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RACKER AND HEIMANN ON COUNTERTRANSFERENCE: SIMILARITIES AND DIFFERENCES

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Both Sigmund Freud and Melanie Klein recognized the existence of countertransference but distrusted its clinical use. This idea was the one that prevailed until the late 1940s, when Heinrich Racker in Buenos Aires and Paula Heimann in London played decisive roles in reinstating countertransference. More specifically, both Racker (in 1948) and Heimann (in 1949), independently of and without contact with each other, claimed the importance of countertransference for signifying the transference and unconscious processes that the patient re-enacts in the analytic relationship. The context in which their ideas were developed allows us to recognize differences within their common view of countertransference as a useful tool in psychoanalytic work. In this article, we present the development of both Racker's and Heimann's ideas on countertransference and attempt a comparison of similarities and differences of those ideas and put them into a historical and clinical-theoretical context.

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INTRODUCTION

A purely intellectual interpretation of symbolic meanings of dreams and other symbols began to be undermined with the publication of Freud's Dora case in 1899. It was further compromised by Ferenczi when he promoted the investigation of the more intimate emotional connections between analyst and patients. Marjorie Brierley (1937) said, "It is time that we restored affects to a place in theory more consonant with their importance in practice" (p. 257). The Balints, after taking refuge in Britain, began to re-examine the countertransference, "the analytical situation is the result of an interplay between the patient's transference and the analyst's countertransference, complicated by the reactions released in each by the other's transference on to him" (Balint and Balint 1939, p. 228).

These early signals developed into a major re-thinking of countertransference in the late 1940s. Indeed, it is possible to distinguish two periods in the history of this concept: a first stage that goes from 1909 until the end of the 1940s, period in which the countertransference was perceived as resistance/obstacle that should be avoided or eliminated, and then a second stage in which the countertransference was/is perceived as a useful diagnostic/therapeutic tool (Dagfal 2013; see also Hinshelwood 2016; Stefana 2017a; Stefana et al., 2020). The works by Heinrich Racker and Paula Heimann—the two most quoted figures of that re-thinking—bridged the interval between these two periods.

In this article we want to disentangle the contributions of Racker and Heimann, who are so frequently thought together (see for example Abend 2018; Birkhofer 2017; Christian 2015; Levy 2017; Perelberg 2016; Skogstad 2015; Weiss 2018). Therefore, we will present Racker's and Heimann's ideas, then attempt a comparison of their similarities, differences and interactions, and put them into a historical and clinical-theoretical context.

CIRCULATION OF KLEINIAN IDEAS FROM LONDON TO BUENOS AIRES IN THE 1940–1950S

The work of Racker and Heimann coincided with the arrival of psychoanalysis in Argentina and contacts were made with the British Society. In 1942, the Asociación Psicoanalítica Argentina (APA) was founded, and straightaway its official organ, the *Revista de Psicoanálisis*, published in Spanish translation articles of Melanie Klein and her collaborators, including Susan Isaacs and Joan Riviere. This publishing choice anticipated the interest in the Kleinian movement in the region of Río de la Plata during the years between 1950 and 1970 (see Lisman-Pieczanski and Pieczanski 2015).

Personal contact between Argentinian analysts and the Klein group started with the 1949 International Congress of Psychoanalysis in Zürich, when the APA was recognized as a component society of the IPA, and importantly when Heimann presented her paper "On countertransference." Subsequently in the 1950s Argentinian analysts established close ties to the British psychoanalytic community—especially with Klein, Heimann, and Rosenfeld.

In fact, a journey to Buenos Aires was planned for Klein and Heimann in the early 1950s (letter from Klein to Betty Garma and Arminda Aberastury, June 25 1952; Garma, B. 2003), but it was later cancelled because of the contention between Klein and Heimann (Garma, Á. 1992). Instead, Klein sent Hanna Segal, as a leading exponent, to supervise and teach in 1954, a visit that was regarded as "a true scientific event" (Etchegoyen and Zysman 2005, p. 874). Racker himself went to London in 1955, and during supervisions he recorded Klein's comments to share with his Argentine colleagues (Cesio 1985). Back in Argentina, Racker may have gained some knowledge of Heimann's work before presenting his second paper on countertransference, "A contribution to the psychoanalysis of transference neurosis" (1950), which, as we will see later, marked the dominant trend that characterized Racker's future research: countertransference as a technical tool—a perspective that has become widely accepted in recent years (see for example the panel "Metaphors and the use of analyst as tools to improve our clinical practise" of the IPA Congress Boston 2015).

HEINRICH RACKER

Heinrich Racker (1910-1961) was born in Poland and earned his doctorate in philosophy and music in 1935 in Vienna. He began to fulfil his "dream of being a psychoanalyst" (Racker, quoted in Etchegoyen 2014, p. 90) in 1936 when he started a training analysis with Jeanne Lampl-de Groot (analyzed by Freud). Racker was unable to complete his training after Nazi Germany's annexed of Austria in 1938. He emigrated to Argentina, arriving in Buenos Aires in 1939. He entered analysis with the Spaniard Àngel Garma (analyzed by Theodor Reik), but he soon had to interrupt for financial constraints. Finally, in 1942, Racker began a training analysis with the Viennese, Marie Langer (analyzed by Sterba), and in the following year, began the Institute's seminars, becoming an associate member of the APA in 1947 (then a full member in 1950 and a training analyst the following year).

In September 1948, Ranker presented the paper "A contribution to the problem of counter-transference" to a gathering limited to the training analysts of the APA. This work elicited various disagreements from those present, and one important analyst said haughtily that "the best thing for an analyst to whom 'those things' happened was for him to reanalyze himself!" (Etchegoyen 1986, p. 265). Such negative welcome did not hold Racker back from developing a general theory of countertransference, on which he continued to work until his death.

In this first presentation, Racker (1953[1948]) already recognized the countertransference—defined as the entirety of images, feelings, and impulses towards the patient—as an important tool for analytic practice. More specifically, he maintained that "the countertransference is instrumental in bringing to [the analyst's] notice a psychological fact about the patient" (p. 323) and it allows him to identify intellectually with the patient's ego and potentially to understand it. (Later he will call this a "concordant countertransference.") However, because of his own neurosis, sometimes the analyst is not able to identify emotionally and react with understanding—this will only be possible after analysis of the analyst's issue. Moreover, even when the working-through process succeeds, the analyst may sometimes still be disturbed by what he has understood. Then his own interpretative capacity may be compromised. Later, Racker explained that in this case the analyst identifies himself with the

patient's internal objects, a type of identification he called complementary countertransference. This presentation was published in the *International Journal* in 1953, but references to articles on countertransference which appear in the intervening five years were consigned to footnotes. Hence, in Argentina Racker is considered the pioneer in this subject.

