

My Analysis with Harold Searles

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Harold F. Searles, MD, (1918-) pioneered countertransference in treating psychotic and borderline patients. His lively papers set a model for self-honesty, giving generations of mental health practitioners an inside view of intensive analytically-informed treatment of psychosis. Born and raised in Hancock, New York, in the bucolic Catskill Mountains, he received his medical training at Harvard. From 1949 to 1964, he worked at Chestnut Lodge in Rockville, Maryland during the Dexter Bullard, Sr and Frieda Fromm-Reithmann era. He was the most prolific of its distinguished staff. He was a Training and Supervising Analyst at the Washington Psychoanalytic Institute and was President of its Society from 1969 to 1971. He was a Clinical Professor of Psychiatry at Georgetown and a Consultant in Psychiatry for NIMH. His popular patient-interview demonstrations remain pivotal events for many psychiatrists. For autobiographical amplification, see Langs and Searles, 1980. (Silver, 2010)

Thomas Ogden's paper "Reading Harold Searles," begins, "Harold Searles, to my mind, is unrivaled in his ability to capture in words his observations concerning his emotional response to what is occurring in the analytic relationship, and his use of these observations in his effort to understand and interpret the transference-countertransference" (Ogden, 2007, p.353).

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My chronic analysis with Harold Searles began as a long quest, starting before I was a teenager. My father was in the Albany Psychoanalytic Study Group led by Clinton P. and Alma McCord, MDs. Clinton P. McCord (1881-1953) had been analyzed by Freud. McCord wrote an adoring eulogy to Freud, in which Sandor Ferenczi appears as well (McCord, 1940). The study group met at the members' homes on a rotating basis, the members being physicians in various specialties. My father was a public health pediatrician, remembered for his classic Kingston-Newburgh Study coauthored with dentist David Ast, which demonstrated that fluoridating a town's water supply dramatically reduces the incidence of dental caries. He worked at the New York State Department of Health. Also participating were my pediatrician, Ethel Cermak, and our internist neighbor, Victor Hoffman. Both of my parents adored McCord, who looked a lot like Eric Ericson. About 12 years old, I was allowed to "eavesdrop" on the discussions, sitting on the floor behind a large

chair that later became my analytic chair. In sixth grade, I read my father's copy of Freud's *Basic Writings* trying to figure out what kind of paranoiac my mother was.

When I worked in the summers at the New York State Department of Health laboratories, I read Ernest Jones's biography of Freud at the lab's library. I decided then that I wanted to be a psychoanalyst. In fact, my father had wanted to do a residency in psychiatry and to become a psychoanalyst, but at the start of sixth grade, I refused to go to school to be taught again by a teacher who had once terrified me. When I was in fourth grade, I had witnessed her shaking a boy so hard that I was actually convinced that his head might break off. My parents enrolled me and then my brother in small private schools, the expense rendering it impossible for my father to change careers. The guilt I felt about this sealed my fate. I'd blocked him from his dream so I "had to" live it for him.

My husband Stu and I have been married for almost 50 years, having eloped during our Year 1 program at Johns Hopkins, an accelerated program that deprived us of our junior and senior years at our New England colleges. We were both 20. Then, on completion of our first year of residency, Stu had to fulfill his military requirement. We set off for San Antonio for his orientation. Amazingly, he was one of three doctors out of 250 who got non-Vietnam War "overseas" assignments, and we headed off for 2 years in Fairbanks, Alaska. Our daughter Jean was just 4 months old. Our Alaskan experience was a 2-year glorious hiatus from our arduous years of study. We bought a Mallard trailer and camped every chance we got. I loved the balance with nature. At night, the sky was packed with stars, and it was hard to stop watching the Northern Lights; the temperature dipped as low as -77 degrees Fahrenheit.

