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Concordant and Complementary Countertransference: A Clarification

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Abstract

Heinrich Racker (1957) contributed greatly to our understanding of countertransference in a number of respects, including his distinction between concordant and complementary countertransference identifications. Like Helene Deutsch (1926), Racker was mostly concerned with the complementary countertransference because he identified the concordant with empathy. But concordant countertransference identification, when it is relatively unconscious, may disturb empathy as much as relatively unconscious complementary countertransference. Both may enhance empathy and understanding when they are relatively conscious and the object of the analyst's self-reflection. Several clinical vignettes are discussed to illustrate this point. If, as I claim, Racker was mistaken in associating the concordant countertransference with empathy, why has this error been perpetuated in our literature for half a century instead of being recognized and corrected?

Keywords: countertransference, concordant, complementary, identifications, Racker, empathy, trial identifications, conscious, unconscious, internal object relations

The mind of the psychoanalyst, like that of the analysand, experiences tensions and conflicts between id (impulses, affects and wishful phantasies of love, hate and their varying combinations), ego (relatively rational and reality-oriented mental processes), and superego (moral demands, ideals and prohibitions, including guilt and needs for either punishment or reparation). Anna Freud (1936) argued the analyst should maintain a position “equidistant” from the analysand's id, ego and superego, a position of neutrality from which the operations of each agency and their varying combinations may be objectively observed and analyzed.

As an ideal this implies that the analyst will engage in a range of primarily conscious or preconscious “trial identifications” (Fliess, 1942, p. 213; Olinick et. al., 1973, p. 243) with the conflicting elements of the analysand's mind without overly and unconsciously identifying with any particular component of the conflict. In my view, this is what empathy consists in: the analyst’s relatively conscious and preconscious, not unconscious, trial identification with both conscious and unconscious elements of the analysand’s mind—that is, with the analysand’s wishes, fears, phantasies, and self and object representations. Empathy, as the act of imagining oneself “in the other’s shoes,” as it were, is to be distinguished from sympathy as caring or compassion, though it is possible to engage in both simultaneously. For Kohut (1959), empathic introspection is the psychoanalyst’s primary data-gathering method. In regarding empathy as a means to the end of understanding there is no need to deny that it may be felt as or even be therapeutic in and of itself.

Today it is widely recognized that our personal conflicts bias us in various respects and generate countertransference identifications that, in contrast to the conscious and preconscious trial identifications that constitute empathy, may take the form of more global, concrete and unconscious identifications with specific elements of the analysand's mind. While conscious and preconscious trial identifications are available for the analyst's self-reflection, unconscious identifications with the analysand's, conscious or unconscious self- or object-representations or specific mental structures constitute the basis of potentially problematic countertransference leading to enactments, empathic failures, blind spots and analytic impasse. This is not to suggest that such countertransference or even its enactment is *always* destructive to the analytic process or to deny that it may occasionally even be seen, after the fact, to have been useful in some respects. But such exceptions do not "prove the rule." Although, as Smith (2000) points out, all our listening is conflictual in that the analyst's own conflicts are continually being stirred up, in normative analytic work it is desirable for as much of our countertransference as possible to be available for relatively conscious self-reflection, even if as Renik (1993) suggests we sometimes only become aware of it after it has been put into action. Smith (2000) writes: "if our conflicts always influence our perceptions, it remains crucial to what extent as analysts we can observe and use our conflictual responses as data" (p. 107).

In what Racker (1957) called *concordant* countertransference identification, the analyst identifies with the analysand's id on the basis of his or her own id, and with the

analysand's superego on the basis of his or her own superego. But such concordant identifications may be conscious, preconscious or unconscious. Only if they are conscious or preconscious can they be said to constitute empathy (a point that Racker fails to make clear). By contrast, in *complementary* countertransference, the analyst identifies (again, consciously, preconsciously or unconsciously) with the agency the analysand is disidentifying with and emotionally inducing, evoking or projectively identifying into the analyst. For example, the patient is identifying with her superego and disidentifying with her id with which the analyst is in complementary countertransference identification; or *vice versa*, the patient is identifying with her id and the analyst is in complementary countertransference identification with the projected superego. If such complementary identifications are relatively conscious or preconscious they constitute empathy, but not if they are relatively unconscious.

