

AN INTERVIEW WITH PHILIP M. BROMBERG, PH.D.

Editors' Note: Shortly after we began our editorship, Donnel Stern suggested that we devote a Special Issue to Philip Bromberg. We loved this idea, and got the ball rolling, requesting an interview with Philip and inviting a number of contributors to reflect on his body of work. There is no question that Philip's contributions to psychoanalysis over the past several decades are enormous—indeed, immeasurable. By elucidating the role of developmental trauma in shame-laden dissociative processes that impair relatedness, and by providing us with a language (e.g., multiple self-states) to comprehend this phenomenon, he has not only significantly expanded the scope of our theoretical understanding, but given us a way to see patients through fresh eyes and to connect empathically with them.

WE MET WITH PHILIP, our former teacher/supervisor, now friend and colleague, for more than two hours one wintry day. Philip requested that we send him a list of questions prior to our sit-down, and we did. Making our task much easier, he had prepared answers to these questions. During our time with him, we asked additional questions. The result is a rich and interactive exploration of Philip's clinical and theoretical thinking, as well as many personal reflections. Sitting with Philip was a treat; in the end, we knew that we had captured an extraordinary snapshot of what it is like to be a patient or student of Philip's, and how it feels to interact with him in his consulting room. We are very grateful.

In the interview that follows, questions in italics are the "formal" questions that we posed before our interview. You will see that his answers took us in many interesting directions. We hope, in reading this, you will feel as enriched as we did in his presence.

Don Greif, Ph.D.

Ruth H. Livingston, Ph.D.

Editors-in-Chief

WHAT ASPECTS OF YOUR PERSONAL HISTORY SHAPED YOUR INTEREST IN PSYCHOANALYSIS?

PB: I think the main factor was my early relationship with my mother. She not only wrote poetry, but she was a poet by nature. She spent her early years growing up in what we would call “the country” [editors’ note: rural New York], as contrasted with “the city.” She didn’t like to *think* about things as an intellectual exercise. She was embedded in *experiencing* life, and she taught me this by example, really. What she experienced personally, including through imagination, was what she thought about creatively. So her talent was really an extraordinary gift to a young child. When I was very little we would play a game in which I would ask her to make up a story about two creatures whom I would select, and my task was to think of two creatures that would be highly unlikely to be in one another’s company—like a giraffe and a mouse. What was so special was that she could actually tell a story in which they came to know each other personally—not through some concocted event, but through talking to each other about themselves until they became friends.

DG: Talk about a model for analysts and patients with different subjectivities!

PB: Yeah, I hadn’t thought about that before. As I start to think about the comparison with how I feel when I’m with my patients, those times with my mother come back to me. I’m also laughing a little because “How did I never see this?”

DG: Many of our patients are different kinds of animals from us.

PB: (Laughs) And she did it like it was happening right there. She didn’t have to think about it, and each creature was true to what you would imagine that creature would be if it could talk. So, I felt like I knew them from the inside; I could experience them as if they were there. And I’d ask her questions about each of the creatures as she went along, including how each *felt* about the other. So my *questioning* became part of the story.

RL: I’m thinking about your joy of recognition, your contribution to the story. You were cocreating.

PB: We were. It's such a wonderful thing for me to have the opportunity to recollect this because it brings me back to a time I hadn't remembered that I remembered.

DG: How old were you?

PB: Little. Four, 5, maybe even until 6. In my analytic relationships, questioning has always felt like a natural ingredient of the personal connection rather than something I am "doing," and it is exciting to be so aware that this was what made my *earliest* relationship, the one with my mother, so wonderfully alive. But it isn't only in my *analytic* relationships that this has shaped my adult life. Also, in my writing and teaching I naturally raise questions about everything I hear, think, or read—whether the focus of my question is on myself or someone else. I am more interested in struggling with new questions than the rightness or wrongness of their solutions. I'm always thinking about how this thing we call psychoanalysis works, and in a certain way, I'm always more excited by what I consider my failures than by what appear to be my successes. Because the failures are evidence that, just as I suspected, there's more to it than whatever the current self-satisfied view is that I am holding as my "truth." So the failures *force* me to keep thinking; with the successes, the effort is more optional and sometimes I'm too lazy to say "Why was it good? Was it really? What if. . . ?"

DG: Is failure painful for you?

PB: Sometimes it is. Yeah. Because it makes me have to realize that with certain people, more time doesn't make me feel like we'll get there. Every once in awhile, there's somebody that it doesn't happen with, and it's a bad feeling to realize that I don't know what it is that I wasn't in touch with, or what was taking place between us that kept us frozen in it.

DG: Do you ever feel pulled into thinking that the fault lays with the patient?

PB: No. Well . . . hardly ever—as the line from *H.M.S. Pinafore* goes, "He's hardly ever sick at sea."

RL: Hah! And it almost seems that there is a joy in the failure, because you learn from the failures.

PB: Hmm. There's compensation because I don't give up trying to learn from it. That's the compensation. But the disappointment doesn't go away because of that. The way I work, I put myself into it very deeply, so it's a personal disappointment, not just a professional failure. I know I'm not alone in this.

DG: Do you think that failures have been more important in helping you expand your thinking, your theoretical understanding, and thus your clinical work?

PB: I don't think they've been *more* important, but I think that the opportunity that it [failure] gives me to think about "what went wrong" is a place that has been tremendously valuable because I wouldn't necessarily go into it that deeply, including into myself.

When I think my questioning has led me somewhere new, sometimes I will write a paper. I think this may, in part, be connected to my conviction, like Levenson's, that analytic growth is *process*-driven. It is experiential and perceptual, and only later develops a cognitive support system.

WHO HAVE BEEN THE MOST IMPORTANT INFLUENCES ON YOUR CLINICAL AND THEORETICAL WORK?

PB: During the course of my training at the White Institute, I was fortunate to have had three supervisors—Edgar Levenson, Earl Witenberg, and David Schechter—who, in the way they interacted with me and how they listened to the work I presented, represented the kind of open-mindedness that generates creativity. What they shared in common had a profound impact upon me, and what they said as they worked with me (despite the fact that no two of them said things in similar ways). Each had a different vantage point from which he viewed the nature of the treatment process. In fact, I learned, throughout my years of candidacy at the Institute, that the people from whom I was learning the most were people who were as different from one another as thinkers as committed individualists could be!

RL: Like a giraffe and a mouse!

PB: (Laughs) Yeah. That's right! . . . but I didn't realize I had learned that until years later. So, in terms of what I was actually "taught" or how useful any of it really was, I didn't really know that, until much later.

What I did know, even at the time, was that these people were not only smart, they were honest; they said what they believed and let me do with it what I would. And *that* was more important than I could put into words. I really had a tremendous amount of freedom to go whichever way I wanted to go despite the fact that there were many people who had the authority to say “no you can’t write this, you can’t say this, we won’t publish it.” Nobody ever did that with me.

