



HAROLD SEARLES: LIFELONG WORK OF A MASTER CLINICIAN

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Harold F. Searles was one of the most gifted and innovative clinicians of psychoanalysis. His clinical work arouses interest on its own merit, as well as for the ways in which it shaped his highly innovative thinking. We can only imagine what special processes were developing in Searles's inner world under the everlasting impact of his experience with psychotic patients and from his life in general. Searles focused extensively on how the psychotic individuals' mental distortions impacted their capacity to form personal relationships in general, and the role of the analyst and countertransference in treatment. This unique viewpoint helped him sustain a creative commitment to psychotic patients, regarded by many as unsuitable for psychoanalysis.

KEY WORDS: Searles; schizophrenia; psychodynamic treatment of psychotic patients; borderline patients; countertransference

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INTRODUCTION

Harold F. Searles (1918–2015), who died at the age of 97, was a master clinician capable of tremendous intuitive insight and infinite patience. The limited scope of this paper is to give a personal narrative of Searles's efforts to use the psychoanalytic Freudian matrix in the psychodynamic treatment of psychotic patients. From this vantage point, I hope to offer a few answers to common questions about him, such as: What motivated Searles to pursue a career in psychoanalysis and what sustained him in it? While the origins of creativity are notoriously elusive, I also hope to illuminate some of the factors contributing to his choice of career.

The profoundest appreciation of any analyst's ideas is surely to explore where they led, and speculating about the reasons for Searles's choices

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should in no way minimize the value of his contributions to the field of psychoanalysis. This article is not meant to be a comprehensive review of his work, let's remember that the specific views put forward in his papers and books have been discussed by Young (1995), Ogden (2007), and in appraisals by various psychoanalysts, among others Young (2000), Benatar (2008), Silver (2012), Winer (2015), Aron and Lieberman (2017) and Atlas and Aron (2017). I believe that Searles's work was significant in the development of psychoanalytic theory because he suggested changes that challenged some basic assumptions in psychoanalysis regarding the treatment of psychotic patients. As Jackson (2009) noted, Kleinian views about the nature and treatment of such patients have been increasingly adopted in psychoanalytic work by pioneers like Ogden (1989), Boyer (1983), Grotstein (2001) and Volkan (1995). In this integrative vein, Ophir (2015) affirms that Searles's conceptualization of schizophrenia combines Klein's singular emphasis on the internal, unconscious world (which triggered a mixed reaction by many American analysts) with the Sullivanian notion of underscoring a patient's interpersonal experience. In this regard, Stone (1991) suggested, Freudians and Kleinians, who rarely worked with hospitalized psychotic patients, nevertheless elaborated many theories about dynamics, whereas Sullivan and his followers, who worked intensively with such mentally ill patients, left us with a vast literature on treatment and on countertransference.

In line with such considerations, a leading figure like André Green of the French psychoanalytic school (quoted in Stone *et al*, 1983), suggests a point of similarity among Searles, Giovacchini, and the Kleinians, in that all have striven to extend psychoanalysis beyond its traditional frontiers. In contrast, others like Greenson, Loewenstein and Sadler would have more limited scope and variety of interventions. To be sure, the former group advocates to have preserved the classical spirit and methods of psychoanalysis: refusal of active manipulation, maintenance of neutrality, and a major emphasis on transference (Stone *et al*, 1983).

Importantly, Searles strongly believed in the clinical usefulness of the analyst's awareness of his own emotional reactions, thus expanding our dynamic understanding of countertransference phenomena. This was a leitmotif, vividly expressed in his 1959 paper, "The effort to drive the other person crazy: An element in the etiology and psychotherapy of schizophrenia" (Searles, 1959). Searles was loyal to no single psychoanalytic school, which I believe allowed him to develop his psychoanalytic thought in a freer way and to consolidate his reputation as an expert on schizophrenia from a psychoanalytic point of view. The way Searles began to help persons who struggled with psychosis, a cause to which he devoted his life, has

some important similarities with Kernberg's approach. Ophir (2015) observes:

According to Searles, the patient's impulses, conflicts, anxieties and defenses should be explored and analyzed, and the schizophrenic condition in his view was amenable to the traditional psychoanalytic method. While Searles felt that psychoanalysts were distancing themselves from schizophrenic patients because they envisioned them as "defective objects", Otto Kernberg (1965), the Austrian-born New York analyst who worked for years at the Menninger Clinic, pointed to the possible, painful countertransference response as the source of this disengagement. Countertransference with schizophrenic patients was especially intense, as severely regressed patients often evoked complicated countertransference responses, which triggered regressive areas within the analyst. The analyst could experience an emotional disconnect, find himself or herself unrealistically reliant upon the patient or develop microparanoic attitudes toward the patient. (...) Although both Searles and Kernberg emphasized the difficulties presented to the analyst offering psychoanalytic treatment to regressed patients, they both believe it was an efficient treatment for these patients (Ophir, 2015, p. 55–56).

