Through a close reading of two of Searles's papers, the author explores not only what Searles thinks, but the way he thinks and how he works with patients. Searles makes use of a form of emotional responsiveness to the transference-countertransference that entails a seamless continuity of conscious and unconscious receptivity and thought. His unflinchingly honest descriptions of what is occurring in the transference-countertransference seem, as if of their own accord, to generate original clinical theory, for example, a reconceptualization of what is entailed in the successful analysis of the Oedipus complex. He demonstrates his own distinctive form of analytic thinking and interpreting, which the author describes as ‘turning experience inside out’. Searles, in clinical example after clinical example, transforms what had been the invisible, unnameable emotional context of the patient's experience into verbally symbolized psychological content that is thinkable and speakable. In the final section of the paper, the author discusses an important (and unexpected) complementarity of the work of Searles and Bion. Searles's work provides clinical shape and vitality for Bion's often abstract theoretical constructions, such as the concept of the container-contained, the human need for truth, and the relationship of conscious and unconscious experience. At the same time, Bion's work provides a broader theoretical context for Searles's work.

Harold Searles, to my mind, is unrivaled in his ability to capture in words his observations concerning his emotional response to what is occurring in the analytic relationship, and his use of these observations in his effort to understand and interpret the transference-countertransference. I will offer close readings of portions of two of Searles's papers, ‘Oedipal love in the countertransference’ (1959) and ‘Unconscious identification’ (1990), in which I describe not only what Searles thinks, but what I believe to be the essence of the way he thinks and how he works in the analytic setting.1 Being receptive to what is occurring at a given moment in an analysis involves, for Searles, an exquisite sensitivity to the unconscious communications of the patient. Such receptivity to the patient's unconscious communications requires of the analyst a form of laying bare his own unconscious experience. Searles's way of using himself analytically very often entails a blurring of the distinction between his own conscious and unconscious experience, as well as the distinction between
This paper is the fifth in a series of articles in which I offer close readings of seminal analytic contributions. I have previously discussed works by Winnicott, Freud, Bion, and Loewald (Ogden, 2001, 2002, 2004a, 2006, respectively).

his unconscious experience and that of the patient. As a result, Searles's comments to the patient (and to the reader) concerning what he understands to be occurring between himself and the patient are often startling to the reader, but almost always utilizable by the patient (and the reader) for purposes of conscious and unconscious psychological work.

In discussing ‘Oedipal love in the countertransference’, I focus on the way in which, for Searles, unflinchingly accurate clinical observation spawns original clinical theory (in this instance, a reconceptualization of the Oedipus complex). In my reading of ‘Unconscious identification’, I suggest that Searles has a distinctive way of thinking and working analytically, which might be thought of as a process of ‘turning experience inside out’. By this, I mean that Searles transforms what had been an invisible, and yet felt presence, an emotional context, into psychological content about which the patient may be able to think and speak. What had been a frightening, unnamed, fully taken-for-granted quality of the patient's internal and external world is transformed by Searles into a verbally symbolized emotional dilemma about which the analytic pair can now think and converse.

Finally, I discuss what I view as the complementarity between Searles's work and that of Bion. I have found that reading Searles provides a vibrant clinical context for Bion’s work, and that reading Bion provides a valuable theoretical context for Searles's work. I focus, in particular, on the mutually enriching ‘conversation’ (created in the mind of the reader) between Searles's clinical work and Bion's concepts of the container-contained, the fundamental human need for truth and Bion's reconceptualization of the relationship between conscious and unconscious experience.

I. Oedipal Love in the Countertransference

In the opening pages of the ‘Oedipal love’ paper, Searles provides a thoughtful review of the analytic literature concerning countertransference love. The consensus on this topic current at the time was succinctly articulated by Tower: ‘Virtually every writer on the subject of countertransference … states unequivocally that no form of erotic reaction to a patient is to be tolerated’ (1956, cited by Searles, 1959, p. 180). With this sentiment looming in the background, Searles presents an analytic experience that occurred in the latter part of a four-year analysis (which he conducted early in his career). He tells us that the patient's femininity
had initially been ‘considerably repressed’ (1959, p. 182). In the last year of this analysis, ‘I
found myself having ... abundant desires to be married to her, and fantasies of being her
husband’ (p. 183). Blunt acknowledgement of such thoughts and feelings

2 When I speak of clinical theory, I am referring to proposed experience-near understandings
(formulated in terms of thoughts, feelings and behavior) of phenomena occurring in the clinical
setting. Transference, for example, is a clinical theory that proposes that certain of the patient’s
feelings towards the analyst, unbeknownst to the patient, have their origins in feelings that the
patient experienced in previous real and imagined object relationships, usually childhood
relationships. By contrast, psychoanalytic theories involving higher levels of abstraction (for
example, Freud’s topographic model, Klein’s concept of the internal object world and Bion’s
theory of α-function) propose spatial and other types of metaphor as ways of thinking about
how the mind works.