This pioneering work was probably the most Freudian of his contributions. Racker, as a Viennese analyst, was prudent in approaching countertransference from the point of view of the analyst's psychopathology. However, he was "bold" in opening a discussion on the analyst's Oedipus complex—the original neurosis, the transference neurosis, and the countertransference neurosis—are all centred on unresolved Oedipal issues. However, the analyst's neurosis was not exposed in detail, probably because at that time almost all analysts were reluctant to expose their own neuroses. Nonetheless, Racker had started to undertake a kind of analysis of the analyst, elucidating psychological mechanisms based on Klein's and Enrique Pichón Riviere's object-relations theories (Scharff 2018).

Racker's fundamental hypothesis was that:

> as the whole of the patient's personality, the healthy part and the neurotic part, his present and past, reality and phantasy, are brought into play in his relation with the analyst, so it is with the analyst, although with qualitative and quantitative differences, in his relation with the patient. [1953[1948], p. 313]

In other words, the analyst's neurotic issues are the basis for his pathological response to the patient's transference neurosis. The transference–countertransference neurosis is always present with greater or lesser intensity and, in becoming aware of the countertransference, he can sense what is happening in the patient.

The countertransference neurosis is a "pitfall" to the analyst's understanding. Given the analyst's double role of interpreter of, and object of, the unconscious processes, the countertransference can distort or prevent his perception. However, even a correct perception can evoke neurotic reactions, compromising one's interpretive capacity. Moreover, if the countertransference remains unconscious, it negatively affects the

analyst's understanding and interpretation as well as his behavior towards the patient, and thus causes a change in the patient's internal image of the analyst. So, the countertransference also influences the patient and his transference. This view can be traced back to Ferenczi (1918; Ferenczi and Rank 1924), whose influences are discernible in Racker.

In the countertransferential situation, the objects—or rather "the parents of the genital Oedipus complex and their heir, the superego" (Racker 1958b[1956], p. 556)—can be transferred onto the patient in a direct way, or an indirect one. In other words, the clinician experiences a direct countertransference when the object, upon which the countertransference depends, is the patient who comes to represent the parent. Alternatively, an indirect countertransference is when the object is, for example, a colleague with whom one discusses the case and from whom one desires some sort of appreciation. Usually, both of these forms of countertransference appear, although to different degrees, during the course of the analytic process. Perhaps, Racker being an excellent pianist, his great musical sensitivity enhanced his perception and theorization of the need to be a "sensitive passive instrument" and a "rational critical listener" (Racker 1960[1957], p. 131 in the Spanish version only).[1]

Between 1949–1952, Racker proceeded to an extensive study of transference neurosis, its relationship with resistance, and its role in the analytic process, producing four papers. In his paper "A contribution to the psychoanalysis of transference neurosis," Racker in summary said:

> The analyst's perception of his own countertransference states could prove an important instrument for the understanding of the analysand's transference states. If the analyst can use his negative countertransference reactions in favor of the treatment, he is usually able to overcome them. When does negative countertransference appear? In general terms, it could be said that it is the result of the analyst feeling that the analysand has frustrated him. In this sense, we could claim,

[1] Some paragraphs of Racker's *Estudios sobre tecnica psicoanalitica* are missing in the translated English version *Transference and Countertransference* (London: Karnac Books, 1982).

> although it may only be partly accurate, that whenever the analyst is angry, the analysand has a feeling of guilt about his transference aggressiveness. To put this in the terms of the present paper: whenever the analyst experiences anger, the analysand is defending himself from the basic paranoid situation, which is being transferred in a latent fashion by means of the identification with the "bad object" (that is, the frustrating object). Deep down, what has been projected onto the analyst is a persecutor; on the surface, it is the superego that reproaches him for his tendencies, or behavior, that correspond to the aforementioned identification. [Racker 1961[1950], p. 239n]

Dealing with the annoyance/anger aroused in the analyst by the patient's resistance to the analysis, Racker concluded that it is not only or not so much an objective response to the frustration of his/her own efforts, but also a paranoid countertransferential reaction triggered by—and therefore revealing—the existence in the patient of feelings of aggression and anxiety elicited by specific relationships with his/her (the patient's) internal objects. Therefore, at least in part, the sense of inconvenience/annoyance/anger the analyst feels in the face of the patient's resistances is infantile in nature and can never be fully avoided. Here, according to Etchegoyen (2014), "Racker's approach is truly revolutionary" (p. 88).

According to Racker's stratification hypothesis, in each of the libidinal stages there is a paranoid situation (which had its origin in an actual lack) resulting from a frustrating libidinal object that is experienced as a persecutor, and every libidinal link feels dangerous (that is the persistent danger of being frustrated or attacked). The patient's guilty feelings and paranoid fear of retaliation/abandonment by the analyst refer to the projection of both the id and a part of the "bad ego" (consisting of bad objects with which the analysand identified himself in an attempt to defend against their persecution) upon the analyst. Such a projection occurs together with the identification of the superego with the internal persecutors.

This second lecture too received a negative response at the time from most of Racker's APA colleagues, few of whom considered either paper a major contribution to psychoanalysis (Cesio 1985). However,

the situation radically changed within the next few years. Between 1949-1956, the *International Journal* was particularly interested in countertransference and published a series of articles by Winnicott (1949), Heimann, Little (1951), Racker, and others. That is why, when Racker gave his third lecture on countertransference at the APA in 1951, he was no longer alone and no longer a transgressor. He was a young Training Analyst whose research was aligned with a growing number of European and American theorists who were accepting that the countertransference is a technical tool that can reveal something about the analysand's psychological processes. Furthermore, between 1949–1958, he also explored the transference neurosis and the "stratification" of neuroses in general, reaching the conclusion that transference and countertransference are inextricably interwoven and in part reciprocally determined. Therefore, in his works he does not speak just of countertransference neurosis, but of the dynamics of countertransference, countertransference reactions, and counter-resistances.