In saying that in her countertransference the analyst is in complementary identification with the patient's projected id or superego there is no intent to suggest the patient is entirely responsible for such (conscious or unconscious) reactions, having "put them into" the analyst through projective identification. The patient stirs up or evokes the analyst's id, ego or superego responses. Projective identification or emotional induction is understood to involve the analyst's "role-responsiveness" (Sandler, 1976). Countertransference is always a joint production with relative and varying contributions from the analyst and the analysand.

Clinical Vignette #1

> *An analysand is experiencing conscious sexual impulses toward someone other than his wife. In a mild conscious concordant countertransference the analyst empathizes, id with id. But since the analyst suffers conflicts of his own in this area, he overly identifies with the analysand's impulses and then defensively represses this concordant countertransference which as a result is no longer available to his empathic introspection. The analyst proceeds to succumb unconsciously to a complementary countertransference based on identification with the patient's projected superego. Since this identification is unconscious, he begins both to feel and intervene moralistically.*

One of the things that renders Racker's work difficult to comprehend at times is that he employs both the language of ego psychology—the structural model of id-ego-superego—as well as the language of internalized object-relations. Sometimes he speaks of concordant countertransference identifications as those in which analyst and analysand identify with the same psychic structures (id with id, ego with ego, superego with superego), and complementary countertransference identifications as those in which they identify with different structures (id and superego, ego and id, superego and ego). At other times, however, he speaks of countertransference in the language of self and object: the analyst identifies either with the analysand (the subject) or with the analysand's

projected object. In both cases, like Helene Deutsch (1926), Racker describes the *concordant* countertransference as empathy since it involves the analyst identifying with the analysand's self-state, as distinct from identification with what he is disowning through projection (*complementary* countertransference), whether the latter is conceived as one of the three mental structures or as an internal object.

According to Racker:

> The complementary identifications are closely connected with the destiny of the concordant identifications: it seems that to the degree to which the analyst fails in the concordant identifications and rejects them, certain complementary identifications become intensified. It is clear that rejection of a part or tendency in the analyst himself,—his aggressiveness, for instance,—may lead to a rejection of the patient's aggressiveness (whereby this concordant identification fails) and that such a situation leads to a greater complementary identification with the patient's rejecting object, toward which this aggressive impulse is directed (p. 311).

This is precisely what we saw in the first vignette. The analyst rejected concordant identification with his patient's adulterous inclinations and as a result his complementary identification with the patient's projected superego intensified. Again, reference to the analyst's countertransference identification with the patient's projected superego is intended to mean no more than that the patient's disidentification with his superego and

identification with his id in some way stimulates, stirs up or evokes a superego reaction in the analyst. The patient is not being seen as the sole manufacturer of the analyst's response, and no magical, transpersonal process is envisaged.

Because he views the analyst's concordant identification as empathy, without specifying whether such identification is relatively conscious, preconscious or unconscious, Racker feels compelled to argue that it should nonetheless be included in the category of countertransference: "Usually excluded from the concept countertransference are the concordant identifications—those psychological contents that arise in the analyst by reason of the empathy achieved with the patient and that really reflect and reproduce the latter's psychological contents" (p. 311). Racker sees failures of empathy—i.e., failures of concordant identification—as generating the problematic complementary countertransference identifications. But I submit that empathy consists only in those concordant countertransference identifications that are relatively conscious or preconscious, together with those complementary countertransference identifications that are also relatively conscious or preconscious. My argument is (1) that Racker erred in confining empathy to concordant identification, when conscious or preconscious complementary identifications are also empathic; and (2) in regarding only complementary countertransference as problematic when both concordant and complementary countertransferences are equally problematic when they are relatively unconscious and serve empathy when they are relatively conscious or preconscious.

Might the equation of concordant countertransference with empathy have been avoided if

Racker had employed the concept of internal object relations as involving not internal "objects" but internal self and object *representations* (Sandler & Rosenblatt, 1962; Kernberg, 1979)? Might this have highlighted the fact that analysands can overidentify with and disidentify from specific self representations as well as object representations? In Kernberg's (1987) view, "patients may project a self-representation while they enact the object representation … or, vice versa, they may project an object representation while enacting the corresponding self-representation" (p. 215). In this case, concordant countertransference might well involve the analyst identifying with a split-off self-representation of the patient's and, just as the patient may have repressed this self-representation, so the analyst may be relatively unconscious of the fact that he has become identified with it. This certainly involves a connection between analyst and patient, but it is a relatively *unconscious* connection. For those who view the goal of analysis as enhanced conscious self-understanding—and, admittedly, not everyone views it this way—such relatively unconscious connection will most likely only prove truly useful if, in the long run, it becomes relatively conscious.

