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CREATIVE LISTENING AND THE PSYCHOANALYTIC PROCESS: SENSIBILITY, ENGAGING, AND ENVISIONING. By *Fred L. Griffin*. New York: Routledge, 2016, xiv + 194 pp., \$119.95 hardcover, \$44.95 paperback.

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*Creative Listening and the Psychoanalytic Process* is a carefully researched, clinically valuable, and deeply personal book “written as a guide for clinicians [who wish] to translate the richness of literary fiction into something clinically useful” (p. 5). Its author, Fred Griffin, argues that Freud’s concepts of “psychoanalytic listening and process . . . focused [primarily] on revelations of the analysand’s intrapsychic contents” (p. 3) do not capture the imaginative and active listening required of the modern analyst fully engaged within the transference-countertransference (the analytic space) of an interpersonal/intersubjective clinical psychoanalysis. In addition to carefully exploring the analysand’s intrapsychic life, such an analysis allows interpersonal/intersubjective experiences to emerge and be explored within the analytic space. Using Virginia Woolf’s *To the Lighthouse* (1927), Griffin presents a sophisticated primer detailing the elements of creative analytic listening necessary to conduct such analytic work. In this context, the author describes his own twenty-year

journey to become a more imaginative analytic listener. Griffin illustrates here the profound and enduring impact that his two decades of deep and creative reading of brilliant literary fiction, as well as his own writing about challenging clinical experiences, has had on his growth as an analytic listener, and how it has served as a stimulus to self-analytic work.

The book is divided into three parts, each comprising three chapters. All of them have useful notes and excellent bibliographies. In the introductory chapter 1, Griffin discusses his theoretical orientation and briefly summarizes the eight chapters to come.

In chapter 2, "Restoring the Analytic Space," Griffin illustrates how his imaginative reading of a short story by William Carlos Williams, "The Use of Force" (1932), led to a piece of self-analysis that helped him work through a clinical impasse with a patient. The patient (Mr. D), a depressed, potentially suicidal man in his eighth month of psychoanalysis, had refused Griffin's suggestion that he be medicated for his depression and mood instability. The analyst for his part felt he had lost his capacity to think reflectively and was unable to free himself from the transference-countertransference impasse in which he found himself. "The Use of Force," which focuses on a fictional physician's attempt to force open the mouth of a young girl who might have diphtheria, is instructive. Williams (himself a doctor) describes the pediatrician's love and hate toward his young patient in graphic sensory language, which helped Griffin restore the lost "analytic space" and find words to help him explore his experience with Mr. D. He was then able "to transform the transference-countertransference experience into a form . . . utilizable for the conduct of psychological work" (p. 24).

In the following chapter, Griffin describes his writing a fictional psychoanalytic story about a patient, and then reading and associating to it. In fact he was writing about himself, and this process led to another piece of useful self-analysis.

In Part II, Griffin uses Woolf's *To the Lighthouse*, the writings of Hans Loewald, particularly "On the Therapeutic Action of Psychoanalysis" (1960), and his own clinical experience to educate the reader about various elements of creative analytic listening: sensibility, engagement, envisioning, and embodied listening. Here Loewald's concept of therapeutic action serves as a model for analytic engagement and process.

In chapter 4, Griffin presents passages from *To the Lighthouse*, highlighting Woolf's gifts as a writer: "by generating states of consciousness

within and among characters, which—by way of imaginative empathy—the reader can enter inside the experience itself, at its emotional center,” Woolf “demonstrates the continuity of a life story throughout shifts in emotional atmospheres that capture subjective and intersubjective states that are at once coherent, fragmented, deadened, and transformed” (p. 55). Woolf’s understanding of character and her linguistic brilliance expand Griffin’s capacity to “listen” with all of his senses, and to be more attuned to transference-countertransference phenomena, which in turn leads to heightened engagement with his patients within the analytic space.

In “Listening for Atmospheres of Emotional Experiences” (chapter 5), Griffin reflects that *To the Lighthouse* and “On the Therapeutic Action of Psychoanalysis” “share a focus on interiority that is created not only within the mind of a single person, but is also generated from a relational matrix” (p. 65). His imaginative reading of Woolf allows him to read Loewald’s writings more creatively; as he compares their work, Griffin develops a more “synthesized” comprehension of analytic listening. In this chapter, Griffin discusses sensibility, engagement, and envisioning in some detail.