Thus, in September of 1951, Racker presented "Observations on countertransference as a technical instrument: preliminary communication" at the APA. In this work, Racker (1952[1951]) cited and agreed with Heimann, maintaining that "the content of the countertransference reaction can teach us about the content of the transference situation" (p. 22). Its intensity can be helpful to the analyst in understanding when it overlaps the analyst's identifications with internal objects, or with the defenses and impulses of the analysand, while "countertransference feelings frequently indicate whether the analysand is 'moving on,' that is, if he is overcoming resistances or not" (p. 23).

Furthermore, in line with Freud's (1912) thinking, Racker (1952[1951]) asserts that, "The key to understanding our patients continues to be, as always, the capacity to pick up unconscious phenomena by means of the analyst's own unconscious" (p. 19). The working through of what has been understood, through identification (Deutsch 1926) with the analysand's desires, defences, and images, can suffer interference from the countertransferential reactions.

Two years later, in 1953, Racker wrote four papers on the subject. In the first, entitled "On the confusion between mania and health," Racker maintained that a revival of infantile conflicts through transference, in an improved situation (that of analysis), requires the analyst, at least to a

certain extent, to be free of anxiety. Thus, the analyst's own aspirations—like the desire to cure, comprehend, succeed, and be loved—are without compulsion. Then the inevitable and continual frustrations can be tolerated and worked through. To the extent that the analyst achieves it, he can help the patient to gain a larger degree of "real independence," which is a better internal dependence. But if the analyst is not conscious of his countertransference reactions, he may expose the analysand once again to an archaic object that awakens his hostility, in spite of his having some understanding of what is happening in the patient, the analyst denies himself some understanding of the patient and then of giving a useful interpretation. As an example:

> During her first analytic session, a woman patient talks about how hot it was and other matters which to the analyst … seem insignificant. She says to the patient that very likely the patient dares not talk about herself. Although the analysand was indeed talking about herself (even when saying how hot it was), the interpretation was, in essence, correct, for it was directed to the central conflict of the moment. But it was badly formulated, and this was so partly because of the countertransference situation. For the analyst's "you dare not" was a criticism, and it sprang from the analyst's feeling of being frustrated in a desire; this desire must have been that the patient overcome her resistance. [Racker, 1957[1953b], p. 332]

Furthermore, an analyst who lives in anxious dependence on his own internal objects, and therefore fearful of a healthy dependence, could unconsciously encourage the analysand, directly or indirectly, to act in an "independent" or instinctual manner, and thus reinforce the pathological defence of acting out. Furthermore, an analyst who is subject to reaction formations could have difficulty helping the analysand to work through and overcome the neurotic dependence on the analyst. The analyst's neurosis could lead him to confuse hypomania for health, but if he controls a tendency to mania (e.g., the denial of both dependence and guilt-feelings belong to its main characteristics) he shall also refrain from provoking analysands to make use of the same defence, whether or not the latter possess the tendency to "flee to health" (ivi, p.

185). More generally, Racker believed it possible to connect the specific central neurotic position of an analysand with a specific countertransference reaction.

The other three articles written in 1953, and presented to the APA, were collected into one single published paper, "The meanings and uses of countertransference," and was his most complete essay on the subject. In this treatise, which included a review of what had been written in the filed thus far (including Heimann's work), Racker maintained that the analyst's emotional response is closer to the patient's psychological state than is the analyst's conscious judgment of it. Then, he declared his agreement with Heimann about the following main points:

> (1) Countertransference reactions of great intensity, even pathological ones, should also serve as tools. (2) Countertransference is the expression of the analyst's identification with the internal objects of the analysand, as well as with his id and ego, and may be used as such. (3) Countertransference reactions have specific characteristics (specific contents, anxieties, and mechanisms) from which we may draw conclusions about the specific character of the psychological happenings in the patient. [Racker 1957[1953b], pp. 305-6]

But a question remains: what happens in the analyst during the relationship with the patient? Racker's answer is that "everything happens that *can* happen in one personality faced with another" (p. 311), but in addition there exists in the analyst an intention to understand what is happening in the analysand.

Similar to Freud (1915-17) on transference, Racker (1957[1953b]) argued that countertransference too "may be the greatest danger and at the same time an important tool for understanding" (p. 303). He stressed that it would be "a mistake [to expect] to find in countertransference reactions an oracle, with blind faith to expect of them the pure truth about the psychological situations of the analysand" (p. 354). This is so even if "our unconscious is a very personal 'receiver' and 'transmitter' and we must reckon with frequent distortions of objective reality" (p. 354). Nevertheless, according to Racker, the danger in an excessive reliance on one's own unconscious, even when a very

"personal" countertransference is occurring, is more contained than that from repressing or denying the value of messages from one's own unconscious. This is because, with personal analysis and clinical experience, the analyst should be sufficiently aware of his/her own "personal equation" (i.e., the analyst's natural tendency to some specific errors due to his/her own neurosis) and of his/her relationship with the analysand's processes and with the entire analytical practice.

Racker examined in detail three aspects of countertransference: concordant and complementary countertransference; direct and indirect countertransference; and countertransference thoughts and positions. The analyst's intention to understand predisposes him to identify with the patient and constitutes the basis of comprehension. The analyst identifies the parts of his own psychic apparatus (id, ego, and super-ego) with the patient's respective parts. This type of identification is called concordant and lies at the basis of empathy. In other cases, the analyst identifies his own ego with the patient's internal objects; a type of identification that Racker, adopting an expression of Helene Deutsch (1926), called complementary identification. He specified that:

> The concordant identification is based on introjection and projection, or, in other terms, on the resonance of the exterior in the interior, on recognition of what belongs to another as one's own ("this part of you is I") and on the equation of what is one's own with what belongs to another ("this part of me is you"). The processes inherent in the complementary identifications are the same, but they refer to the patient's objects [and] are produced by the fact that the patient treats the analyst as an internal (projected) object, and in consequence the analyst feels treated as such; that is, he identifies himself with this object. [Racker 1957[1953b], p. 312]

Accordingly, every (positive or negative) transference situation provokes a (positive or negative) countertransference that is based on the analyst's identification with the patient's internal objects—i.e., complementary countertransference. Furthermore, Racker maintained that countertransference is governed by unconscious laws and can be repressed or blocked but not avoided. It is essential that the analyst

develops an observing ego, which enables an awareness of it and then to interpret instead of enacting.

