

Dare to be Human

A Contemporary Psychoanalytic Journey

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Introduction

“Man is born broken. He lives by mending and God’s grace is the glue.”

Eugene O’Neill (1928)

Daniel: [...] We are born with a very wise psyche, which builds defensive systems like an immune system that is activated automatically. [...] There is an autoimmune failure in my immune system. It attacks me and anyone who tries to get near me like a virus. A second part of me says I’m crazy, that the immune system is activated automatically and has no capacity for judgment, and that’s terrifying. [...] I may spend my whole life alone, without ever really being touched by anybody, because human contact makes the alarms inside me go off. If the analysis is going to fight this thing, then it’s a battle against myself, and there’s a part of me desperately rebelling against this threat, a part that won’t allow us to make progress. [...] I have a terrible fear, like in *Lord of the Rings*, that if they take away the ring of power, although it is a ring of darkness, then I’ll be left empty, with nothing.

Over a hundred years have passed since Sigmund Freud presented psychoanalysis as a paradigm for understanding the human psyche and treating its maladies. In the past few decades, psychoanalysis has undergone dramatic changes in an attempt to adapt itself to a world whose cultures have changed dramatically since Freud’s time. “The modern era creates new mental diseases,” the philosopher and psychoanalyst Julia Kristeva (1993) wrote. It is our duty in every age to examine our “absolute” truths anew.”¹

¹ Perhaps Schopenhauer was right after all when he said that ontology was dough, to be kneaded and shaped as we desire.

When Daniel first came to me he was a virgin trapped in a glass bubble, with no close emotional ties. On the one hand, his emotional isolation was threatening to sever his contacts with significant others and with life itself; but on the other hand, the weight of closeness and intimacy with another person seemed to crush him, so that any attempt to make such contact made him feel persecuted and oppressed. In the initial period of therapy, Daniel suffered deeply, and neither of us was sure whether his suffering will bear fruit. Perhaps his fear was based on the gradual understanding that he will have to let go of parts of himself which he previously couldn't live without. Daniel himself has said that in the first three years of therapy he had "fallen to bits." He felt uncertain as to whether a constructive process was feasible and could succeed; and indeed, we were both steeped in doubts throughout the treatment, despite the numerous achievements gained as time progressed.

At many a threatening juncture I was full of doubts, brought on by Daniel's pain and fear, which emerged along with long-buried material. In confronting these vicissitudes I was helped by memories of my own analysis and the pain I experienced on the way to my own birth as a more authentic and fully alive human being. The analysis presented in this book describes the process of Daniel's psychological birth. At the same time as Daniel is struggling to be born, my own birth as a psychoanalyst is taking place.

Whereas Freud strove to undo inhibitions by bringing them into consciousness and to moderate forbidden and repressed drives, I believe in the need to help patients "give birth" to human subjectivity and thus to help man become the author of his own life. And whereas Freud strove first and foremost for the freedom from symptom, I as well as many of my fellow contemporary psychoanalysts strive for the empowerment and intensification of the patient's vitality as a person.²

A human being's vitality depends on his ability to truly be who he is. When a person attempts to hide his true nature, he, by necessity, depletes his own life force and wastes

² This is similar to the tension between the Greek dictum "Know thyself", which guided Freud, and that of Nietzsche's "Live thyself". In this context, Nietzsche, one of the fathers of existentialism, called Socrates – although he loved him deeply – "the demon of cold rationality".

his life. We are terrified by Nietzsche's observation that we are all born original, but most of us die as copies. I see the "new mental diseases" of our times, referred to by Kristeva, partly as an anxiety surrounding Nietzsche's revelation and warning.

Daniel and I declared war on the inevitability of Nietzsche's conclusion. I have chosen to write the story of Daniel and his analysis because of Daniel's uniqueness as a human being. At the same time, I believe his journey illuminates certain plights of the human condition in contemporary times. Daniel's story provides us with an illustration of how a man can toil and struggle to give birth to and preserve his humanity in the face of all the inner and outer demons threatening to destroy him. This struggle is perhaps best captured by August Rodin's poignant sculpture, "The Creation of Man" in which the body's twisted motion conveys the message that only "by the sweat of your brow shall you eat bread." Nevertheless, in the end, man's fate is not one of pathos, but of transcendence. Only that which is broken can become whole.