Sensibility refers to the senses: “One looks for evidence that eyes and ears are acute and active, and that there is some capacity to find words for conveying what the senses perceive and [most importantly] what sense perceptions do to the mind that perceives them” (p. 69). This remark, a quote from the writer Wallace Stegner (1988, p. 16), describes an essential quality in creative writers, which Griffin then applies to psychoanalytic listening. He notes that it is crucial that the analyst use all his senses to be open to the experiences shared by the analysand. He links these to transference, and the sense perceptions of the receiver (the analyst) to countertransference. Griffin adds that analysts must focus on “how the music generated by all our senses plays upon our minds in ways that lead to an imaginative envisioning of our patients” (p. 70).

As I understand Griffin’s concept of engagement in psychoanalytic listening, it seems to have several components. First, the analyst’s full engagement in the transference-countertransference leads to a heightened ability to use all one’s senses to listen for transference and countertransference experiences as they reflect both the analysand’s intrapsychic conflicts and what is being created jointly in the analytic space and/or is being felt toward the analyst. Second, to the extent that the analyst is fully engaged in the transference-countertransference, this should lead to the

analyst's being more attuned to intrapsychic and relational factors that may be inhibiting the analysand's potential for growth. Third, as the following material from Loewald will illustrate, using the most precise language for a given patient at a given point in time is crucial to effective interpretation. And, fourth, as I will discuss when I get to chapter 6, it is impossible to imagine embodied listening without the analyst-listener being fully engaged with the analysand. Griffin does an excellent job of using passages from Woolf's novel and his own clinical experiences to illustrate each of these points. He also demonstrates how his engagement with characters in *To the Lighthouse* has enlightened his own clinical work in each of the areas noted above.

Loewald's model of therapeutic action serves Griffin as a template for analytic engagement and process: "Loewald articulates a unique developmental model of analytic process that retains much of the visceral origins of emotional experience found in Freud's drive theory and provides constructs that bring a fuller sensory experience to his view of transference-countertransference. Contained within Loewald's theoretical framework is his fundamentally intersubjective view of the analytic process and of therapeutic action. Analyst and analysand mutually influence one another and 'can enter a psychoanalytic investigation only by virtue of their being relatively open systems, and open to each other' (Loewald 1970, p. 278)" (p. 83).

Griffin uses a passage from *To the Lighthouse*, in which Woolf describes the emotional experience transpiring between Mrs. Ramsay and her son James, to set the stage for a consideration of envisioning. In the scene, powerful emotions between Mrs. Ramsay and her husband push James to the side, making him feel "small and helpless" (p. 65). Imagine James as an adult analysand: "If, like a creative writer, James's analyst can have in mind the complexity of such an experience and speak privately to himself or herself about it in sensory, experiential language, he or she will be open to avenues by which to imagine his or her way into the analysand's inner and relational worlds. These are acts of envisioning" (p. 66).

Again Loewald (1960):

unconscious and preconscious are joined together in the act of interpretation. In a well-going analysis the patient increasingly becomes enabled to perform this joining himself.

Language, in its most specific function in analysis, as interpretation, is thus a creative act similar to that in poetry, where language is found for phenomena, contexts, connections, experiences not previously known and speakable [p. 242].

The patient, by speaking to the analyst, attempts to reach the analyst as a representative of higher stages of ego reality organization, and thus may be said to create insight for himself in the process of language-communication with the analyst as such a representative [p. 243].

The opening of barriers between unconscious and preconscious, as it occurs in any creative process, is then to be understood as an internalized integrative experience—and is in fact experienced as such [p. 251].

The implication of Loewald's last comment is that creative reading and creative listening involve the letting down of barriers between unconscious and preconscious in the reader or listener. Griffin states that the analytic process noted above "is a creative act not unlike that which Woolf achieves in her novel" (p. 96). Woolf creates characters in *To the Lighthouse* "who can take in emotional experience, recreate the experience in the reader, and communicate in language that mediates the experience" (p. 64). Griffin suggests that the analyst might be able to do something comparable with the patient.

Griffin begins chapter 6, "Embodied Analytic Listening," with a brief quote from Woolf's novel: "For how could one express in words these emotions of the body. . . . It was one's body feeling, not one's mind" (p. 88; quoted from Woolf 1927, p. 181). He initiates his consideration of embodied listening by explaining how characters (e.g., Mrs. Ramsay) may speak through the voice of a narrator. In this process the narrator moves from the role of observer to entering Mrs. Ramsay's mind and seeing what it would be like to be like her and to see her from her perspective. Griffin argues that the narrator transiently becomes the character. He refers to this process as "going into character." As creative readers, we do something similar. He notes that analysts may use this model "by going inside more deeply and imaginatively. . . . the analyst not only listens to the patient's free associations, but also—by more deeply grasping what it would be like *to be* the analysand—he or she can come to see . . . from the inside out" (pp. 91–92). Analysts who can perceive the "emotional atmosphere of the patient's mind [as Woolf does with her characters] . . . assist the patient by using language indicating that the analyst . . . recognizes and respects the presence of this wish for early forms of attachment—even before the