Here a simplified example of complementary countertransference:

> if the patient's neurosis centers round a conflict with his introjected father, he will project the latter upon the analyst and treat him as his father; the analyst will feel treated as such,—he will feel treated badly,—and he will react internally, in a part of his personality, in accordance with the treatment he receives. If he fails to be aware of this reaction, his behavior will inevitably be affected by it, and he will renew the situations that, to a greater or lesser degree, helped to establish the analysand's neurosis. [1957[1953b], p. 315]

Although in the 1950s the term "countertransference" was usually restricted to the complementary countertransference, concordant countertransference too must be considered as an integral part of the overall phenomenon of countertransference. Racker reported a common situation illustrating both the concordant and complementary identifications:

> The analyst identifies himself with the id and ego of the patient and with the patient's dependence upon his superego; and he also identifies himself with this same superego—a situation in which the patient places him—and experiences in this way the domination of the superego over the patient's ego. The relation of the ego to the superego is, at bottom, a depressive and paranoid situation; the relation of the superego to the ego is, on the same plane, a manic one insofar as this term may be used to designate the dominating, controlling, and accusing attitude of the superego toward the ego. In this sense we may say, broadly speaking, that to a "depressive-paranoid" transference in the analysand there corresponds—as regards the complementary identification—a "manic" countertransference in the analyst. This, in turn, may entail various fears and guilt feelings, to which I shall refer later. [1957[1953b], p. 318]

With the complementary identifications, we find the direct and indirect countertransference (which we have already dealt with above).

Finally, Racker divided the countertransference experiences into "thoughts" and "positions." The former are the thoughts which the analyst suddenly discovers himself having, without however being able to find a rational connection to the patient and the material he has brought. These are linked to very deep conflicts in the analyst's mind and so it is not unusual for them to appear both in the material of the patient, as well as in the clinician's mind. The clinician should not fall into the error of impulsively trying to push them aside. He must instead examine them with careful consideration, until their confirmation or negation emerges from the patient's material. When confirmed, such thoughts could be profitably used in the formation of an interpretation; while when unconfirmed, they cannot, since they are probably linked to the analyst's neurosis. On the other hand, we have the countertransference positions, or rather "the behaviorally manifested or enacted roles, which may lead to persistent role-adoptions and/or acting-out by the analyst" (Mills 2004, pp. 472-473). Countertransference positions often, but not always, imply deeper conflicts and a greater disturbance in the clinician, even allowing for the feelings and phantasies of the countertransference to be ego-syntonic and therefore pass unobserved.

An important difference between countertransference thoughts and positions lies in the degree of the ego's involvement. The first type of countertransference is experienced as thoughts, free associations, or fantasies with a slight/moderate emotional trigger from the analyst, almost as if we are dealing with something extraneous to the ego. Differently, the second type of countertransference is experienced with great intensity and as a reality, since the ego is fully involved in it. A consequence of this is that countertransference thoughts and countertransference positions differ, both in quality and content, from the experience that they evoke in the analyst (LaFarge 2007). The occurrence of one type or the other is dependent on some factors related to the analyst, such as his neurosis, defence mechanisms, inclination to anxiety, and tendencies to enact.

Racker gives us a brief example of countertransference position:

> an analysand repeats with the analyst his "neurosis of failure," closing himself up to every interpretation or repressing it at once, reproaching the analyst for the uselessness of the

> analysis. . . The analyst interprets the patient's position toward him, and its origins, in its various aspects. He shows the patient his defense against the danger of becoming too dependent, of being abandoned. . . He interprets to the patient his projection of bad internal objects and his subsequent sado-masochistic behavior in the transference; his need of punishment; his triumph and "masochistic revenge" against the transferred parents; his defense against the 'depressive position' by means of schizoid, paranoid, and manic defenses (Klein). . . But it may happen that all these interpretations … fall into the "whirl in a void" of the "neurosis of failure." Now. . . the analyst feels anxiety and is angry with the analysand—that is to say, he is in a certain countertransference "position." [Racker 1957[1953b], pp. 319-21]

On the other hand, a simplified example of countertransference thought is the following:

> At the start of a session an analysand wishes to pay his fees. He gives the analyst a thousand peso note and asks for change. The analyst happens to have his money in another room and goes out to fetch it, leaving the thousand pesos upon his desk. During the time between leaving and returning, the fantasy occurs to him that the analysand will take back the money and say that the analyst took it away with him. On his return he finds the thousand pesos where he had left it. When the account has been settled, the analysand lies down and tells the analyst that when he was left alone he had fantasies of keeping the money, of kissing the note goodbye, and so on. The analyst's fantasy was based upon what he already knew of the patient, who in previous sessions had expressed a strong disinclination to pay his fees. The identity of the analyst's fantasy and the patient's fantasy of keeping the money may be explained as [follow:] to the analysand's wish to take money from him (already expressed on previous occasions), the analyst reacts by identifying himself both with this desire and with the object toward which the desire is directed; hence arises his fantasy of being robbed. [Racker 1957[1953b], p. 321]

Ultimately, Racker insists on the relative usefulness of communicating/interpreting one's own countertransference to the analysand. After starting by saying that "much depends, of course, upon what, when, how, to whom, for what purpose, and in what conditions the analyst speaks about his countertransference" (p. 356), he argues that, even though in most cases it isn't so, "there are … situations in which communication of the countertransference is of value for the subsequent course of the treatment" (p. 356).

Three years later, in 1956, Racker organized and chaired the APA annual symposium, choosing as theme "the psychoanalytic technique." On that occasion, Racker read his paper "Counter-resistance and interpretation" (1958a [1956]), in which he showed that the analyst's resistance to verbalising an interpretation indicated a more important conflict in the analysand in that moment. In addition, he showed that counter-resistance in the analyst has a double root cause: first, an objective one, associated with an identification with the analysand's resistance, and then a subjective one, resulting from the fact that the identification and the fate of it also depend on the analyst's conflicts.

Four months later, the First Latin-American Psychoanalytic Congress took place in Buenos Aires. Racker read the work "Psychoanalytic technique and the analyst's unconscious masochism." According to him, "the analyst's masochism, [a universal tendency which exists in everyone], represents one of the forms of unconscious 'negative' countertransference, the analyst putting his sadistic internal object into the patient" (1958b[1956], p. 558). This masochistic inclination provokes the analyst to repeat or invert a specific relationship with his own primary objects. In this way, "as countertransference is a 'creation' (Heimann) of the patient and an integral part of his inner and outer world, so also, in some measure, is transference the analyst's creation and an integral part of his inner and outer world" (p. 559).

