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The interplay of frame and process in the work of symbolisation and transformation: A psychoanalytic perspective.

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In his paper 'Making the Best of a Bad Job', Bion tells us an emotional storm is created when two individuals meet. He writes:

If they make sufficient contact to be aware of each other, or even sufficient to be unaware of each other, an emotional state is produced by the conjuncture of these two individuals, and the resulting disturbance is hardly likely to be regarded as necessarily an improvement on the state of affairs had they never met at all. But since they *have* met, and since the emotional storm has occurred, the two parties to this storm may decide to 'make the best of a bad job' (Bion, 1979/1987, p.231).

For Bion, this emotional participation is the central organiser of experience (1963). Two minds that of the psychoanalyst and the analysand work together at the psychoanalytic 'job'. The work is to make meaning by reaching below the narrative surface to reveal a deeper glimpse on reality and truth and the ways we struggle with and avoid our infantile helplessness in the face of living of a life. For this work to occur, Bion described how the patient's deep and early anxieties needed to be projected and identified with by analyst in their mind so that these anxieties 'sojourn in my psyche' (Bion, 1958). Through this work the development of symbol formation is facilitated. The use of symbols which cannot be taken for granted is the basis of thought and meaningful verbal communication and structures the ego's relationship to itself and objects. The process and outcome of our work is inevitably imperfect and, as Bion says, we 'make the best of a bad job'. The analyst needs first to be free to use her own emotions to find connections with her patients.

Two aspects comprise a psychoanalytic therapy: the process and the frame or setting. The process involves the analysand's and the analyst's participation which is informed by ideas about containment, transference, countertransference and interpretation. For Bion, the mechanism underpinning the analyst / analysand encounter is communicative projective identification, based on the model of the mother and child relationship where the mother

uses her 'reverie' to digest the baby's experiences of unimaginable anxieties before re-presenting them to the baby in manageable bits. In this paper, I am not going to focus on the process but rather on the frame or the setting. I plan to develop a position that might extend our thinking about the setting. I suggest that the setting is not just a set of rules of engagement that facilitate the analytic process but that the process and the frame dialectically relate to enable symbolisation and transformation. I propose to explore two clinical situations in which pressure is placed on the analyst to modify her psychoanalytic frame - one relates to the external setting and the other to the internal setting. In doing so, I am touching on a key preoccupation for contemporary psychoanalysis about the place of unrepresented experience in the psychoanalytic situation; in particular, my questions concern the function of the frame in carrying these experiences and how to understand what gets embedded in the frame. I am hoping that my examples will prompt you to recall your own experiences and that we will have opportunity to discuss them later.

Clinical vignette: Sally

Four-year-old, Sally is presented for help because she cannot separate from her now exhausted mother. Her parents are understandably worried that Sally, who is due to start kindergarten in a year's time, will not be able to manage this experience. Sally constantly and anxiously demands that her mother endlessly submit to her wish not to experience limits, separations or frustrations. The reasons for this type of relationship link to both the mother's and the child's traumatic histories. The details of their histories are not necessary to recount; other than to say the predicament that they found themselves in was very understandable. In her three times per week analytic sessions, Sally was able to separate but she was very disorganised, moving about the consulting room aimlessly and in an apparently meaningless way. After some weeks in one of her analytic sessions, she begins to play in what for her is an unusually imaginative way. I was filled with pleasure and relief. When I announce the end of the session, I am not unexpectedly met by the child's protests that she wants to continue to play. When I repeat that we need to finish, Sally hits and spits at her analyst. Sally experiences the intervention of a time limit as a cruel blow. After I interpret Sally's disappointment and rage towards me, she reluctantly and angrily leaves the playroom.

So, let us think about what we see here. We have an analyst complying with the demands of the setting. A setting that has regular and constantly timed sessions of 50 minutes duration. We have a small child who unusually for her has found the freedom to play in the setting of

the consulting room. Understandably, she is reluctant, even angry at the analyst's insistence that she give up playing. The children's capacity for play is important as it is how they express and work through anxieties. Melanie Klein bequeathed us the understanding that in analytic work children's play is the equivalent to the adult's free associative speech and dreaming.

