

THE ACTIVITY OF NEUTRALITY

BY STEVEN H. COOPER

The author discusses the analyst's neutrality as an activity: a constantly moving position and an always-evolving process characterized by the analyst's thinking and curiosity about how to help the patient better know and become himself. The author maintains that neutrality is a cluster concept (Wittgenstein 1953) that includes a number of functions. Recent theoretical shifts regarding neutrality are briefly reviewed, and an illustrative clinical vignette is presented.

Keywords: Neutrality, depressive position, Winnicott, interpretation, activity, enactment, transference-countertransference, analytic theory, Anna Freud, unconscious meanings, dreaming.

INTRODUCTION

Our evolving understanding of the complex intersubjectivity that undergirds the analytic situation has raised inevitable questions about the utility of the term *neutrality* as a technical ideal. A joke, a dead serious one about the impossibility of neutrality, might go something like this: We're standing at the crossroads between being too stimulating or too distant, too much an old object or too much a new object, too transparent or too detached, too immersed in the patient's psychic reality versus attempting to be too objective; let's hope that we make the right choice. The joke addresses a number of principles and tensions that are precious to us as analysts. Neutrality is not a corrupt ideal as long as we can continue to elaborate what it might mean and how it might be useful.

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We cannot find a way out of the need to come to these determinations in clinical work.

I suggest that neutrality is an activity on the part of the analyst, but as a verb rather than a noun. It is not a statically achievable state, but instead an always-evolving process. The process of neutrality features front and center the analyst's thinking and curiosity about how to help the patient to better know and become himself. It also features the analyst's process of retrospective self-reflection about inevitable enactment and where the analytic couple finds itself. Whether neutrality is appropriately named, and whether we can find a better term, is a matter that I will close with.

As an activity, neutrality suggests a constantly moving, working position. And as an activity, it includes the need to scrutinize our belief—or perhaps our fantasy—that we can be perfectly poised between different elements of the patient's personality or within our intersubjective engagement with the patient. Yet as an activity, neutrality maintains an appreciation for the value in trying to find optimal positions from which to listen and speak to patients about what they are communicating.

Activity implies dedication, a practice of correction and recovery. This formulation of neutrality is in line with Wilson's (2013) more general notion that countertransference is not a noun but an activity. Similarly, Isaacs (1948) implied many years ago that transference was beneficially understood as an activity of transferring.

I view the activity of neutrality as best understood as a kind of ethic in our practice (Civitarese 2013; Cooper 2021). Yet neutrality should not be fundamentally defined in relation to our ethical guidelines, such as the requirement of abstinence, since it is a clinically refined, subtle, and deeply elusive concept. Neutrality as an ethic involves a commitment to curiosity and self-reflection. Abstinence is a precondition, a necessary but not sufficient element of neutrality.

As we ponder neutrality in contemporary psychoanalysis, we are required to think of it as always issuing from a deeply subjective experience of the analyst, a position within the intersubjective space between patient and analyst. We can think about it in advance of our participation and in a retrospective manner about what has occurred, but it is an activity that always implies more activity, continuing activity. It is in the sense of an ongoing

effort that the activity of neutrality is an essential element of the analyst's experience of the depressive position (Cooper 2016).

A BRIEF SKETCH OF RECENT CONTRIBUTIONS TO THE NEUTRALITY CONCEPT

Contemporary forms of psychoanalysis make the concept of neutrality more challenging to define, yet by no means is it made dispensable. Versions (sometimes caricatures) of analysts attempting to maintain an image of opaque neutrality are far less prominent than they were thirty years ago in psychoanalytic writing and practice.

I previously stated that for many years, the analyst's capacity for neutrality had been equated in some ways with Aristotle's notion of the unmoved mover (Cooper 1996). In some ways, the term neutrality implied that the analyst could function as a human gyrosopic device, providing stability or direction in navigating clinical processes. But by the mid-1980s, psychoanalysts had widely come to understand that our capacities for regulating our emotional and cognitive abilities to listen and respond are never a steady state, and that in fact our unsteadiness is itself a subject of interest in making use of our countertransference activity.