was unprecedented in 1959, and even today is a rare occurrence in the analytic literature. The
word ‘marry’—such an ordinary word—is strangely powerful as a consequence of its
connotations both of falling in love and of wishes to make a family and to live everyday life with
the person one loves. It seems to me highly significant that the fantasies described by Searles
never include imagining sexual intercourse (or any other explicit sexual activity) with the
patient. I believe that this quality of Searles’s fantasies reflects the nature of the conscious and
unconscious fantasy life of the oedipal child. Although drawing this parallel between the
analytic experience and the childhood experience is left largely to the reader, it seems to me
that Searles is suggesting that, for the oedipal boy, the idea of ‘marrying’ his mother and being
her ‘husband’ is a mysterious, ill-defined and exciting idea. To ‘marry’ one’s mother/patient is
not so much a matter of having her as a sexual partner as it is a matter of having her all to
oneself for one’s entire life, having her as one’s best friend and one’s very beautiful, sexually
exciting ‘wife’, whom one deeply loves and one feels deeply loved by. Searles's writing does not
make it clear to what degree these feelings and fantasies are conscious, either to Searles or, by
extension, to the oedipal child; that unclarity is, I believe, fully intended and reflects an aspect
of the quality of Searles's (and perhaps the oedipal child's) emotional state while in the grip of
oedipal love.
In this first clinical example, Searles describes feeling anxious, guilty and embarrassed by his love for his patient. In response to the patient's saying that she felt sad about the imminent termination of the analysis, Searles said to her that he

... felt ... much as did Mrs. Gilbreth, of Cheaper by the Dozen fame, [who] ... said to her husband, when the youngest of their twelve children was now passing out of the phase of early infancy, ‘It surely will be strange not to be waking up, for the first time in sixteen years, for the two o'clock feeding!’ (p. 183)

The patient looked ‘startled and murmured something about thinking that she had become older than that’ (p. 183). Searles, in retrospect, came to understand that his focus on the patient’s infantile needs represented an anxious retreat from his feelings of love for her as ‘an adult woman who could never be mine’ (p. 183). Searles's fear of acknowledging to himself and (indirectly) to the patient his oedipal love (as opposed to the love of a parent for his or her infant) stemmed primarily from his fear that openly acknowledging such feelings would elicit attacks from his external and internal analytic elders:

My training had been predominantly such as to make me hold rather suspect any strong feelings on the part of the analyst towards his patient, and these particular emotions [romantic and erotic wishes to marry the patient] seemed to be of an especially illegitimate nature. (p. 180)

Searles, even in this only partially successful management of oedipal love in the analytic setting, is implicitly raising important questions regarding his own experience of oedipal love for the patient. What is ‘countertransference’ love as opposed to ‘non-countertransference’ love? Is the former less real than the latter? If so, in what way? These questions are left unresolved for the time being.

As Searles, over the course of time, experienced oedipal love in the transference-countertransference as a consistent part of his analytic work, he grew

... successively less troubled at finding such responses in myself, less constrained to conceal these from the patient, and increasingly convinced that they auger well rather than ill for the outcome of our relationship, and that the patient's self-esteem benefits greatly from his sensing that he (or she) is capable of arousing such responses in his analyst. I have come to believe that there is a direct correlation between, on the one hand, the affective intensity with which the analyst experiences an awareness of such feelings—and of the unrealizability of such
feelings—in himself towards the patient, and, on the other hand, the depth of maturation which the patient achieves in the analysis. (p. 183, original italics)

This passage illustrates the power of understatement in Searles's work. He leaves unspoken the central idea of the paper: in order to successfully analyze the Oedipus complex, the analyst must fall in love with the patient while recognizing that his wishes will never be realized. And, by extension, a successful oedipal experience in childhood requires that the oedipal parent fall deeply in love with the oedipal child while remaining fully aware that this love will never leave the domain of feelings. (In passages such as the one just cited, Searles seamlessly generates clinical theory from clinical description of the transference-countertransference.)

Searles's presentation of this first clinical example suggests an essential paradox underlying healthy oedipal love: both in childhood and in the transference-countertransference, the wished-for marriage is treated simultaneously as a real and as an imaginary marriage. There is at once the belief that the marriage is possible, and yet, at the same time, the knowledge (secured by the parents'/analyst's groundedness in their respective roles) that the marriage is never to be. In the spirit of Winnicott's (1953) conception of transitional object relatedness, the question ‘Does the analyst really want to marry his patient?’ is never raised. The oedipal love of the patient and the analyst involves a state of mind suspended between reality and fantasy (see Gabbard, 1996, for a thoughtful examination and elaboration of this conception of transference-countertransference love).