THE EMERGENCE OF THE PSYCHOANALYST

After graduating with a degree in medicine in 1943, Searles's sense of urgency intensified as he struggled to reconcile his theoretical knowledge with his clinical work. He was initially interested in internal medicine, but subsequently chose psychiatry. His discovery of Freud's writings was a turning point in his professional career. In Freud's writings he found many of his burning questions about the psyche and the workings of the mind answered. He undertook psychoanalytic training at the Washington School, devoting a good deal of time to securing a thorough knowledge of psychoanalytic principles. The presence of his own conflicts around aggression could be inferred from his inhibited aggressive tendencies, the choice of his career, and from his embarking on a personal analysis with Ernest Hadley, a Freudian, and hence was firmly rooted in the Freudian approach (Langs and Searles, 1980). During his analytic training he was supervised by Edith Weigert², Robert A. Cohen and W. G. Whitman (Souffir, 2005).

Having completed his psychoanalytic training, he went to Chestnut Lodge in 1949, a sanatorium in Rockwell, Maryland, where he worked for nearly 15 years (Stanton, 1992). It was at Chestnut Lodge that his interest in psychosis took shape. In an atmosphere of open-minded and enthusiastic understanding (Hornstein, 2000), Searles engaged in his clinical work with a genuine interest for psychotic patients. There he also was influenced by the

work of Frieda Fromm-Reichmann, a sensitive and dedicated clinician, who talked with her patients and had a capacity to develop a sincere understanding of the nuclear core of a given patient's psychotic difficulties. In the years after Chestnut Lodge, however, Searles realized that he may have become an unwitting recipient of an appreciable amount of animosity that Frieda Fromm-Reichmann had engendered in the mainstream psychoanalytic community. In retrospect, he reminisced that

[Fromm-Reichmann] did not trouble herself to be particularly diplomatic as to how she felt about some of the more conservative people she encountered at meetings of the American [American Psychoanalytic Association]; so that then, following in her footsteps, I think probably I inherited some of animosity that these people had developed toward her (Langs and Searles, 1980, p. 83).

It is possible that, regarding this issue, Searles had difficulty realizing that he was assumed, by many, to have been Frieda Fromm-Reichmann's protégé. Some of the intense stress Searles experienced at meetings of the American Psychoanalytic Association could have been caused by his association with Fromm-Reichmann and her earlier presentations there. However, when Martin Stanton interviewed Searles in 1992 (Stanton, 1992), he remembered a plenary session, at which Robert Waelder, a respected member of the American Psychoanalytic Association, was giving an address at one of their conferences. At some point, Waelder made some off-hand remarks, in a humorous tone, referring to current efforts to apply psychoanalysis to schizophrenic patients, which drew a generous amount of bemused applause from the audience. Searles scornfully summarized this experience:

Well, I don't know how long I'd been working in [Chestnut] Lodge at that point—probably ten years—and I thought what are we supposed to do for the poor bastards? Just continue to shock them? What about the humour of that? (Stanton, 1992, p. 331).

In sum, as Hornstein (2000) put it, for mainstream psychiatrists, attacking Searles became the perfect way to ridicule the approach Fromm-Reichmann had pioneered³. Throughout his life's work, Searles held these ideas while working with psychotic patients, as witnessed by the psychiatrists Allan Hobson and Jacqueline Dryfoos during Searles's popular patient-interview demonstrations. Dryfoos writes that "she has never seen anyone who seemed to radiate such calm, caring, nurturing warmth. 'You just wanted to crawl into his lap and cuddle up and let him take care of you'" (Dolnick, 1998, pp. 101–102). Analysts like Silver (2012) consider Searles's patient interviews to be pivotal studies for those interested in the psychodynamic treatment of the mentally ill. "Aliveness is a rare commodity in the

psychoanalytic literature, with or without the interposition of translation. Only Winnicott comes close to Ferenczi in conveying such a personal presence; beyond Winnicott, perhaps John Klauber, Robert Stoller, Harold Searles have sometimes approximated this gritty clinical poetry", writes Judith Vida (2003, p. 41) appreciatively. Similar to the rare qualities of Ferenczi, Searles's lively papers were a model of ruthless honesty, and he was relentless in probing his inadequacies (Dolnick, 1998). In spite of these qualities, the increased importance of Searles's work remained largely unappreciated until the 1980s, when his ideas on the analyst's involvement, and his efforts to understand and interpret the transference-countertransference dynamic, became more normative. It was then that the Jungians drew attention to his work, linking his findings to those of both Jung and Langs (Sedgwick, 1993). The timing of Searles's rediscovery matches the time of the rediscovery of Sándor Ferenczi (Berman, 1999) and it is probably not an accident but part of a larger movement in the world of psychoanalysis, in re-owning our forgotten (Ferenczi) or somewhat forgotten (Searles) psychoanalytic grandparents and parents. Having shown how Searles was seen by others I will now turn to his contributions to the field of applied psychoanalysis.