An explicative example is, for instance, that of an analyst whose professional activity:

> signifies to him an attempt to destroy the father, the Oedipal guilt feeling may express itself in a moral masochism conspiring against his work … Psychological constellations of this kind may constitute, to a variable degree, a "negative

> therapeutic reaction" of the analyst. In such a case the analyst is partially impeded in achieving progress with his patients or else he feels unconsciously compelled to annul whatever progress he has already achieved. [For example,] after having given a series of good interpretations and having thus provoked a very positive transference, [the analyst] thereupon becomes anxious and has to disturb things through an error at his next intervention. [1958b(1956), p. 558]

The following year, Racker read the lecture, "A study of some early conflicts through their return in the patient's relation to the interpretation" at the APA Symposium on psychoanalysis of children. In this paper, Racker (1960[1957]) discussed the analysis of transference through the patient's relations with the interpretation and returned to the topic of stratification.

The endpoint of the evolution of Racker's ideas on countertransference was in 1958, when he presented his paper "Classical and present techniques in psycho-analysis" at the Second Latin-American Congress of Psycho-Analysis. He explicitly steered the dynamic of identifications back to projective identification as described by Klein and said that "The analyst's identification with the object with which the patient identifies him, is … the normal countertransference process" (Racker 1968[1958], p. 66).

The theoretical framework provided by Racker for the analysis of transference-countertransference rested not only on the structural model of the mind, but also on that of internal object relations. The contribution of the analyst has been fully utilized from all theoretical standpoints associated with object relations (Kernberg 1993) opening the field to new perspectives, not only in South America (cfr. de Bernardi 2000), but also in The United States (cfr. Friedman 1996; Jacobs 1999).

Summary of the points of Racker's argument:

1. The direct reception from unconscious to unconscious is the route to understand the patient's unconscious.
2. The term countertransference indicates the totality of the analyst's psychological response to the analysand.
3. Transference and countertransference influence each other, are always present and always reveal themselves.
4. To certain transference situations there correspond certain countertransference situations, and vice versa.

5. Countertransference is based on identification with the patient's id, ego (i.e., concordant identification) and on his internal objects (i.e., complementary identification).
6. The specific contents (feelings and thoughts) and the intensity of the countertransferential reactions may allow us to draw conclusions about the specific character of the patient's psychological experiences, particularly his/her transferential situation.
7. Direct countertransference is experienced when the object is the patient, whereas indirect countertransference is experienced when it depends on an object other than the patient (such as supervisor).
8. Countertransference experiences may be divided into "thoughts" and "positions."
9. The original neurosis, the transference neurosis, and the countertransference neurosis are centred on the unresolved Oedipus complex.
10. A double neurosis arises in the analytic situation: the countertransference neurosis is the analyst's pathological response to the patient's transference neurosis.

PAULA HEIMANN

Paula Heimann, born in Poland (in Gdansk) in 1899, trained as a doctor in Berlin, was analyzed by Theodor Reik and supervised by Karen Horney and Hanns Sachs. She became an Associate Member of the Berlin Psychoanalytical Society in 1932, but moved to London in 1933, because she felt her life was under threat from the Nazi regime. She was accepted as an Associate in the British Psychoanalytic Society in 1933, and met Melanie Klein in 1934, at a time when Klein was distraught after the death of her son in a climbing accident. Heimann helped in a secretarial way with the paper that Klein eventually presented on depression at the 1934 IPA Congress in Lucerne (Klein 1935). Heimann became friends with Melanie Klein; and Klein advised going into analysis again—with Klein herself. The analysis continued intermittently until 1953.

In 1939, Heimann became a full Member of the Society with her paper on sublimation (published 1942), probably in response to Anna Freud's the week before (see Hinshelwood 1997). Heimann remained at that time close to Klein and emerged as a central player in the special Scientific Meetings organised for the Controversial Discussions (1943-1944), giving one paper herself, and a joint paper with Susan Isaacs.

The sole-authored paper (published 1952) was on projection and introjection and is clearly relevant to her thinking about the process of countertransference in the analytic relationship. After the Controversial Discussions, she remained a central member of a much-reduced Klein group and was very involved in training students.

The entangled relationship with Melanie Klein continued into the 1950s (Grosskurth 1986), and eventually involved a difficult process of emerging as a more independent thinker. The first step in that independence was Heimann's paper, "On counter-transference," presented in 1949 to the IPA Congress in Zurich and published 1950. She did not seek advice from Klein, and she received disapproval. Plausibly it was a bid for independence, though her final break did not come until years later, in 1955. Her two significant contributions to the revision in thinking on countertransference—"On counter-transference" and her more cautious review of her own ideas in a paper simply called, "Countertransference" presented in 1959 and published 1960—were in that context.

Though her 1950 paper is often quoted as the seminal statement of the change of direction, in fact many others had offered their own reflections on the analyst's emotional reactions (Balint and Balint 1939; Brierley 1937; Rickman 1937–39), and around the time she wrote her paper (in 1949) there were others who were reconsidering countertransference (she mentions Alice Balint [1936] and Berman [1949]); as she said in a footnote, "The fact that the problem of the counter-transference has been put forward for discussion practically simultaneously by different workers indicates that the time is ripe for a more thorough research into the nature and function of the counter-transference" (Heimann 1960[1959], p. 81n).

In fact, there were a number of others she did not mention (including Gitelson 1952[1949]; Little 1951[1950]; Reich 1951; Racker and Winnicott 1949). Some of them she must have known, such as Winnicott and possibly Little (who gave her paper to the Society in 1950 but did not grasp Heimann's point clearly). We can only guess that Heimann omitted more references out of loyalty to the Klein group. Interestingly, her first analyst, Theodor Reik, published his most well-known work, *Listening with the Third Ear*, in 1948, the year just prior to the Zurich Congress. Reik's book concerns the way in which the analyst

must use his own unconscious to discern the patient's unconscious meanings, and it is hard to think there was not a connection with her work. Heimann's presentation in 1949 was the year after Racker's paper to his Society in Argentina. There is no evidence that Heimann knew Racker or his work then.

Heimann's paper was short and to the point (in fact, only about 2,800 words including a vignette), remarkable for a text that some would say changed psychoanalytic history. The trenchant clarity and incisiveness give the paper a force not equalled by others writing on countertransference at the time. It was, as she implies, the right paper at the right time.