The clinical examples that Searles provides in the remainder of his paper are all taken from work with chronic schizophrenic patients. Searles believes, on the basis of his extensive psychotherapeutic work at Chestnut Lodge, that the analysis of schizophrenic patients (and other patients suffering from psychological illnesses that have their origins in very early life) affords a particularly fruitful way of learning about the nature of experience that is common to all humankind. Searles believes that successful analytic work with such patients leads to an analytic relationship in which the most mature aspects of development (including the resolution of the Oedipus complex) are not only experienced and verbalized, but have a clarity and intensity, both in the transference and the countertransference, that is rare in work with healthier patients.

In discussing the analysis of a schizophrenic woman, Searles acknowledges that it was disconcerting to him, late in that analysis, to find himself feeling strong wishes to marry a woman ‘whom one's fellows might perceive as being ... grossly ill and anything but attractive’ (p. 183). But Searles's capacity to see his patient as a beautiful, highly desirable woman is precisely what was required of him. Searles found

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that straightforwardly facing his romantic feelings for this schizophrenic patient (while remaining clear in his own mind that he was the therapist) contributed to

...the resolution of what had become a stereotyped situation of the patient's being absorbed in making incestuous appeals to, or demands upon, the therapist, in a fashion which had been throttling the mutual investigation of the patient's difficulties .... [W]hen ... a therapist dare not even recognize such responses in himself—let alone expressing them to the patient—the situation tends all the more to remain stalemated at this level. (p. 184)

Searles is suggesting here that the therapist's ‘candidly’ (p. 184) allowing the patient to see that he or she stirs in him wishes to marry the patient does not have the effect of exacerbating the patient’s unrelenting ‘incestuous appeals’; rather, the therapist's acknowledgement of ‘romantic love for the patient’ contributes to the ‘resolution’ of the stalemate (the repetitive, unrelenting incestuous appeals) and the ‘freeing-up’ (p. 184) of the patient's and the therapist's capacities for analytic work. Though Searles does not discuss the theoretical underpinnings of his findings, it seems that the therapeutic effect of the expression of the therapist’s love for the patient is not being conceptualized as a corrective emotional experience, but as the meeting of a developmental need for recognition of who the patient is (as opposed to the satisfying of an erotic desire). The latter would lead to increased sexual excitement; the former fosters psychological maturation, including the consolidation of a self that is experienced as both loved and loving. Searles is implicitly, and only implicitly, positing a human developmental need to love and be loved, and to be recognized as a separate person whose love is valued.

He deepens his investigation into the role of the analyst’s feelings of oedipal love of the patient by discussing a complex emotional situation that came to a head about 18 months into the analysis of a ‘sensitive, highly intelligent, physically handsome’ (p. 185) paranoid schizophrenic man. Searles began to feel uneasy about the intensity of his affectionate feelings for this patient and became alarmed during a session in which ‘a radio not far away was playing a tenderly romantic song’ (p. 185). Searles describes his sudden awareness ‘that this man was dearer to me than anyone else in the world, including my wife’. He adds, ‘Within a few months I succeeded in finding “reality” reasons why I would not be able to continue indefinitely with his therapy, and he moved to a distant part of the country’ (p. 185).

Searles hypothesizes that he had been able to tolerate the patient’s sarcasm and scorn, which replicated in the transference the patient's experience of feeling hated by his mother and, in return, feeling hateful towards her. What Searles had been unable ‘to brave’ (p. 185) was the love in the transference-countertransference, which had its origins in the love that had ‘prevailed [between the patient and his mother] behind a screen of mutual rejection’ (p. 185).
In particular, it was his romantic love for a man that frightened Searles so profoundly, at that early point in his career, that he was unable to continue working with this patient.

Searles's description of sitting with this patient while a radio was playing a tender love song never fails to stir me deeply. Searles does not simply tell the reader what occurred; he shows the reader what happened in the experience of reading:

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the tenderness of the music is created in the sound of the words. The words ‘while we were’ (three monosyllabic words repeating the soft ‘w’ sound) are followed by ‘sitting in silence’ (a pairing of two-syllable words beginning with a soft, sensuous ‘s’ sound). The sentence continues to echo the soft ‘w’s of ‘while we were’ in the words ‘away’, ‘was’, and ‘when’, and ends with three tagged-on words that explode like a hand grenade: ‘including my wife’. At the core of the denouement is the word ‘wife’, which, with its own soft ‘w’, conveys the feeling that this is the word that has been adumbrated all along, the word that has lain in wait in all that has preceded. The easy movement of sound creates in the experience of reading the tranquility of the love that Searles and the patient felt for one another, while the tagged-on thought, ‘including my wife’, powerfully cuts through the dreamy quietude of the scene.