THE RELEVANCE OF NONHUMAN ENVIRONMENT

To begin let's discuss his first book, *The Nonhuman Environment in Normal Development and in Schizophrenia* (1960). Akhtar (2015) writes that it is lamentable that this work remains to be unread, since the nonhuman environment is part of 'metaphysical dignity', which contributes to an individual's psychic development in significant ways. Searles confessed that he began working on it several years before it appeared. His files indicate that he started in 1955 at the latest, possibly a year earlier. Regarding its inspiration, Searles says:

...my feelings about the [Chestnut] Lodge are so complex, and in a way so heavy, that it is difficult for me to get into them with any strong hope of getting back of them again, you see, at all soon. The word that came to mind is that I adored the place. (...) I was aware of being enormously attached to it—and by "it" I mean it includes a lot of the nonhuman environment (Langs and Searles, 1980, p. 73).

Searles felt that the narrative he had developed might be of interest to Frieda Fromm-Reichmann, he promptly discussed it with her, and she agreed. He showed her a one-page outline of what he had in mind, and she encouraged him to write the book. Moreover, she enabled him to obtain a

grant from the William Alanson White Psychiatric Foundation's Fund for Research in Psychiatry in Washington and The Washington School of Psychiatry to finance the research upon which his book was based (Searles, 1960).

The theme of his essay concerns Searles's concept of the nonhuman environment in man's psychological experience. This was not a simple matter because Searles was not drawing definitive conclusions about his ideas but rather offering them up for consideration and exploration by those who, like him, were curiously seeking answers. An additional source of inspiration for Searles while he was thinking of writing this essay came in April, 1955 at Chestnut Lodge where he heard a talk given by Dr. Ervin Goffman, a sociologist at the National Institute of Mental Health. Goffman described some patients as being treated by psychiatric hospital ward staff as "non-persons" (Searles, 1960). Goffman had gathered sociological data about and had even classified the practice, which corroborated the impressions Searles had gained from his own experience and from his informal observations of the manner in which certain other patients had been occasionally treated on the closed wards of Chestnut Lodge. Searles affirmed it: "This kind of thing we attempted to keep to a minimum; but it is not an easy task" (Searles, 1960, p. 351).

We can also get a glimpse of the deeper motivations that may have guided Searles to write his book when he said to Langs during their interview about the "*nonhuman environment*" book:

... when I was writing that—to give you an example of my self-isolating qualities—I finished one of the chapters midway along in the manuscript, and came home and cackled exultantly to my wife, "They'll have to have an oxyacetylene torch to get through that one!" Not many people bother equipping themselves with oxyacetylene torches, so it's not a great surprise that the book hasn't been read as much or as I often wish it had been (Langs and Searles, 1980, p. 79).

From this comment, Langs postulated that a lot of people seemed to think that Searles wanted and needed to be famous. I'm not sure what to say about Lang's speculation, except that Searles had a fiercely original mind, which may have spurred him to fulfill certain personal expectations. Searles also wondered if he might have been overly narcissistic in overestimating the value of his own work, because he felt disappointed that auspicious members of the American Psychoanalytic Association, such as Edith Jacobson or Margaret Mahler, for instance, never had a good word to say about his *The Nonhuman Environment* or its fundamental contribution to child psychoanalysis (Langs and Searles, 1980).

By way of digression, it is worth noting that a few years later Searles in his critique of Edith Jacobson's major work, *The Self and The Object World* (Searles, 1965), objected to the notion that the formation of individual identity was both singular and permanent. As Aron and Lieberman (2017, p. 85) brilliantly express: "He [Searles] felt that the pull to return to a state of 'symbiosis' with primary objects was lifelong, resulting in a more cyclical and multiple view of identity. "Searles thus considers the idea of multiplicity a key concept in his clinical conceptualization. [See the section entitled "Major Themes" (Aron and Lieberman, 2017) for more on Searles's use of the multiplicity concept and its clinical implications for psychoanalysis and "the relational matrix".]