Her key point is emphatic: "My thesis is that the analyst's emotional response to his patient within the analytic situation represents one of the most important tools for his work. The analyst's countertransference is an instrument of research into the patient's unconscious" (Heimann 1950[1949], p. 81). It could not have been a plainer challenge to the forty years of suspicion before that date, originating when Jung, and also Ferenczi, were caught up in struggles with their erotic responses to female patients (Stefana 2015; see Stefana 2017b, for some reflections on erotic transference and countertransference).

Heimann noted how her students told her of the unemotional stance required at that time. Here is one of her students, from the 1940s:

> She [Heimann] was taking a seminar on Freud's papers on technique, and she had asked me to summarize the main points in his paper "Recommendations to physicians practising psychoanalysis" [Freud 1912]. When I came to the recommendation that analysts should take as a model "the surgeon, who puts aside all his own feelings…," Paula Heimann, to my surprise, strongly disagreed with Freud's emphatic recommendation. She formulated her point of view later in her paper entitled "On counter-transference." [King 1989, p. 5]

Heimann tersely stated that "the aim of the analyst's own analysis, from this point of view, is not to turn him into a mechanical brain" (Heimann 1950[1949], p. 82). Rather it is to open him to a free-floating

attention, unaffected by intense feelings which risk impelling him to action.

This conflict, between reflecting on one's feelings or allowing them to become an impulse to action, was a key to the listening activity: "[He should listen to] the manifest and the latent meanings of his patient's words, the allusions and implications, the hints to former sessions, the reference to childhood situations behind the descriptions of current relationships, etc." (Heimann 1950[1949], p. 82). She was moving towards an understanding of the analyst's use of his affective response on one hand, as opposed to being overwhelmed by his feelings which then distort the work.

Remembering that the analyst's feelings are "the patient's creation … can protect him from entering as a co-actor on the scene which the patient re-enacts in the analytic relationship" (Heimann, 1950[1949], p. 83). It is that remembering, which is the trick the analyst has to perform, though that may be difficult given the intensity of feelings, and with the uncertainty in oneself, especially whilst the analyst is still inexperienced. She recognised the work involved. As Rayner (1991) summarised:

> For her the use [of the term "countertransference"] is restricted to incidents where there is a time-lag between the analyst's unconscious and conscious understanding of the patient's communications. Instead of comprehending the patient's projections in good time, on such occasions the analyst unconsciously introjects the patient and experiences a consequent puzzling sense of unease. [p. 215]

This reaction involves a "time-lag," elaborated in detail later on by the Kleinian Money-Kyrle (1956[1955]) when he described "normal countertransference" and "being stuck" in either a projective state or an introjective state.

The point is to take up Freud's injunction to attend to the unconscious communication:

> this rapport on the deeper level comes to the surface [as] the most dynamic way in which his patient's voice reaches him. In the comparison of feelings roused in himself with his patient's associations and behavior, the analyst possesses a most

> valuable means of checking whether he has understood or failed to understand his patient. [Heimann 1950[1949], p. 82]

The emotions of the countertransference arise from a role the analyst is required to play and can be used to check whether he has understood the narrative displayed in the associations (Hinshelwood 2013). That is, he can make a comparison of his feelings with the content of the patient's association.

Finally, she made a brief recommendation to refrain from confiding the countertransference to the patient. They are a tool to understanding the patient and not the other way around; if the analyst confides his feelings, it places, she thought, a burden on the patient. At this point, Heimann returned to a point of disagreement with others who she had mentioned at the outset of her paper, notably Alice Balint (1936) who "suggested that such honesty on the part of the analyst is helpful and in keeping with the respect for the truth inherent in psycho-analysis" (p. 61). Heimann also added a similar note before publication of her paper, referencing Berman (1949).

A vignette in her paper describes a man drawn to and intending to marry a woman who had been traumatized, and this was associated with a transference dream depicting the analyst as a woman from abroad who needed repair. This burdened man she tells the reader came to mind in connection with her argument about the countertransference, implying the burden of feelings a psychoanalyst must bear. However, Heimann also recalled more personal aspects of the kind of burden an analyst bears. Later apparently (King 1989), Heimann recognized that she had been brought up as a replacement child by a mother burdened by the death of the previous older sibling; and Heimann's entangled relationship with Melanie Klein had started at the time when Klein had suffered the burden of the bereavement over her son's death. These associations about the burdened analyst/mother seem to support Heimann's interest in the recommendation against burdening the patient too with one's own countertransference feelings.

Despite Heimann's centrality in this topic of countertransference, she wrote only one other significant paper about it. Ten years later, she contributed to a symposium on countertransference held by the Medical

Section of the British Psychological Society in 1959. Heimann did three main things: she gave an outline of her main argument in the earlier paper, she attempted to disentangle what seemed like a more ordinary form of countertransference (others, like Money-Kyrle 1956, had called it "normal countertransference" but Heimann did not use that term), and thirdly she gave an account she had failed to give in full in the earlier paper regarding the reasons for not confiding one's feelings to the patient.

She started by reconsidering Freud's (1912) steely surgeon analogy, suggesting that detachment is a defence against the analyst's threatening feelings of uncertainty or of sexual feelings. She repeated the claim that analysis is a relationship between two persons: "[It] is not the presence of feelings in one partner, the patient, and their absence in the other, the analyst, but the *degree* of feeling the analyst experiences and the *use* he makes of his feelings, these factors being interdependent" (Heimann 1989[1960], p. 152).

Heimann also repeated crisply that the analyst's own analysis is not to turn him into "a mechanical brain which can produce interpretations on the basis of a purely intellectual procedure, but to enable him to sustain his feelings" (p. 162). Sustaining feelings is not easy if they are intense, and there is a time lag between the unconscious disturbance, and the conscious awareness of what is disturbing:

> As he waits—which he must do in order not to interfere with an ongoing process in the patient and in order not to obscure the already puzzling situation still more by irrelevant and distracting interpretations—the moment occurs when he understands what has been happening. The moment he understands his patient, he can understand his own feelings. [p. 153]

She is clearly following a different recommendation that Freud had given: "he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone" (Freud 1912, p. 115).

Heimann noted the paper by Gitelson that contrasted the obstructive and unanalysed neurotic aspects of the analyst's reaction, with the

tool-like useful countertransference, the first: "emanating from a surviving neurotic 'transference potential (in the analyst)" (p. 155). The other type of countertransference, Gitelson described, Heimann called "actual countertransference" (p. 155); it is that created by the patient via the role that the transference demands of the analyst. In these instances, the analyst will be more willing to employ a self-analytic inquiry and can therefore preserve his receptiveness.