RL: That reminds me of your dialogue with Max Cavitch in which you shared the memory about the English professor. . . .

PB: Right—“we don’t do those kinds of things here.”

DG: That was an English professor in college?

PB: Graduate school at NYU. I was going for a doctorate in English. I made the mistake of taking the liberty to translate an assignment to write about *Henry IV, Part 1*, as okay to write about it any way I wanted. So I wrote about Prince Hal’s *personality*. The attack that was unleashed on me was described in the last chapter of my book, *Shadow of the Tsunami and the Growth of the Relational Mind* (2011), but I first revealed it in my response to Max Cavitch’s review of *Awakening the Dreamer* (2006). Max provided an antidote to the residue of the early trauma that I didn’t even know was still there. I hadn’t realized the extent to which I was still determined to challenge any authority, imagined or otherwise, that impeded my right to write in my own way and I, without realizing it, took it out on Emily Dickinson. Cavitch happens to be an authority, an expert on Dickinson, so he saw that when I used one of her *Life of the Poet* poems (Dickinson, 1863/1960) as an epigraph to a chapter, I had made prose out of it so it would be easier for my readers to understand it. I also took out the dashes, which were her trademark . . . not only a trademark, but her *own* challenge to the literary establishment. Dickinson decided that she was going to change what was accepted procedure, and the use of dashes was probably her signature act of defiance. Years later, people admired her for that rebelliousness. Cavitch pointed this out and devoted part of his review (2007) of the book to discussing how this felt like an enactment between Dickinson and me of the right to not accept trauma lying down.

DG: This is the way *you* do things.

PB: Yeah. When I can. But I do it more knowingly these days.

DG: I take it you didn't finish the English program.

PB: No. I didn't. When he said: "We don't do that kind of thing here," I realized he was right. At that time they *didn't* do that kind of thing there. And it really made me understand that I was struggling in that program to try and be something that I wasn't. I didn't have the feel for it.

DG: I've been reading a lot of Lionel Trilling lately. And you know, he was at Columbia and if he had seen that, my sense is he would have reacted very differently . . . this is the way to do things.

PB: I didn't know Trilling even existed. Even though I knew that the way they were doing things in my own program I just didn't "get," I was determined that I was going to get it somehow. I refused to give up until that incident. When he humiliated me like that in front of the class—I wasn't traumatized in the sense that I spaced out. I felt flooded and a bit lightheaded but I also knew that he was right that I didn't belong there but that he *wasn't* right about ME. I wanted to leave *to leave for my own reasons*. So I dropped out. It took me a while to find out (in Sullivan's language) "what I was good for."

DG: How did you know you didn't belong there?

PB: Enjoying reading literature, enjoying thinking about it, isn't the same as scholarship was being defined in the program at that time.

RHL: Yet, that experience has contributed so much to your writing. . . .

PB: It has, and my experience at the White Institute has helped me enormously in being able to use it, because if I had gotten blocked, I never could have felt a growing sense of confidence in having something to say that deserved to be said—even if everyone didn't love it. And I knew everybody didn't!

PB: Now, in terms of MOST important influences, I could continue to talk about the transformational impact of Edgar Levenson and it would still be exciting to me because my gratitude to him has *increased*, not diminished, as my work has evolved over time. I have stated this publicly in so many different contexts over so many years that almost everyone knows this already, plus the fact that our relationship has evolved into a friendship that now transcends its origin. That said, I want to say something more: Edgar gave me something that I did not know even

existed before I worked with him. It was a way of experiencing. Not simply a way of listening. I was in supervision with him just as he was finishing writing *The Fallacy of Understanding* (1972), and the combination of reading what he wrote and interacting with him as he listened to me present my work to him, somehow enabled me to undergo what felt like—no, not felt LIKE—it was a true personal transformation in the way I *existed* when I was with a patient. His “perspectivist” analytic stance wasn’t just a concept any more. I became able to experience my patient and myself simultaneously as *separate* people *and* as linked in a way that made us *inseparable*. My own internal world was available to me in a way it had never been, and became part of something larger that connected us in a way that enabled me to simultaneously see what was taking place “out there.” So, I no longer had to figure out “what to *do*.” Using this experience evolved almost organically from the experience itself. I didn’t need to rely on technique. Being an analyst no longer felt like “work.” What to *do* wasn’t a choice to make on my own . . . so I didn’t have to spend my energy figuring things out on my own. Because I *experienced* my patient and me as parts of something larger than either of us alone, finding a way to access the parts of our respective experiences that were unconscious became a matter of finding it *together*. A give and take that gradually builds a linguistic bridge between the inner and outer worlds of each of us, became the basis of my clinical work . . . and so it went.

And I transitioned into thinking of self-states and dissociation so naturally that I’ve often wondered whether I was really thinking about it back then and didn’t know it.

DG: To what extent do you think you were modeling Levenson? Or to what extent was it your own expansion?

PB: I wish I knew, but I suspect that question isn’t answerable.

RL: Answerable or not, in the way you describe it, I see a direct connection to your mother: The two of you simultaneously creating a story together.

PB: Yeah, with Levenson, it didn’t feel like supervision. It never did. My inclination is to say that I wasn’t modeling it. It doesn’t feel that way. I use the word “transformation” because the experience was of my be-

ing transformed through what happened in my work with him. I became different.

DG: Sounds like it enabled you to become more yourself.

PB: In a way that I didn't know a self could become. I really didn't, because when I first began analytic training, I didn't really think I was ever going to be able to figure out what it was I did that helped anybody. It didn't make any sense to me why anybody would change just because you say certain things to them. Everybody says versions of those things to those same people and they don't change. Why because I say them should it make a difference? So in a funny way, I thought "okay, I'm in the profession, this is what everybody does. . . . I don't think it really makes any sense to me, but what the hell." My father used to say, "It's a living."

So, when I came to White, as I was going through this experience with Edgar I realized that even though I still didn't "know" what I was doing I could feel that because what my patient and I were doing *together* made sense, something positive *could* come out of it. I wasn't sure why it *would* happen, but I could feel that it *could* because I was part of it rather than standing outside of it. And I felt like I was happy for the first time since I entered the field. Really happy!

DG: Did you think Levenson's way of working with patients is very similar to yours?

PB: In certain ways, it's totally similar, but it's different also in that I don't exactly see the experience of being embedded together in an enactment (Levenson calls it a "scenario" being played out) as something that you then have to find a way to work yourself out of. While I agree with him that you do have to try and work your way out of it, my own point of view has evolved somewhat differently. From a self-state perspective, I conceive of an enactment as a dissociative cocoon, where it's not *only* a matter of becoming what you're talking about and being caught up in it, but a place where you yourself (as analyst) are changed and, *up to a point*, the longer you stay in it together, the more power it has to be transformative to both of you in a positive way. In other words, it's not like it's something you work your way out of and then the real thing begins when you process it. I believe that being caught up in it together is therapeutic itself in a very big way. But I also believe that this alone is not psychoanalytically sufficient—that joint cog-

nitive processing contributes something essential—and here I differ from the folks in the Boston Change Process Group, and certain other people. You know something? As I am saying this I think the difference between us at this point is not nearly as great as I just made it sound.