Turning back to Searles's view on the nonhuman environment, we must first explain what he considers a "non-human environment": the totality of man's environment, except for the other human beings in it (Searles, 1960, p. 3). In a sense he is saying that most writings concerning human personality development and the dynamics of mental illness (Freud, Jung, Rank, Adler, Sullivan, and others); limit themselves, for all practical purposes, to a consideration of intrapersonal and interpersonal processes. Regarding the latter, Searles says that Freud was so fully occupied with making his innumerable great discoveries concerning the psychological processes that transpire within man and between man and man [sic], that he rarely found time for a detailed search into this other dimension of man's psychological existence. We believe, by extension, that this argument might also apply to Jung, Rank, etc. But more important for us is Searles's explicit acknowledgement of the significance of the "non-human environment" in man's [sic] psychological life. In relation to this, Searles expressed his conviction that the normal individual and the schizophrenic individual are alike in having experienced a developmental phase in which the ego is subjectively indistinguishable from the surrounding environment, including the nonhuman elements in that environment. Thus, the nonhuman environment plays a crucial role in the normal development and in schizophrenia, especially in the early stages of human development. However, it does not mean that the nonhuman environment is necessarily traumatic or pathogenic for humans. As Searles comments:

(...) It is my conviction that there is within the human individual a sense, whether at a conscious or unconscious level, of relatedness to his nonhuman environment, that this relatedness is one of the transcendently important facts of human living, that—as with other important circumstances in human existence—it is a source of ambivalent feelings to himself, he does so at the peril to his psychological well-being (Searles, 1960, p. 6).

According to Searles, then, it seems inevitable that humans will experience varied and conflictual feelings about their nonhuman environment, for mankind's position in regard to this environment is existentially–innately—a conflictual position. From this perspective, one might then protest that the nonhuman environment as Searles has called it does not exist. However, he is deeply convinced by his own personal life experience, as well as his clinical experience with psychiatric patients, that man [sic] relates to his or her nonhuman environment on a dual level. Giving voice to Searles, himself, we quote his reflections:

When I myself have felt misgivings on this particular score—have thought that perhaps the nonhuman environment, if it could be stripped of its interpersonal and cultural meanings in our perception of it, would be found devoid of psychological significance to man—I have repeatedly come up against a persistent conviction that it would be illogical to think that man could feel entirely unresponsive, psychologically, to this non-human environment which is so akin to himself at so many levels—biological, chemical, and so on. Moreover, my own personal life experience, as well as my clinical experience with psychiatric patients, has convinced me that man relates to his nonhuman environment on a dual level. That is, however important is the level of his relating to, for instance, a cat or a tree in terms of their constituting, in his perception of them, carriers of meanings which have to do basically with people (by way of displacement and projection of his own unconscious feelings onto the cat or the tree, transference of interpersonal attitudes on his part on to them, perceiving them through various cultural distortions, and so on), there is also another level on which he relates to them: to the cat as being a cat and to the tree as being a tree (Searles, 1960, p. 19).

As Winnicott commented in his review, co-authored with Payne (1963), the idea of a study of the non-human environment was a sound one, and long overdue in psycho-analytic circles. Taking preeminence of it, Searles (1960) hypothesized that human life and humanity, pursuing individual and collective destinies, does not live in a homogeneous matrix of nothingness, a background devoid of form, color, and substance. Moreover, there is abundant data provided by numerous and varied scientific disciplines, which show us beyond doubt that man [sic] is not an alien in his “non-human environment” but in kinship with it.

Likewise, Searles, in discussing the nonhuman environment and the very early phase in which the infant, in his or her subjective experience, has become differentiated from other human beings—in particular, from the mother, remarked,

I feel that these hypotheses furnish us with a far broader, richer, truer frame of reference from which to understand early ego development, than is provided by

the usual preoccupation solely with the infant's differentiation of its self from the mother. And I believe, further, that these hypotheses provide a likewise enhanced basis for considering the subsequent maturation, throughout life, of the individual personality; this maturation needs to be seen, thus, as inextricably a part of the total matrix, a matrix comprised not only of other human beings, but, as I have earlier emphasized, of predominantly nonhuman elements—trees, clouds, stars, landscapes, buildings, and so on ad infinitum (Searles, 1960, p. 53).

The affinity between Searles' point of view on the nonhuman environment and that postulated by Winnicott can be illustrated with Winnicott's ideas expressed in his review of *The Nonhuman Environment*:

(...) I mean that this non-human environment may be looked at as an extension of the environment that is the mother, prior to the baby's arrival at object relationships with id cathexes. (...) Leaving out the detail of beauty, which introduces more complex considerations, I find this idea of a relatively stable and relatively uncomplex non-human environment almost the same as my own insistence on the good-enough mothering without which the development that makes for mental health (in the sense of non-liability to psychosis) cannot take place satisfactorily. (...) In this way Searles' study is of great importance both for the understanding of the needs of schizophrenics and also of the phenomena that are silently at work in ordinary good-enough mothering (Payne and Winnicott, 1963, pp. 237–238).