The literature on countertransference seems largely to have accepted rather than questioned Racker's equation of concordant identification with empathy. Epstein & Feiner (1979), for example, simply report that: "Racker further differentiated direct countertransference into two processes: *concordant identifications* and *complementary identifications*. Concordant identifications are empathic responses to the patient's thoughts and feelings" (p. 496). In her recent review of Racker's work, LaFarge (2007) writes: "In … *concordant identification,* the analyst identifies himself with the patient by

aligning his own mind with the patient's …. In this mode, the patient's conflicts come alive through their resonance with analogous conflicts in the analyst. This kind of identification corresponds to what people ordinarily call empathy ….” (p. 7). According to LaFarge, “When the analyst fails in his concordant identification, he is, in a sense, captured by the patient's projection instead; that is, he identifies with the internal object that the patient has projected into him” (p. 8). Here LaFarge confirms Racker's idea that the problematic countertransference identifications are those with the patient's projected internal objects—the *complementary identifications* in which “the analyst identifies himself with one of the patient's internal objects ….” (p. 7)—and not concordant identification with the patient's self. When the latter fails we have the empathic failure that leads to capture by the problematic complementary countertransference.

The suggestion raised above, that the equation of concordant countertransference with empathy might have been avoided had Racker employed the concept of internal object relations as involving not internal “objects” but internal self and object *representations*, is not borne out in the work of Smith (2000). Although he writes, “I would prefer to put it that in concordant and complementary identification the analyst identifies with aspects of the patient's self and object representations, respectively,” Smith nevertheless goes on to state that “I am in essential agreement with Racker” that “concordant identification corresponds roughly to what Arlow calls empathy, and complementary identification to what Arlow considers countertransference—namely taking the patient as an object” (p. 102). Hence, conceiving of internal object relations in representational terms does not guarantee that one will overcome the tendency to think of countertransference as

identification with the patient's split-off object representations while overlooking that it may equally entail identification with the patient's self representations. Nor does it guarantee that one will overcome the proclivity to automatically associate the latter with empathy.

Whereas relatively conscious concordant trial identification with the patient's self-representation constitutes empathy, as does relatively conscious complementary trial identification with the patient's object-representation, relatively unconscious concordant identification with the patient's self-representation does not. The crucial factor here concerns the analyst's degree of consciousness, not the patient's. I believe we can and do extend empathy (conscious concordant and complementary trial identification) to both conscious and unconscious self- and object-representations of the patient. It is when our identifications, concordant or complementary, are relatively unconscious that our countertransference is problematic, for it is then that we are captured by it rather than utilizing it in the service of conscious understanding.

Later in his paper Smith (2000) provides several vignettes in which he is "identifying simultaneously in both concordant and complementary ways—that is, with both the patient and the patient's internal objects" (p. 109). But in correctly suggesting that "the analyst is continuously identifying with both parties in the object relationship," Smith is not addressing the relative consciousness of such identifications, nor distancing himself from the tendency to see the complementary identifications as problematic and the concordant ones as empathy. I can agree that we are continuously identifying with both

the patient and the patient's internal objects, but the point at issue here is to what degree am I *captured* by one or the other of such identifications—that is, to what degree does my identification qualify as a conscious or preconscious trial identification (i.e., empathy) or as domination by an identification (complementary or concordant) of which I am largely unconscious?

Toward the end of his paper, Smith (2000) suggests that the question as to whether a particular countertransference constitutes interference or facilitation of the analytic process is irrelevant in that "all our clinical moments are mixtures of both in endless variation" (p. 15). But some unconscious countertransference identifications are not at all momentary; they can sometimes last for weeks, months, even for many years. Although it is true that sometimes they can appear, after the fact, to have been necessary and in the long run productive, at other times they can constitute the basis of analytic impasse or stalemate. In this connection, Stolorow (2002), writing of intersubjective conjunction and disjunction (the latter occurring "when empathy is replaced by misunderstanding") notes that interferences in the course of treatment, sometimes to the point of impasse, may arise from either situation, "most notably when they [intersubjective conjunctions and disjunctions] remain outside the domain of the therapist's reflective awareness" (p. 331).