In this way, Searles creates in the experience of reading something of his experience of sudden, unexpected alarm at the juncture of the analysis being presented. The reader, too, is unprepared for this development and wonders if Searles could really mean what he says: that the patient felt more dear to him than his wife. The compactness of the phrase, ‘including my wife’, contributes to the unequivocal nature of the answer to this question: yes, he does mean it. And that fact so frightened Searles that he precipitated the premature end of the therapy. I believe that alarming surprises to the reader, such as the one just described, account for a good deal of the intense anger Searles was notorious for eliciting from audiences to whom he presented his work. Searles refuses to round the edges of an experience. Reading his work is not an experience of arriving at an understanding; it is an experience of being rudely woken up to disconcerting truths about one's experience with one's patients. Successive experiences of ‘waking up’ to oneself on the part of the patient and analyst, for Searles, are pivotal aspects of the analytic experience. It is when the therapist is not able to wake up to what is occurring that acting in and acting out (on the part of both the patient and the analyst) tend to occur. Here, too, these bits of clinical theory are implicit in Searles's descriptions of his clinical work.

In another analytic experience involving oedipal love for a man (which occurred some years after the clinical experience just described), Searles speaks of feeling a mixture of tender love and murderous hatred toward a severely ill paranoid-schizophrenic man:
He referred to us, now in the third and fourth years of our work, as being married .... When I took him for a ride in my car for one of the sessions, I was amazed at the wholly delightful fantasy and feeling I had, namely that we were lovers on the threshold of marriage, with a whole world of wonders opening up before us; I had visions of going ... to look for furniture together. (p. 185)

The final detail of ‘going ... to look for furniture together’ poignantly conveys the excitement, not of sexual arousal, but of dreaming and planning a life to be lived with the person one loves. In oedipal love, these dreams on the part of both child and parent, patient and analyst, cannot be lived out with the current object of one's love: ‘I was filled with a poignant realization of how utterly and tragically unrealizable were the desires of this man who had been hospitalized continually, now, for fourteen years’ (p. 185). In this second example of oedipal love for a man, Searles is saddened, not frightened, by his love for the patient. By this point in the paper,
long, and who is tied to her by mutual bloodties, I reasoned, then how can the young woman who comes later have any deep confidence in the power of her womanliness?

And I have had every impression, similarly, that the oedipal desires of my son, now eleven years of age, have found a similarly lively and wholehearted feeling-response in my wife; and I am equally convinced that their deeply fond, openly-evidenced mutual attraction is good for my son as well as enriching to my wife. To me it makes sense that the more a woman loves her husband, the more she will love, similarly, the lad who is, to at least a considerable degree, the younger edition of the man she loved enough to marry. (pp. 185-6, my italics)

In this passage, Searles simply states, on the basis of his experience, what ‘makes sense’ to him about the emotional effects that people have on one another. Simply saying what ‘makes sense’ on the basis of one’s experience—I cannot think of a better way of conveying the essential core of Searles’s analytic thinking and way of practicing psychoanalysis.

The movement of the paper as a whole, and of this passage in particular, has the feel of a succession of photographs, each more skillfully crafted, each more successful in capturing the core of the subject being photographed: the analytic relationship. The words and images that are most alive for me in this passage—words and images that often come to my mind during analytic sessions—are the ones that Searles uses to describe the way his daughter, as a small child, could wrap him around her little finger: ‘If a little girl cannot feel herself able to win the heart of her father ... then how can the young woman who comes later have any deep conviction in the power of her womanliness?’ (pp. 185-6). But, even as his daughter is sweeping him off his feet, Searles’s wife, who earlier had stood in the shadows of his love for one of his patients, now takes her place in the mutual feeling of love that she and Searles experience, which is the source of the oedipal love that they feel

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for their children. In the very experience of writing and reading the paper, there is a movement from the experience of being enthralled with the person one (oedipally) loves to the ‘restitution’ (Loewald, 1979, p. 757) of the parents’ adult love for one another as the ballast for the oedipal experience.

As Searles’s paper proceeds, the reader becomes increasingly aware of differences between Freud’s (explicit) and Searles’s (largely implicit) conceptions of the Oedipus complex. Searles points out that in Freud’s (1900) earliest description of the Oedipus complex, Freud ‘makes a fuller acknowledgement of the parent’s participation in the oedipal phase of the child’s life’ (Searles, 1959, p. 186) than he does in any of his subsequent writings: ‘The parents, too, give
evidence as a rule of sexual partiality: a natural predilection usually sees to it that a man tends to spoil his little daughters while his wife takes her sons' part’ (Freud, 1900, pp. 257-8, cited by Searles, p. 186). Even this statement of the parents' oedipal love for the child is a pale rendering of what, in Searles's hands, is a vibrant, living thing which constitutes a good deal of the richness of human life, both for children and for parents. But this is not the heart of the difference between Searles's and Freud's conceptions of the Oedipus complex. For Freud (1910, 1921, 1923, 1924, 1925), the story of the healthy Oedipus complex is that of the child's triangulated sexual desire and romantic love for one parent, and his jealousy, intense rivalry and murderous wishes for the other parent; the child's fearful and guilty renunciation (in the face of castration threats) of his sexual and romantic desires toward his parents; and the internalization of the threatening, punitive oedipal parents in the process of superego formation.