DG: Do you think Levenson was transformed by either supervising you or by your relationship that's grown over the years?

PB: Not by supervising me, but as our relationship has grown over the years he has been influenced by me, and he's acknowledged it in his commentary (2011) on the correspondence I had with Merton Gill at a time when Gill was becoming more interpersonal. I had just written a paper on regression and he (Gill) got very fascinated by what an interpersonalist like me was doing writing a paper on regression just as he, a classical analyst, was writing a paper (on interpersonalism). So we began this correspondence that lasted quite a number of years. It was published (2011), with an introduction by Adrienne Harris and Tony Bass, with responses to it from Steve Cooper and Ed Levenson. And in Levenson's response, he acknowledged how my work has helped him. I can't overemphasize how appreciative I was.

I also want to say something about Steve Mitchell. I have never truly recovered from losing him. Those who know me, and those who have read my acknowledgement to Steve in *Awakening the Dreamer* (2006), are already aware that Steve's death was one of the most profound losses of my life. Our relationship began when he was a student of mine at White, and it has never ended. I am not going to say any more about what Steve meant to me and to the field of psychoanalysis, other than this: A day doesn't go by without my thinking about him and thanking him for being in my life as long as he was. His combination of creativity, passion, and integrity inspired an entire generation of analysts to think for themselves, and whether or not he agreed entirely with what you said, he was dedicated to recognizing the essence of your argument from your point of view, and always shared his recognition in a way that made you want to think further and write more.

RL: That's a lovely tribute.

(Long pause.)

PB: Leston Havens is the third guy I want to mention as an influence. For many years, during the 1990s, we had a phone conversation once a

month at the same time on a Sunday. Each conversation was special because it had no agenda. We just liked each other—a lot. We filled one another in on what was happening in our lives, personally and professionally. This went on until Les became too ill to do it. For me, this was an extraordinary relationship with an extraordinary man. He may have been the most gifted therapist I have ever known, but this was just part of who he was as a person. Did he influence my work? Oh yeah! Can I say precisely how? No, except to add that knowing him helped me further accept knowing myself through the eyes of someone who sees more of me than I can see.

DG: Can you say more about that?

PB: Yeah. No matter what we were talking about during the conversations—it wasn't just talking about content—he was always commenting on his reaction to my feeling the way I felt about something. And he was always so accepting of me, that in a way I didn't realize I was actually being observed. I'm sure if I had been seen by someone who was less accepting, I might have felt shame, but I never did—in fact, it was the other way around.

RL: So it was about being known.

PB: Yes. And “recognized.”

RL: Leston Havens writes so fluidly. Did his writing influence you?

PB: Oh yeah. I hadn't thought about it before but it did. I've always found him readable and I've always loved his writing and, you know, there's been more than one time that I wished I had been in analysis with him. I guess I sort of *was*, once a month on Sundays.

PB: The other most important influence leads me to respond in a different way. The supervision groups I have run for many years are the main reason I have been able to continue writing over such a long time—but not just writing per se. Rather, writing with *passion*—which I believe I do—because I feel energized with a newness to my thinking that is constantly being vitalized by a personal interchange of subjective experience, not just of ideas, but what's *clinically* transformative. I am most happy about this because it is reciprocal. My [supervision] groups have tended to go on for a long time, and members who started as “students” have become cherished colleagues with analytic identi-

ties of their own, and speak and publish in their own voices—which means a lot to me because something great has been happening in our work together that has contributed to their developing without their becoming rubber stamps of me. And at the same time, I have been developing because of them.

RL: That's quite the legacy.

PB: Yeah.

HOW DO YOU THINK YOU HAVE EVOLVED OVER THE YEARS?

PB: The biggest change is personal. Whether writing, presenting papers, running workshops and supervision groups, or working with patients, I have increasingly felt that what I am “doing” is inseparable from being myself. I know how easy it might be for some people to hear this as a substitute for rigorous thinking, but I don't know a more honest way to say it. Sure, I could spend 10 minutes more telling you how my *thinking* about my work has evolved, so that you would know I haven't gone soft-headed, but I want to reply to the essence of the question: “How do you think YOU have evolved?” I evolve through being part of an evolution with another person to which I am contributing.

RL: Do you think that patients have changed? Not in working with you, but are there changes in the type of patients you're seeing, or in the types of issues that they are bringing to you over time?

PB: Yesterday, I was just talking to someone about that—whether we're seeing new kinds of patients—and I was reminiscing about a colleague of mine who passed away a number of years ago, who had a practice that, in one way, was the envy of everybody who worked the way I do. She seemed to be able to keep the personal and professional separate and to never take anything home with her. But she had patients who I knew were really there to work on “problems.” She was an analyst, but they were there to work on “problems.” Rarely did she have to deal with things that she wasn't able to handle within a session and then when the next session came, that could be handled, too. The reason I thought of her was that at one point she referred two patients to me who were her former patients, people who wanted to come back and who she thought would benefit from working with someone new.

With me, they might as well have been different patients! As soon as we started to work interpersonally, the way I was with them made them open themselves up to experiencing something where they felt different. It wasn't that they could just *talk* about themselves differently, but that they could *be* different. And, boy, were they! When I first knew my colleague, if I had felt more burdened by the intensity of how I work, I would have yearned to have patients like those I imagined she had, but when I got these two referrals I didn't feel "Oh, they will be perfect for me." It wasn't till we had worked together for a bit that I began to feel they *were* "perfect" for me. She, of course, felt that they were perfect for her *before* they ever found me. There you go.

DG: We "create" patients in a real way; we allow stuff to emerge by virtue of who and how we are.

PB: And I'm convinced that our patients know this, and give us clues all the time if we're closing ourselves off to certain things that we don't want to go near. They know it; they give us lots of clues.

DG: Sounds like with this former therapist they kept their problems discrete and bounded. You created new problems!

PB: I did. For both of us!

DG: Reminds me of something Freud said: If you're not neurotic before you're in analysis, you'll become neurotic when you get in touch with your complexity.

PB: Freud said that? That's great—I never heard it before.

WHOSE WORK DO YOU READ AND ADMIRE CURRENTLY?