About the Book

The idea for writing this book crystallized in my mind as I was sitting on the seashore in Tel Aviv. I was looking far out into the horizon, as I used to do many times in my childhood and adolescence while growing up in my home town by the sea. As I sat there, thoughts about my own painful past arose in me and I found myself reflecting on how Daniel's childhood echoed my own. Both of our lives were scarred by the beatings we suffered at our parent's hands; Daniel was routinely hit by his mother and I by my father. I realize that this common history of pain and the struggles that ensued from it may contain a message that could help others.

The first and foremost task of the therapist is to look into herself, sometimes into the depths of her own psychic abyss, in order to find a psychic tissue similar to the one to which the patient is struggling with.

Therapeutic interpretations are not purely intellectual constructions; they must come from a compassionate element within us. Yet even this may not be enough. Interpretations should allow the patient to feel and recognize that the therapist not only knows what he or she is talking about, but has lived it. By reaching into the darkest recesses of his or her soul, and uncovering similar painful emotions, the therapist begins to help. Transformation begins within the analyst³.

This is not a new idea. It has echoes in Chasidic literature, and is expressed profoundly in the story of the grandfather of the last Lubavitcher Rabbi. Himself a great Rabbi in Czarist Russia, he used to listen to his petitioners individually at his house. One morning, the Rabbi's door remained closed for half an hour or more, and the silence seemed peculiar and worrisome, creating much anxiety among the many who were gathered in the Rabbi's study, and soon throughout the village.

Trembling, and with great hesitation, Reb Pinchas, the Rabbi's assistant, put his ear to the door and heard the Rabbi's voice. The rabbi was weeping. After a few moments, the assistant dared to nudge the door open. He asked the Rabbi what had happened, and whether he could help. The Rabbi leapt to his feet and exclaimed, "Make haste! Gather all the Hassidim into the synagogue! Let it be known that I will deliver a derashah, (a sermon)." The Rabbi then said, "Do you all know how it is that I am able to listen to your problems and troubles, how it is that I am able to help at all, and understand? It is because I look into my soul and can always find some inner 'garment' that is similar to what you are telling me."⁴ This morning one Hassid confided in me something very dark, very terrible, and very painful. And as hard as I tried to search my inner self, I could not find anything that was in any way similar to what he was telling me. Now, you might think that this proves I am on a higher level than him, that I am untainted in certain ways by certain base instincts and desires. But I tell you that is exactly why I was in despair! Because I am sure that such an impulse and forbidden desire exists in me as well, as it

³ She must be the one to 'go first' into the abyss, to use Benjamin's argument in a slightly different context.

⁴ Lachmann (2008, p. 47) "...interpretations are transformative, precisely and only when they engage the affect of both participants. Both analyst and patient..." One can find a similar argument in Symington's article (2006).

does in everyone, but I have no mastery over it—I cannot 'see' it—and that is worse than the forbidden desire itself, because without this knowledge and feeling, I cannot empathize with the person I am speaking to."⁵

Back in the world of therapy -- analysts must be "sick" enough to be able to understand their patients' deepest and darkest hells, and open enough to be able to find within themselves an echo of their patients' most horrifying and remote psychic experiences.⁶ Nevertheless, analysts should also be healthy enough to pull their patients out of their misery. This allows analysts to transform themselves into "detoxifying agents." In that role, they are able to help their patients retrieve parts of themselves that were repudiated as a result of an inability to process and digest traumatic experiences, memories and feelings. This detoxification process must be carried out gently and compassionately, the analyst all the while providing resonance to the patient's most painful experiences of shame, helplessness and fear.

This book will present extensive vignettes, and sometimes even entire conversations from an actual analytic journey. The book is a kind of testimonial - it seeks to make itself almost transparent, and in this sense its intent is somewhat subversive. It describes not only Daniel's individual path or my own, but rather traces the evolution of a deep relationship between two souls over the course of a seven-and-a-half year treatment. The first three years consisted of psychotherapy sessions twice a week sitting face to face. The following four and a half years of psychoanalysis took place four times a week with Daniel lying on the couch.

Daniel and I each brought our own personal language, concepts and imagery to the sessions. In the course of our years of working together, we forged a unique and private

⁵ Grotstein J. (personal communication, 2007) commented that this story is a marvelous exemplification of Bion's concept of *Transformation in O*.