By contrast, Searles's version of the Oedipus complex is the story of the child's experience of reciprocated romantic and sexual love of the parent (a wish ‘to marry’ and make a family and home with that parent). There is rivalry with, and jealousy of, the other parent, but it is a far quieter affair than that involved in Freud's conception of the child's murderous wishes for his parents. Searles's version of the oedipal experience does not end with the child's feeling defeated by castration threats and being left with an abiding sense of guilt and the need to renounce and ashamedly hide sexual and romantic wishes for the parents.

Instead, for Searles, the healthy Oedipus complex is the story of love and loss, of reciprocated romantic parent-child love that is safeguarded by the parents' firm but compassionate recognition of their roles, both as parents and as a couple. That recognition on the part of the parents helps the child (and the parents themselves) to accept the fact that this intense parent-child love relationship must be given up:

The renunciation is, I think, again something which is a mutual experience for child and parent, and is made in deference to a recognizedly greater limiting reality, a reality which includes not only the taboo maintained by the rival-parent, but also the love of the oedipallydesired parent towards his or her spouse—a love which antedated the child's birth and a love to which, in a sense, he owes his very existence. (p. 188)

In this rendering of the Oedipus complex, the child emerges with a feeling that his romantic and sexual love is accepted, valued and reciprocated, along with a firm recognition of a ‘greater limiting reality’ within which he must live. Both elements—the love and the loss—strengthen the child psychologically. The first element—the
reciprocated oedipal love—enhances the child's feelings of self-worth. The second element—the loss involved in the ending of the oedipal romance—contributes to the child's sense of 'a recognizedly greater limiting reality' (p. 188). This sense of a greater limiting reality involves an enhancement of the child's capacity to recognize and accept the unrealizability of his desires. This maturational step has far more to do with the maturation of reality testing and the capacity to differentiate internal and external reality than with the internalization of a chastising, threatening, punitive version of the parents (that is, superego formation). For Searles, the 'heir' to the Oedipus complex is not primarily the formation of the superego, but a sense of oneself as a loving and lovable person who recognizes (with a feeling of loss) the constraints of external reality.

We can hear in this passage a partial response to the question raised earlier: 'Is countertransference love, for Searles, less real than other kinds of love?' Clearly the answer is no. What makes countertransference love different from other types of love is the analyst's responsibility to recognize that the love he experiences for and from the patient is an aspect of the analytic relationship, and his ability to make use of these feelings in the therapeutic work in which he is engaged with the patient:

These feelings [of love for the patient] come to him [the analyst] like all feelings, without tags showing whence they have come, and only if he is relatively open and accepting of their emergence into his awareness does he have a chance to set about finding out ... their significance in his work with the patient. (p. 188)

The notion that feelings come to the analyst 'without tags' is pivotal to Searles's conception of oedipal love in the countertransference, and to his overall conception of psychoanalysis. The analyst's task is first and foremost to allow himself to experience the full emotional intensity of all that he feels in the here-and-now of the analytic experience. Only then is he in a position to make analytic use of his feeling state.

II. Unconscious Identification

I will now turn to Searles's 'Unconscious identification' (1990), an important but little-known paper published in a collection of papers by 14 analysts more than 3 decades after the 'Oedipal love' paper was published. The later paper reveals Searles's clinical thinking in its most highly developed form. There can be no doubt that the speaker in Searles's 1990 paper is the same person as the speaker in the 1959 paper, but now wiser, more artful in his work, more keenly aware of his limitations. In his 1990 paper, Searles is even more sparse in his use of psychoanalytic theory than he was in the 'Oedipal love' paper. So far as I am able to discern, in his 1990 paper, Searles makes use of only two analytic theories: the concept of the dynamic unconscious and the concept of the transference-countertransference. The effect of Searles's
paring away of theory to its absolute minimum is the creation of an experience in reading that is akin to that of reading fine literature: emotional situations are presented in which the characters involved are allowed to speak for themselves.

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Searles begins the paper with a metaphor:

My main purpose in this chapter is to convey a generous variety of clinical vignettes wherein one can detect unconscious identifications ramifying beneath or behind a relatively simple and obvious conscious one, something like a sea plant can be discovered to be flourishing far beyond and beneath the few leaves that can be seen on the water's surface.

(1990, p. 211)

Searles lays out in this opening sentence his conception of how he views the relationship of conscious and unconscious experience in the analytic relationship. Conscious experience is ‘relatively simple and obvious’ if one has developed an ear with which to notice it in oneself and frame it for oneself; ‘beneath [conscious experience] or behind’ it is unconscious experience, which is continuous with conscious experience, just as the ‘flourishing’, ‘ramifying’ underwater parts of the sea plant are continuous with ‘the few leaves that can be seen at the water's surface’. Implicit in this metaphor, as I read it, is the idea that one need not be a marine biologist to notice a few of the qualities of the sea plant, but the more one's mind and senses are capable of refined perception, the more one is likely to understand about the way the plant works and how it has come to work in that way. Moreover, a person with a trained eye is also more likely to feel curious, puzzled and amazed by what he observes. And yet, as I hope to show in the course of my discussion of this paper, Searles's use of this metaphor fails to capture what is most important about his way of thinking and working.

