

Reading as a Way to Listen

A Review of

Creative Listening and the Psychoanalytic Process: Sensibility, Engagement and Envisioning


by Fred L. Griffin

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It's hard to imagine a competence more important to the psychoanalyst than listening. To hear analysts talk about listening is to immerse oneself in an ocean of opinion, point-counterpoint, and eloquent discourses about the essential practice of attending well. Perhaps more than any other type of clinician, those with a psychoanalytic leaning obsess over listening, to what is said and the varieties of ways it can be said. *What specifically did the patient say, and in what tone? What preceded what she said? Where were you in the conversation when he said it? Was there a pause between what you said and what she said? Where in the response did the pause occur? Did the patient smile, or look down, or look away? When you were listening, did you feel anything? Were you finding it hard to attend or did you find yourself daydreaming as your patient was talking? What brought you back to paying more attention? What did you hear that prompted you to speak? Did the patient say the important stuff at the beginning of the session or the end? What was the emotion in the words? What was the emotion with no words? What did she say that drained the emotion from the room? How did what the patient say this session connect with what you listened to last session?*

With these and many more questions in a constant churn, it is heartening to read something from a good listener, and Fred Griffin is a good listener. He might even be a great listener; he is most certainly a careful and artful listener. In *Creative Listening and the Psychoanalytic Process: Sensibility, Engagement and Envisioning*, Griffin invites us on a fascinating journey that combines what are clearly great loves for him, literature and psychoanalysis, to help us think deeply and differently about the process of listening or how we might engage more imaginatively in the clinical hour. Reading this book brought Annie Dillard's (1974) *Pilgrim at Tinker Creek* to mind, especially her discussion of seeing. In a very Thoreau-like way, Dillard spends a year observing the flora, fauna, and wildlife near her home in Roanoke, Virginia. Intent on seeing everything, she discovers the process of seeing as letting go, not looking for anything in particular like you would if you were taking pictures—moving from shot to shot. As she describes it, "My own shutter opens, and the

moment's light prints on my own silver gut." For Dillard, to see, to see truly, requires that one be a lover or a knower, sinking deeply into the minutiae of the visual frame. In Griffin we have both a lover of literature and a knowledgeable analyst who invites us to consider our experience with literature as a way to extend and nuance our listening.

While there have been several books written about the intersection of psychoanalysis and literature in the past few years (Buechler, 2015; Charles, 2015; Ogden & Ogden, 2013), Griffin stands out in his singular focus on reading literature as a way to enhance psychoanalytic listening. This is a meditation on reading and listening given in three parts about the ways reading literature allows us into our emotional world in the service of minding the emotional life of our patients. Moreover, this book reads as a deeply personal work because, as Griffin explains, his experience with literature was in some ways redemptive. In a time of collapsing mental space and constricted access to reflection, Griffin began reading fiction and found that it expanded his creativity, allowing him to find an enlivening place that contributed to the revitalization of his clinical work. Amplifying this experience, Griffin spends the first section of his book conveying a fairly nuanced argument for reading literature as an access point or doorway to options in his analytic processing. Griffin is not interested here in psychoanalyzing a work of fiction such as an analysis of character or theme. Rather, he is using the literary genre to appreciate the nature of emotional states and believes that if we read (listen to) good fiction, we capture an understanding and insight into emotional experience of the story and characters. Similar to the dreams, reveries, or fantasies we experience when working with patients, using the emotional experiences gained from reading fiction can expand and clarify analytic space, giving fuller access to the unstated and unconscious.

Griffin goes on to draw parallels between reading fiction and listening to our patient's process. Both are narrative truths for us to consider as the patient's emotional experience is "a type of fiction" and the analytic experience is like "a new form of 'writing' and 'reading' of unconscious experience" (p. 16). He sees literature's capacity to articulate unconscious emotional material as a way of sensitizing and expanding our capacity to empathize with complex emotional dynamics. In essence, we have a literary access point to empathy that goes beyond the subjective experience of being understood to a form of listening that allows the patient to access unformulated or undifferentiated emotional experience. While this description of empathy is not particularly unique—one can think of Kohut (1984) or, more recently, the notion of empathic resonance (Geist, 2007) or affect sharing (Herzog, 2016)—what Griffin highlights is the storybook pathway for therapists to expand their readiness for empathic immersion and affect sharing. For Griffin, reading literature swells the emotional palate and generates "fresh opportunities" (p. 26) to experiment with and without our selves—to gain a sense of freedom to feel and think in ways that may be foreign to the way we typically organize and live our reality. He considers literature an emotional and psychological force that helps the analyst grasp the shape and texture of a patient's emotional life.