analysand has openly expressed it” (p. 92). He is speaking primarily about patients who did not experience “intimate, empathic attunement from a parental figure . . . [and] may not have developed the capacity to put early emotional experiences into words; rather, these feeling states are captured in states of consciousness [e.g., dissociative states] and/or are embedded in visceral feelings in the body” (p. 92). “The analyst [who is mindful of the analysand’s sensory experience] may be able to discover with the analysand—as do the best creative writers—the precise words that capture the patient’s state of consciousness, the emotional ambience, and the visceral experience at the moment” (p. 93). Perhaps the most extreme form of this state would be André Green’s concept of somatic exclusion (1975), a state in which any awareness of psychic conflict is lacking. Conflict here is limited to the body, totally without symbolization. This would be associated with what Green terms the “blank psychosis.” Griffin presents a clinical vignette in this chapter to illustrate the failure to listen to a traumatized patient in an embodied way.

Griffin’s patient, Mrs. M, who experienced severe emotional deprivation during her development, was dissociated “from her feelings” and had no sense of her need to be “connected to another person” (p. 97). Finally a point was reached in the therapy when Griffin hoped to support her fragile attachment to him. He felt she had begun describing a longing within the transference, and very gently pointed this out to her. “She replied by saying, I feel blinded, burned, by what you just said. It burned a hole in me. . . . Eventually, she was able to tell me how ‘excoriating’ my comments had been, given her felt experience that she has never developed a way of connecting that permitted emotions to safely ‘permeate’ the barriers to emotional contact that she had erected” (p. 97). Griffin realizes that his inability to grasp this patient “from the inside out” made it impossible to find the right words to capture her despair, and that she would have been better served had he allowed himself to experience his private countertransference reveries at that time. These reveries represent “symbolic and proto-symbolic (sensation-based) forms given to the unarticulated (and often not yet felt) experience of the analysand as they are taking form in the intersubjectivity of the analytic pair [i.e., in the analytic third]” (Ogden 1994, p. 12). The patient’s use of words like “burned” and “excoriating” suggests the sensory, visceral, and embodied nature of her very painful emotions.

Griffin continues to explore the various uses of imaginative literature, and of biography, in Part III. I will summarize each of these final three chapters.

In chapter 7, “Relistening,” Griffin turns to William Faulkner’s *The Sound and the Fury* (1929), particularly Benjy’s story, to help him understand, and come to terms with, a prematurely interrupted analysis he had conducted fifteen years earlier. Benjy, an intellectually impaired fifteen-year-old who can only wail as a manifestation of his pre-psychoic, inchoate feelings of loss, faces a crisis when his nineteen-year-old sister Caddy becomes pregnant, marries, and must leave the family. She is the only person who loves, understands, and is able to communicate with him. Benjy’s “world is made up solely of feelings, and he has no words with which to name them . . . [He] cannot register time” (p. 123). Benjy’s despair and its manifestations, coupled with Faulkner’s ability to find the precise words to capture his character’s experience, allow Griffin to discover what he couldn’t “hear” in his patient’s analysis because her despair was so primitive and pervasive. However, it is not until Griffin writes this chapter that he grasps what he hadn’t understood about his patient or himself fifteen years earlier. His analysand, Mrs. P, felt profound deprivation and despair in response to her father’s having left her and her family when she was two years old. Griffin felt that her experience of this loss was reflected in Mrs. P’s erotic feelings toward him. At the time, however, he was unable to explain to Mrs. P that he understood how painful it must have been for her to have such feelings toward him. His inability to put his awareness of her pain into words led to his patient’s quitting the analysis prematurely. He had not understood that she had organized her sense of self around her sense of deprivation and despair. He had not been able to experience his patient “from the inside out.”

In chapter 8 Griffin’s focus is on his patient David’s “unique experience of memory as a living, breathing physical space as it was played out in the intrapsychic (and symbolic) relationship with his father” (p. 152). Griffin offers a superb discussion of what he gleans from reading Proust’s *In Search of Lost Time* (1913–1927) during the course of David’s psychoanalysis. He highlights the ways in which his engagement with that work led to a new understanding of the role of a specific memory for David, and to a successful outcome of the analysis. In addition he presents a clear and comprehensive assessment of the intersection between literary fiction and the case histories he has presented. Like Woolf, Proust creates characters brilliantly and allows their stories to unfold over time. Briefly, David is a fifty-year-old pediatrician who hopes to become a good writer, and who began an unsuccessful analysis at age twenty-nine, one month after the death of his father. Now, twenty years later, he begins an analysis

with Griffin. "I can feel my father's presence," David is reported as saying. "I not only see his hand, I have a visceral sensation of it. . . . When I move from these sensations into more memories and feelings . . . and they are coming freely—it is as though I were inside a peritoneal cavity [the lined abdominal cavity], moving along smoothly, slipping along its inner surface. . . . Sometimes I have a fantasy of moving along the fertile endometrium [lining of the uterus]" (p. 156).