Returning east to our psychiatry residencies, now with two kids, I pitched into a depression. The sky was an oppressive and horrifying brown-to-green blanket. I couldn't stop talking about how the sky is supposed to be blue, and the heavens are supposed to be way up there, and the air is supposed to smell fresh and people aren't meant to be all crowded together. Everyone got tired of my frustrated and undirected litany. I didn't even think of searching for a like-minded group working politically on issues of air pollution. Perhaps that term hadn't even been spoken yet. I saw that I had to choose: if I wanted any friends at all, I had to stop nattering. This same problem still bedevils me as I try to persuade colleagues of the physiological and psychological dangers

in the current epidemic of overreliance on psychopharmacological agents in treating psychotic conditions.

Stu and I were in our psychiatric residencies at the Phipps Clinic at Johns Hopkins. I was looking for and not finding "my" analyst. Kenneth Artiss, our favorite teacher in our psychiatric residency program, had assigned Fromm-Reichmann's posthumous paper "Loneliness," which was deeply relevant to my mood. I became intrigued with Chestnut Lodge, read Joanne Greenberg's autobiographical novel *I Never Promised You a Rose Garden* and Fromm-Reichmann's *Principles of Intensive Psychotherapy*. Artiss suggested that the seminar members attend the upcoming Chestnut Lodge Symposium. This was in 1970. Harold Searles was on the

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program. I had heard his name, thought he was still a staff member at Chestnut Lodge, but had not yet read anything he had written. Experiencing him deliver "Unconscious Processes in Relation to the Environmental Crisis" (Searles, 1979, pp.228-242), I was transfixed, wide-eyed with wonder and gratitude. He began his talk, like Daddy at dinner, defining the word "ecology," which he said he had recently learned himself, then delineating the scope of the pollution problem just as would a public health clinician, and then launching into an extraordinary self-analysis of his reactions, including his suicidal urge to fling himself off the Triborough Bridge, out of his dread of gradually growing old. (He is currently living with his wife in an assisted living facility, at the age of 93.) I felt fundamentally connected to him, and I desperately wanted to know myself as clearly as he knew himself. I had found my analyst. I joined in the standing ovation he received.

A few weeks later, Searles came to the Phipps Clinic at Johns Hopkins Hospital to do two patient interviews while we residents sat in our conference room, observing through one-way glass. Searles had requested that the patients not be violent or mute. The first patient was mute and the second potentially

violent, and Searles was furious with the chief resident. In those interviews, Searles was impressively confrontational, and spoke from his unconscious in a way that resonated with my "tiger-mom" mother. The underlying theme in both interviews was trust and distrust in each participant. As usual for him in these teaching interviews, the patients revealed important information not previously known to the people treating them. I thought *I'll have both my mother and father in my transference to my analyst*; suddenly, the notion of a personal analysis became complex and daunting. In the dismission of those cases, I asked Searles if he had received personal support from staff members at the Lodge regarding his disclosure of panic and suicidal urges in his symposium talk. He said people had complimented him on the quality of the paper, but as to personal support, no.

I began reading his classic *Collected Papers on Schizophrenia and Related Subjects* and kept having the uncanny experience that, "This is what I would have thought [about whatever I had just read], if I could have thought as clearly as he can?" I felt that my mind was like a microscope that wasn't quite in focus, that analysis would correct my blurry thinking, and that it would then become clear that we were like-minded. Now, I feel that this did happen but only partially, and if only we had another 50 years or so, we might have succeeded. It would have helped, too, were I as intensely scholarly as he, as even perusing his papers makes clear. Senior colleagues recalled that Searles spent regular Sunday mornings in the Lodge library, reading and writing.