PB: There are so many people I could name, and they are all younger than I am. What a difference from the days when the names would be iconic figures who were at least a generation older! Now, I'm constantly reading powerful articles and books by people, some whom I know personally (many of whom have been my students), and some whom I don't know at all. What they have in common beyond great minds (and a talent for fine writing) is a passion for what they are saying. This combination of qualities expands my mind personally, not just professionally. If it weren't for them, I probably wouldn't know what feeling young is like anymore. Without mentioning names, I will

at least say that the range covers most schools of thought. There is a red thread running through them that is more personal than conceptual, and I guess it is my way of saying that I feel they are talking directly to me and teaching me something—often something that even when I had believed I already knew it, I then discovered what I had been missing.

RL: How do you find the time to read all that you read?

PB: Actually, I feel I don't read enough, so what I *do* read, I read not because I have to, but because I really *want* to.

DG: You feel you don't read enough analytic material?

PB: Yeah. But, a lot of what I do read isn't psychoanalytic: it's literature, poetry.

DG: How do you think that affects you and your work?

PB: It makes it more exciting to me because I feel like what I'm doing as a psychoanalytic author and thinker isn't separate from what's important in creative self-expression to the larger world of people who illuminate the same kinds of things I write about psychoanalytically, but do it in a way that is beyond anything I could imagine before I read it. So I'm privileged to enter that world, allowed to see what it connects to in me and then borrow what I experience to enrich my own self-expression.

DG: Any particular authors or poets who have had a profound impact?

PB: Yes, one of them I mentioned already: Emily Dickinson. Then there's Robert Frost, Randall Jarrell, and Fernando Pessoa.

RL: Could you speak a bit about *your* writing process?

PB: You really want me to talk about this?

RL: Yes, I think our readers would be interested!

PB: Writing has become to me synchronous with everything else that I do. That is, I can't write if I have to think about what I'm writing while I'm writing. That may sound nuts, but *experientially* it's not nuts: it actually facilitates writing. It's something like this: Let's say I am given a topic to write a paper about because I've been asked to present at a conference. I sit down with the topic in mind and I feel, "I don't know

what to say about this. Sooner or later a voice in me says: “So?” I answer, “I have no ideas.” The voice says, “So think about it!” But I just sit there. Nothing comes into my mind. Then the strange part happens. Seemingly unbidden, I start writing. And I keep writing until it starts to feel forced. So I stop. Then I go have something to eat, sharpen some pencils or something equally important (I write on a computer, but sharpening pencils continues to help me even though I don’t need them!). Then I come back to the computer and I sit down, and I don’t reread what I’ve written. I just look at the topic again, and something else comes to me unbidden that may have nothing to do with what I’ve just written. So I do the same thing (write, put aside, etc.). I do this as frequently as I can before getting tired and then I put it away and come back to it another day and do some more. Finally, I end up with a lot of “stuff” and I haven’t the slightest idea how—or even if it will—fit together or what the topic is going to be when I try to fit it together. I’d *like* it to have something to do with the topic I was assigned to write about, but I’m not sure it will. So, then I start to read until something moves me emotionally (something that I’ve written), and I say, “Oh, oh yeah. I like this; I wonder what it would be like if I started with this.” This feels alive. So, then, I start with that and then I go through the entire text again and, behold, there is something that actually connects to the first part that I didn’t realize had any relevance to it. I may need a sentence or a bridging paragraph that joins them, but I’m on my way. And as I keep doing this, little by little, I get a feeling that I know what I’m writing about: There actually *is* a topic. It may not be *quite* the topic that I was assigned to write about, but it’s close enough. And this is more or less how it goes.

DG: So it’s relying on your subjective self-state at the moment?

PB: Yeah, and doing it this way feels more and more natural as a process because what I write about is a perspective that I’ve lived with as it has evolved for 30 years. So I have no trouble thinking about it, but I do have trouble if some part of me says “THINK about it.” In a supervision group, for example, if someone is asking me a question about “what are my ideas,” I first have nothing to say and yet, before long, I find myself talking for half an hour about the implications of my thinking. Often, I wish I had a tape of that session because I have no doubt that I was saying things that I hadn’t said before. When the group ends, I’ll

often make notes—just a line or two—about what I recall saying, just in case I want to use it.

OVERALL, THEN, WHAT WOULD YOU LIKE YOUR PSYCHOANALYTIC LEGACY TO BE?

PB: That most of the people with whom I have worked in one way or another, feel more whole as human beings as a result of our connection. But I also hope that these people, including those who are analytic authors, have benefited enough from what they experienced to feel my presence in the continuity in their *own* evolution, and in a manner that allows my contribution to be passed on through theirs. In other words, I don't have much faith that the legacy of anybody in this field who writes, including me, is going to endure in itself. Ideas fade away and new things replace them. I'd love it, of course, if my work had a longer shelf life than average, but who knows? So what really matters is whether the connections that take place between myself and others makes what I stand for valuable enough to be passed on in some way.

WHAT DO YOU CONSIDER YOUR MAJOR CONTRIBUTIONS TO PSYCHOANALYSIS?

PB: It could be argued that my most important contribution is my emphasis on the normal multiplicity of self-states that we all live with day to day—a multiplicity that is there to be experienced in all aspects of living and phases of life—in dreams, in literature, in childhood and adulthood—not only in the aftermath of trauma.

Inasmuch as I have written regularly about self-states as potentially constituting separate realities, I am sometimes asked whether I believe in objective reality at all. I do not believe that a person's every subjective experience constitutes a different reality, nor that there are as many different realities as there are perceptions. Such a view would be unsound, not only philosophically but clinically. My perspective is derived from a self-state view of the mind, from which vantage point reality is shaped by the various self-organizing configurations of self-states. The reality thus experienced will be consistent or inconsistent with the realities of other self-state configurations. In our work, the ineffable nature of reality is felt as most present as we are trying to navigate

therapeutically in areas of trauma and dissociation that lead to interpersonal collisions between analyst and patient, collisions that are intrinsic to the process of enactment. Such collisions reflect self-state differences in what is experienced as reality, and there is no way to avoid these clashes of subjectivity without stifling the emergence, in both patient and analyst, of dissociated self-states that need to find a voice.

Because these collisions reduce the level of interpersonal harmony, they also disrupt the felt context that organizes safety. But the analyst's ability to provide a safe environment is not in itself the source of therapeutic action. While the analyst must indeed try not to go beyond the patient's capacity to feel safe in the room, it is inevitably impossible for him to succeed, and it is because of this impossibility that therapeutic change can take place. The analyst is always to some extent experienced as "going too far," and it is this inevitability that allows him the chance to recognize firsthand what "going too far" means, subjectively, to his patient. The relational process through which that recognition takes place is what *negotiating collisions* is all about, and I emphasize different aspects of this process, most importantly, the therapeutic use of the analyst's own dissociative reactions and the powerful role of shame.