As has been earlier said, Searles thus emphasized that in normal ego development the infant is subjectively undifferentiated from both his human and nonhuman environments. He also asserted that, throughout life, we all struggle against deep urges to yield up our identities as individual human beings and to regress to subjective oneness with our nonhuman environment, as a means of escaping various conflicts inherent in our living as human individuals.

To elaborate this formulation in a clinical context, Searles (1960) described the necessity of the analyst's helping the patient to become established as both subjectively and objectively human, and of the analyst's becoming able, in this process, to tolerate and even to enjoy, various "nonhuman" transference positions—positions which are experienced by him at first as a frightening threat to his own subjective humanness. In other words, Searles showed that the concept of transference, generally restricted to human object relations should be also expanded to include the nonhuman environment (Arieti, 1974). As Searles, himself, explained: "this whole book endeavors to demonstrate that the nonhuman surroundings possess psychological significances for us which are *not confined to* their serving as such a shock-absorbing background" (Searles, 1960, p. 81). In

Searles's way of thinking, man—both individually and collectively—is unique in the universe, and his kinship with the nonhuman environment, on however many levels, does not erase this fact.

PSYCHOANALYTIC APPROACH TO SCHIZOPHRENIA

Searles was attracted to the theorists who held that a psychoanalytical rather than a neurobiological approach was the best way to understand and help patients suffering from schizophrenia. Thus, he wrote extensively writing on the psychodynamics of schizophrenia. In the United States, there was an established tradition of treating schizophrenic patients with psychoanalysis⁴: it included such analysts as Arieti (Balbuena, 2016), Federn, Fromm-Reichmann, Rosen (Balbuena, 2015) and Searles, who has written many insightful papers that have been collected in one volume. He prided himself on his *Collected Papers on Schizophrenia and Related Subjects* (1965), which he regarded as his major work (Stanton, 1992). It would be presumptuous of me to try to review these collected papers. I will simply focus on a few ideas from Searles's work that have influenced others therapists. As Arieti (1974) points out, such papers make very rewarding reading, especially those focused on some of the psychodynamic aspects of schizophrenia and the phenomenon of transference.

To begin with, Searles believed that orthodox psychoanalytic methods provided clinicians with an illusory sense of power and knowledge, and duped them into thinking they were being "objective". Searles held that the clinician needed close personal observation of the patient and that research of real value came from an intimate and detailed study of particular individuals. This was the type of work, of course, to which Searles was to devote his career.

Searles maintained that the most important therapeutic factor was the relationship between analyst and patient. Therefore, it is noteworthy that he conferred importance upon the dependence processes in schizophrenia. For Searles (1955), the schizophrenic has a dependence process in which he needs another person to provide consistent love and protection, as well as to offer and assume responsibility for total guidance regarding his life. However, such dependency needs are also anxiety-provoking not only because they involve desires to relate in an infantile fashion, which is not generally acceptable behavior among adults, but also, and maybe more importantly, as Searles himself rightly points out (1955) because they involve an inner feeling that the other person is absolutely indispensable to the patient's survival.

Linked to these clinical observations, let us consider the regressed state of the schizophrenic's emotional life, which makes for his or her perception of the other as being all-important to his survival. Here we can see that the schizophrenic is utterly dependent upon the therapist (or other significant person) to help him establish a bridge between his confusion and reality. From this perspective, the schizophrenic is imprisoned in immediate experience and looks to the therapist to free him so that he will be able to live in all experiences of his life, temporally speaking, present, past and future.

In another paper of Searles, "Scorn, Disillusionment and Adoration in the Psychotherapy of Schizophrenia" (1962), he brings out the role that these particular emotions play as an unconscious defense against confusion. In his own experience, Searles reported that scorn is far from being one of the traditionally acceptable feelings that an analyst may harbor towards his patient. Thus, the neophyte analyst might tend to repress his scorn, and act it out in various ways, rather than be aware of it. With this idea in mind, Searles's considers it essential that the analyst become able to experience such a feeling towards his schizophrenic patients. He also discusses how not being able to do so can prevent an importance transference—one utterly necessary to the patient's eventual recovery. If the more insecure analyst is unable to face his own feelings of retaliatory scorn, he may tend to foster a "prematurely idealized" transference role and thus promote the patient's view of him as an all-knowing mentor, in an unconscious effort to avoid the necessary, but uncomfortable, scorn-related transference role (Searles, 1962).

On the other hand, in his paper entitled, "The place of neutral therapist responses in psychotherapy with the schizophrenic patient" (Searles, 1963), he suggests that, although it may, indeed, severely threaten our sense of humanness, the psychotic patient needs from us not only intense emotional responsiveness, but an equally liberal measure of neutral, and related responses such as imperturbability and indifference.