Several major shifts have occurred in theory development regarding neutrality in the last thirty-five years as the intersubjective dimension of psychoanalysis has become better appreciated. One shift involves the understanding that attempts at a neutral stance are not intrinsically tied to restraint on the part of the analyst, despite the fact that being a psychoanalyst requires considerable restraint. Immersion in a patient's story is necessary and enactment is inevitable. We have come to realize that neutrality in its most extreme form of sterility, as a construct within our theory of technique, likely stemmed from a wish that we could be more objective as we understand our patients.

Second, we have come to see that each patient and each analytic couple is unique, requiring the analyst to be flexible in approximating what a stance of neutrality might look like with each patient. Anna Freud's (1936) well-known notion of a neutral interpretation poised equidistantly between id, ego, and superego implied, to some extent, that the determination of this calculus would be unique with each

patient. Greenberg (1986) extended Anna Freud's concept of neutrality to the interpersonal realm, arguing that we must try to find a balanced and equidistant position among the contending dimensions of the patient's personality. Greenberg suggested that neutrality embodies the goal of establishing an optimal tension between the patient's experiences of the analyst as an old object and as a new object.

Similar to Greenberg's extension of Anna Freud, Kris (1990) also developed the notion of neutrality as patient based. Focusing on the importance of self-criticism, Kris articulated a notion of functional neutrality to suggest that the analyst must be aware that some patients will feel criticized or blamed, rather than understood, by an interpretation. He also noted that the analyst's reserve might be more likely to be experienced as his criticism or dislike for the patient. Kris was expanding the notion that neutrality is not static, but instead requires of the analyst a level of self-reflection about assessing what types of responsiveness will best promote the free-associative process.

In parallel, from a contemporary Kleinian perspective, Steiner (1994) described what he referred to as patient-centered versus analyst-centered interpretation. Steiner suggested that some personality-disordered patients who are prone to feeling criticized, shamed, or paranoid are better able to listen to analyst-centered interpretations than a patient-centered one. He recommended that the analyst be sensitive to the patient's propensity to feel overly responsible for what happens in the transference and to feel persecuted by interpretations that begin with what the patient is psychically doing or expressing. Steiner proposed that by instead making interpretations that concentrate on the patient's view of the analyst, the analyst can help the patient feel safer and able to take in the content of interpretation.

We see that Greenberg, Kris, and Steiner make an attempt to think about neutrality not simply as a technically defined and prescribed position, but rather as a loose scaffolding of sorts that can be applied to the special requirements of a particular patient's vulnerability or strengths. This kind of clinical sensibility has become integrated into most schools of psychoanalytic thought in ways that space does not permit me to elaborate here (e.g., Civitarese 2008; Mitchell 2000).

A general understanding of the intersubjective roots of analytic work requires us to stretch our definitions of neutrality to include the notion that patients' understandings of themselves are constructed and

symbolized not only by words, but by the ways that words come to mark the relational context in which they emerge. If interpretation is a form of object relations, as emphasized by both Ogden (1994) and Bromberg (1998), then the analyst must take into account that, for patients to learn about themselves through the analyst's observations, the patient often holds the simultaneous reality of experiencing the analyst's personal responsiveness (Aron 1991; Hoffman 1983).

In order for a patient to better understand or be with himself and to examine more particularly what is being repeated and enacted in analysis, he must feel a level of freedom, or at least an awareness of his resistance to freedom, in examining the analyst's responsiveness. Renik's (1996) critique of the "perils" of neutrality was largely a renunciation of a model of neutrality that minimized both the analyst's affective participation and the patient's often exquisite awareness of the analyst's participation.