⁶ "A soul is never sick alone, but always through a betweenness, a situation between it and another existing being. The psychotherapist who has passed through the crisis may now dare to touch on this". Buber (1957, p. 97)

language of our own. Over the course of the book, this language becomes a living entity that is more than the sum of its parts: it transcends each of our individual contributions. Sometimes Daniel adopts a psychoanalytic mode of conceptualizing and thinking, and at other times, I also find myself “adopting” images and concepts taken from Daniel’s world. There are words, expressions and metaphors that we shape together in the common space between us. We often use terms drawn from a military-combative vocabulary belonging to the macho “Israeli male ethos” (that of combat units, wars, bunkers, etc.). This semi private language creates meaningful intimacy between us in the sessions, not in the least due to our common experiences as combat soldiers. This idiom is also a reflection of Israel’s unique condition as a post-traumatic country which, like Daniel and like myself, has been beaten and battered, and has spawned a tough and aggressive front.

I was often amazed by Daniel’s ability to conceptualize, and to spontaneously echo ideas dealt with extensively by psychoanalysts and philosophers. Unlike patients who are themselves mental health practitioners, Daniel had no prior acquaintance with the intellectual aspects of psychoanalysis. To paraphrase Wilfred Bion’s concept of “thoughts searching for a thinker,” I feel that many of the thoughts and insights Daniel managed to express had always existed inside him, and that the language of psychoanalysis – and particularly the psychoanalytic treatment itself – created a containing environment which allowed him to discover those thoughts already alive in him, and provided him with the tools he needed in order to conceptualize these thoughts inwardly and then voice them outwardly to the world.

Why Write This Book?

Writing my personal account of my journey with Daniel was a synthesizing and healing process. Autobiographical and personal narratives facilitate the integration of disparate self-states into a coherent sense of self. As in psychoanalysis, words are used to give voice to unformulated experiences, to create connections between confusing interpersonal and intrapsychic events, to highlight reenactments, and to form a testament to one's

suffering. Writing can potentially foster psychic integration by creating a construct that endures the vicissitudes of shifting self- states and by providing a sense of continuity.⁷

Psychoanalysis has caused much damage to itself through a mystification of the analytic process. Throughout the years, the psychoanalytic profession has been careful to guard and protect the analytic process and to prevent the exposure of its contents to non-professional eyes. Such exposure was perceived as a violation of psychoanalysis's holy of holies. The vital and understandable principle of respecting the patient's privacy was abused in a way that precluded transparency, and which ultimately caused damage to both patient and therapist. When a system closes itself off hermetically it tends to become asphyxiated, and sentences itself to atrophy.

Furthermore, I fear that psychoanalysis has not taken the necessary steps to become more accessible to the general public, and has thus become alienated, and therefore has been perceived as an elitist profession for a chosen few. I fear that it may cease to exist as both a therapeutic method and as a discipline. We risk losing this precious and unique tool by which the human spirit is preserved. This would be a tragic loss in a culture where technological and chemical methods of treatment threaten our very humanness.

I believe that psychoanalysis is uniquely valuable in the battle against a drug culture, which rather than looking into the deeper questions of life's meaning, chooses to prescribe pills to solve a whole spectrum of human problems.⁸ The problems we experience in our lives as individuals are not entirely separate from more universal philosophical questions. We all must grow up and exist together on the same life boat. Therefore, the answers we seek for our lives and for society lie within us, in the psyche or human spirit⁹, and not in a medicine bottle.¹⁰ For these reasons, I have chosen to open up

⁷ See Sophia Richman, IARPP Seminar, 2007

⁸ This reminds me of Michel Houellebecq's provocative and controversial book, *The Elementary Particles* (2000), in which he strongly criticizes western culture for the reduction of the human to its capitalistic value and to its erotic value.

⁹ I must disagree with Foucault's view that humanism is an excess born of the 19th century, one which modern man must rid himself of.

my notes on Daniel's therapy to a wider audience in an attempt to provide an intimate testimony of the psychoanalytic process as he and I experienced it together.

Expanding the Psychoanalytic Home

One more reason for writing this book is the thirty-year struggle which is still ongoing inside me between classical Freudian psychoanalysis and the Relational and Self-psychology approaches. I have no doubt that the contemporary generation of psychoanalysts has climbed higher in its understandings than Freud had ever been able to. The horizons now open to them are much wider. But it is equally clear that our present ability to see so far and wide is the result of the fact that we are standing on Freud's shoulders. Although this book has some subversive features, it is not intended to add to the recent trend of Freud-bashing in the literature. It does not turn its back on our old psychoanalytic parental home. I hope this book serves to expand this psychoanalytic home and to inaugurate new rooms within it. This new, expanded home will be large enough and accommodating, so that within it we can celebrate life in its boundless possibilities, while continuously expanding its rooms in order to welcome an ever growing number of guests under its roof, and to enable them to peer out to the open vistas with newly found insight and with foresight. In this spirit, a significant effort was made to describe the psychodynamic processes using as little as possible psychoanalytic jargon. This was done in order to secure non-professional readers an easier access to the ideas presented in this book.