In the first of the clinical illustrations, Searles describes his work with an elderly woman who for many years had not heard from her daughter. Having received a letter from her daughter (then in her forties), the patient brought the letter to the session, not certain how to reply to it. She gave it to Searles to read. On thinking about it, Searles said, ‘I do feel a sense of not actually being you, and therefore, I feel uncomfortable as to how I might respond to it’ (p. 214). A bit later, Searles conversationally addresses the reader:

Actually, for me, the most memorable aspect of this interaction is that, in the moment before reaching out to accept the letter, I felt a very strong sense that it was not right for me to read
the letter, since I was not the person to whom the letter was addressed; the force of this inhibition was striking to me, in light of her obvious wish that I read it.

It then occurred to me, as I went on talking, and I said, ’But I wonder if you feel that you, likewise, are not the person to whom that letter is addressed’. To this, she reacted in a strongly confirmatory fashion, saying that she had gotten a great deal of therapy over the years since she had been involved in the kind of thing that this letter was expressing. In essence, she strongly confirmed that my sense of not in actuality being the intended recipient of the letter had a counterpart in her strongly feeling, likewise, that she was not the person to whom the letter was addressed. Her confirmation, here, was expressed in sufficiently pent-up feeling as to let me know that she had needed this interpretation from me to enable her to know and express these feelings so clearly. (pp. 214-5, original italics)

The analytic event being presented hinges on Searles’s awareness in the moment before he reached out to accept the letter that he felt uncomfortable with the idea of reading a letter that was not written to him. On the basis of this feeling/thought, Searles did something with the situation that, for me, is astounding: he turned the experience ‘inside out’ in his mind in a way that revealed something that felt true to him, to the patient, and to me as a reader. (With regard to my use of the metaphor of turning experience inside out, it is important to bear in mind that, like the surface of a Moebius strip, inside is continually in the process of becoming outside and outside becoming inside.) Searles took his feeling that it was not right to read a letter not addressed to him—the ‘inside’, in the sense that it was his own personal response—and made it ‘the outside’. By ‘outside’, I mean the context, the larger emotional reality, within which he was experiencing what was occurring between himself and the patient and, by extension, within which the patient was experiencing herself in relation to her daughter. It is precisely this sort of reversal that is most surprising, often startling, about the experience of reading Searles: there is an abrupt shift from Searles’s inner life (his extraordinarily perceptive emotional response to what is occurring) to the invisible psychological context within which the patient is experiencing himself or herself.

It is important to note that the reversal to which I am referring is not synonymous with making the unconscious conscious. What Searles does is far more subtle than that. In this example, the patient’s experience of no longer being the person her daughter imagines her to be is not a repressed unconscious thought or feeling; rather, it is part of the internal emotional environment in which the patient lives. That as yet unnamed matrix of her self had come to constitute a good deal of the truth of who she had become. In the interaction described, it was
necessary, first, for Searles to make a transformation within himself in which context became content; the ‘invisible’ context of Searles's sense of himself (as not being the person to whom the letter was written) became the ‘visible’, thinkable content. Searles, in the process of thinking out loud, came to the feeling/idea that the patient did not experience herself as the person to whom the letter was written: ‘It then occurred to me, as I went on talking …’ (p. 214). Searles was not saying what he thought; he was thinking what he said. That is, in the very act of speaking, inner was becoming outer, thinking was becoming talking, unthinkable context was becoming thinkable content, experience was being turned inside out.

I will now turn to another example of Searles turning experience inside out. In a clinical discussion later in the paper, he recounts instances of being asked by patients, ‘How are you?’ Searles describes often feeling

...that I would dearly love to be able to unburden myself, and tell him in ... detail of the myriad aspects of how I am feeling today; but knowing how impossible this is, in light of our true situation here, I react mainly with bitterly ironic amusement saying, ‘Just grand,’ or merely nodding. (p. 216)

It eventually occurs to Searles, each time freshly and unexpectedly, that the patient is feeling something very similar to Searles's feelings, i.e. that it is impossible under the circumstances to tell Searles how he (the patient) feels. This is so because ‘he [the patient] is [feeling that he is] supposed to be the one who is helping me’ (p. 216, original italics), as was the case in the patient’s childhood relationship with his parents. When Searles comes to this type of understanding of the situation, he remains silent and yet his grasp of what is occurring ‘nonetheless enables me ... to foster an atmosphere wherein the patient can feel that he is being met with more of genuine patience and empathy than had been the case before’ (p. 216).