It is unfortunate that spontaneity has been juxtaposed as opposite to neutrality. What appears to be analytic spontaneity in some sense always arises out of a shared relational history; it is a property of the intersubjective field. In fact, spontaneity is itself a kind of shared illusion between patient and analyst.

I believe that even when analysts are using more prescribed techniques, there are subtle shifts going on within the analyst that involve trying to find reverie, trying to find new forms of containment or patience with and curiosity about what they are hearing. So the kinds of things that we call spontaneity for quite understandable reasons are often more conspicuous, but not always more original or creative than elements of quiet work going on under the surface—elements that give rise to the moments we refer to as "spontaneous."

In considering the activity of neutrality, it matters that there are different types of activity implied in Bionian, Winnicottian, ego psychological, and relational models that go beyond what I can address here. Briefly, though, it obviously matters whether, how, and to what degree the analyst allows his clinical imagination to roam as another voice in the analytic setting. Civitarese (2008) emphasized the necessity for the analyst to be immersed at multiple levels of content and form in what patients are conveying. Civitarese elaborated on Bion's concern that we risk prematurely arriving at meaning by reminding us that neutrality is

important as a “sweet fruit of skepticism” (Barthes 1977, p. 33). This meaning of skepticism revolves less around doubt and more around meanings central to neutrality, such as observation and reflection.

For a moment, consider Freud’s (1954) introduction of the notion of free-floating attention in his letter to Fliess. Freud stated in relation to his patient Herr E.:

I adopted the expedient of renouncing working by conscious thought, so as to grope my way further into the riddles only by blind touch. Since I started this, I have been doing my work, perhaps more skillfully than before, but I do not really know what I am doing. [pp. 311-312]

Here Freud has trust in his own mind, admitting that he will not know in advance how he might interpret what Herr E. conveys.

This kind of trust overlaps with, but is also different from, the kind of trust that Winnicott (1968) described in the notion of waiting for patients to come to their own understanding of what they are saying. What every approach in psychoanalysis suggests, though, is a process of trust, curiosity, and scrutinization of how we are thinking and feeling about what our patients are communicating. These processes comprise the activity of neutrality.

NEUTRALITY AS PROCESS AND ACTIVITY

I think of neutrality as a *cluster concept* (Wittgenstein 1953), one that includes a number of functions and is defined by the context and cultures in which they are employed. Neutrality subsumes the analyst’s continual process of self-reflection. It includes the analyst’s thinking before making an interpretation or asking a question as he listens to the patient’s associations, and as he is thinking retrospectively about what is being enacted in particular moments of analytic work. In this view, neutrality is a cluster of ideas that operate simultaneously to form a never-achievable ideal of practice. Wittgenstein’s (1953) notion of a cluster concept is defined by a weighted list of criteria such that no single one of these criteria is either necessary or sufficient for membership.

We might say that, as a group of functions, neutrality involves an attempt to maintain a nonjudgmental attitude toward all the patient’s

wishes, fantasies, and feelings. I also think of neutrality as a dedication to working with the analyst's subjective experience and points of view, and to abstaining from immediate judgment of his own thoughts and feelings. Neutrality is a form of countertransference activity (Wilson 2013) that features the analyst's self-reflection about where the analytic couple has been and why. At the center of this question is the requirement that the concept incorporate the necessary immersion from which an ideal of neutrality may emerge.

Neutrality also implies a kind of preconscious clinical and moral compass, a guardianship of the mindfulness intrinsic to analytic work. This guardianship suggests that the analyst's activity is different with each patient and is in a constant state of disequilibrium. These activities are also a way to describe in simple language the notion of Winnicott's holding environment or Bion's concept of container-contained.

It seems to me that at this point in understanding the analyst's participation in the analytic process, the cluster must also include neutrality as the analyst's unconscious fantasy of an ideal responsiveness. In other words, what makes a cluster concept such as neutrality uniquely psychoanalytic is that its inevitable, freighted, unconscious meaning must also be involved. Much has occurred in theory development to alert us to the enigmatic blend of immersion and distance that accompanies any form of analytic responsiveness.