Searles's office was in the Air Rights Building on Wisconsin Avenue in Bethesda, Suite 623, about 45 minutes from our home in Columbia, Maryland, and about 30 minutes from Chestnut Lodge. I didn't think I could be driving that far four times a week, but I thought I could handle weekly supervision. I chose a patient and began keeping process notes. She was a young mother, like me; she also had three young kids; she worried she might actually kill them. I met with her in my home office. I phoned Searles and asked if he had time in his schedule on Tuesday afternoons. He didn't. There was a long pause. He said, "You seem to be trying to control my schedule." I answered, "I was waiting for you to suggest other times?" We found a time, and began our work. I clung to reading my process notes, because otherwise I'd have been flummoxed. (On re-reading Langs and Searles, I was astounded to find Searles telling Langs that during his personal analysis he became aware that, "I was terrified of my hostility. I was very afraid I would murder someone. I had been afraid for years that I would murder someone" [tangs & Searles, p.30].) And I myself have

vividly remembered the night when I was so angry at my mother that I considered stabbing her to death with the serrated knife she kept in the top drawer in the kitchen. But then my father would be so upset by what I had done, I would have had to kill him too, and my brother would be a despairing orphan, so I would have to kill him, and then, who would send me paperback books when I'd be locked in my prison cell, which I had imagined painting pink. It had gotten too complicated, and I just fell asleep. Thus, in writing this paper, I have discovered another bit of like-mindedness with my analyst, and appreciate an uncanny connection between the patient on whose treatment I was reporting, the supervisor hearing the material, and myself.



I told him I had been in the Johns Hopkins group observing those interviews, adding that I had thought he was still on the active Lodge staff when I asked my question regarding whether he had received personal support for the paper in which he'd revealed deep anguish. He said, "So you're the one!" and, at that moment, I had a feeling that the searching for the other had been a bit mutual, and felt gratified at being "the one." He had been curious about this stranger asking about the active sustenance from his colleagues. He then added that in that phone call, with the kids so noisy in the background, he had thought that I wasn't really serious about seeking supervision.

The supervision had proceeded for a few weeks when I started talking about

problems at work—I was on the part-time staff at Clifton T. Perkins Hospital Center, Maryland's forensic hospital, an administrator for a ward of about 35 men. He said, "I'd very much like to treat you in analysis—if you can afford me, that is." He said that a long phase of supervision would foreclose the possibility of his serving as my analyst. I had said I was interested in analytic training. Once it was clear I was going to start my analysis, I applied for a job at Chestnut Lodge.

My father had died suddenly at age 63, in July 1974. Then, as I was in the process of applying at the Lodge in 1976, my mother was found to have advanced pelvic cancer. We brought her to our home. My dependency on Searles as I started my analysis was enormous,

not in my needing or asking for guidance or validation but in my awe of him, in my feeling that he immediately knew me better than I knew myself (a claim my mother had often made). I felt there was no need for me to say what I was thinking because he already knew somehow and additionally divined the underlying dynamics. (All this seems now to be maternal transference. My mother had uncanny insight) I was mute. I believe he knew I was encumbered by a desperate idealizing transference, and knew he needed to challenge it: "May I share a thought I had a few minutes ago?" I said yes, grateful he would be doing some talking. He answered, "I'd thought 'Who the fuck cares if you never say another word?' I was furious, and stayed furious during the following days when Stu and I flew

to New Orleans to sit for our oral exam, part two of the psychiatry boards. I wasn't nervous about the exams, but plowed through them, eager to get back to the couch and give Searles a piece of my mind. The magical thinking and idealization were gone, and my inhibited mutism never returned.