Kernberg (1987) occupies a unique position in relation to Racker's work. Whereas in most of the literature the complementary countertransference identifications are seen as those with the patient's projected object or object-representation and are seen as problematic, Kernberg views the complementary countertransference as identification

with what the patient is projecting, whether that be a self- or an object-representation. This allows Kernberg to understand the possibility of the analyst's capture by unconscious identification with the patient's projected self-representation but, unlike Racker, he calls this a complementary countertransference instead of a concordant one. Again, unlike Racker, Kernberg views both concordant and complementary countertransferences as capable (presumably when relatively conscious to the analyst) of "increasing empathy with a patient's central subjective experience (in concordant identification) and in maintaining empathy with what the patient is dissociating or projecting (in complementary identification)" (p. 215). This is a legitimate theoretical resolution of the problem addressed in this paper (the failure to see the danger of capture by the patient's split-off self-representations and the confusion of empathy as such with concordant and not also complementary identification). But from a strictly scholarly point of view Kernberg's solution is problematic in that it fails to make explicit its deviation from Racker's own views. Why, we may ask, did Kernberg substantially revise Racker's concepts without explicitly acknowledging the fact or stating the reasons he felt Racker's views needed such revision? Personally, I prefer to follow Racker and most of the literature in thinking of the complementary countertransference as identification the patient's object-representation and concordant countertransference as identification with the patient's self-representation, while openly differing with Racker in recognizing that both of these may constitute empathy when conscious to the analyst and problematic when unconscious.

If we go a little further into the first vignette we can bring into focus the reasons I find Racker's equation of concordant countertransference with empathy to be problematic.

Clinical Vignette #1 Cont'd.

> *Catching himself feeling or acting in an uncharacteristically moralistic way, the analyst strove to overcome his moralism, only to lose once again his capacity for flexible, conscious trial identification with all the components of the patient's conflict, instead succumbing to an excessive, unconscious concordant countertransference identification with the patient's id. He swung from warning and reproaching to offering in the name of non-judgmental empathic attunement a level of acceptance tantamount almost to a type of encouragement of the patient's acting out.*

Here we see that if retreat from concordant identification can lead to being captured by a complementary identification, so also can retreat from the complementary lead to capture by the concordant.

While Racker and others associate concordant identification with empathy, suggesting that it is therefore therapeutically useful and relatively unproblematic in comparison to complementary countertransference identification, the factor that determines whether a countertransference identification is helpful or problematic in furthering the analytic goal of increased self-awareness on the part of both analyst and analysand is its degree of *consciousness*. If the analyst is relatively unconscious of her concordant

countertransference identification with the analysand this will be as much a blind spot in the analysis as unconscious complementary identification. Conversely, a complementary countertransference identification can be therapeutically useful provided it is relatively conscious. Racker increased our awareness of the danger of capture by the complementary countertransference We now need to stop equating the concordant countertransference with empathy and become aware of how empathy is impaired when we are unconsciously captured by either form of countertransference identification and how both may enhance empathy when they are conscious and available to the analyst's self-reflection.

LaFarge (2007) provides a clinical illustration of how, through her awareness of her complementary countertransference identification with her patient's excluded objects and her use of this awareness in her interventions, the transference shifted and in her countertransference the analyst ceased to feel excluded. Over time, she came not only to feel included, but to feel that she and the patient were very similar in many ways. This concordant countertransference intensified to the point of a feeling of "twinship" with the patient, as if the two were now allied against the world. LaFarge refers to this as a "heightened concordant countertransference" and explains that it had the effect of warding off important dynamics. Because she subsequently became aware of its defensive role, LaFarge does not identify this concordant countertransference with empathy; but neither does she challenge Racker's equation of the two, or describe her "heightened concordant countertransference" as capture by a concordant countertransference, or challenge Racker's view that only the complementary

countertransferences are problematic.