The concept of neutrality involves a set of ideals to strive for, but the term itself is, I believe, obfuscating, because it is too embedded in a model of psychoanalysis that developed prior to our understanding of enactment as ubiquitous. Additionally, the term was developed prior to our understanding that—as Civitarese (2008) puts it—"After all, truth slips away at the moment when one thinks one has pinned it down" (p. 176). If interpretation as a linguistic act inevitably involves enactment of unconscious process through the content of what is being expressed, then the quest for truth itself is always in process. The analyst is never in an ideal listening position, except in the process of retrospective reflection on what has occurred. In fact, this process of reflection about meaning, about being with the patient (Ogden 2019; Winnicott 1968), and about the inevitability of enactment marks the activity of neutrality as a vital dimension of the analyst's experience of the depressive position (Cooper 2016).

In recent years, there has likely been more emphasis on retrospective thinking about where we have been with a patient, including where our enactments have led us. In contrast, the following clinical example relates to the activity of neutrality of a more subtle nature, featuring aspects of neutrality that overlap with the analyst's self-reflection during the process of interpretation. One could say that it involves the analyst's holding or "waiting," a quite active process as Winnicott (1968) described it.

In describing his work with Gabrielle, his two-and-a-half-year-old patient, Winnicott (1977) emphasized "the importance of *not understanding* what she had not yet been able to give me clues for" (p. 222, italics added). Winnicott (1968) is waiting for clues and curious to find them; for him, waiting is a crucial part of interpretation. He sees interpretation as a form of giving back to the patient because he has waited to find the patient's previously unknown psychic foothold into his own unconscious process. More recently Ogden (2018), has emphasized not understanding as a counter to arriving at more immediate understandings that can deaden rather than enliven clinical work. I find this a useful ideal and one that incorporates many of our most significant contributions to understanding the activity of neutrality. Moreover, related to the restraint Winnicott describes throughout his writing is Stern's (1997) suggestion that an attempt at neutrality is inherent in the analyst's consistent and compassionate sense of curiosity.

CLINICAL VIGNETTE: ROLAND

Roland was forty-three years old at the time of this vignette, four years into his analysis. He sought an analysis due to a nagging sense of anger toward his dominating and self-involved father. He struggled to shake his irritability toward his now-aging father's self-centeredness. Roland also felt intensely impatient with male senior colleagues at his work, especially those whom he believed held undeservedly high positions.

Roland was quite self-critical when his wishes to enjoy himself with his hobbies were in conflict with evening and weekend activities with his wife and two preschool-age daughters. Generally, he was actually quite available to his family, so we came to the conclusion that his wish to be different than his egocentric father was pressuring him, causing him to

relentlessly criticize himself. He felt psychically drained by the concern that he was too much like his father.

Roland said that when he was a child, his father demanded that his mother and sisters, one two years older and the other two years younger, revolve around his father's needs and interests. As Roland told it, his father was short-tempered and easily critical of his mother and the kids, especially Roland's older sister. He felt guilty that he was not criticized as much as she was and felt that he had learned some ways to manipulate his father into leaving him alone. His sister was more prone to head-on collisions with their father.

Roland and I did a great deal of work related to his anger at his father and his guilt about being less targeted than his older sister for his father's criticisms. He had felt cowardly about not standing up to his father more actively during his adolescence, despite the fact that he did express some of his anger. He was in a continual state of evaluating whether he was like his father, particularly when he asked his wife to subordinate her needs to his. His wife would sometimes express anger at him when they had conflict, but her overall impression of Roland was that he was a devoted husband and father, not that he was only looking out for himself. So, despite their conflict at times about whose needs would take precedence, we came to see that Roland was burdened by the anxiety that he might be as selfish as his father, rather than actually enacting this dynamic with his wife.