At this point, I am going to suggest that you will have different ideas about how this situation might be managed with Sally: some of you will think the time should be extended maybe as a reward or a gift to the child for her accomplishment; and/ or, it should be extended to avoid her anger and distress; and others will agree with what the analyst did in complying with the requirements to keep the setting time constant. So, let us for the moment hold our opinion on the management of this situation and I shall return to it later in the paper. Also, I ask you to observe how your opinion evolves as you listen to my paper. Does your opinion transform and if so, in what ways? Or does it become more consolidated, and you feel more confident about it?

The psychoanalytic frame

Traditionally in psychoanalytic thinking, we consider a psychoanalytic therapy involves a setting both internal and external and a therapeutic process in which the analyst adopts technical stances to enable interpretation, especially of the transference relationship. The external setting is considered as the arrangements for appointments, the fees and fees for cancelled sessions, the frequency of sessions, holiday breaks, the consistency of the consulting room and so on. Winnicott named this the 'summation of all details of management' (1955-56). In child analysis, additionally we consider the play space and the use of toys. The psychoanalytic frame or setting as it is variously termed, thus, indicates a spatiotemporal field that holds the analysing function. Some authors describe these arrangements as a 'setting' to suggest a backdrop or context, for example as we think of a set for a dramatic production. Other authors prefer the term 'frame' which refers to a structure or framework that supports and constructs something. The frame also denotes in English the body and the skeleton as a frame of the body with its external and internal protective structures. The psychoanalytic frame or the setting which serves to contextualize meaning by establishing the pre-conditions for the analysing function with its constant and reliable attention to time and place also incorporates the internal setting of the analyst. The internal setting refers to the professional and ethical attitudes of the analyst with her

commitment to the psychoanalytic method and goals. The frame functions to provide a scaffolding for the emerging relationship between analyst and analysand with its transference and countertransference resonances.

Freud set out his recommendations for the rules of engagement in psychoanalysis in his technical papers. In comparison with other psychotherapies, Freud argued that psychoanalytic technique penetrated more deeply the layers of the mind and enabled more far-reaching transformations. Between 1903 and 1913, he had formulated his basic rules for instigating and conducting a psychoanalytic treatment according to the ‘fundamental rules of psychoanalytic technique’ (1913, p. 134). The fundamental rule for the patient involves ‘free association’ which means putting into words everything that comes into mind without censorship or selection. For her part, the analyst is required to listen with an attitude of evenly suspended attention that allows for all patient utterances to be treated as potentially having meaning. The setting which is seen as providing the conditions for this therapeutic process to unfold over time whereby transferences can take shape and form and lend themselves to interpretation. The setting includes the consistent use of a couch /armchair, the frequency and rhythm of session held at the same time each day and the setting of fees etcetera. Freud also asserts that personal and social contact between patient and analyst needs to be avoided and that strict confidentiality is required in order not to contaminate emerging transferences. For Freud, these strict ethical constraints safeguard the integrity of the psychoanalytic process so that paradoxically a freedom of thought and phantasy can be exercised.

These elements of the setting were essentially unchanged until recent years when technological developments allowed for the use of virtual platforms and the COVID pandemic brought catastrophic changes to the way we could be together. As you may know, there is a debate in the psychoanalytic communities, for example, the International Psychoanalytic Association about whether it is possible to conduct a psychoanalysis solely through tele-analysis or whether there is always a need for periods of in-person / in-room analysis to allow person to person bodily communication that enables regressive experiences. In 2022, we can say that some features of Freud’s setting that remained unchanged and uncontested for over 100 years are now under-review. But we can also recall that Freud himself opposed rigidity and wrote with his incisive prescience

I think I am well-advised, however, to call these rules ‘recommendations’ and not to claim any unconditional acceptance for them. The extraordinary diversity of the psychological constellations concerned the plasticity of all mental processes and the wealth of determining factors oppose any mechanization of the technique. (Freud, 1913, p.123)

To summarise: the Freudian position viewed the setting as the practical background condition upon which the therapeutic process unfolds, and this enables the analyst to grasp and interpret the transference.