Finally, Heimann gave a detailed account about speaking one's own countertransference feelings. She says that in practice, she would go so far as to indicate when she thought she had made a mistake and would make a correction, without going into why it had occurred. Like all sorts of things in the analyst's personality, and indeed in his room, the patient has the opportunity to know the "real" analyst. In turn, his mistakes are a further opportunity for the patient to know him. However, the analyst does not explain why he has a certain piece of furniture in his room; and she says, "The patient has many opportunities in life where a person apologizing for a mistake will give reasons for it. He has only the analytic situation in which it is *exclusively and consistently his prerogative* to be the object of research into reasons and meanings" (p. 157, italics in the original). The analyst is not a "real" person in that sense, since in that "real role": "[An analyst] is as useful to the patient as any Tom, Dick, or Harry" (p. 157).

One of the analyst's main resistances is the wish to retreat into an "ordinary" relationship, confiding mistakes, or a personal state of mind. And this corresponds to the resistance expressed in preserving a deadening detachment of neutrality. On the other hand, a more receptive countertransference response to the patient's transference will be when the analyst employs a *self*-analytic enquiry and can therefore preserve his receptiveness.

Overall this later paper is not so clearly written and is rather obscure in parts. Indeed, Heimann was rather unsure about including this paper in the edited collection (see Heimann 1989, p. 160n). However, it does amplify in various ways the brief first paper in 1950. One of the least clear passages is Heimann's attempt to use Gitelson's paper to distinguish normal countertransference from the analyst's transference to the patient. Heimann's ability to find a beautifully clear form of expression for an idea is not evident with this issue. It is only some time later, in

1975, when she was dealing with a more general description of the mental work of the analyst, that she managed to make this crystal clear.

These comments, in 1975, are therefore worth adding to the two papers dedicated to countertransference. The paper on "Observations on the analyst's cognitive processes," was presented to the Canadian Psychoanalytic Society, and published 1977. Those few comments differentiated the normal use of countertransference from the "neurotic" reaction to the patient. She clarified the difference. Transference is the psychoanalyst's problem. Countertransference "is not a preformed attitude applied … [to the patient, but] a *specific response* to the patient" (Heimann 1975, p. 299), and thus created by the patient, not the analyst. Most of the time the functioning of the countertransference demands "our attention only when something has gone wrong" (p. 299); when it goes well, it is like walking which one does not have to think about once the method has been learned. But the countertransference can go wrong, and when it does so the patient's created countertransference has touched a neurotic transference in the analyst. At that point the analyst has to engage in a piece of self-analysis for the neurotic problem *he* (the analyst) has created.

This addendum in 1975, was written after Kleinian authors had also made contributions to "normal" countertransference and to a pathological form (for example, Bion 1959; Money-Kyrle 1956). Klein feared countertransference always indicated a disturbance in the analyst. She thought that the new conceptualisation of countertransference allowed the analyst to attribute everything to the patient, so that she commented that she learned more about *herself* from the countertransference than about her patient (quoted in Spillius 2008). Klein never published her views, perhaps out of respect to Heimann, although in her notes she did attribute some diagnostic value to countertransference (see Hinshelwood 2008, 2016).

Heimann wrote much less than Racker about countertransference because she was interested in other topics; first, she was occupied with defending Melanie Klein's discoveries up until about 1955 and then subsequently, she sought to establish her own somewhat divergent position. She never fully moved to the position of the Independents as she retained her commitment to the importance of destructiveness, which increasingly took on the nature, for Heimann, of a reservoir of

instinctual aggression located in the id, and she tried to embody it within Freud's classical structural model, rather in the manner of classical ego-psychology.

However, there remains no evidence that Heimann was influenced by Racker. Racker on the other hand noted Heimann's first paper in one of his own in 1952 (see above). Margaret Little (1951), almost contemporary with Heimann's first paper, acknowledged Heimann's use of countertransference as a kind of signal anxiety promoting a heightened awareness of the emotional events occurring. Rosenfeld (1952) endorsed Heimann's views, especially with schizophrenic patients where the analyst's intuitive unconscious understanding has to stand in for verbal communication. Marion Milner (1952; Stefana 2011, 2019), at that time close to Klein and Winnicott, also endorsed the countertransference "as part of the analytic data" (p. 188). There were in all some 17 authors (including Racker) who endorsed Heimann after her original postulate in 1950, and with little real dispute.

Summary of the points of Heimann's argument:

1. Listening according to Reik.
2. Projection and introjection in the Klein/Abraham paradigm.
3. The analyst's feelings are a vital tool for investigating the patient's subjective state.
4. The unswerving opposition to the analyst as a mechanical brain observing a surgeon's neutrality.
5. Sustain one's feelings as opposed to discharging them.
6. Using feelings as the key to the unconscious.
7. The "actual" countertransference is a normal (non-neurotic) reaction.
8. Analysis is the space for the patient's feelings only, not the analyst's.

DISCUSSION

Racker and Heimann share responsibility for the revolution in the value of countertransference. It is remarkable how they came to their conclusions at much the same time without apparently any real communication between them, and from rather different conceptual backgrounds and geographical locations. It seems that the evolution of psychoanalysis itself was ready for this step, a genuine Kuhnian paradigm shift in the culture. Why psychoanalysts took this step forward at this moment is a matter of cultural history.

Both Heimann and Racker developed their ideas from a deeply clinical point of view. But their forms of practice had come from different traditions and so shades of difference occur in the formulations they eventually evolved. Here we will review briefly the similarities (major) and the differences (relatively minor).

Similarities

Both Racker and Heimann acould look back on Freud's (1910) assertion of an *unconscious to unconscious communication* between analysand and analyst. Freud had been perplexed by how such communication could happen. And until the rule that all psychoanalysts should have their own analysis (instituted in the 1920s, as a "control analysis") there was suspicion an unprofessional influence by these unconscious communications to act out. However, after a few generations passed since the 1920s rule providing for psychoanalysts being analysed, it became obvious they were still not immune from unconscious influences when with their patients. Transference had become much more familiar over this period and the kind of *jigsaw fit between transference and countertransference* was waiting to be noticed and exploited.