Shame, as a clinical phenomenon, is a therapeutic issue of immense significance in my writing. More than any other issue, shame is the conceptual thread that humanizes our understanding that the process of collision and negotiation is not a sign of faulty technique even though it may sometimes feel interminable. Rather, it is a sign that, in the enacted reliving of early trauma, certain of the patient's dissociated self-states have not been sufficiently acknowledged by the therapist and that the thwarted desire for such acknowledgment is accompanied by shame. As she did in her original trauma, the patient hungers shamefully for recognition of her pain—shamefully, because the person from whom she needs acknowledgment is the person least likely to offer it because he also is the person causing it, however inadvertently.

The nature of the enactment creates an interpersonal dynamic in which shame is felt by both patient and analyst, an experience that is destabilizing to each person because it is linked to a need for something from the other that, because it is not forthcoming, supports a perception of that very need being illegitimate. Those self-states that experience the need and those that hold the shame are dissociated, thus shutting down intersubjective communication, not only between

patient and analyst but between one's own self-states, at least temporarily. Bringing the here-and-now shame into the open is inherently a "messy" process. It is not easy on an analyst's professional stability, but if analyst and patient are able to live with it and stay authentically engaged through the many repetitions of the same mess, and the analyst does not try to restabilize himself by invoking the concept of "intractable transference resistance," something can indeed be done.

I also address an issue that I feel is not given enough discussion in the literature; namely, what do we conceptualize taking place inside the patient as treatment *progresses*? How we answer this question will reflect our view of what constitutes wholeness and optimal mental functioning. And that answer will, in turn, inform how we believe healing takes place. I contend that optimal mental functioning consists in our being able to access disparate self-states enough to experience internal conflict, and that the nonlinear, repetitive process that takes place in analytic treatment is the fundamental relational context for increasing internal communication between these states through what I call "the negotiation of otherness."

In my writing I try to alert analysts to how difficult this process can be for the therapist and the patient as they necessarily explore the darker, "not-me" recesses of their own personalities.

WHAT IS YOUR FAVORITE PAPER? WHY?

PB: There are two. The first is not actually a paper but the final two chapters in a book published in 1971 by Harry Guntrip, titled *Psychoanalytic Theory, Therapy, and the Self*. It was written during and immediately following Guntrip's visit to the White Institute in 1968. These two chapters are, to me, Guntrip's legacy. The first is titled "The Schizoid Problem," which is followed by the concluding chapter titled "Psychoanalysis and Psychotherapy." I consider this his legacy, notwithstanding the fact that what is typically seen as his magnum opus is a book published three years earlier, in 1968, *Schizoid Phenomena, Object Relations and the Self*, which covers much of the same ground. The 1971 book, a slimmer volume because he eliminated everything except what he believes in, speaks straight from the shoulder. In the pantheon of object relations theorists, Guntrip's work has been largely overshadowed by Fairbairn and Winnicott, and his thinking has often been characterized as "derivative" of theirs. It's a bad rap, which I believe is based partly on his earlier, 1961 book, *Personality Structure and Human Interaction*, in

which only the title conveyed what he truly believed in. The contents were basically a rehash of analytic history that paid homage to Fairbairn, but it is to his credit that he did smuggle in a few pages about Sullivan. His 1971 book corrected all that. He repudiated the value of the concept of technique and interpretations based on theory. It was all about relationship. But I think that even then, what got to me the most was his understanding of schizoid processes, the development of self-other “wholeness” and his feel for the inner world. It truly shaped the trajectory of my thinking from then on. It first gave me permission to think about Sullivan and *write* about Sullivan in a new way that included the inner world as well as what went on between people in a more *operational* sense. I suspect that my writing during the late 70s and early 80s was partly fueled by that permission. I’m talking particularly about my three articles, on Regression (1979a), Consensual Validation (1980b), and Empathy, Anxiety, and Reality (1980a).

My second favorite is in fact a paper, and a strange one. It was written by Hellmuth Kaiser and is titled “Emergency” (1962). Kaiser is known best for his later work when he moved to the United States and was at Menninger for a while, and then in private practice in Hartford, Connecticut. He is not very well known to many contemporary analysts but had a great influence on his peers, especially those at Austen Riggs. It was his final paper and was written in 1961 and published first in 1962 in the journal *Psychiatry*. Kaiser died immediately thereafter, and the paper was published posthumously, in 1965, in a book of his collected papers titled *Effective Psychotherapy*. It is an allegory in the form of a play in which one therapist, pretending to be a patient, goes to treat another (depressed) therapist at the behest of the depressed therapist’s wife, doing this because her husband refuses to have treatment. Kaiser, in this allegory, is demonstrating his belief that in therapy the process of communication should inherently have a beneficial effect on both partners. It is considered by some to be Kaiser’s most powerful critique of what he felt was wrong with the psychoanalytic movement—including its adherence to the interpretation of content, the use of free association, and the application of technique.

But the answer to why *this* is one of my two favorite papers is not a conceptual one. I read it just before I began my psychoanalytic training, so I had not yet thought about what was *right* with psychoanalysis, much less what was *wrong* with it. I think I loved Kaiser because he made me feel: “If a psychoanalyst can write a paper like *this*, then I am

going into the right field.” I didn’t care whether I could judge if his *viewpoint* was accurate. It was his freedom to write the way he wanted to write that left an indelible impression.

PB: Hah! “Here we go again.”

DG: “No worries about ‘This is not what we do here.’”

PB: No! I discovered Kaiser through a now deceased colleague of mine. I don’t know if you knew him, Jean Schimek. We were at Downstate Medical Center together for a very brief period of time and Jean was at Riggs for a while and knew Kaiser. Anyway, I just thought I’d mention that.

DG: Just to go back to the Kaiser paper: it certainly resonates with Searles (1975/1979) and Hoffman (1983), you know, “The patient as interpreter of the analyst’s experience.”

PB: Absolutely, but it goes beyond it. It’s that the therapist *literally* grows as a person through the relationship.

RL: So when you read that paper it really rocked your world.

PB: It really did. Yeah. And Jean Schimek, a committed Freudian, loved this guy too. He, like Kaiser, was someone who wanted to go his own way—and did. I’m glad to be talking about Jean because it allows me to remember our time together at Downstate, and how much I liked him.

DG: It makes me wonder. I would think plenty of Freudians—Freud himself—may have been profoundly personally affected and transformed by patients, but they don’t talk about it, write about it.

PB: Ahhhh! I have a feeling you are about to ask me where I stand with regard to Freud!

RL: So let’s go there.

WHAT WOULD FREUD THINK OF YOUR IDEAS ABOUT SELF-STATES AND DISSOCIATION?

PB: I think he would be so happy to come back from the dead that he might even read some of my stuff. Also, he enjoyed a good argument, so if he did come back to life he would want to know who he needed

to fight with. Obviously, he would have plenty of people besides me to fight with, but I also suspect that he might be ready to think about some new *clinical* viewpoints because at a personal level there truly was a part of him that was more interested in what took place experientially than in theory per se.

