual intimacy. And the patient herself provided the full confirmation of these erotic elements in the transference by making several connections between the hound of the story and the analyst as well as the rabbit and herself.

MR. C.

Two slips occurred in working with a man who had great difficulty forming an enduring relationship with a woman, and who was subject to periods of depression, and who had considerable difficulty asserting himself in situations in which he might give offense or become the rival of powerful men. His analysis had lasted many years because of certain characteristic attitudes of intolerance toward his own feelings and wishes, which in turn appeared to be a result of an identification with an often critical and intolerant mother who had a serious drinking problem and problems in controlling her temper. As this identification was being discussed, and as his fear of being abandoned was being understood in relation to his experience of his mother as capable of attacking or abandoning phallic and independent men, I was describing to him the way he had been affected by his mother's severing ties with all the male members of his family with whom he might have otherwise felt a sense of kinship. I mentioned in this connection the way he had lost the opportunity to be close to his uncle because his mother had severed all relations with him, just as she had done the same with her own mother, who had lived in the

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family in his early years and with whom he had been very close. I said that his mother's rejecting these people had never, as far as had emerged so far, been in any way moderated by a sense of how this might have an impact upon my patient, who was in many ways so much like a lone...only child. I told him then that I had meant to say only child, but that his feeling of loneliness was so strong that my slip was to the point: he felt so lonely that he daren't separate from his mother or any critic. He had to absorb and accept his mother's critical and rejecting attitude toward himself - he is WRONG for this or that reason and he should be discarded. He responded by revealing the self condemnation he feels for being lonely: he shouldn't need other people to feel good. And yet going "head to head" with others will cause him to lose what liking they have for him - a price he can't afford to pay.

About two weeks later, he was expressing more than in the past an active consideration of leaving his company for an independent hook-up with an admired man in a business venture. As soon as he described this wish he imagined being torn apart by this man, and I interpreted his guilt feelings about getting rid of the fathers in the corporate hierarchy and teaming up with a man who he had described as having balls. I showed him how his bad feelings about this kind of wish, with its rivalrous and what he called brutal aspects, led him to imagine himself the target of such brutal attacks and condemnation. He told me then that the same is true of his interest in an intimate sexual relationship with a woman. He became quite interested in tracing out this inhibition and the way he checked himself by focussing on negative possibilities. He then reported having tried to reach a certain woman he is attracted to and who is always responsive to him when he encounters her. He then became persistently self critical, in what has been seen repeatedly to represent the expectation of my criticism. I pointed out how he was focussing on the empty half of the bottle or glass, as a way of obscuring the positive action he had just told me about. In making this statement, I had intended to refer only to his tendency to see a glass only as half-empty, not as half-full.

My associations to my substituting bottle for glass were to his mother's temper when drinking (he had seen her once strike her own mother in the face), as well as to the same

characteristic capacity for anger which he had seen occasionally in his father, especially when under the influence of alcohol (the bottle). Other associations led to his fear of (orally tinged) rage when frustrated by a woman, and the destructive consequences which might follow. This man had sucked his thumb in secret beyond puberty, and would sometimes bring his handkerchief to his mouth to chew when frustrated on the couch.

Returning to a description of the hour, my patient then had recourse to a quick retreat from his interest in this woman, mentioning something physical about her which reminded him, upon reflection, of his mother. Later still in the hour his attacking himself in front of me could be seen as his way of dealing with the wish to get rid of me as well by redirecting the attack upon himself: it turned out he had thoughts of being able to afford to build a special house which by implication would be his special love nest, but only affordable if he were no longer in treatment. If he were to show he wanted to dump me I would turn out to be capable of the same damaging attack upon him as his parents were capable of. This particularly made sense to him because he realized increasingly his own potential for attacking those who disappoint him. He could vouch from self-observation for the intensity of the potential attack. My slip in this particular hour enhanced my awareness of the genetic factors in the patient as well as drawing my attention to some connections in my own life which I had not been thinking about before I made the slip.

The juxtaposition of feelings of loneliness and a dread of his own enraged response to a frustrating, unavailable mother, self-absorbed in her own alcoholic-induced state, led him to a need to protect the relationship with his mother from his aggression. He responded to this need regularly by turning his anger upon himself. There were aspects of his ways of coping with loneliness and hostility, as well as some of the earlier formative experiences, which reverberated with aspects of my own life. However, at the time that I made the slips, these similarities, and my own emotional responses to them, were not in the center of my awareness. The slips heightened my awareness of the contributions from his earlier experiences to his self injuring tendencies, by first alerting me to what I could easily wish to minimize in my own past.