We settled into a routine that echoed my high school experience, when I would come home from school and my mother would be sitting on the daybed in the sunroom, and she would want to know all the details of my day—who did I interact with, and what did we say. I'd tell her the details and she would tell me about the underlying motives of those friends or teachers, with her usual paranoid twist. After about an hour, she would abruptly call a halt to these conversations, reminding me that I had work to do—housework, practicing my piano lessons, and homework. Session over. Searles certainly did not replicate this intrusive and rather controlling regimen, but I did my adolescent part, reporting events in minute detail, and he listened with what I felt was rapt interest, and occasional supportive comments or questions. For the overwhelming majority of the time this situation remained in absolute conformity with the "classical" analytic situation. He asked for clarifications, linked events that seemed connected by similar affect, and let me know when he had been working under some misunderstanding. He never pontificated, but sometimes let me in on an analogous experience he had had. When I sent a brief communication to the *American Journal of Psychiatry*, regarding the oral examination for the psychiatry boards being a test of whether one could be a good supervisee, and received a rejection letter saying, "This paper does not belong in this or any other scientific journal," he got out his folder of rejection letters, four of which had been received by him on the same day. Later a colleague told me that he had had a paper accepted by the *Journal of the American Psychoanalytic Association* on the condition that he remove Searles's article from the references. My friend took his paper elsewhere, remaining horrified by the implied injustice of an established and esteemed analyst's being pushed aside by his own national organization. There seemed to be an assumption that working with people suffering from psychosis precluded one's ability to work with neurotic folk. Obviously, this injustice was done not only to Searles but to all the people struggling with psychosis who might have been treated by psychoanalysts, but were deprived of this opportunity by analysts who were working cautiously to promote their careers within the analytic establishment.

Searles's patient "Joan Douglas," a chronically psychotic woman whose sessions Searles tape-recorded for years (Langs & Searles, pp.215-304; Searles, 1979, pp.196-227, 1975,

pp.402-426), had the hour before me on Tuesdays. She would start to leave his office and get stuck in The transition space to the tiny waiting room where I was sitting. She would stare at me, expressionless and utterly intimidating. One day, she left his office easily and I was prematurely relieved. At the door to the hallway, she turned, and loudly said, "He's shrinking you to *death* in there. Why?!" She left without waiting for a response; I felt the waiting room walls converging on me like a trash compactor. I ran out in the hallway to the water fountain and was actually comforted by thinking of its brand name, "Oasis!" The force of her personality liberated a counterforce in me as it had in her analyst. How a preceding hour of interaction with her would then influence Searles in his work with me was not a question I consciously grappled with at the time. I was dear that I had a complex transference, to Searles-my-analyst, to Searles-the-author, and to Searles-the-public-figure, and that often it was difficult to recognize that they were in fact the same person. Often, when he offered an interpretation, he spoke with an obvious thoughtfulness. He had chosen his words carefully, and I experienced them as typeset for publication, the letters and words dattering out onto my forehead. I felt paradoxically rejected: they were spoken to "them," his readers, and not to me. Thus I resisted dealing with his observation, my silence resonating with my original mutism, something I more gradually overcame.

My mother died late in my first year at the Lodge, her funeral held in New York City, and interment in Pittsburgh. My brother and I kidded about how she finally did fly in an airplane, something she was terrified to do even once in her lifetime. Stu and I drove, and I desperately wanted to see Hancock, New York, where Searles had grown up, and it was only a bit out of the way. Searles had written, in the preface of his first book, *The Nonhuman Environment*⁴

Probab[ly] for every one who has found life to be more kindly than me/ the land of his youth is a golden land; youth is such a golden time of life. Certainly for me the Catskill region of upstate New York possesses an undying enchantment; a beauty and an affirmation life's goodness which will be part of me as long as I live. For as far back as I can recall I have felt that life's meaning resided not only in my relatedness with my mother and father and sister and other persons, but in relatedness with the land itself—the verdant or autumn-tapestried or stark and snow-covered hills, the uncoun[ted] lakes, the rivers. (Searles, 1960, p.ix)*

I needed to connect with this place that he loved, especially at this time of my personal loss.

However, I hadn't realized how intimate life is in a tiny hamlet. Our Ford's brake lights had gone out, so we stopped at the dealership in Hancock, which it turned out was owned by a classmate of Searles's, Vetrone, who, when we asked him where Searles's father's men's clothing store had been, immediately regaled us with stories, adding that people were still amazed that Searles hadn't come back for the funeral of his best friend, Johnny Tinkelspaugh. We had lunch at the Star Diner, and asked where Searles's family home had been. The waitress told us, and then said she could get us in touch with Searles's sister, Lucile. She was really puzzled that we energetically begged off. When I returned to my sessions, it was dear Searles found my stopping in Hancock very intrusive. It was *his* hometown.