In a session four years into analysis, Roland began with the following dream. He is being held hostage by a group of men who are criminals. He is with a woman, and they are trying to save another woman who is missing but likely being held by the men. At some point, Roland and his female companion discover the missing woman, who is gagged and bound in a closet. They free her, but they realize that only one of them can get out to ask the authorities to come help. Roland finds the police, but the detective in charge is skeptical of the story for a long time, wasting precious moments before the woman whom they have freed is discovered. Finally, he succeeds in convincing them of the need to come and arrest these men.

When I heard this dream, I was reminded of a childhood dream Roland had told me about in which one of his parents' friends arrived to announce that he had killed Roland's father. The friend gave a somber

rendering of the tale, but Roland was secretly pleased. He had the feeling that this man didn't want to kill his father, but "it had to be done."

The interpretations of the current dream that privately came to my mind related to the patient's familiar wish that he had done something to rescue or protect his sister. In the dream, he is insisting on the dangers of not doing so. The insensitivity and lack of concern by the police and the man in charge of helping are prominent. Silently, I wondered, too, if I was the detective in charge who was not understanding the danger to the woman being held prisoner. Had Roland felt that I was inadvertently minimizing how bad he had been to his sister by focusing on his self-criticism?

I did not mention this interpretation, both because it seemed accessible to Roland and because I was curious to see what came to his mind. He associated to wrestling games that he would play with his sisters in which his older sister would pin him down or he would pin down his younger sister. He recalled the delight that he took in pinning his younger sister and that his older sister felt when pinning him. He then started talking about the point in his childhood when he could pin his older sister. He recalled how exciting it was for him to do this, and that when he learned he could pin her down, he began feigning that she was winning before pushing her over forcefully and pinning her.

Roland also associated to when he first realized, at age ten or eleven, that pinning and being pinned by his older sister was sexually exciting. He was putting together some thoughts and feelings as he recalled the wrestling: how they both liked to emerge victorious, his enjoyment of the foolery and deceit toward his sister, and the physical sensations of their groin areas rubbing against each other.

Now I felt more inclined to speak of how Roland was the man who was earnestly seeking help for his sisters and mother, but at the same time he, too—not just his father—was represented in the figure who did not want to help. I told Roland that perhaps he was trying to understand parts of himself that were competitive, angry, and even excited about his sister's captivity and his domination of her, all of which had been obscured by his guilt toward her. I said that in the dream, he is both the man seeking help for a captive woman and the man who is in some way indifferent. I then said that I thought he was trying to go further in the dream than he did when he simply attacked himself with his guilt.

Roland agreed and continued to associate. He said that he could actually feel that maybe he felt like the captive woman as well. He said that he had sometimes felt like “one of the girls” (his two sisters and his mother), since all four of them were in a different category of power than his father. I said to Roland that he had never told me about this feeling, to which he replied that he had never talked to anyone about it, including his wife or friends.

There are many ways to describe these familiar practices that I include in activities related to neutrality. There is a necessary element of restraint in waiting and listening for Roland to come to his own associations to his dream. There is a kind of holding and respect that creates space for the patient to gather up “the bits and pieces” (Winnicott 1968, p. 209) of his memories, thoughts, and feelings. I refer to these common practices here in the context of neutrality because I think of neutrality as operating ubiquitously across many technical practices and precepts in analytic work.

In the subsequent hours as I reflected on Roland’s dream, I began to think about elements of the transference and enactment in a slightly new way as well. Roland had never expressed anger or disappointment toward me during our analytic work. He was deeply appreciative of our work together. He was assertive when he disagreed with something that I said and vocal about his need to understand all my billing and vacation policies. Nevertheless, while he was not overly accommodating or passive, it did seem as though he found me a bit unassailable.