In the 1950s, more nuanced understandings of the meaning of setting begins to evolve with writers such as Bion and Winnicott suggesting that the setting is analogous to the mother – child relationship. For example, Winnicott theorised the holding and facilitating environment and Bion wrote of his container and contained model. These developments explicitly move the frame /setting beyond a conception of the frame merely manifesting ‘practicalities’ of Freud’s recommendations. This re-consideration of the meaning of the setting is taking place in the context of a widespread recognition and theorisation of the positive role of countertransference and of the analytic situation as a ‘field’, that is, the countertransference offered a useful resource to understand patient communications. These theorisations confounded the assumption that the analyst could be viewed as a blank screen and a non-participating observer who had no impact on the therapeutic scene and simply acted as a guarantor of stability. The recognition of the role of countertransference, the implication of the analyst in the field with the conceptualisation of the transitional (third) area of functioning that involved a blurring of self - non-self-boundaries pressed for a re-thinking of the totality of the therapeutic situation. This is to say that from the 1950s onwards the epistemological position of the Freudian one-person psychology, that is, a neutral, objective and emotionally non-participating analyst analysing a patient has been interrogated and challenged from multiple psychoanalytic models. As the Kleinian analyst, Edna O’Shaughnessy puts it ‘in a psychoanalysis the analyst’s mind is *the* instrument investigating the mind of the patient’(1994, p.942) and this encounter for Bion creates ‘the emotional storm’ discussed at the beginning of this paper. With analyst’s mind and bodily presence sharing the psychoanalytic stage with the patient - by this I am not referring to any conscious and intentional self-disclosures by the analyst – the setting or frame is now conceived as

inseparable from the analytic process (analogous to a mother - baby unit) and implicated in representational or symbolic meaning.

Jose Bleger

The Argentinian analyst, Jose Bleger (1922 -1972) further extends our thinking about the frame by recognising the existence of a setting that is created. Until recently Bleger's work has been relatively unknown in the English- speaking world. In his psychoanalytic approach, he brings together Kleinian psychoanalysis and Field Theory (Baranger and Baranger, 2008). He theorises the glischrocaric position, related to symbiotic dependency and prior to the Kleinian paranoid-schizoid position. As a proto-structure with syncretic or coming together features, it has an ambiguous quality of being beyond any simple pathological and healthy distinction, existing alongside the other more differentiated structures of the paranoid-schizoid and depressive structures. The syncretic mode of linking, this coming together finds expression in the setting.

Bleger conceptualises the two-person analytic session as an active field in which phenomena are in the state of becoming (rather than being) and the analyst is 'no longer a blank screen but *unavoidably an active* agent, active even though he remains passive, and inevitably *engaged* in everything that happens in the session' (quoted in Bazzi, 2022 (1958), p.108). The analyst by merely being present in the session influences the analytic situation in the same way as observers in an infant observation impact the atmosphere of an observation and the experience for both the baby, parents, and themselves. The analyst's interpretations provoke the emergence of a new occurrence for the analysand that are expressed in the here-and-now-with-me. This produces a response in the analyst and therefore an iterative spiral process is instigated – patient's (existing) material, the analyst's interpretation and the new emerging material and so the process recurs. Bleger pushes us to recognise that unconscious dynamics are entwined in the dialectical relationship between the analytic process and the constancy of the setting. Bleger wrote:

Winnicott (1956) defines "setting" as "the summation of all the details of management." I suggest, for reasons that will become clearer further on, that we should apply the term "psycho-analytic situation" to the totality of phenomena included in the therapeutic relationship between the analyst and the patient. This situation comprises phenomena which constitutes a process that is studied, analysed,

and interpreted; but it also includes a frame, which is to say, a "non-process", in the sense that it is made up of constants within whose bounds the process takes place. (Bleger, 1966, p.511).

