

Counter Response to Ira Sharkey

By Robert Tyminski

Dr. Sharkey seems to know what I feel better than I do. His argument with me shows the dangers of (dare I say) a heated overinterpretation, in which he attempts to read between the lines while ignoring what they say. For example, while it is true that I attended a Catholic school early in my life, my abridged knowledge of Latin comes from a required terminology course in the first year of medical school in Germany. Consistently, Dr. Sharkey's comments disregard my descriptions of what I was feeling and eventually call into question my capacity to have and be aware of disturbing feelings. I readily acknowledge that I experience angry, violent, and even sadistic feelings without having them unduly frighten me.

One of the points of this paper was to illustrate that we cannot always jump to conclusions about our patients' affective states and their symbolic correlates. The heat of apparent anger can certainly be a screen for another kind of heat altogether. For me, this heat was experienced in the countertransference as simply heat, an initially unknowable heat at that. This is what I felt, not anxiety, or anger, or hurt. If I had been called upon to give my own symbolic meaning to the heat at the time it first

appeared in the transference, like Dr. Sharkey I might naturally have attributed it to my internalization of the patient's anger and to a syntonizing up within me in response to his hypomanic aggression toward me. The only thing that saved me from assimilating the unknown quality of the patient's heat to the already known quality of his rage was the fact that I did not feel either belittled or angry on the inside. This gave me the courage to hold the heat as an unknown thing and to let it be just so until the patient could take some of it back and name it.

When the patient tested me to see if I had felt hurt or criticized, it was my access to the paradox that I had not felt hurt or criticized that allowed me to hold the heat as unsymbolized rather than colluding with his defense in assigning it to the anger he was already in touch with as the best-known part of himself, a part he was indeed afraid would come across as hurtfully critical of others. Dr. Sharkey apparently favors a defensive symbolization of the countertransference, in this case constellating around the aggressive instincts to the exclusion of what I believe mattered most, the sexual ones. Dr. Sharkey likely believes a therapist may need a consultant to locate affective parts of his countertransference that the therapist cannot himself feel, but he is wrong to conclude that this is the process of discovery that I am advocating in this paper. Rather, I am suggesting that a relatively well-analyzed security in the analytic therapist's access to his own feelings can help him discriminate between what he ought to

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be feeling and what he actually is feeling. It is precisely in the absence of an expected feeling that the presence of another unsuspected feeling, not yet symbolized or known to the patient, may make itself known, but any knowing of that feeling is finally up to the patient. The therapist in such situations really does not know, and it is his knowing that he does not know that gives the patient the chance to symbolize the unknown thing. One could hope that a consultant or reader of a clinical paper would be encouraged by my findings to exercise a similar restraint. I have posited what appeared to me an unusual role for projective identification in this balancing act between symbolizing the known and the unknown. I refer the reader to my paper's citation of Leopold Stein for an excellent discussion of how symbols are created from combining the known and the unknown.

As this is my first published psychotherapy paper, I do feel that my way of working is getting a trial by fire, especially in the face of Dr. Sharkey's assertion that my clinical process did not stay the course that I advocate. Indeed, this assertion did stir up feelings of "futility, guilt, worthlessness, incompetence, uselessness, inadequacy, insignificance, and rage," but to dwell on these responses to what I believe is a failure on Dr. Sharkey's part to mirror the integrity of my process of self-analysis of my countertransference with my patient would lead away from the important finding of that process, which is that I did not feel anger and hurt in response to my patient's energy in the transference, but only a mysterious heat. I stick to my guns regarding the validity of that self-observation and its potential value for my patient. It seems to me that we abandon an analytic atti-

tude when we insist that our emotions fit one paradigm.

The amplification helped clarify that the heat was not about anger but in fact about unsymbolized sexuality, which had become deadly--and ambiguously arousing--in its implications. My responsibility in this case was to hold the symbolic process and avoid the temptation of enacting it, although it was imperative that I understand it. Along those lines, I partly invited the attack from Dr. Sharkey because I suggested in the paper that the therapist must symbolize when the patient cannot. This position, partly based on my work with autistic children and my reading of modern Kleinian theorists, was perhaps an extreme statement of my patient's difficulty with the symbolic function. What I wish I had said instead was that the therapist in such circumstances may feel coerced to symbolize for the patient, especially a defensive symbolization--but the therapist should hold the projections until the patient is ready to symbolize. By defensive symbolization, I mean a rush to know or to assume as known when further exploration is warranted (such as identifying the heat as internalized anger). Throughout this undertaking, the therapist must have confidence in the patient's eventual ability to do the symbolizing as long as the therapist has the capacity to tolerate the unknown. In the face of this condition, amplification can help both the therapist and the patient by opening the range of possibilities for a particular phenomenon like heat. Thus heat is not only anger, but also many other things. The therapist's role is to stick with his own unclear openness about possible meanings, thereby allowing the patient the opportunity to find the really adequate symbol for the expe-

rience he has temporarily located in the therapist. The answer that comes will usually be a surprise to them both.

I sincerely hope that we will not shy away from opening those resistant

and ill-fitting windows, be they perceptual or theoretical, when our patients not only need us to do so, but also will benefit as a result.