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Not rarely, we both shared laughter. There had been a Chestnut Lodge seminar on intuition, I later learned (and have a copy of the transcripts), in which Frieda Fromm-Reichmann asked the four other participants (Searles was among them) about particularly meaningful moments in their analyses—powerful interpretations by their analysts, or sudden insights on their parts. The group was silent; nobody could think of an example (or perhaps they chose not to share their recollections), but the group remembered instead times that they and their analysts had laughed together, and how strengthening those moments had been. And I learned that Searles had been a popular leader in high school, where he *was* president of his class in both his freshman and senior years; he had the lead in the senior play; and he played football and tennis (Langs & Searles, p.11). He mentions that between his second and third years at Cornell, "I narrowly avoided a schizophrenic break and things happened that I won't go into" (Langs & Searles, p.12). Later, at the Lodge, his "small group" had been the most popular (Langs & Searles, p.73). (Lodge doctors were assigned to groups of about seven, meeting twice weekly for unstructured clinical discussion.)

I had had the idea that Searles was deeply nostalgic for his years on the Lodge staff, and that he was filled with anticipation to hear reports of the place once I began working there. Without meaning to, he disabused me of this notion, which I had yet to voice. I was late to my session following my first day on the Lodge staff, and began, "It takes more than 20 minutes to get from there to here "N.I.H.?" he asked. "No, Chestnut Lodge. Today was my first day there." He had not been yearning to hear about my first day at a new job, as my mother had eagerly awaited my reports of my days at school.

Dexter Bullard Sr. had been the medical director of the Lodge until 1968, when his son, Rusty, Dexter Bullard Jr. took over, but Dexter Sr. remained a presence until his death in 1981. He liked to say that there was no single Chestnut Lodge philosophy, but instead, there were as many philosophies as there were doctors on the staff. Philosophy and personality were intimately interwoven. Dexter Sr. often said that he loved being among doctors smarter than he, and enjoyed their debates in the 2-hour Wednesday Conferences, which each week were devoted to the treatment of just one patient (Silver, 1993b). And everyone on the medical staff was in supervision. Dexter Sr., for example, was supervised for a while by Steve Rosenthal, who began work at the Lodge when I did and was considered our resident philosopher. Steve, too, was in analysis with Searles, as had been Jim Redding and Jack Love, both on the Lodge medical staff when I joined. Once I was working at the Lodge, I was impressed by the patients' profoundly changing styles, one patient to the next, and how different aspects of my own personality were called into play in successive sessions, often even changing abruptly within the same session.

A unifying theme among many on the Lodge staff was the importance of playfulness. Evidence of play was a measure of recovery. We looked for activities of shared enjoyment with our patients. Some therapists gravitated to tossing a football around with their patients, or playing a game of pool, or going for walks or to a local eatery. Some played card games. In any case, relaxed joking was considered a very legitimate part of a therapy session, and never an avoidance of "the work!" Winnicott had discovered Searles and valued him as like-minded, just as Searles valued Winnicott's writings, both endorsing the healing power of playfulness (Winnicott, 1971).

This style of work contrasts with the prescribed silence, even hovering, the analyst patiently waiting to make an interpretation until transference, dream material, and recollection all come together. Searles's

playfulness I believe was anathema to the conservative analysts who ruled the American Psychoanalytic Association.