Textbook Therapy vs. Real Therapy

An additional motive for writing this book lies in my desire to close the gap between therapy as it is described in the professional literature and the way it is actually practiced. The literature depicts an ideal image of a therapist who is mentally healthy and endowed with virtually magical abilities such as total access to the unconscious, one who is

¹⁰ Having said this, it is not that I object to medication in principle—in fact at times, I find it helpful to use a psychiatrist as an auxiliary support to a patient I see in psychotherapy or psychoanalysis. I argue that therapy and not medication should be the primary treatment of choice.

omniscient and omnipotent in his control, or at least he has to aspire towards embodying such a model.

The student or trainee of psychoanalysis often finds himself forced to hide aspects of his actual behavior with patients from his supervisor, since he feels these behaviors do not meet the standards of this ideal model therapist. One standard that this approach typically consecrates is the stance of perfect technical neutrality. But when confronted with the reality of treatment, this ideal can actually lead to extremely malignant results: trainees may develop a false professional self. If a trainee is brave enough, this false self only appears in his interactions with the supervisor, while in his work with the patient he continues to bring his humane self into the relationship. If he is not so courageous, this false self takes over and becomes his permanent professional self. Tragically this is manifested both in his interactions with patients and in his relationships with his supervisors and finally, even in his own self perception.

Such a trainee is always in a state of anxiety due to his fear of a judgmental and punitive superego – a kind of professional “Big Brother.” The tragedy of this situation is that it tends to create a kind of pluralistic ignorance, in which a particular trainee, as well as more senior therapists, believes he is the only one digressing from the expected ideals of the professional code. This mistaken belief shames him deeply and prevents him from developing an open interaction with colleagues and thereby exposing this great false bubble, which he himself then perpetuates. This myth of the ideal therapist may, even more seriously, cause harm to the therapist’s ability to respond creatively to his patient’s needs. Optimally, every therapeutic relationship should “refresh” the therapist’s previously held views and hone or even redefine his professional instruments.

Daniel’s analysis posed new and difficult challenges. It drew me into encounters with hidden and painful parts of myself. Through this, I gained new creative tools as a therapist. Rather than being “ideal” and conducting therapy in an “ideal way,” I followed the advice of the well known American psychoanalyst, Stephen Mitchell, who strove in

his thinking and in his psychoanalytic practice “to match the frame to the picture, and not the picture to the frame.”

My systematic and insistent attempts to bring myself forth as openly and authentically as possible in this book, exposing my non-ideal self conducting non-ideal therapy represent an attempt to narrow the gap between the theoretical and the real. I would be proud and gratified if this material would contribute to the development of a more authentic and honest training of future generations of therapists and if it serves to remove some overly rigid formal demands from the shaping of their professional lives.

Why Daniel?

Daniel is remarkable for the colossal struggle he waged within himself. The course of his inner conflict and the way in which he has continued to evolve are also compelling in what they have to teach us. In many senses, psychotherapy is a journey through foreign lands. Daniel’s decision to come to me for therapy, and my decision to take him on, marked our inception as a team -- later to become an analytic couple – set to travel on a common journey. Neither of us could foresee what was to come, or what ghosts, demons or angelic spirits we might encounter. The analytic journey is necessarily accompanied by pain and difficult trials, and it is the therapist’s responsibility to check and regulate the acceptable dosage of agony at every moment of the process. As Bion put it, the therapist must match the mental nourishment he provides to the patient’s mental digestive system. Otherwise, the encounter with reality might be hostile and violent, causing the patient to become re-traumatized rather than helping him move forward.¹¹

Daniel’s difficulty in opening up to other people impeded our attempts to establish a beneficial therapeutic relationship. First and foremost, I had to help him recognize the sealed-off capsule that he had shut himself up in. Next, entryways had to be carefully opened up. This was a delicate procedure. Daniel felt completely safe and secure inside his capsule, despite the fact it was smothering him. It is out of the meeting between a

¹¹ One is reminded of Emily Dickinson’s idea that truth should be revealed to the human eye gradually, otherwise we would be blinded.

difficult patient and an expert or essentially between a problem and a therapeutic tool that a complex and profoundly intimate relationship eventually takes form.