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In this clinical situation, Searles realizes that a critical aspect of the context of his emotional experience of being the analyst for his patient has been his (Searles's) wish to be the patient in the analysis. His hearing the bitterness in his own voice as he responds to the patient's question/invitation makes it possible for him to convert unthinkable context into thinkable content. This transformation allows Searles to communicate (nonverbally) an understanding of the patient's invisible (silent) bitterness about the fact that he does not feel that he has the right to be the patient in his own analysis. Here, again, Searles does the psychological work of transforming his own ‘inner’ emotional context (his wish that the analysis were his analysis) into ‘outer’ (thinkable, verbally symbolized) thoughts and feelings. This psychological work on Searles's part contributes to a change in the ‘atmosphere’ of the analytic relationship. The
formerly unthinkable context for the patient's experience (his sense that the analysis was not his analysis) enters a process of being consciously thought by Searles and unconsciously thought by the patient.

I will take a piece of Searles's self-analytic work as a final illustration of the way in which his thinking is, to a great extent, marked by his unique way of turning experience inside out:

For many years I have enjoyed washing dishes, and not rarely have had the feeling that this is the one thing in my life that I feel entirely comfortably capable of doing. I have always assumed that, in my washing of dishes, I was identifying with my mother, who routinely did them in my early childhood. But in recent years ... it has occurred to me that I have been identifying with my mother not only in the form but also in my spirit of washing the dishes. I had not previously allowed myself to consider the possibility that she, too, may have felt so chronically overwhelmed, so chronically out beyond her depth in life, that this activity, this washing of dishes, was the one part of her life with which she felt fully equipped to cope comfortably. (p. 224)

This paragraph could have been written by no one other than Searles—in part because it involves such exquisite mastery of the art of looking deeply into seemingly ordinary conscious experience. Searles knows in a way that few analysts have known that there is only one consciousness and that the unconscious aspect of consciousness is in the conscious aspect, not under it or behind it. Paradoxically, Searles knows this in practice and makes use of it in virtually every clinical illustration he presents, but he has not, as far as I am aware, ever discussed this conception of consciousness in his writing. Moreover, in the opening sentence of the paper cited earlier, Searles explicitly contradicts this understanding of the relationship of conscious and unconscious experience when he says that unconscious identifications lie 'behind and beneath' conscious identifications. I believe, however, that this conception of the relationship between conscious and unconscious experience (and the accompanying sea-plant metaphor) are not in keeping with the understanding of the relationship between conscious and unconscious experience that Searles so powerfully illustrates in this paper. I believe that it would more accurately reflect what Searles demonstrates in his clinical work to say that conscious and unconscious experience are qualities of a unitary consciousness, and that we gain access to the unconscious dimension of experience by looking into conscious experience, not by looking ‘behind’ it or ‘beneath’ it.

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In the account of his psychological state while washing dishes, Searles had for years thought of his enjoyment of washing dishes and his feeling that that is the ‘one thing in my life that I feel
entirely comfortably capable of doing’, as an identification in the ‘form’, but not in the ‘spirit’, of his mother washing dishes. The reader (and Searles) are taken by surprise as Searles delves more deeply into his experience of washing dishes. He becomes aware of what he already ‘knew’, but did not know: his experience of washing dishes takes place within a powerful, yet invisible emotional context of feelings of profound inadequacy. Searles transforms this formerly unthinkable context into thinkable emotional content:

I had not previously allowed myself to consider the possibility that she, too, may have felt so chronically overwhelmed, so chronically out beyond her depth in life, that this activity, this washing the dishes, was the one part of her life with which she felt fully equipped to cope comfortably. (p. 224)

The truth (and even beauty) of Searles’s newly created understanding of himself and his mother is not merely described for the reader, it is shown to the reader in the evocativeness of the imagery. The image of Searles as a child watching his mother with a sink full of dishes in soapy water not only captures the experience of the day-to-day life of a boy with his depressed mother, it also conveys a sense of the emotional shallowness (the very limited depth of a kitchen sink) beyond which his mother dared not—could not—go.

III. Searles and Bion

I will conclude by briefly discussing a complementarity between Searles's thinking and that of Bion, which I ‘discovered’ to my surprise in the course of writing this paper. Searles was temperamentally disinclined (and perhaps unable) to formulate his thoughts at a level of abstraction beyond that of clinical theory. In stark contrast, Bion, whose focus was on the development of psychoanalytic theory, gives the reader relatively little sense of the way in which he makes use of his ideas in the analytic setting. In a highly condensed way, I will address three aspects of the work of Searles and Bion in which I suggest that the reader requires familiarity with the work of both authors in order to fully appreciate either one.

The container-contained

In discussing Searles's way of working with his patient’s request that he read a letter written to her by her daughter, I introduced the idea that Searles's thinking might be thought of as ‘turning experience inside out’—what begins as the invisible, unthinkable context of experience is transformed by Searles into experiential content, about which he and the patient may be able to think and talk. My metaphoric description of what Searles was doing (without my being aware of it) drew on Bion's (1962) concept of the container-contained. The concept of the container-contained provides a way of thinking about the way in which psychological content (thoughts and feelings) may overwhelm and destroy the very capacity for thinking thoughts
Searles's patient may have harbored feelings of guilt of such intensity that they limited her capacity to think her thoughts concerning the ways in which she had changed, thus leaving her without the means to do unconscious psychological work with them. Searles was able to think (contain) something like the patient's unthinkable thoughts concerning his own guilt/uneasiness about the idea of reading a letter not addressed to him. In telling the patient that he thought that she, too, did not experience herself as the person to whom the letter was written, Searles helped the patient to contain/think her own previously unthinkable thoughts and feelings concerning the psychological growth that she had achieved.