IF FREUD WERE YOUR SUPERVISOR, HOW DO YOU THINK HE'D REACT TO HEARING WHAT YOU DO CLINICALLY?

PB: That's a cute question! First, I think he would be bewildered as to what makes me think that what I am doing is psychoanalysis. He wouldn't be aware that in the 21st century, for any one theory, even his own, to claim the right to define what is and is not psychoanalysis has become politically incorrect. But I could imagine myself trying to convince him not to worry about that, and just concentrate on what he sees happening in the sessions that he might consider therapeutically useful. The fact is that I have always wanted to be supervised by Freud. There was something about him I felt was wanting to break out and not give a hoot about whether it was theoretically "correct." That's why one of my favorite papers of his has been the one on Charcot (1893/1962), in which he delightedly quoted Charcot's remark (to him, in fact) that "theory is good but it doesn't keep things from happening."

RL: So if you were Freud's supervisor?

DG: That goes right to the next question!

IF YOU WERE SUPERVISING FREUD ON ANY OF HIS FAMOUS CASES (DORA, ANNA O., THE WOLFMAN, ETC.), WHAT MIGHT YOU SAY TO HIM?

PB: Ah! Now there's an interesting question. I think I would mainly be supporting him on his creative mind and passionate curiosity. With that as the supervisory context, I would try to ask questions that might make him curious about his own feelings while certain things were going on, so that he might start to think about the unconscious relationship between himself and his patient in the here-and-now as something of analytic value. With a lot of luck I might even be able, somewhere down the line, to smuggle in the idea of reconsidering hysteria as representing a hypnoid process in the mind. But I'm not optimistic about that.

DG: You'd have to have him as a patient to go that far.

PB: Even though I never had him as a patient, I "supervised" Freud on his treatment of Emmy von N, one of his famous cases in "Studies on Hysteria" (1893–1895/1955). It was in a paper I wrote (1996) that was subsequently anthologized in a book on hysteria, edited by Muriel Dimen and Adrienne Harris (1999).

WHAT PAPERS OR BOOKS (INCLUDING YOUR OWN) FROM THE PAST 72 YEARS (1939–TODAY) WOULD YOU SUGGEST FREUD READ TO CATCH UP WITH THE CURRENT STATE OF PSYCHOANALYSIS?

PB: I like this question a lot, but I'm going to try to answer it as though he had suddenly appeared in my office like Rip van Winkle and I needed to take my time with him so he could get used to the fact that a century had passed. You get it: I don't want to traumatize him. So I'll tell you what books or articles come to mind that I might *start* with. I'm picking these because I imagine they would help him more easily see how we got to where we are now—a kind of initial bridge he could cross that might help him then look at more contemporary authors with greater comprehension.

Only later would I want to talk with him about more current thinking and suggest a range of contemporary authors to read. Even though there are certain books I am certain would be listed, the number of contributions I admire is so extensive that it impossible for me to answer this part of the question concretely because if I had to eliminate books to keep the list short, I would be constantly feeling "How can Freud not read this one?" So, even though I know I am not answering your question exactly as you asked it, anyone who has read my work has a pretty good idea which contemporary authors I cite most frequently, and whose names are most unlikely to be missing.

As far as the authors on the "bridging" list, I'll try to keep the list short, because I would want to spend lots of time talking with him while he is in the process of reading—and I can't be sure how long he will be around this time. So, I would recommend the following:

Winnicott: *Maturational Processes* (1965/1996); *Collected Papers* (1958/1992); *Playing and Reality* (1971/1989)

Loewald (1960): On the therapeutic action of psychoanalysis. *International Journal of Psycho-Analysis*, 41: 16–33.

Levenson: *The Fallacy of Understanding* (1972); *The Ambiguity of Change* (1983)

Greenberg & Mitchell: *Object Relations in Psychoanalysis* (1983)

Bion: *Attention and Interpretation* (1970); *Second Thoughts* (1967/1984)

Laing: *The Divided Self* (1960/1965)

Guntrip (as I said before): *Psychoanalytic Theory, Therapy, and the Self* (1971)

Kohut: *Analysis of the Self* (1971); *Restoration of the Self* (1977)

Sullivan: *Interpersonal Theory of Psychiatry* (1953/1977)

And there is one more I would include in this initial list even though it is contemporary:

E. L. Mayer: *Extraordinary Knowing* (2007)

DG: I've heard about this book, *Extraordinary Knowing*.

PB: It's only come out recently. Here, I'm appealing to Freud's more mystical side as well as his scientific side. Freud believed in occult phenomena, but Elizabeth Lloyd Mayer's book doesn't have to do with the word "occult," unless you're somebody who hates anything except what can be empirically demonstrated to exist by positivistic standards. Her work actually has been found to be empirically rigorous, and as much as "hard science" has tried to show that her research was insufficiently controlled, it passed every test.

RL: So, were others of these books chosen on the basis of appealing to Freud's more mystical side?

PB: Not to that alone. They just came to me as I was thinking about what books moved me in a direction that I thought was right, and were particularly influential. With some of them I immediately saw what Freud might respond to, and although he would certainly argue with all of them, I think there'd be something in each of them that would appeal to him.

RL: Where do you think the biggest argument would be?

PB: With the primacy of subjective experience. To accept that experience leads theory rather than theory leading experience.¹ I expect that my

¹ Editors' Note: That is, Freud would argue that theory leads experience, and Philip would argue that experience leads theory.

opinion about this will be vigorously challenged by many of my Freudian colleagues, but I nevertheless feel it is accurate, and that his concept of “evenly hovering attention” is theory-driven rather than experience-driven. In fact, I deal with this at length in chapter 6 of my newest book, *The Shadow of the Tsunami* (2011).

RL: Except, I think in part he was describing what he was doing so that he would be listened to, so people would take him seriously.

PB: No question.

DG: Yeah, if he only had known that in the current *Zeitgeist* people would take him seriously, talking about experience, experience leading theory. People take *you* seriously, except for the American Freudians, I guess.

PB: And a few others. But I also feel bridge-building taking place that is heartening.

WHERE, IF ANY PLACE, DOES YOUR CONCEPT OF SELF-STATES/DISSOCIATION FALL WITHIN THE BURGEONING FIELD OF NEUROPSYCHIATRY/PSYCHOANALYSIS?

PB: In his foreword to *The Shadow of the Tsunami* (2011), Allan Schore writes about how my work and his work from a neuropsychanalytic perspective are based on the same understanding: That the relational change mechanism embedded in the therapeutic alliance acts not through the therapist’s left brain explicitly delivering *content* interpretations to the patient’s right brain, but through right brain-to-right brain affect communication and regulation *processes*. In his words, an understanding “from the experience-near perspective of a relational model of treatment that impacts both the conscious and especially unconscious mind/brain/bodies of both members of the therapeutic relationship.”