In summary, each of these slips appears to form a bridge between one aspect of the patients' problems and another which was not at the forefront of the analyst's conscious mind. Additional instances since these data were collected five years ago have been consistent with this conceptualization. A colleague has shared with me an experience of a similar nature: after a long period of time stepping gingerly around a male patient's homosexual transference to him, he made a slip in which he intended to comment on the patient's concern about a change of generations, and he said gender instead. The patient reacted by an active inquiry into what the analyst might be thinking about him, and the analysis took off in analyzing the patient's fantasies of not really having masculine interests or wishes. This turned out to be an important turning point in this analysis.

DISCUSSION

We all are familiar with the difficulty verbalizing just what guides us in the interventions we make: we appear to have an idea, which is often not fully conscious, of what is important and of a possible intervention in order to promote the emergence of some important but hitherto insufficiently examined aspect of the patient's mind or experience. In this respect, the evidence cited above is consistent with there being a task orientation on the part of the working analyst which leads to a mobilization of aspects of our memories, attention, choice of words or metaphor, in a way which often promotes the psychoanalytic process. Olinick and co-authors expressed these ideas with a number of vivid examples (1973), in which they described their concept of the psychoanalytic work ego. Their view, as I understand it, and as is illustrated by the examples above, is that analysts use their personal resources for the task of understanding their patients as well as communicating that understanding. Poland (1984,1986) expressed a similar view in his explorations of the analyst's choice of words. Similes chosen by the analyst, and cultural references similarly would be expected to reflect this task orientation. Isakower gave an example (1963) of an analyst referring to the Mona Lisa, and the patient responding by amplifying upon a different painting of a woman's face hanging in his room, which brought into

the analysis some important wishes and experiences. The choice of metaphor in conveying meaning to a patient, with its cultural aspects, is a further aspect of the creative use by the analyst of his or her resources. There are often shared elements of unconscious fantasy which can be accessed through the choice of metaphor.

In the psychoanalytic situation the interaction of analyst and analysand is an enterprise of mutual metaphoric stimulation in which the analyst, in a series of approximate objectifications of the patient's unconscious thought processes, supplies the appropriate metaphors upon which the essential reconstructions and insights may be built (Arlow 1979, pp.381-382).

When a slip occurs, we could say there is an increased discrepancy between the conscious intention of the analyst at that moment and the actual communication made. The presumed increased conflict in the analyst may be described as heightened countertransference. As Abend (1989) has described, our view of countertransference has changed over the years. We expect to understand any relationship between two individuals as being influenced by the compromise formations of each individual as they are activated in the actual relationship between the two, including the psychoanalytic relationship. As the analyst intervenes with the patient, a continuum exists between choice of words, metaphor, and a slip, in that there is a decreasing degree of conscious intention on the analyst's part, but the process of the analyst tapping into aspects of her or his own mental functioning that are not fully conscious in order to accomplish the work can be discerned throughout this continuum.

The continuum is illustrated in my first example: I used the expression "drove you" to the patient in what is actually a metaphorical way, although at the same time I obviously felt the word was not what I had had originally in mind, hence I corrected myself in mid-sentence. In this instance it is the relatively slight imbalance between the patient's own description of the event and my choice of metaphor, "drove", which caused me to make the correction, although it also could be said that there were elements in this choice of a metaphorical interpretation. The

metaphorical aspects of the word "drove" had the potential of conveying to the patient my sense of his ambivalent attraction to a powerful man who would insist upon his loving him (compare Reider, 1972). Wurmser (1977) convincingly argued that it is via metaphor that we can find means to consider new ideas and discoveries. Similarly a slip provides opportunity for bringing to conscious attention a connection between two or more ideas which are not connected consciously in the analyst's mind until then.

The heightened countertransference reflected in the occurrence of a slip by the analyst *may* represent a joining, as it were, of the analyst and analysand in a process which has reached a certain degree of intensity necessary for analytic accomplishment (Boesky, 1990). Skolnikoff has reported (1989) that periods of analysis when the most change was occurring, as judged by retrospective assessment, were also those in which there was the most disturbance in the smooth operation of the analyst's memory. Using a methodology (1985) developed with Windholz, process notes were written immediately after hours, and compared with reporting of the week's work to Windholz at a later time without referring to notes. The reporting was recorded and transcribed. The two data sets (process notes plus transcribed report) provided a special opportunity to observe alterations in memory functioning in the short-term, as well as many other aspects of the functioning of the analyst. If his findings prove to reflect a widespread phenomenon, knowledge of this coincidence of signs of the analyst being emotionally stirred up with potential for progress on the part of the patient could help to ease analysts' tendency toward excessive self-criticism upon observing signs of countertransference response¹.