Martin Buber has said that “affinity precedes identity.” I believe it is the dialectic between these two dimensions, “I am because I am” and “I am because you are,” rather than the priority of one over the other that best describes the process of creation of a complete human being. My own view accords with Cavell’s idea when she writes, “subjectivity arises along with inter-subjectivity and is not the *prior state*.”¹² One depends upon the other; it is impossible to form an identity without a true relation to others, but truly relating to others is impossible without a sense of self. Daniel’s analysis developed along two parallel paths. The first path is that of the transference and counter-transference relationships¹³ within the analysis, and the second is the development of Daniel’s relationships with himself, with other people, and particularly, with the women in his life.

Daniel’s extraordinary intelligence, his sensitivity, his capacity for introspection, his courage, and his excruciating struggle all stirred a desire in me to help him grow, and later on, induced my wish to share the story of his analysis with others. His difficulties reflect the pain of modern man, and in this sense, while Daniel is a unique person expressing his own true and authentic voice, at the same time, he expresses universal truths about human kind’s dual existence as a phenomenon among phenomena, as we are required both to contend with reality and be a part of it. As Thomas Ogden observed “...in an analysis, what is universally true is also exquisitely personal and unique to each patient and to each analyst. An analytic interpretation, in order to be utilizable by the

¹² M. Cavell, *The Psychoanalytic Mind: From Freud to Philosophy*, 1993

¹³ For the non-professional reader, the classical definition of *Transference* refers to the internalization of the relationship with primary caregivers in the person’s childhood. One treats herself as she was treated by her caregivers. A person repeats the patterns that were created between her and her caregivers with other people in the present, especially in association to authority figures—she is transferring the attitudes she had towards her parents to other people and in the specific analytic setting, to the analyst (in psychoanalytic terms, this process is referred to as ‘displacement and projection.’) Most of the transference takes place unconsciously. *Counter-transference* is essentially the same as transference, but refers to the process within the *analyst*, rather than within the *patient*, and to the analyst’s unconscious attitudes that she displays towards and projects onto the patient. See Ogden’s illuminating discussion on the subject (1979).

patient, must speak in terms that could only apply to that patient at that moment while at the same time holding true to human nature in general” (2003).

Is it Ethical?

The ethical considerations which I took into account when debating whether or not to write this book were threefold. First and foremost, of course, was the matter of Daniel’s privacy, and the need to preserve his anonymity and rights as a patient and as a person. Second, there was the weighty issue of exposing very sensitive material to the general public and to a non professional readership. Such personal pains, vulnerabilities and emotions might best be kept secure and protected in the private sphere of the consulting room, between patient and analyst. The publication of a book such as this can seem like a violation of the promise inherent in the therapeutic encounter – that the material brought up in the consulting room will remain there. In this sense, publishing the book might appear an exploitation of Daniel for professional purposes.¹⁴ The third consideration which became a source of discomfort lay in a certain discrepancy between the type of intimate dialogue that had formed between Daniel and me over the course of the years, on the one hand, and on the other hand, the impersonal formulations of psychoanalysis, which by their nature entail a pathologizing attitude towards the patient and his life story. I imagine Daniel reading his own story as it unfolds in these pages and feeling alienated by a book that supposedly speaks about him and for him, but isn’t him at all – like the uncanny experience of looking in a mirror and seeing oneself through the alienating eyes of another person, or through a distorted glass¹⁵.

Daniel's free and wholehearted consent was the key factor for the publication of this book. He assured me several times, after thoroughly examining the issue, and despite the difficulty involved in making such a decision, that he was truly willing to go through with it. Daniel was an active participant in the creation of this book, and he himself wrote two

¹⁴ The tension between the good of the patient and the needs of the profession has been discussed extensively and deeply in the past decade. See: Aron, L. (2000); Crastnopol, M. (1999); Gabbard, G. (2000); Goldberg, A. (1997) and Lipton, E. (1991). For a feminist critique of the matter of Freud’s “taking Dora’s voice”, see Bernheimer, C. and C. Kahane (1985).

¹⁵ This may remind one of Freud famous tale of traveling by night train and viewing his own reflection in the mirror as the uncanny.

sections of it, the first one a month after the analysis ended and the second a few years later. In these two chapters, Daniel provides the reader with his experience and thoughts about the analysis as well as about the book itself. He also participated in the task of disguising the details of his personal identity throughout the book, and with his help, I believe - a delicate balance has been struck between preserving authenticity and reducing the risk of Daniel's exposure.