Similarly, in my most recent book (2011) I have drawn from Edelman’s (1989, 2004) theory of neural Darwinism to show the concordance between “neural networks and self-state networks.” Edelman speaks to the neurobiology of the brain as “a pattern of *constancy and variation* leading to highly individualized networks, a description that parallels my portrayal of the self-state structure of the mind. *I could easily choose to use Edelman’s language of neural networks to talk*

about self-state networks as patterns of constancy and variation leading to highly individualized modules of being—each configured by its own organization of cognitions, beliefs, dominant affect and mood, access to memory, skills, behaviors, values, actions, regulatory physiology and, when all has gone well developmentally, each compatible enough with the truths held by other states to allow overarching coherence across self-states. One reason that therapeutic growth takes as long as it does is that the mind's self-state organization is linked to the brain's organization of neural networks—groups of neurons that have fired and wired together to form a community of neurosynaptic connections. As long as the same groups of neurons in a neurosynaptic community continue to fire together in a relatively unchanged manner, the more difficult it is for new groups of neurons to wire into that community and bring new information to the network.

The brain uses the process of normal dissociation to routinely inhibit simultaneous consciousness of maladaptively discrepant self-states (disjunctive truths). But life is never that simple. In emotionally heightened, unanticipated situations, the conditions are ripe for self-states to become *traumatically* discrepant, triggering defensive dissociation when an attempt is made to hold them simultaneously in consciousness, especially when the attempted negotiation of self-state truth is attachment-related.

One could even suggest that the impact of trauma leads to the most rigid dissociative mental structure when one of the resulting disjunctive states is highly organized by *the attachment-related core-self*, and the trauma threatens its violation. In such instances, the threat of affective destabilization carries with it a potential identity crisis. In attachment language, the mind is overwhelmed by sudden “strangeness” that begins to make one a stranger to one's self and triggers the incipient horror of what we call “depersonalization.” I offer the view that the source of this experiential assault to the mind/brain is the following: The core-self is configured by early established behavior patterns (procedural memory) rather than reflective thought (narrative memory) and cannot be held as a *cognitive* element of internal conflict. There is thus no possibility of resolution and, worse yet, the *futile struggle to think* only makes it worse because it escalates the felt absence of mental control that is created by the experienced rupture of attachment. In situations like this, dissociation comes to the rescue, often in its most rigid form. To protect the mind from struggling indefinitely with a strange and

emotionally threatening situation that is inherently inaccessible to thought, neural Darwinism readjusts the brain's evolutionary function before the struggle to think becomes itself an uncontrollable source of dysregulation and potential depersonalization. The priority of *balancing* constancy and variation is reduced as the brain turns directly toward survival. Dissociation is triggered automatically and proactively, accomplishing what Frank Putnam calls "the escape when there is no escape" (1992, p. 104).

The ability of the mind to function creatively is dependent on the brain's neuroplasticity—the brain's adaptive ability to *modify* its synaptic wiring by learning new information that makes its neurons fire in new patterns and combinations. Insight, the centerpiece of Freud's clinical contribution, has been shown to require that the brain's synaptic networks, especially those of the right hemisphere, be transformed by accidental, serendipitous connections. Current work in the neurobiology of interpersonal experience demonstrates that such serendipitous connections are facilitated by *conscious and nonconscious interactions with other minds in new ways*—such as in an analytic relationship—whereby new combinations of neurons increasingly wire together, allowing self-state evolution to modulate the rigidity of self-state truth.

Increasing the fluidity of state-sharing therapeutically increases affect tolerance and lowers the fear of dysregulation (the shadow of the tsunami), simultaneously strengthening the capacity of each neural network to accept new information and the mind's capacity to hold and resolve internal conflict. But the restoration of coherence across self-states is possible only when the multiple self-states of each partner can surrender some of their individual truths and recognize otherness as more than "not-me." It is through state-sharing that the development of what I term "the relational unconscious" is facilitated, and in turn increases the capacity for intersubjectivity in those areas of mental functioning where it had been underdeveloped or even foreclosed entirely.

DO YOU THINK THERE IS STILL A PLACE FOR THE CONCEPT OF REPRESSION WITHIN PSYCHOANALYSIS?

PB: Yes, but only because we need a concept to account for the dynamic of intrapsychic conflict as compared with the dynamics of dissociation. If one believes, as do I, that mental functioning is an ongoing dialectic between dissociation and conflict, then I am willing to retain the term

repression for convenience. I may eventually give up the concept of repression because I certainly don't use it in any way similar to how Freudians, contemporary or otherwise, use it in ego psychology's conflict theory.

WHERE IS YOUR THINKING AND WRITING HEADING FROM HERE?

PB: I suspect that I'm in it right now and probably en route to something that I don't know about yet, but (based on past experience) I probably won't be able to say what it is until I'm out of it. There's a wonderful line from the movie, *Out of Africa* (1985), that goes, "When the ancient mapmakers reached the point they believed the world ended, they wrote: "Beyond this place there be dragons." That same degree of precision is about all I've ever been able to muster in predicting anything about the future direction of what's out there with respect to my own thinking.

The best clue is probably given in the preface to my most recent book, *The Shadow of the Tsunami* (2011). The chapter titles begin with "Shrinking the Tsunami" and end with "The Nearness of You," and the titles between these two do not reveal the nature of the path that links them. This is how I have come to see the psychoanalytic relationship: It moves unrelated people along a path that bit by bit shrinks the tsunami, the dissociated emotional disasters of early life that always seem to lie just around the corner, and bit by bit, brings the participants closer and closer to what I call "the nearness of you." The beginning and end placement of these two chapters is my way of situating what I hold to be the two overarching achievements in a successful treatment—the reward of "healing" and the reward of "growth." In both the book and in treatment, there is no true linear path along which a final chapter is reached. What comes to be increasingly understood by both partners, and perhaps most deeply as the "final" chapter of the analytic relationship approaches, is that their nearness survives the ending of the "book," and that what took place along the path did not happen because "this" led to "that," but rather because the path has been its own destination.

My emphasis is on the lifelong impact of developmental trauma and it is from this that my thinking is most likely to develop further in the future. If, early in life, the disruption of human relatedness is experienced for the most part as interpersonally repairable, then the impact of developmental trauma on adult living, including one's degree of vul-

nerability to “adult onset” trauma, tends to be largely containable as internal conflict and available to self-reflection and potential healing as part of the give-and-take of a good relationship.

But for others, the impact of developmental trauma leads to something very different. When a child suffers consistent nonrecognition and disconfirmation of her self-experience—the cumulative nonrecognition of entire aspects of self as existing—what happens is that developmental trauma and higher vulnerability to massive trauma become interwoven. In adulthood, the capacity to live a life that is creative, spontaneous, stable, and relationally authentic requires an extraordinary natural endowment and, probably, a healing relationship with some person who enables the adult to *use* her natural endowment.