Because "truth lives in fiction" (p. 29), Griffin steps even further than reading fiction as an access to the form or complexity of emotional experience in our patients; he bids us to consider that reading fiction and, more pointedly, writing fiction is a powerful form of self-analysis. The fiction writer, says Griffin, creates a landscape of latent meaning that subtends the plot or theme where "meaning is created and contained in the form itself" (p. 29). Writers create a psychological world the reader enters not unlike how the patient creates a world in which the analyst enters. This world builds a certain character to the unconscious

life, and the manner and style in which the writer (or patient) speaks, acts, or communicates provides an emotional metaphor of unconscious experience. As we immerse ourselves in the text or transference, we “participate in the experience of being created” (p. 31). This exquisite description of the empathic position applies to reading and analysis. In other words, no fiction is impactful unless the reader surrenders one’s own reality as the narrative invitation structures it. Reading Woolf, for example, one of Griffin’s chosen authors, is a different invitation than reading James Joyce or Chaim Potok or Chinua Achebe or Shūsaku Endō. Just as our patients invite the co-construction of unique narratives, so does our reading and writing of fiction.

Having established his thesis of using literature to listen and attune the emotional and unconscious lives of patients, in Part II, Griffin exhibits the immersive way literature has captured his imagination. Using Virginia Woolf’s (1938) *To the Lighthouse* in conversation with case studies, Griffin weaves his way in and out of clinical material, sometimes using the cases to structure the conversation but more often detailing the way Woolf’s novel acts as consultant and psychoanalytic muse. For Griffin, the novel expands his listening because of Woolf’s ability to create “atmospheres of emotional experience” or emotional structures that scaffold a listening approach to his patient’s conscious and unconscious emotional life. Woolf’s imaginative and artful prose gives access to emotional language and experience foreign to theoretical proposition. Theories just don’t capture the subtle particularity describing Mrs. Ramsey’s inner world or the relational nuances that shape her interactions with Mr. Ramsey, their son James, Lily Briscoe, and others. Using Woolf’s thick emotional descriptors allows Griffin to become “mentally pregnant” (p.92) with his patient’s experience. This is not to fuse boundaries but allows for an embodied listening that helps us to step “into character” (p. 92), as Griffin suggests, in the service of facilitating our patient’s apperception of experience previously unavailable for reflection. For Griffin, it is key the analyst be close enough to the patient’s experience to receive and understand what is being communicated, but at a sufficient distance to generate an analytic space where containing the patient’s experience allows for the creation of metaphors.

In Part III, Griffin’s range becomes evident as he spends time, in two chapters in particular, reviewing old cases with his ear tuned by the works of William Faulkner (1929) and Marcel Proust (1913/2003). Here the task is not so much understanding the present clinical moment, working through an impasse, or using literature to adjust the listening stance with a current patient. Rather, Griffin retrospectively reviews the failed case of Mrs. P, who prematurely left analysis, and, alternatively David, who was able to complete a successful treatment. In his postscript analysis, Griffin uses the works of Faulkner (*The Sound and the Fury*) and Proust (*In Search of Lost Time*) to relisten to his notes. Yet more important, it seems that Griffin’s reading of Faulkner and Proust brings these particular patients to mind in a self-reflective reverie that acts as both autopsy and debrief. He is able to expand his understanding by listening again through literary evocation. In his final chapter, Griffin uses his literary knowledge in a reading of Ernest Jones’s work and a recent biography by Brenda Maddox (2007). Jones is a fascinating figure in the history of psychoanalysis, and Griffin’s goal is not merely to find Jones in a work of fiction but to use fiction (Proust’s *In Search of Lost Time*) in analogic dialog with Jones’s life as a way to construct a more subtle understanding of divergence within a single person.

Griffin makes me want to read more literature. Reading this book transported me to my own cases and the literary works that I have found particularly relevant to clinical experience. While most art is generative to the psychoanalytic process because of its constant

requirement to engage the imagined in interpretive relationship with the real, literature seems especially suited because of its capacity to hold psychic experience in the phrases and, more profoundly, in the imagined spaces that emerge from the scripted page. Literature's "vicarious experience," as Charles (2015, p. 3) describes it, captures our conscious and unconscious processes in ways that, for Griffin, "expanded my capacity to think about how the analytic process relates to and fosters the development of the representational world" (p. 168). Griffin is a seasoned clinician who uses literature as an intrasensory listening experience. Literature penetrates beyond mere words as the senses are turned inward to the unconscious affective entanglements unavailable to symbolized speech. Reading literature helps access these deeply emotive moments, and the structure and form of literary prose (and poetry) articulate meanings that expand beyond what words may capture. Uncontained in the printed page, these literary experiences can enhance our work in unpredictable and surreptitious ways.

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