As I write this, I keep suffering waves of weariness, sorrow over missed opportunities for I'm not sure what. I had said that my goal in my analysis was to "maximize my creativity," a phrase I find embarrassingly awkward, hinting at my physical clumsiness as well, my having been the last one picked for sports teams at summer camp or school athletics. I draw back from theorizing, labeling it pontificating or overgeneralizing. I don't take the ball (of an observation) and run with it. It seems I'd rather stumble than score. Thus, I turned away from this text to review my e-mails. I found Garrison Keflor's daily posting, "The Writer's Almanac," to have a crisp summary on Georg Hegel that provided the overarching philosophical framework for an aspect of my analysis with Searles. We were not adversarial, but areas of difference usually soon revealed their areas of commonality, out of which other differences would arise and resolve. The emerging clarity was gratifying; arguments were safe and with a strong measure of fun.

(Hegel) came up with the concept of Dialectic, the idea that all human progress is driven by the conflict between opposites, that each political movement is imperfect and so gives rise to a counter movement which takes control-which is also imperfect-and gives the to yet another counter movement, and so on to infinity...

Hegel wrote, "Genuine tragedies in the world are not conflicts between right and wrong. They are conflicts between two rights." Aui, "We do not need to be shoemakers to know if our shoes fit, and just as little have we any need to be professionals to acquire knowledge of matters of universal interest" (120827 Writer's Almanac)

My first 4 years at the Lodge were the last under its policy limiting the use of psychotropic medication. The subsequent years, in which my Lodge patients were medicated continually, left me convinced that these drugs sap motivation and enthusiasm, and leave people in an "as-if" state of greater "manageability" and coherence, but with significant loss of salience, or "yessness," whether regarding their delusions or their hopes. In 1998, 3 years after my analysis ended, I became the founding president of ISPS-US, the United States chapter of the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses (see www.isps-us.org and www.isps.org), and I held that post for 10 years. I have advocated for the

psychological treatments of psychotic conditions, with minimum reliance on drugs. I cannot ferret out the extent to which this is transference-driven, my continuing my analyst's mantra that the phenothiazine era was bringing us the "long dark night of the soul" (Searles, 1979, pp.227-228).

Meanwhile, while working on this article, I realized that in opposing the general overreliance on medicines in dealing with psychosis, I am taking the opposite position from my father's in his advocacy for fluoridating the waters of the world. However, I followed in both their footsteps, giving talks around the world, while experiencing this stance as personally mine, not some transference issue. I credit Searles with fostering my outgrowing my shyness and inhibition regarding speaking my mind.

The early nonmedicating years of my Lodge career were the most dramatic for me, as I coincidentally lived with life-or-death anxiety as I endured treatment for quite advanced ovarian cancer. Beginning in July of 1978, my patients were a key part of my treatment team. My work in treating them held me in living connections, and disrupted my terror-filled self-preoccupation (Schwartz & Silver, 1990, pp.151-176). Enduring a year of chemotherapy, I had little hope for survival. On my first day back at work, about 2 months after the onslaught began, a Lodge staff member called out to me, "Dr. Silver! Are you back for a while?" "That's the plan," I answered. Searles initially shared my despair, letting me know he would treat me only as long as I was able to make the trip to his office. After that, I would need to find a Columbia psychiatrist to treat me, he said I thought that if I couldn't continue with him, I wasn't planning to start working with someone local. I had been in analysis for about 4 years at that point.

Later, I found a paper he had written about his work with a man who was dying of cancer. This man attended to the work of putting his affairs in order, and never cried in his sessions. Searles stated, "In summary, it is my belief that the psychoanalytic therapist cannot cure the patient's cancer. But the effectiveness of the psychoanalytic therapy will depend upon, more than anything else, the manner in which the therapist's own 'cancer'-his never finally eradicated infantile-omnipotence-is treated by the two human beings involved in the therapy" (Searles, 1981, p.180). Searles wrote of his envying the man having the knowledge of how he would die, and in a later paper wrote that this was a stupid thing to say, or perhaps this was something he had said to me. I, on the other hand, saved my crying times for my sessions, because I was trying to "function normally" at home and not burden my kids (ages 12, 10, and 7)