Bleger in the above quotation is highlighting the proposition that to understand the therapeutic relationship between therapist and patient we need to consider all aspects of their dealings with each other. These are constants, or as Bleger puts it 'non-process', in which the therapeutic process or the dynamics of the relational issues between therapist and patient takes place. For psychoanalytic practice, analysis and interpretation of transference and countertransference encounter are an essential and necessary aspect of the process as is the non-process. They can function together to bring about symbolisation and transformation.

For Bleger, the setting does not safeguard the analytic process – it is not the stage set on which the drama takes place as Freud proposed – but rather it functions as a bulwark or barrier carrying unconscious elements and identifications (both symptomatic and productive) for both the analysand and analyst alike. Bleger writes that the setting 'may become the depository of another subject's internal objects entirely inadvertently and without ever knowing it or one's behaviour being influenced by it'(Bleger 2013, p. 13). Bleger thought that we were only able to recognise this function of the setting when it changed or was broken; he speaks of the muteness of the setting. I would add that, when the setting is contested and /or opposed, we may see something of what it carries.

Clinical vignette: returning to Sally.

To return to Sally. The analyst's mindfulness of not only the analytic frame but also of her own time schedule confronts Sally with the fact that there are other 'things' outside their relationship. The next day, Sally arrives at her session proudly showing her analyst a paper 'father' doll that she has made. She then proceeds to bash the doll with a block and cut off its head. At this moment, Sally appears to perceive her analyst as either a limit-setting father figure (in her actual family, her father is more able to function in this position than her mother) or a mother figure giving priority to the 'father' rather than the child. Either way, she wishes to decapitate the 'father' figure so that there can be no relationship to another and no thinking, (as suggested by the symbol of the head), about boundaries and external reality and hence, no threats of exclusion. In this brief vignette, we see how this little girl's mind is gendered along conventional lines where the 'father' stands for authority, separateness and external reality and concomitantly, the 'mother' stands for attachment, even enmeshment and

no limits.

There is, also, another aspect to this interaction: the shift from Sally's actual aggressive behaviour toward her analyst to representing her anger symbolically through her doll play. What brings about this change? I would suggest that this transformation is enabled by the analyst's containing presence, as well as her act of verbalizing Sally's anger and disappointment in the previous session. The analyst recognizes Sally's rage and sense of painful exclusion while at the same time conveying that she is not overwhelmed and immobilized by anxiety, fear or anger. The process of containment enabled by the analyst's capacity for receptivity, perhaps, figures in a less visible way than the dramatically clear action around the imposition of limits and boundaries.

Patients pressuring their therapist to extend the time of the session is not an uncommon experience. We can see that Sally's aggressive behavioural response to the time limit is not just a symptom of an oppositional child. Her opposition to the time constraint revealed her use of the setting as an amorphous space in which she floated about in – perhaps this evokes a phantasy of an idealised womb-like existence of non-impingement; perhaps searching for a connection; perhaps both. She seemed to find a meaningful connection in her play, but the analyst disrupted this and pushed her out the play and relational space. I think this scenario holds a double meaning: Sally is fighting for survival and is terrified of going into the world, of being psychically born. The analytic situation represented her refuge, and she deposited in the frame her unconscious wish to be conjoined with her maternal object while at the same time she used the session to search aimlessly for the object /other. The analyst's firmness and insistence on the constancy of the setting dislodged the phantasy that Sally had deposited in the analytic frame. Sally did survive, she found her voice and a creative way to express her experience of feeling pushed out prematurely and of feeling excluded. Sally fought back symbolically with her attack on the paper doll.

In this situation, I suggest, if the analyst had extended the session, an opportunity would have been missed to recognise Sally's illusion deposited in the setting that she could endlessly exist in the glischrocaric position symbiotically joined with her maternal object.

Paradoxically it was the analyst's firm presence that enabled her the freedom to experience her murderous rage safely and give it a symbolic representation.