Psychoanalytic treatment has its strains but also its satisfactions (Weigert, 1970). In his attempt to minimize the first of all these, Searles (1963), describes four varieties of transference psychosis, which he defines as any type of transference that distorts or prevents a relatedness between the patient and doctor as two separate, alive, human, and sane beings. Frosch (1983) explains them well:

In the first kind, the patient has not yet built up part-object relationships, an image of self and mother as separate objects, and the therapist feels unrelated to the patient. Searles compares this to the autistic phase of childhood. In the second category of transference psychosis, clear relatedness has been

established between patient and therapist, and thus the therapist no longer feels unrelated to the patient. Yet the relatedness is a deeply ambivalent one, with a fear of annihilation accompanying the patient's wish to join with the therapist. The therapist is deeply involved with the patient, feeling and sensing the patient's confusion, even feeling the threat of annihilation and questioning his own sanity. The third category includes those transference psychoses in which the patient's psychosis represents an effort to complement the therapist's personality or to help the therapist become established as a separate and whole person. The fourth variety takes place with deeply and chronically confused patients who in childhood were accustomed to their parents doing their thinking for them and are ambivalently trying to perpetuate this symbiotic relationship (Frosch, 1983, p. 451).

For Searles, the psychoanalytic session with a schizophrenic or psychotic patient is not primarily intended to be a scientific experiment, but rather a therapeutic relationship that provides an opportunity for re-growing the personality, if the patient wants to use it that way (Gonella, 2005).

We must now discuss countertransference, which plays a very important role for Searles in the analytic treatment of the schizophrenic. In his 1979 monumental work *Countertransference and Related Subjects*, Searles seeks to understand the patient's experiences through reverberations in himself (Frosch, 1983). According to Searles (1961), this experience is grounded in certain factual realities. When dealing with a psychotic patient's transference, the doctor not only behaves like the significant adults in the patient's childhood, but experiences most intimately, within himself, activated by the patient's transference, the very kind of intense and deeply conflictual feelings which were at work, however repressed, in those adults in the past. The therapist, thus, experiences through the defense mechanisms of projection and introjection between himself and the patient, the comparably intense and conflictual emotions which formed the seed-bed of psychosis in the child, himself, years ago. In an interview, Jorge García Badaracco, the Argentine psychoanalyst, describes this vividly:

In fact, in the psychoanalytic transference relationship, psychotic patients have a very big pathogenic power over the analyst. To this effect, in 1959, Searles wrote that the patient was trying to make him go insane, to drive the analyst crazy. Searles perceived this through the countertransference: he was, in fact, one of the first analysts to use countertransference as a true "analytical resource" in treating his patients, especially the more serious ones. I work in this way as well (Borgogno, 2010, p. 349).

It might be worthwhile, at this point, to note that Searles's earliest psychoanalytic paper, "Concerning Transference and Countertransference" has been republished in recent times. This paper was written in 1948/1949

but was not published until the late 1970s, when it appeared in Robert Langs's *International Journal of Psychoanalytic Psychotherapy*. We thank Lewis Aron and Amy Lieberman for their efforts in 2017 to retrieve this scholarly paper of historical interest for us. Searles first attempted its publication in psychiatry or psychoanalysis, by submitting it successively to two publications in 1949. It was rejected by both, and filed away until now. Because the *International Journal of Psychoanalytic Psychotherapy* has never been in the PEP database, this paper has remained largely unknown and unavailable to the analytic community.

Searles anticipated ideas on transference-countertransference that still are under scrutiny and debate. As Aron and Lieberman rightly point out:

So, as early as 1948–1949 Searles advocated a view of transference-countertransference that included many ideas that did not become central until very late in the 20th century: Transference is a real interpersonal exchange in which both parties play multiple roles and engage each other behaviorally and interactively. Searles assumed that even a well-analyzed analyst would be responsive to playing any number of roles in response to the patient's unconscious solicitations. (Some contemporary analysts might even say that effective training analysis enhances an analyst's potential to play even more roles, as anxiety decreases and flexibility increases in regard to recognition of previously disowned self experience) (Aron and Lieberman, 2017, p. 188).