with my despair. "How about I cry and you talk?" Searles quipped. I responded, "But I don't know if you *can* cry," this based on my never having seen my father cry. Even on learning that his own father had died, he had just looked deeply sad. I had only seen my mother cry when she learned that FDR had died. I didn't remember that Searles had cried briefly during his interviews with Langs as he thought back to his Harvard Medical School days and his elective with Eric Lindemann: "But Eric Lindemann I admired-and I again want to cry. I am not losing my damned mind if I cry a little" (Langs & Searles, 1980, p.16). And later, reminiscing about C. MacFie Campbell, Searles said to Langs, "Do these bastards you interview

were I to terminate my analysis, so without realizing it, I worked against his "eradicating his infantile omniipotency."

I have been asked what I think Searles's theoretical orientation was, and how it had developed. Certainly, Fromm-Reichmann influenced him, through the courses he took from her at the Washington School of Psychiatry, which at that time was still formally connected to the Washington Psychoanalytic Institute, and he was also influenced by its founder, Harry Stack Sullivan, but he balked at being called a follower of theirs. Searles commented in his book with Robert Langs that he didn't think Fromm-Reichmann liked him. My hunch is that she saw him as "rambunc-

had had children my age, perhaps up to 150 direct relatives of mine had been lost. I feel terribly guilty that for all those years I hadn't even acknowledged their possible existence. I still regret that I avoided that vast area of my religious feelings, and my hypersensitivity to possible anti-Semitism, this a prominent feature of my mother's profound distrustfulness.

Meanwhile, Harry Stack Sullivan, Fromm-Reichmann's close friend, had also grown up in rural upstate New York. His teaching style was intimidating, and students remember his classes as so anxiety-filled that it was impossible to think (personal communication of my friend and teacher Christopher Bever; see also Bever, 1993). Listening to recordings of Sullivan's lectures at the safe distance of time and the knowledge that Sullivan is long gone, I find his words flowing like lyrics in an opera, but if I look for a place to pause the tape, I realize he created enormous run-on sentences. He would call on people and ask them to summarize what he had said, a nearly impossible task. Sullivan, however, held public patient interviews in which he demonstrated profound empathy and intuition, and these clearly influenced Searles in his own public interviews.

In a supervisory hour, in which I had yet again introduced a notion that "dove too deep," Dexter Bullard Jr. told me that Searles may have had an undue influence on my analytic style. John Kafka, in another supervisory session, told me, "You have too much Searles in you." I mentioned these events in my analysis. I felt that the quasi-wild associations I had to my patients' material were never presented as if I knew them better than they knew themselves, but rather that I was playing with ideas, and that I wanted them to correct me, or throw their own wild notions about my wild notions into the mix. I felt that things moved forward that way, and I had no intention of playing things dull, leaving all the work for the patient. As Ferenczi had said,

But it is no less of an error simply to withdraw from every emotional reaction, be it of a positive or a negative kind, and to wait behind the patient's back for the end of the session, unconcerned about his suffering or concerned only on an intellectual level, and leaving the patient to do all the work of collection and interpretation almost all alone. (Dupont, 1988, pp.130-131; Silver, 1993a)

My 1993 paper "Countertransference, Ferenczi and Washington, D.C." explores Ferenczi's influence on psychoanalysis in Washington, and connects his style and philosophy with that of Searles, the



weep all the time? What is there, something about you?" And Langs answered, "No, but they didn't get into their lives with the intensity that you are experiencing" (Langs & Searles, 1980, p.17). I do think that after Searles's remark, I did cry less. Meanwhile, I am convinced that his work with me was pivotal in my surviving a life-threatening illness. The cohort of others with my degree of illness produced the statistic of less than 15% surviving at 5 years, with most of those clearly on their way out. So, I clung to the couch as a life raft. As the months and then years went on without evidence of recurrence of the cancer, we both gradually resumed hope, and the topic of dying faded away, replaced by growing concern over the survival of the Chestnut Lodge. Searles never intruded with his own ideas or reactions to the diminution of that great institution. Meanwhile, I repeatedly said he had saved my life, and I feared a recurrence

tious," that her Old World primness and her former Jewish Orthodoxy clashed with his "smart aleck" rural aspects. Perhaps with all the principles that she connected to her religious father, she resonated with Searles's religious mother, who had endured his father's avoidance of church services and his love of telling dirty jokes.