David is repeatedly caught up in a memory of his sitting in a room with his father as a very young child. It feels to him as though they are in a safe place together, safe meaning secure psychologically, in which he is symbiotically tied to his father. There are no words associated with the memory, only music, the song *Claire de Lune*: "Two hearts beating to the same rhythm in time" (p. 143). The "antithesis of the warm and connected space with his father . . . was another kind of danger, one in which David was attached to no one (to no internal object) . . . literally in outer space" (p. 156). Psychological safety requires that he remain a regressed little boy, "locked in" to this memory from the past lest he feel abandoned and alone. As a result David fails to differentiate and individuate adequately from his father. Griffin describes how these issues are played out within the analytic space, and the importance of his being able to see and know David "from the inside out" and therefore be of help to him. In the course of the analytic work with Griffin, David moves "toward the belief that he was capable of and had a 'right' to the privilege of his own separate existence" (p. 158). Together Griffin and David are able to follow the latter's progress as a writer as an indicator of his psychological growth and movement toward becoming his own person. This is reminiscent of Proust's narrator, who writes while he still has time. Griffin makes the point that analysts too can get caught up in a "locked-in" state that inhibits their ability to view the analysand "from the inside out." Griffin credits his having read *In Search of Lost Time* with helping him "to inhabit David's world"; he became able to create his "own language" for what he found there. "I could make use of works by psychoanalytic writers and literary scholars," he writes, "—a use that expanded my capacity to think about how the analytic process relates to and fosters the development of a representational world" (p. 168).

In the book's final chapter, "Listening for Traces Left Behind, Constructing Ernest Jones," Griffin continues to address the central question raised in David's analysis (chapter 8): How does one go about



becoming one's own person? In this essay Griffin examines the issue of "standing on one's own" in relation to Proust and Ernest Jones.

Brenda Maddox's 2006 biography of Jones—*Freud's Wizard: Ernest Jones and the Transformation of Psychoanalysis* (2007)—is, according to Griffin, a fine piece of scholarship, though it doesn't go deeply enough into understanding Jones's psychology. He committed a number of nearly career-ending indiscretions, and Griffin wants to understand what combination of internal struggles would have caused Jones to take the risks he did. Griffin makes use of his reading of Proust in reading Maddox's biography, much as he might have used it to understand an "analysand's internal world" (p. 180), to comprehend Jones's psychodynamics.

Griffin suggests that Proust and Jones both maintained a sense of self that required that they be supported or mirrored by others: "for Proust, by society; for Jones, by women, the psychoanalytic world, and by Freud" (p. 180). Both Proust's narrator Marcel, a stand-in for the author, and Jones remember and write about the past late in their lives. Proust's great work, which he continued to write until his death, allows him to integrate the various aspects of his character to become his own person. Jones's *The Life and Work of Sigmund Freud* (1953–1957), which he completed late in his life, kept Jones tied to Freud, precluding his ever becoming his own person. Citing Loewald (1978), Griffin explains what is required to achieve a solid and emancipated sense of self. But though the narrative in this chapter is clear, interesting, and well-written, I don't believe that the situation it depicts is comparable to Griffin's use of lessons from the novels he's read to participate more imaginatively within the analytic space with a patient or to more fully comprehend psychoanalytic writings.

Griffin has written an excellent book, a work showing how his two decades of imaginative reading and careful study of fiction by psychologically and linguistically gifted authors have led to productive periods of self-analysis and to a fuller understanding of therapeutic action and analytic listening within the transference-countertransference in interpersonal/intersubjective psychoanalyses. He writes with an openness and honesty that is compelling. As he notes, the book is intended as a guide for clinicians who might aspire to the deep and creative reading of fiction as a way of enhancing their skill as analytic listeners. Since reading and being engaged in clinical psychoanalyses are such personal endeavors, Griffin's book may also be read as a memoir of his twenty-year journey as a deeply engaged, scholarly, and creative reader of fiction and of its

impact on his growth as an analyst. “Ultimately we read—as [Francis] Bacon, [Samuel] Johnson, and Emerson agree—in order to strengthen the self, and to learn its authentic interests” (Bloom 2000, p. 22).

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