One might well infer from reading Searles' analytic writings that he makes no definite statements as to what the analyst's functioning in a "human" fashion implies in work with psychotics. Still, he believes that the analyst's emotions need as precise and thorough scrutiny, in regard to their positive value in therapy, as do those of the psychotic patient himself. Therefore, in accordance with the typical concepts of transference-countertransference and the analyst's task, Searles recommends, in his "Concerning Transference and Countertransference", that:

(...) our aim should be to remain maximally aware of our changing feelings during the analytic hour, not only because these feelings will be communicated behavioristically to the patient-via variations, no matter how subtle, in our tone, posture, and so on-but also because our feelings are our most sensitive indicators of what is going on in the interpersonal situation. (Searles, 2017, p. 204)

In Searles' eyes, no analyst is completely impersonal, but instead, is a human being with the capacity to feel for another human being. In other words, the analyst's ability to become aware of any one of these feelings, without being overcome by anxiety, is the key to ensuring that the particular feeling will not interfere with the analyst's actions and will also enable self-

control over his behavior toward patients so as to safeguard their best interests. Searles suggests that

(...) the analyst's observation of his or her own feelings during the treatment hour needs to be subjected to more detailed and systematic investigation than it had been accorded in the past, as evidenced by a survey of presumably representative items in the literature on the task of the therapist in the analytic situation. Usually, these items give the reader the impression that such feelings on the part of the therapist are merely indications that the therapist himself needs further analysis. This need is surely always to be considered. But once he has reached the conviction that this feeling he is experiencing is in agreement with other data pointing toward a neurotic dynamism in the patient, the therapist is warranted in regarding the feeling as a clue to what motivates the patient's behavior toward him. The therapist's own feeling is an indication of the purpose which the neurotic dynamism serves in the patient's efforts to achieve some sort of significance in the eyes of other persons (Searles, 2017, p. 209).

This controversial point in the analytic treatment of schizophrenia concerns the nature of the fragility of the schizophrenic patient. Some therapists believe that the patient is very vulnerable; and some others—Searles, for instance, in his “Psychoanalytic therapy with schizophrenic patients in a private-practice context” (Searles, 1979a, b)—state that it is not that the patient is truly fragile, but rather that the analyst's unconscious ambivalence about relatedness with the patient renders that relatedness fragile. In Searles's viewpoint, at a conscious level, the analyst unquestionably assumes that, since the patient is full of intense conflict about relatedness with him, the therapist must permit himself no misgivings, of even a minor degree, in this regard. By contrast, Arieti, during his lengthy experience with schizophrenic patients, found:

When relatedness is established with the patient, he is able to accept the basic truth about his predicament in life. The truth, revealed with candor and authenticity, is less of a threat to him than artificial embellishments and beating around the bush. The schizophrenic patient, however, remains very vulnerable at the beginning of treatment concerning such events as separation from the therapist during vacation time, or because he gives a symbolic meaning of despair or utter rejection to some events or words or actions of the therapist. The schizophrenic is more ready than the neurotic to hear the truth about himself but less ready to stand duress, adversity, and drastic changes. If he is more ready to accept the truth, it is not because he is already conscious of mechanisms that are usually unconscious to the average person. This is a myth. We have seen repeatedly in this book [*Interpretation of Schizophrenia*, 2nd ed.] that the schizophrenic too, either because he represses or distorts or uses primary process thinking, is not aware of many aspects of his personality and interpersonal relations (Arieti, 1974, p. 605).

WORK WITH BORDERLINE PATIENTS

Searles published a comparable account of case material on this topic. He writes with lucidity and very absorbing narrative skill about his work with borderline patients (Searles, 1989). For example, Searles talked about separation and loss in the psychoanalytic treatment of borderline patients when he was honored in 1984 as the 32nd keynote speaker of the Annual Karen Horney Lecture of the Association for the Advancement of Psychoanalysis (affiliated to the *American Journal of Psychoanalysis*) (Searles, 1985). It is not my intention to detail the specific technical maneuvers used by him in treating the various clinical manifestations of this disorder—the multiplicity of which would warrant a book in itself, even if we knew how to deal with all such variations. Rather than examine each of these scenarios I propose to convey a few brief ideas and also highly recommend reading Searles's (1986) influential book entitled, *My Work with Borderline Patients*.

Searles had already set forth some ideas on the borderline patient several decades before writing his book, which capture his thinking on this subject. In his previously-quoted paper from the 1960s, "The Place of Neutral Therapist Responses in Psychotherapy with the Schizophrenic Patient" (Searles, 1963), he states that the borderline patient is one who literally lives on the borderline between autism-and-symbiosis on the one hand, and object-relatedness on the other. To be sure, it is as if he were trying to have the gratifications of both modes of relatedness, without relinquishing either one. As Searles (1963) observes, in actuality, the borderline patient gets less than his share of either kind of gratification and is far from feeling possessed of any conscious ability to manipulate these processes, however prone the therapist is to attribute such power to him.