Clinical Vignette #2

> *The younger sister of a highly successful older sister was full of envy, competitiveness and hatred toward her. The analyst was so conscious of the danger of being induced into a complementary countertransference identification with this older sister that she was blind to the fact that she had fallen into an unconscious concordant countertransference identification with the patient as the younger sister. The analyst was intimidated by the patient who was unconsciously identified with the aggressive older sister. When, with the help of a consultant, the analyst became conscious of this and overcame the feeling of intimidation sufficiently to ask the patient for a long-needed increase in the frequency of sessions, the patient responded by demanding a long overdue raise from her employer—that is, she overcame her own intimidation by an object with whom she had been enacting the younger/older sibling dynamic.*

In this example the analyst is initially captured by a concordant countertransference identification with the patient as the intimidated younger sister and consequently fails to grasp the fact that she is being bullied by the patient as identified with the aggressive older sister. But, again, let us continue the story a little further.

Clinical Vignette #2 Cont'd.

> *Later in this analysis the patient reported disappointment at what she took to be the depressing ending of a film both she and the analyst had seen. The analysand complained that while the hero had managed to escape, his friends had been left behind. On inquiry it became clear that the patient had disgustedly turned off the video just prior to the* dénouement. *Because it was part of the patient's pattern in life to "clutch defeat from the jaws of victory" the analyst seized on this as a golden opportunity to interpret the repetition compulsion. In pointing out the patient's mistake she fell (from the patient's point of view) into an enactment of the role of the "superior" older sister that she had been avoiding. In the next session the patient reported that she had re-rented the video and discovered the analyst was right. She then abruptly and permanently terminated the analysis.*

From having at first unconsciously identified with the patient as the intimidated younger sister, a problematic concordant countertransference, the analyst was later captured by an identification with and enactment of the "superior" older sister, a problematic complementary countertransference.

What in this case is the "part or tendency in the analyst himself" that is rejected leading

to a rejection of a corresponding part of the patient? At first it was the analyst's rejection of the idea of herself as an intimidated child. She was intent on avoiding being aggressive, domineering and intimidating and was blind to the fact that she was intimidated. Later it seems that the patient's anger and scorn toward something that meant a great deal to the analyst may have caused her to lose sight of both her own aggression and the patient's vulnerability, succumbing to an identification with the "know-it-all" sibling and unleashing her anger at the patient in the guise of a confrontation followed by an interpretation, albeit one that had a considerable degree of validity.

One might be inclined to think that a concordant countertransference identification of ego with ego would be entirely unproblematic. Although resonance between the analyst's and the analysand's rationality is certainly a *sine qua non* of successful psychoanalytic work, the analysand's rationality is frequently defensive rather than conflict-free. At times it represents a rigid defensive flight into rationality away from anxiety- and guilt-producing feelings and phantasies. Unconscious countertransference identification on the part of the analyst's rational ego with the analysand's defensive employment of rational ego functioning in this sort of circumstance is a formula for an intellectualized pseudo-analysis and for stalemate. Needless to say, unconscious countertransference identifications of superego with superego or id with id are equally unproductive precisely because they are unconscious.

In providing us with the distinction between *concordant* and *complementary* countertransference, Racker added to our understanding in this field. But as important as

is the differentiation between concordant and complementary countertransference, an even more fundamental distinction is that between relatively conscious and relatively unconscious countertransference. Racker associated the concordant countertransference with empathy and viewed it as unproblematic. In my view both concordant and complementary identifications aid empathy to the extent that they take the form of conscious or preconscious trial identifications available to the analyst's self-reflection, and both will impede empathy when they are unconscious.

LaFarge provides an example of a "heightened concordant countertransference" that disturbs rather than serves empathy, but refrains from describing this as a situation in which she had been captured for a time by a concordant countertransference. Both Smith and LaFarge illustrate how we often shift between complementary and concordant countertransference identifications. LaFarge illustrates how, at times, the latter can become so "heightened" that they disturb rather than serve empathic understanding. Yet, like Smith, LaFarge avoids explicitly criticizing Racker's and the now widespread equation of the concordant countertransference with empathy and the complementary with problematic countertransference. Kernberg understands that we can be captured by countertransference identification with either the patient's split-off object or self representation, but he redefines the latter as capture by a complementary rather than a concordant countertransference. This allows him to appear to be in agreement with Racker's view that it is only the complementary countertransferences that are problematic. Kernberg fails to make explicit both the fact that he has revised Racker's terminology and his reasons for so doing.