In addition to participation of conscious and unconscious aspects of the analyst's ego in carrying out analytic work, there is evidence for the role of the superego. Bernfeld (1941) as cited by Weinshel (1984) found it useful to liken the analysis to a conversation whose flow is interrupted by something being held back by the analysand. Correct approach to the resistance then leads to a confession by the analysand, so that there is a continual interplay between the

¹ This is not to imply that the signs of a struggle *necessarily* indicate progress is taking place - we all know this is not by any means automatically the case.

urge to misrepresent something felt or known, and the contrary inclination to set the record straight. We can readily apply these same ideas to the activity of the analyst as well. In other words the slips of the analyst serve as a confession of something that is true, against a resistance manifested by the failure of the thought to be expressed more intentionally¹. It seems likely that the confession usually signifies something which is true about the analysand and analyst as well at least in some way which is stirred by the current analytic material.

Abend (1989) discusses how our theory of the functioning of the analyst in the analytic situation has changed, so that we no longer can speak of the analyst's contribution as being conflict-free except for those unfortunate instances in which the analyst's conflicts intrude. He

¹ The word "intention" - what used to be called "the will" - is not mentioned very much today, in fact it doesn't even appear in the key word index of the American Psychoanalytic Association (Mosher, 1991). Motivation, the term which has largely replaced intention, has fallen into partial disrepute among analysts because of experiences showing the great limitations of judgments based upon superficial examination of patient's motivations, notably "motivation for treatment". This latter aspect has turned out both in clinical experience and in many systematic studies to have practically nothing to do with the subsequent course of an analysis or a psychoanalytic psychotherapy (Applebaum, 1972). The freshness of psychoanalytic understanding of people has derived in part from looking much deeper, as it is often called, into the personality and realizing just how much things are not what they seem. Yet, one unintended consequence of the experience of finding out that much more is going on than the person is aware of may be an excessive devaluation of the role of intention in human life. In actual analytic work much effort is spent in elucidating what patients' intentions are, particularly of course those intentions which the patient is unaware of due to the operation of his or her defenses. But we may need to think more about the relationship between unconscious wishes and intentions. Schafer's action theory (1976) may have arisen, for example, partly in response to an under-emphasis in our theories about the intentions people have in doing what they do. A similar consideration applies to the Weiss and Sampson conceptualization of the "unconscious plan" of the patient (1986).

In some respects the distinction between wishes and intentions could be considered one of emphasis, not of kind. One can find examples of shading of unconscious wishes into intentions in perusing the motivations betrayed in the slips given as examples by Freud (1901): in these it would as often be accurate to refer to the intentions betrayed by the slips as the wishes. It seems that certain aspects of the findings outlined in this paper are better understood by considering the *intention* of the analyst to conduct an analysis, even though such an intention is in turn a consequence of a concatenation of all the usual unconscious wishes which contribute to career choice.

says, "Since each of us remains to a considerable degree vulnerable to the reappearance of less favorable compromise formations because of the impact on us of the unique and variable quality of each analysand's material, as well as of the circumstances of our personal lives, disadvantageous countertransferences are unavoidable. They are as omnipresent as the advantageous ones that comprise our effective working armamentarium." (pp.386-387). In my view (and his), what is essential to analytic work is the transformation of such reactions into self-understanding *and* communications to the patient reflecting that understanding.

There may remain a joint ego ideal in which one hopes to be smart enough about patients to be able to be *consciously aware* of most or all of the important threads of clinical material and conflict in the patient. At least for younger analysts, this ideal may interfere with the expectation that one may count on oneself as well as on the patient to be a source of important inspiration both in finding the way to understanding the patient, and in finding a way to convey that understanding. McLaughlin (1988, p.387) recommends "an acceptance of the instability of our best analytic competence, and an openness, however rueful, to look for and work with the falterings that must be..." An accurate model of the psychoanalyzing activity of the analyst may involve an oscillating expectation: in repeated cycles, first will come the raw material, so to say, from within oneself as well as from what the patient conveys, then only will one hopefully be able to shed the light of awareness upon the events and sequences of the hours, and in turn, upon the working of the patient's mind and heart.

SUMMARY

Understanding the analyst's analytic work and its vicissitudes has been a major recent focus of psychoanalytic writing. This paper is a study of slips of the analyst, in order better to understand analytic work. The slips described here support the view that slips reflect not simply

contributions from the instinctual life, but active work-related goals of the analyst in carrying out the analytic work, as well as reflecting work-related moral values of the analyst as well.

Countertransference is discussed as reflected in the disturbance of intentionality betrayed by the occurrence of a slip. The intensification of the transference-countertransference dimension and its relation to effective analytic process is considered.

Elements of a confession revealed by the slip are described, revealing something true about patient and analyst as well. The essential role of the analyst's self understanding as a source for comprehension of his/her own reactions and those of the patient is emphasized.

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