Heimann and Racker also shared similar attitudes toward the directness of the transmission of unconscious material. On one hand, Heimann followed the enthusiasm of the Klein group in general for the schizoid mechanisms (Klein 1946), and saw projective identification (which can be see as a model in detail of Freud's unconscious-to-unconscious communication) as a powerful explanatory idea. According to her, the experiences, especially emotional experiences, can be transmitted directly—without symbolisation—from the patient's mind unconsciously into the analyst's mind that is prompted to experience similar or complementary emotional states. The analyst has the work of sorting out their own feelings from the patient's which are projected, and felt in an empathic way. On the other hand, Racker asserted that the main way towards understanding the analysand's mental processes continues to be direct reception from unconscious to unconscious. In his view, the patient's unconscious phenomena are grasped by the analyst's own unconscious by way of emotional identification with the object with which the analysand identifies the analyst. The dynamic of this

identification will be referred back to projective identification by Racker himself in 1958.

The importance of *professional boundaries* became important, but perhaps in the 50 years since Freud (1906) had trouble with Dora's transference, Europe had become a more democratic culture. That both analyst as well as patient could have *human attributes* and could be constantly moved by their feelings (as well as by rational reflection) was more acceptable. And so, it became necessary to take a rational point of view about the emotional states of *both* partners.

For both Racker and Heimann, the transference and countertransference were two sides of an *interactive*, even interpersonal encounter. However, both grounded their understanding of the interpersonal relations in the combined intra-psychic dynamics of each partner. The recognition of the human aspects of the analyst, pointed to the need to admit and to take account of any potential for *neurotic manifestations* that remained in the analyst. So, the enduring suspicion during the first half of the 20th Century had to remain, but as a feature, and a risk, to take account of rationally as far as possible. Both Heimann and Racker were insistent on the importance of the *personal analysis* including a persisting self-analysis after termination. Part of the work they were doing was to sustain and enhance the view that an analyst has to keep his own possible neurosis in mind. If the risks could be kept in mind then the *mutuality between countertransference and transference* was regarded as one worth running, as the analyst's feelings could offer vital clues about the patient's transference feelings.

Differences

As far as their *backgrounds* were concerned, Racker started his career as a psychoanalyst in Vienna though did not qualify until he was a refugee in Argentina. His background was in the classical psychoanalysis of Freud, Anna Freud, Hartman, and the developing ego psychology of the mid-1930s. Then he resumed his training in the very different context of psychoanalysis in South America where he was a part of the birth of psychoanalysis there, and its particular interest in British psychoanalysis. As British psychoanalysis had been on a divergent path from Vienna during the 1930s, the emergent framework of ideas in Argentina was a pluralist one. The structural model, with emphasis on the ego and its function

with strength (or not) in relation to the instincts, was combined with the intense object-relations interest in internal objects as the playthings of the mind. Racker could be said to be a *pluralist* with respect to these two divergent traditions in psychoanalysis.

In contrast, Heimann had her initial training in Europe, specifically in Berlin, but after Abraham had died. Exiled in 1933, she became a close personal assistant and friend to Melanie Klein, partly in response to Klein's tragic bereavement in 1934, and then subsequently an analysand of Klein until 1953. She was, with Susan Isaacs, Klein's loyal supporter during the Controversial Discussions, giving two of the scientific papers. Her conceptual framework was therefore wholly *Kleinian*, although she did later move away from Klein finding her independent point of view in 1955. These later disagreements may have been partly Heimann's personal need for independence, but in part they concerned the new ideas on countertransference which Klein hesitated to accept.

For Racker, the *Oedipus complex* remained the core of psychoanalytic work. And so, countertransference was seen in two forms, according to Freud's structural model. Either the analyst is a response and empathic ego, or their relation is that between ego and super-ego. The roles of ego and super-ego could be assigned either way—the analyst being at times the super-ego to the patient and at times the patient being super-ego to the analyst. This contrasts strikingly with Heimann's analysis of the countertransference, which is much more to do with the structure of *the ego and its coherence*. During the time that Heimann was working closely with Klein, Klein was developing her views on splitting of the ego and the schizoid mechanisms, notably projective identification. In Klein's terms the ego, or parts of it, are annihilated.

There is a complex set of contrasts here, as Racker employs the Kleinian understanding of internal objects in a sophisticated and relevant way, and he recognizes the free interplay of introjection and projection of such objects. However, Racker does not pay the kind of attention to splitting and projective identification that was central for Klein and Heimann. Countertransference for Heimann is important insofar as the analyst's experience is composed in significant part as the evacuation and communication of the patient's experience, split off from the patient's ego. It is the expression, in part of a destructive or self-destructive impulse on the part of the ego provoked by certain intolerable

anxieties of persecution and guilt. For Racker, the enactment of ego and super-ego together is a re-enactment of unresolved Oedipal issues and traumas from the past.

This is perhaps the most fundamental distinction between Racker and Heimann. For Racker, the transference-countertransference relation is a replay of the past, a regression to Oedipal issues not resolved in the early genital phase of the libido; but for Heimann it is radically different. The replay of the transference-countertransference is from the presently active dynamics of the unconscious that are alive now. She followed Klein's focus on the "deeper levels" of the unconscious active in the present which underlie the neurotic Oedipal level.

Racker wrote a great deal more about countertransference than Heimann did, and he was intent on developing a *systematic account*. There are a number of defining features and variants in the phenomenon of countertransference which he described. It is well-known that he divided countertransference into the useful distinction between concordant and complimentary types. However, there he explored other distinctions he made as well; in all:

- Direct and indirect
- Concordant and complementary
- Thoughts and positions

These are dealt with earlier in this paper. Heimann had no intention of developing a systematic classification of characteristics of this kind.

Finally, they differed over whether it is advisable for the analyst to confide his feelings to the patient. Heimann is adamant that the analytic space is for the patient's feelings and experiences uninterrupted by anyone else. Racker on the other hand argued that in some instance it enhances trust if the analyst exposes his emotional side as well as his reasoning.

CONCLUSIONS

We have tried to explore various aspects of the work of Heinrich Racker and Paula Heimann on countertransference from the late 1940s onwards. They have somewhat different conceptual backgrounds, though Racker did absorb Heimann's work, and with colleagues in

Argentina developed his ideas in an integrative pluralist form. His aim in the long run was to develop a comprehensive phenomenology of countertransference. Both however were initiating a fairly widespread interest and change in practice. Whilst both were innovative, and remarkably parallel in their innovations, they were surely only people of their time who represented an inevitable sea-change in the practice of psychoanalysis and the role of the analyst's thinking.

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