A psychoanalyst's "third ear" might well be alerted to the possibility that some unconscious conflict might underlie such apparent inhibition of clear and explicit critical rationality. Is there some unspoken and unconscious collective taboo in the psychoanalytic community that generates a scholarly inhibition when it comes to explicitly identifying and naming errors in the work of "founding fathers"? Could this have something to do with the long-standing tendency of psychoanalysts, with the exception of Loewald (1979) and a few others (Sagan, 1988, chapter 5), to identify the oedipal resolution as surrendering the wish to kill the father rather than as overcoming the inhibition against doing so, thus gaining the psychic freedom to "kill" him in sublimated ways—such as overtly identifying the errors of his ways?[1] This is a question that is of central importance at a time when psychoanalysis is broadly criticized for its failures to adhere to truly scientific canons of research. As Feuer (1969) and others have pointed out, a unique element of science as a social institution is its way of accommodating the oedipal "conflict of generations": ultimately, in science, the establishment surrenders to being "killed" by competitive youth when the latter prove able to back up their challenges with reason and evidence. If young scientists surrendered the oedipal desire to critique and supersede the establishment, scientific progress might well grind to a halt.

References

[1] As Sagan (1988, chapter 5) points out, in Freud's (1909) case history "Little Hans" is cured of his phobia only after he has two dreams, one in which he marries and has many babies with his mother and another in which a plumber comes and takes away his "behind" and his "widdler" replacing them with bigger ones. Yet Freud continued to speak of the oedipal resolution as renunciation rather than symbolic fulfillment of oedipal desire.

Deutsch, H. (1926). Okkulte Vorgnge whrend der Psychoanalyse. *Imago,* XII: 418-433.

Epstein, L., Feiner, A.H. (1979). Countertransference: The Therapist's Contribution to Treatment—An Overview. *Contemp. Psychoanal*., 15:489- 513.

Feuer, L. (1969). *The Conflict of Generations: The Character and Significance of Student Movements.* New York: Basic Books.

Fliess, R. (1942). The Metapsychology of the Analyst. *Psychoanal Q*., 11:211-227.

Freud, S. (1909). Analysis of a Phobia in a Five-Year-Old Boy. *S.E.*

Freud, A. (1936). *The Ego and the Mechanisms of Defence*. New York: International Universities Press. 1966.

Kernberg, O. (1979). Some Implications Of Object Relations Theory For Psychoanalytic Technique. *J. Amer. Psychoanal. Assn*., 27S:207-239.

-----. (1987). An Ego Psychology—Object Relations Theory Approach to the Transference. *Psychoanal. Q.,* 57: 197-221.

Kohut, H. (1959). Introspection, Empathy, and Psychoanalysis—An Examination of the Relationship Between Mode of Observation and Theory. *J. Amer .Psychoanal. Assn*., 7:459-483.

LaFarge, L. (2007). Commentary on “The Meanings and uses of Countertransference,” by Heinrich Racker. *Psychoanal Q*., 76:795-815.

Loewald, H.W. (1979). The Waning of the Oedipus Complex. *J. Amer. Psychoanal. Assn.*, 27:751-775.

Olinick, S.L., Poland, W.S., Grigg, K.A., Granatir, W.L. (1973). The Psychoanalytic Work Ego: Process and Interpretation. *Int. J. Psycho-Anal*., 54:143-151.

Racker, H. (1957). The Meaning and Uses of Countertransference. *Psa.Q.*, 26: 303-357.

Renik, O. (1993). Countertransference enactment and the psychoanalytic process. In *Psychic Structure and Psychic Change,* ed. M.J. Horowitz, O.F. Kernberg, & E.M. Weinshel. Madison, CT: International Universities Press, pp. 13-158.

Sagan, E. (1988). *Freud, Women, and Morality: The Psychology of Good and Evil.* New York: Basic Books.

Sandler, J., Rosenblatt, B. (1962). The Concept of the Representational World. *Psychoanal. St. Child*, 17:128-145.

-----. (1976). Countertransference and Role-Responsiveness. *Int. R. Psycho-Anal*., 3:43-47.

Smith, H.F. (2000). Countertransference, Conflictual Listening, and the Analytic Object Relationship. *J.A.P.A.* 48: 95-128.

Stolorow, R.D. (2002). Impasse, Affectivity, and Intersubjective Systems. *Psychoanal. Rev*., 89:329-337.

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