Internal setting

Next, I turn to a situation where pressure was placed on the internal setting of the analyst; that is, the setting created in the analyst's mind; an interior space where we listen to ourselves. Winnicott (1954) has described the essential qualities that the analyst brings to her encounter with the patient. These include trustworthiness, viability and objectivity in the analyst, the absence of judgement, understanding, communication and interpretation, a capacity to distinguish between material reality and fantasy, the absence of talion reactions and the analyst surviving without too much emotional cost to themselves. Winnicott considered the internal frame or setting of the analyst, included the analyst's own analysis, which allowed for the ability to remain receptive to one's own countertransference reactions and interpretative stance. We all attempt to establish and maintain our internal setting in our own individual ways. For me, while this internal setting is individual and particular; a place for our imagination and creativity, it is also framed by the discipline of the fundamental psychoanalytic principles – Freud's fundamental rules of abstinence and neutrality. By this, I mean that to preserve our commitment and openness to the analytic situation, we do not give advice, reassurance or seduce; we maintain a neutral stance by not making suggestions or taking one side of an analysand's conflicts and uncertainties in order to resolve them for the analysand; we avoid speaking in rigid either / or ways; and we aim to offer something through careful observation, listening and making thoughtful and timely comments and interpretations (Schafer,1983).

I shall now introduce my second vignette. Bella, aged 10 years, began her analytic sessions by creating with the play materials an imaginative island world inhabited with various 'creatures' who would cook up exotic meals, sleep, play, fight, work, travel and so on. For several months at the beginning of her analysis, Bella rarely spoke. Whenever I spoke to explore and/or link the meaning of her play with emotional states and/or what might be happening in the room between us, she appeared to ignore my overtures, remaining silent. I found it painful to feel the excluded one; the one left feeling diminished by this failure of contact. Should I cajole or encourage her to relate differently to me? Or should I adopt a different stance or internal setting? Was the analytic work a failure or misguided with this child? Did she require a different form of therapy? These were the questions that I pondered with an increasing sense of uncertainty as I sat in sessions with Bella.

After a period, her play and our interaction began to feel repetitive and the emotional atmosphere in the consulting room began to alter. I sensed Bella's increasing anger which appeared to resonate with my own experience of frustration, confusion and sense of failure at being unable to make any emotional contact with her. I guess we both suffered for a time before I could interpret (with emotional conviction) that she heard my words as confusing and foreign, leaving her feeling angry with me for intruding into her world with my bewildering words and ideas. This interpretation about the 'here-and-now with me' of our interaction did connect with Bella who was able to acknowledge her agreement. From this juncture in her analysis, she began to talk freely to me. Much later, she could confide that this moment in her analysis marked an important milestone for her; she could have a conversation with another person and that was a great relief to her.

What stops conversations or dialogue – an all-too-common feature of contemporary analyses? Why didn't Bella tell me that my words, or my presence for that matter, were confusing to her so we could have explored this together - a coming together rather than a turning away? On a manifest level, we might consider that she simply did not trust me to listen to her experience – and, yet she steadfastly attended her sessions, even when occasionally they clashed with apparently more appealing activities. In the transference, I embodied a confusing and confused object / figure that anxiously needed to intrude into her, disturbing her equilibrium and frightening her. She defended against this intrusive object by taking refuge in the analytic setting - a constant reliable place where she could imaginatively express her anxieties, fears and hopes. The transference and countertransference processes were in dialectical relation with the non-process / setting in which she unconsciously deposited her syncretic link and her fragile hope for connection and for coming together with another. As process and non-process came to be understood and contained, verbal representation and speech became possible. In Bella's analysis, the transference /countertransference experience needed to be lived in the consulting room and experienced as emotionally 'real' before the analyst could speak cogently (or interpret) about Bella's experience in the analytic situation. The analyst was required to commit to the integrity and ethics of the analytic situation by not acting on her sense of frustration and encouraging another form of interaction with Bella.