The answers I found to these ethical problems as I pondered them alone as well as in conversation with Daniel, satisfied me, and I now believe that neither he nor the relationship between us will be harmed. Furthermore, our continuing relationship several years after the end of his analysis, and the dialogue that we have developed in the course of our mutual work on this book have provided the opportunity for the two of us to further work through those issues raised in Daniel's analysis, which still arise in his life.

I have often asked myself whether the inner work that Daniel continues to do after the analysis has ended, and whether the "relationship after the relationship" could be considered a therapeutic-psychoanalytic type of work, even though it is taking place outside the accepted setting. I am aware of the complicated implications that a continuing relationship outside the "traditional" therapeutic framework might have. In Daniel's case, my decision in favor of continuation was based on my thorough acquaintance with him, and Daniel's growth during this later period is an indication of the fact that the decision we both made was the right one for him and was crucial to his own development.

The second consideration emerged from my need to deal with the issue of my own exposure and its possible affects. Since the text touches upon personal and private events and emotions in my own life, I had to struggle with the question of whether the confessional nature of the book was a manifestation of emotional openness or an emotional "striptease." I was also, of course, afraid of being ridiculed or seen in a poor light by others. Additionally, I had to consider how my self-exposure would affect my present and future patients, and to anticipate any adverse reactions that some might have to it. After weighing the issues, I concluded that the choice to share this material was a

genuine one, based on my desire to make a positive contribution to psychoanalysis and psychotherapy, and that the opportunity to be of service to my peers as well as to the general public made the perceived risks worth taking.

A Few Final Words

For many years, both as a student of psychotherapy and psychoanalysis and as a teacher and supervisor of other therapists, I have been struck by the profound lack of case studies describing the development of the therapeutic or analytic process from beginning to end. Moreover, it is virtually impossible to find case studies written in a language that can be understood by readers who do not belong to the psychoanalytic community yet are deeply interested in the psyche and the ways in which it can be healed. Throughout the history of psychoanalysis, detailed case studies have been extremely rare, and when they do appear, they are usually employed to illustrate a particular thesis being put forth by the therapist-writer. If such a book of transcribed, whole sessions is rare, the incorporation of materials written by the patient may well be unprecedented. But in addition to its professional value, I hope this book also tells of a fascinating life story. In describing the experience of reading his own story, Daniel writes “I read his story like I would read a psychological thriller, and waited to see how it ended with great anticipation. For a moment I forgot that I already knew the end.”

In this book, I have attempted to relate the course of therapy in all its details, with its ups and downs, as it took place, and to give equal representation to the voices of both patient and therapist. The choice of this kind of “testimony” was made in order to allow the readers to become familiar with, and assess on their own, the events taking place inside the sessions, based on the raw materials, unmediated by any tendentious purpose. I had in mind the words of the well known English psychoanalyst, D. W. Winnicott: “So everyone may have the pleasure of disagreeing.”¹⁶

Three separate narrative threads emerge at various points and junctures in this book: the story of Daniel’s psychological birth, the story of my own changing therapeutic world-

¹⁶ Marion Milner, *In the Hands of the Living God* (1974)

view, and the changes that have taken place in psychoanalysis generally. These threads cross, re-cross, and intertwine with each other. Rather than presenting a detailed scholarly review of the changes and revolutions in psychoanalysis from Freud's time to the present, I have chosen to allow the story of Daniel's analysis to stand independently and to speak for these developmental trends as they came to be expressed in our common journey.

During that journey, Daniel seems sometimes to be writhing, tortured like the body in Rodin's sculpture. His journey is a fearless attempt to overcome and transcend his demons, with the hope of becoming whole, or perhaps more realistically, "wholish", as Michael Eigen would have put it.

* * *

Following the introduction, chapters one through six form a detailed account of the analysis, in a chronological order and according to the central psychic dilemmas encountered by Daniel and myself. Chapter seven however is different in the sense that it provides a rare unmitigated insight into the mind of the analysand, Daniel, through two commentary essays penned by him. I have decided not to provide any commentary or interpretations on these essays, as it seems to me that these essays reflect Daniel's view in a concise and crystalline manner. Chapter eight, a theoretical discussion, has been written by and large with the psychoanalytic community in mind. It is presented as a professional text, and may not be as readily accessible as the first seven chapters. If some readers choose not to engage with it methodically, I believe this will not ultimately detract from their experience of the book, nor will it take away from the wider perspective of the narrative of Daniel's analysis.

Tel Aviv, August 2008