In formulating Searles's work in this way, I am creating a vantage point that is lacking in Searles's work, i.e. a conception of the way in which the analytic interaction involves at every turn the muscular interplay of thoughts and the capacity to think one's thoughts. At the same time, Searles's extraordinary capacity to describe the emotional shifts occurring in the transference-countertransference brings to life the experiential level of the workings of the container-contained in ways that, to my mind, Bion was unable to achieve in his own writing.

The human need for truth

Searing honesty (with himself and with the patient) permeates Searles's accounts of his clinical work. Examples previously discussed in this paper that come immediately to mind include Searles's acknowledging to himself (despite internal and external pressures to do otherwise) his intense wishes to marry his patients when in the thick of oedipal transference-countertransference experiences; Searles's alarming awareness that he felt a depth of tenderness toward a male schizophrenic patient that was greater than the love he felt for his wife; and his recognition of his feelings of bitterness about the fact that he was not the patient in the analysis that he was conducting, and consequently did not have the right to tell the patient at length what he was feeling. While Searles clearly believes that straightforwardly facing the truth of what is occurring in the analytic relationship is an indispensable element in analytic work, it took Bion to formulate this clinical awareness at a higher level of abstraction, namely, that the most fundamental principle of human motivation is the need to know the truth about one's lived emotional experience. ‘[T]he welfare of the patient demands a constant supply of truth as inevitably as his physical survival demands food’ (Bion, 1992, p. 99). Searles is without peer in demonstrating what that need for truth looks like and feels like in the transference-countertransference, and how it shapes the analytic experience; Bion put the idea
into words, located it in relation to analytic theory as a whole and created an understanding of the human condition that placed the need for truth at its core.

Reconceiving the Relationship of Conscious and Unconscious Experience

It is evident in Searles's description of his analytic work that the relationship of the analyst's conscious and unconscious experience is being conceived of quite differently from the way in which that interplay is ordinarily conceptualized. Though not stated explicitly, Searles shows the reader what it means to make use of consciousness as a whole, i.e. to create conditions in the analytic setting in which the analyst perceives what is occurring in the transference-countertransference by means of a form of consciousness characterized by a seamless continuity of conscious and unconscious experience. Bion recognized in his own work what Searles demonstrates in his clinical accounts, and used that recognition to revolutionize analytic theory by radically altering the topographic model. Bion's alteration of the topographic model is nothing less than breathtaking in that it had been impossible, at least for me, to imagine psychoanalysis without the idea of an unconscious mind somehow separate from ('below') the conscious mind. The conscious and unconscious 'minds', for Bion, are not separate entities, but dimensions of a single consciousness. The apparent separateness of the conscious and unconscious mind is, for Bion (1962), merely an artifact of the vantage point from which we observe and think about human experience. In other words, consciousness and unconsciousness are aspects of a single entity viewed from different vertices (see Ogden, 2004b). The unconscious is always a dimension of consciousness whether or not it is easily perceptible, just as the stars are always in the sky whether or not they are obscured by the glare of the sun.

Bion (1962) developed his concept of ‘reverie’ (a state of receptivity to one's own and the patient's conscious/unconscious experience) concurrently with Searles's early descriptions (written in the 1950s and 1960s) of his work with chronic schizophrenic patients in which he makes use of a state of mind that blurs the distinction between conscious and unconscious aspects of experience. It is impossible to say to what extent Bion was influenced by Searles or Searles by Bion. Searles makes reference only to Bion's relatively early work on projective identification; Bion makes no reference at all to Searles's work. Nonetheless, what I hope to have demonstrated is that Searles's work is enriched conceptually by a knowledge of Bion's work and Bion's work is brought more fully to life experientially by a familiarity with that of Searles.
References


Freud S (1900). The interpretation of dreams. Standard Edition 4-5. [→]

Freud S (1910). A special type of choice of object made by men (Contributions to a psychology of love I). Standard Edition 11, p. 163-75. [→]

Freud S (1921). Group psychology and the analysis of the ego. Standard Edition 18. [→]


Freud S (1925). Some psychical consequences of the anatomical distinction between the sexes. Standard Edition 19, p. 241-60. [→]


Ogden TH (2004b). This art of psychoanalysis: Dreaming undreamt dreams and interrupted cries. Int. J. Psycho-Anal. 85: 857-77. [→]

Ogden TH (2004c). On holding and containing, being and dreaming. Int. J. Psycho-Anal. 85: 1349-64. [→]


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