Discussion

Andre Green in writing about the analyst's predicament of how to respond to extreme situations marked by empty and overfull mental states in patients (we could say that Bella was overflowing in her play speech and depleted in her relational contact with another) suggests a solution. He writes:

The only solution is to give the patient the image of elaboration, situating what he gives us in a space that is neither the empty one nor the one filled to overflowing, but a ventilated space, a space which is neither that of 'this is meaningless' nor that of 'this means that' but one of 'this may mean that'. It is the space for potential and of absence as Freud was the first to see, it is in the absence of the object that the representation is formed, the source of all thought. (Green, 1974/1986, p. 42).

Following the thinking of Bion and Winnicott, Green is concerned with the role of the absent other in the constitution of the psyche. In considering the analytic situation I suggest we need to give due attention to understanding the ways we are psychically present and absent for our patients. Both are required in a 'ventilated' space to generate symbolisation and transformation.

Similarly, Bion (1970) outlines the type of presence needed by the analyst to be in a process that leads to an interpretation. He proposes that 'patience', a state that is linked with suffering and tolerance of frustration, is needed so that the analyst does not irritably reach 'after fact and reason until a pattern "evolves"' (1970, p. 124). This state of patience may lead in time to diminished anxiety and a sense of safety and it is then that the required work has been done to give an interpretation.

I have been suggesting that the analytic situation is the totality of the elements which include the analytic relationship which involves both the mind of the patient and the mind of the analyst and the limits of the non-process setting. These elements are in dialectical relationship which we can observe over time. With the passage of time, the analytic situation can reveal the complexity of the entwined transference and countertransference encounter between patient and analyst including showing how aspects of their unconscious residues and defences are deposited in the frame or the setting itself.

In discussing the analytic situation by focussing on the role of the frame, I have introduced two child patients, Sally and Bella. Sally challenged the constancy of the setting with her angry insistence to extend her session time and Bella put pressure on the analyst to modify her internal setting when faced with Bella's manifest refusal to engage explicitly with the analyst. In this presentation, I decided to employ clinical work with children because I think we can easily slip into thinking that the external setting and internal setting is not so important with children. We can think that by moving out our analytic position – to reiterate I mean being in a mental place of free-floating attention, of observation, of receptivity and of neutrality, that is, not giving advice and opinions about what someone should do – we are helping the child, making it easier for the children and ourselves because they will not have to cope with their distress or anger – or our own frustration. And, of course, this is also a challenge for us to bear with 'patience'.

In the two vignettes, I hoped to illustrate that, by holding the integrity of the external and internal frame in the moments of loss and absence, the pre-conditions for transformations through the work of symbolisation were instituted. Sally was able to represent that her desire for an idealised symbiotically tied union with the maternal object incorporated the unrepresented murder of the father. Sally's unconscious dilemma was that having the mother meant losing the father. This made sense of her inability to sleep and settle as she needed unconsciously to watch out for her terrifying murderous rage lest it harms her loved father. With the representation of this catastrophe, it became available to be worked through. Bella too was able to recognise and represent in words her conflict between her wish to connect and her fear of her intrusive maternal object which she believed would emerge if she made herself available for emotional contact.

In ending, I wish to remember that the last years have been marked by lockdowns and restrictions which are on-going in many places. The frame and the setting for many of us has changed: many of us work on virtual platforms from time to time for particular reasons (for example, transient lockdowns and patients with COVID); and others remain entirely on virtual platforms. We are challenged to re-think our attitudes about the analytic setting. We are left with many questions and most go unanswered for now. We ask: what are the fundamental non-negotiable elements of the setting and what are habits, customs and personal preferences? What are the impacts on our ways of working if the frame is changed? Can certain elements be modified without necessitating changes in the internal setting of the analyst? And importantly, what are the minimal conditions we need for an authentic analytic

situation? I hope that in reflecting on the frame and its role in symbolisation and transformations this will assist us to think together about these questions and issues that are so vital for our analytic work. To re-phrase Bion, we need to make the best of a ‘bad’ situation.

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