Let us to finish this section remembering what Searles believes about the role of the therapist in dealing with such patients:

the therapist in working with the borderline patient is often made to feel helpless in face of the seeming facility with which the patient, when faced with frustration during the course of genuine interpersonal relating (as when the therapist is persistently and firmly putting forward an unpalatable interpretation) will shift into an inaccessible autistic state, or into symbiotic relatedness permeated by so much projection of part aspects of himself upon the therapist, and so much of a regressive, concretistic perception of the therapist's words that the latter suddenly finds his efforts at verbal, genuinely interpersonal relatedness to be totally ineffective. Similarly, the therapist finds that the patient is, for a long time, equally bafflingly and maddeningly defended against healthy symbiotic experience which the therapy must come to include, in order to be successful: the patient recurrently flees from the intimacy of any such developing oneness-experience into a defensive, and therefore unproductive, kind of object-relatedness which is ostensibly mature (Searles, 1963, pp. 640–641).

CONCLUDING REMARKS

Searles's work is important to us, perhaps now more than ever. The issues with which he grappled in his work with psychotic patients still inspire many analysts. Aron and Lieberman (2017) rightly point out:

(...) Searles thus ventured beyond the dogmas of his day, anticipating such contemporary ideas as the irreducible subjectivity and emotional participation of the analyst, the relational matrix, and the acceptance of enactment as inevitable and therapeutically useful (Aron and Lieberman, 2017, p. 188).

His chief therapeutic concern, I believe, was honesty in communicating, in understanding, and in healing. His honesty was directly tied to his employment of empathy as the crucial tool of the analyst. Thus, one of Searles's greatest contribution was showing that schizophrenia could be treated through psychoanalysis. As Ogden (2007) postulates, Searles's work with psychotic patients provides shape and vitality for Bion's abstract theoretical constructions, such as the concept of the container-contained the human need for truth, and the dual relationship of conscious and unconscious experience. At the same time, Bion's work provides a broader theoretical frame for Searles's work. Also analysts like Aron (1992) believe that Searles is the contemporary personification of Ferenczi, believing that he has enriched the mutuality processes in psychoanalysis and the development of relational theory (Aron, 1996). Surprisingly, in the 1990s, Searles, delighted that his work was finally inserted into the chain of development of relational intellectual history, frankly confessed that he had remained unfamiliar with Ferenczi's clinical innovations, especially his work on the role of countertransference in the work with patients who were unable to benefit from the standard analytic method (Aron and Lieberman, 2017). Included among the many analysts that Searles's clinical work inspired are Greenberg, Mitchell, Tansey, Ogden and Burke (Mitchell and Black, 1995). Finally, Searles's conceptualization of countertransference has been of fundamental importance to contemporary psychoanalysis (Maroda, 1991).

NOTES

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of Neuro-Psychiatry. His main research focus is centered on the history of psychoanalysis, and in particular, in the recent years, in the pioneering work of analysts into the psychotherapy of psychosis and autism.

2. Before fleeing Germany in 1933, Edith Weigert, M.D., was a member of the Berlin Psychoanalytic Institute where she encountered various representatives of different psychoanalytic movements. She was an independent minded analyst (founder of the Washington School of Psychiatry, and training and supervising analyst at the Washington Psychoanalytic Institute), who graciously maneuvered the conflicts between the classical/orthodox and the liberal/eclectic psychoanalytic schools of thought in the US. She published the book, *The Courage to Love*, in 1970, in which she explored her uncommon positions, including the acknowledgment of the role of love in interpersonal relationships. Her perspectives must have greatly influenced Searles's views of the doctor-patient relationship.
3. In the words of Ann-Luise Silver, Frieda Fromm-Reichmann "was one of the very first women to receive a university education in Germany. Her mother, along with other women, formed a girls' school to help their daughters prepare for their Abitur. Once graduated, she was among Germany's first women doctors. She was fortunate to have Kurt Goldstein, the founder of holistic medicine, as her medical school dissertation mentor. Then World War I began and she ran the hospital for brain-injured soldiers, which Goldstein titularly headed. Thus she, a major in the Prussian Army, became expert in neurology and in the rehabilitation of massively traumatized men. She discovered psychiatry, did an internship under Kraepelin, but was appalled by his disregard for the dignity of the patients he publicly interviewed. "This I could do better," Frieda thought. She trained as an analyst, opened her own sanatorium, worked closely with Georg Groddeck, founder of psychosomatics, and then with the outbreak of World War II, she came to the U.S. by way of Palestine. Her former husband, Erich Fromm, helped her find work at Chestnut Lodge, where she defined the specialty of psychoanalytic application to the treatment of schizophrenia and related illnesses." (Silver, 1996, p. 10)
4. In the pages of this journal, many articles and roundtable discussions were published in the 1960s about the psychoanalytic treatment of schizophrenic patients. For example: Sheiner (1964, 1965), Boigon (1965), Salzman (1966), Arieti (1969) and Rubins (1969, 1970).

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