What such a relationship offers is the restoration of felt legitimacy in the right to exist as more than an object in the mind of another, and release from torment by the illegitimized “not-me” parts of self that haunt the corridors of the mind as a *dissociated affective tsunami* and take possession of life. *Whenever a developmental tsunami has hit, if left unhealed, it has left a shadow. One lives with the shadow and, to one degree or another, it follows the person along the path to adulthood. Sometimes it accompanies the person throughout life, held as part of a dissociative mental structure. The price paid for the protection afforded by a dissociative mental structure—the brain’s proactive effort to foreclose the potential return of affect dysregulation associated with the residue of the relationally unprocessed trauma—is huge.*

The patient/analyst relationship is enabled, through the enactment of self-state collisions, to become the most powerful doorway to a genuinely productive analytic process—a process that co-creates the conditions necessary for growth of the relational mind. The relationship is not a vehicle to get rid of the tsunami—as if the past were an illness—but a means to live together in its shadow, allowing it to shrink a little bit at a time, freeing the patient’s natural capacity to feel trust and joy in “the nearness of you” and a stability that will endure.

RL: Thank you. Now, moving in a different direction. . . .

HOW DO YOU SEE YOUR FORMER INVOLVEMENT IN OBJECT RELATIONS THINKING THESE DAYS? IS THERE STILL A PLACE FOR THOSE IDEAS?

PB: When I first began to publish analytic papers, I wrote quite a bit about the schizoid personality and almost nothing about dissociation,

but I've never really surrendered my interest in the concept of "schizoid," either conceptually or clinically. What intrigued me most was not its dynamic origin as a mode of escape from certain experiences, including, for many individuals, annihilation anxiety, but rather, its extraordinary stability, the quality of the personality structure that is both the most cherished asset and the most painful handicap in people suffering this condition. I wrote, very early in my career (1979b), that the mind from this vantage point is an environment—a relatively secure world that the schizoid individual tries to keep from being rearranged by the outside, and in which insularity, self-containment, and an avoidance of spontaneity or surprise is paramount. A boundary is built between the inner world and the outer world to prevent a free and spontaneous interchange beyond the already known and the relatively unpredictable or uncontrollable.

I had no idea, at the time, that what I was writing about I would later come to see as the "successful" recruitment of the process of dissociation as a *defense* against trauma, into a *proactively* protective mental structure—a dynamic configuration of self-states designed to *anticipate* trauma by being geared not only to deal with actual danger, but also to disrupt any perception of life as a "safe harbor."

Its key quality is the ability to retain the adaptational protection afforded by the separateness of self-states, but only insofar as each plays a proactively assigned role. This preserves most socially developed areas of ego functioning, but renders them into relatively mechanical instrumentalities of survival—a cure that is often worse than the disease. By disrupting the potential growth of hope, trust, and increasingly secure attachment, the necessity to remain ready for danger at all times is also preserved, so that destabilization can never, as with the original traumatic experiences, arrive unanticipated. As an "early warning system," it assures the survival of selfhood at the cost of inhibiting (and sometimes foreclosing) the kind of human relationship that makes normal personality growth possible—one that allows a shared mental space in which selfhood and otherness can interpenetrate *nontraumatically*.

At this point in time, depending on the patient with whom I am working or the analyst I am supervising, I am totally comfortable thinking about and speaking the language of Bion, Winnicott, and even Fairbairn (although he was more Steve Mitchell's cup of tea than mine). The insights of certain thinkers seem to be more helpful with certain patients than with others.

DG: You know, your model could be very applicable to the evolution of psychoanalytic theory because, if we think about the different schools of thought as different self-states or analogous to them, and we think of them as dissociated, in the evolution we could see them coming more together and overcoming the dissociations so that perhaps there's more conflict and eventually maybe more acceptance of these different theoretical ideas.

PB: Yes! I never thought about that before. Absolutely! But the evolution would take place only if each school of thought is able to keep its separate identity while the evolution is happening. The evolution is a . . . it's what I call "staying the same while changing." Each school of thought has to remain fundamentally true to itself in order to change. As with a patient, nobody is ever really able say, "Oh I know the moment I changed." In retrospect a patient can say "I was sort of different back then." The change *process* is *itself* invisible because as long as you and your patient are doing the work in the right way, a patient is still feeling like the same person. Likewise, I think each school of thought has to feel like the same school of thought in order to more freely accept otherness.

RL: While being open to...

PB: While being open to evolving.

DG: Mm-hmm. If Freud were to read your work, if you were to supervise Freud, he might very well come to see that his subjectivity has been really important to him, in an implicit, unacknowledged way, so he might then have a lot more appreciation of self-states, dissociation, and the self-state psychologist within himself.

PB: Absolutely. That question you asked about what would it be like to supervise Freud, I loved that, because when I said what I'd be doing, it wasn't that I'd be toying with him to make him feel something. I'd really be doing what I described because I would be so thrilled to have an opportunity to be learning from him—oh, that's the Hellmuth Kaiser situation. I would want to hear what this man had to say in his own terms because I so *appreciate* who he is in his own terms, and so my telling him how I see things differently, and why, would be in the context of valuing him as he is now, and in the course of it I'd want him to be able to accept listening to me in my terms. If he was playing a tape of himself with a patient, I would try to help him listen to what

was going on in a way that he could actually experience the space between himself and his patient as connected by more than he had previously believed.

DG: I imagine a contemporary Freudian might have a very hard time supervising him.

PB: That's an interesting idea. (Laughs.) He'd be too un-Freudian.

RL: I think there's a play or a book in that, or something, a novel.

DG: Freud's Last Supervision, like *Freud's Last Session* (2009).

HOW DO YOU SEE THE FUTURE OF INTERPERSONAL PSYCHOANALYSIS, NOW THAT MANY OF THE BARRIERS BETWEEN INTERPERSONAL AND FREUDIAN THEORY HAVE COME DOWN. OR, DO YOU BELIEVE THEY HAVE?

PB: I think the entire face of psychoanalysis is evolving, and in terms of the overall form of the evolution, each school of thought will be different from what it has been in order to survive, but each will still be recognizably different from one another in the same ways each has always been. In other words, I have a wait and see attitude about whether barriers are truly coming down, and I am not even sure *how far* I would want them to. I have always been most creative with something to push against.

RL: Let's hear it for creativity and something to push against!

PB: I have a feeling that in this field, creativity will never run out of things to push against.

RL: Right now, I'm pushing against my wish for our interview to not have to end. I don't feel like leaving. Are there questions we didn't ask that you'd like us to ask?

PB: God, I can't think of any. As I was answering each question I found myself implicitly replying to questions that weren't asked as part of them, so I think I've covered enough. Do you?

RL: Yes I do, and I actually think this is a fine place to end.

DG: I do, too.

[*Editors' Note:* We ended here and thanked Philip for this interview.]

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