I began to wonder whether I had failed to attend enough to the possibility that Roland avoided disagreement or conflict with me. Had I been minimizing his internal emergency about his feeling that he had not responded more actively to his father’s aggression? Was I enacting the indifferent authority figure in the dream more than I’d already realized?

As I considered whether I was missing Roland’s allusions to the transference prior to this dream and in his associations to the dream, I realized I felt that we were both aware of his potential experience of me as an indifferent detective, and that I might merely have been making an intellectualized interpretation of the dream. Instead, however, I wondered whether this line of inquiry led me to a position of concordance with Roland: namely, that I worried I was at fault for something that was not my fault. The patient blamed himself even more than he had

blamed either his father for his aggression and egocentricity or his mother for her passivity and failure to protect her children. I was brought into a deeper emotional understanding of his self-criticism, both through a better understanding of his excitement about his sexual and aggressive feelings toward his sister, and through my own identification with a hyper-scrutinization of my analytic work.

In a sense, this form of self-reflection, which was an activity of neutrality, could be thought of as a new understanding of the transference-countertransference with Roland—a form of transference as the total situation (Joseph 1985). We were both criticizing ourselves. My self-reflection was an activity of neutrality that led to elements of enacted identification with the patient (self-criticism that I hadn't done enough) that were different from those elements I was originally concerned about (whether he was angry at me for not doing more). Much of my thinking here was in the form of anterior and posterior reflection about the "total situation." Now the work with Roland shifted to focus on the excitement and competitiveness with his sister that had promoted his self-reproach.

CONCLUDING REMARKS

One of the challenges posed by the complexity of neutrality in the analytic situation relates to the goal of psychoanalysis. The freedom to be oneself is the developmental ideal for most patients (e.g., Orgel 2002). This ideal involves the radical surrender of the analyst to a wish for the patient—in all of his similarity and all of his otherness—to live. This ideal is perhaps reflected in Arendt's (1996) definition of love as "I want you to be" (Cooper, in press).

The activity of neutrality is dedicated to this ideal, including, at its core, the wish for our patients to express as many of their feelings and thoughts as possible. As our vast literature charting the challenges of maintaining this position points out, the ideal of neutrality is linked to the process of trying—trying through our ongoing self-reflection, including our states of silent or verbalized anterior associations, restraint, immersion, the potential to be lost at times, and retrospective understanding.

Examining our history of the use of the term *neutrality* leads us to question why the concept took on some of the surfeit meaning that it did. Was the more aseptic view of neutrality a necessary fantasy or a

construction to buttress the authority and credibility of the analyst in order to fend off skeptics or to increase the trust of patients? Or was it a necessary defense of sorts for the analyst to find an anchor rather than swim in the overwhelming complexity of the patient's unconscious mind and need to maintain balance? I suspect that all are true.

Despite the efforts of many to refine the meaning of the term *neutrality* (and I include my own effort here), I find the term unsatisfying and lacking in precision. I am reminded, though, of what Winnicott (1952) said about the term *depressive position*. He found it highly problematic and unsatisfying, but could think of no better term to express what Klein had in mind for this bedrock concept. I have a similar feeling about the necessity of the term *neutrality*, and I have no better word to suggest as its replacement; I can only take the small step of defining it as a set of activities.

There is a somewhat vexing and humorous convergence of frustration with our attempts to put both these terms, *neutrality* and *depressive position*, into words. We must come to terms with the vagary of even our best attempts to articulate the meaning of neutrality, which is elusive as both an activity and as an experience. Perhaps the vagary results from the way that the term contains a conceptual/semantic minimization of the complex, intersubjective core of the analytic process and the unconscious mind itself.

The concept of neutrality, then, as both a conceptual/semantic challenge and as a cluster of activities that are always in process and by definition always changing, is in fact an important part of the analyst's experience of the depressive position in analytic work. The activity of neutrality lays out a cluster of listening modes and ideals, never achievable yet absolutely essential for the analyst to strive for and contain.

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