I had made some reference to the Holocaust, and Searles had emitted a tired sigh, which signaled to me that he did not want to have to listen to Holocaust stuff yet again. More likely, his weary sigh reflected his own sorrow regarding that devastation. I hadn't talked much if at all about religion or the Holocaust, and yet it figured deeply in my family's history and evolving experience of the world. My mother's mother had lost seven of her eight siblings there, and I would only years later realize that had those siblings gotten married and had children my mother's age, and if *they*

conduit being Frieda Fromm-Reichmann. There is a thread of charisma running from Ernst Schweninger to Georg Groddeck to Sandor Ferenczi, both of whom influenced the charismatic Frieda Fromm-Reichmann, who, along with Harry Stack Sullivan, encouraged the development of Searles's own nascent charisma. Each of these clinicians gravitated to work with psychotically disturbed patients who sometimes flourished in these clinical relationships. Ferenczi said,

I have had a kind offanatical belief in the efficacy of depth psychology, and this has led me to attribute occasional failures not so much to the patient's "incurability" as to our own lack of skill, a supposition which necessarily led me to try altering the usual technique in severe cases with which it proved unable to cope successfully. It is thus only with the utmost reluctance that I ever bring myself to give up even the most obstinate case, and I have come to be a specialist in peculiarly difficult cases, with which I go on for very many years. (Ferenczi, 1931, p.128)

This could just as well have been said by Searles.

Searles said that he felt it was far preferable for the patient to make the theoretical discoveries than for him to short-circuit this process by supplying the overarching generalizations. And he has said that he has not been particularly skilled at dream work. I felt that he drew back from inevitably taking over the flow of the session were he to do the traditional thing of asking the patient to look at first one and then another component of a dream. He did utter the classic, "Let's see what comes to mind," but usually I found this immediately inhibiting, a command that I talk "about *that*" whatever that was, and I would growl, finding his directive disruptive.

However, he did make occasional generalizing comments. For example, he volunteered that he and his wife had gone to a performance of classic popular music, where the female singer reminded him of me, because we both so much enjoyed our work. Another time, years into our work, I commented that we used to laugh together a lot more in the past, and he said, "My wife says the same thing." Of course, I am not putting these vignettes forward as examples of interpretations.

In those later years, Searles's eyesight was failing. Very near-sighted, he endured a retinal tear. One time he told me he was almost hit by a car: work was being done in constructing the subway system and traffic was being rerouted on Wisconsin Avenue. He had not realized he was stepping into the lane of oncoming traffic. And in the final year or two of his career, he stopped driving. I had the last

session of the day, and would see him on the corner, waiting for his wife to pick him up. Then he received notice that the office was no longer available for rent, and he and his wife spent a weekend repainting an office in a rundown medical office building nearby. It was poignantly dreary. Then he left a message on my answering machine that he was dosing his office at the end of the month, and we could discuss this in our next session. I was furious; why not give more advanced warning? After a while, he said, "You're giving more shit than all the rest of 'em put together," and I said, "Thank you." He had given hardly subtle indications, for example, "I don't plan to work right up to the bitter end," but I had dodged all of them, as if they hadn't happened. He retired on January 1, 1995.



How did the analysis change me, and how were those changes a consequence of my analyst being Searles? I've shed my meekness and shyness. Now, as I argue points of difference, I thank Searles for freeing me up; I love a good argument. It would be great were I to have his intensity of self-awareness, but at least my self-scrutiny has improved significantly. I've accomplished much more than I'd imagined at the start of my long analysis, and I live more comfortably with life's finitude. My analysis was a great adventure. 1

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