

Sandor Ferenczi's concept of the dialogue of unconscious: a clinical example

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ABSTRACT

There is no doubt that Sandor Ferenczi is one of the principal giants in the early development of psychoanalysis. While much of his work has not been given the credit it deserves, in recent times there has been a revival of his concepts and way of doing analysis as a route to understanding relational work today. One of Sandor Ferenczi's unique psychoanalytical concepts is the dialogue of unconscious. This concept is defined as the process when patient and analyst connect to each other, and a psychic process begins to form between the two unconscious. This idea of a dialogue between the two unconscious arose from his novel experiments with mutual analysis and advocating for a new kind of relationship. He further described the dialogue of the unconscious as a way of being with the patient and that if this dialogue is investigated within the therapy, in service of understanding the patient's life experiences and transference, the potential for change and transformation is possible. In this context, Ferenczi assumed that if careful and focused attention is paid to the dialogue of the unconscious, it could reveal for the patient unknown aspects about himself but also unknown

aspects about his analyst. In this way, the patient may know more about the analyst than the analyst knows. The clinical implication is that the dialogue of the unconscious invites both participants to authentically engage with each other in a way that something new about self-other could potentially arise that was previously unconscious but emerged from within the interplay of both unconscious. While not much has been developed in recent years on the topic of the dialogue of the unconscious, especially with the use of clinical examples, this paper's main contribution is to i) acknowledge the work of Ferenczi by revisiting this concept, ii) discussing the clinical implications of the concept so that the potential for the client's personal development is brought into focus, as well as iii) presenting a clinical example to illustrate the concept because such examples are few.

Key words: Sandor Ferenczi; dialogue of unconscious; mutuality; analysis; clinical vignette.

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Introduction

A giant in the history of psychoanalysis, Sandor Ferenczi developed ideas about the relationship that anticipated key insights of contemporary psychoanalysis (Aron & Harris, 1993) as perhaps first documented by the extensive work of Lewis Aron and Stephen Mitchell. Yet, only in recent years has Ferenczi's work begun to be recognized for its unique approach to understanding the analytic dyad (Aron & Harris, 1993). One of Sandor Ferenczi's largely unknown psychoanalytic concepts, arising from his careful and meticulous work with his patients, is 'the dialogue of unconscious'. This concept is defined as the analytic process when two unconscious minds meet in analysis and a dialogue begins to occur between the two unconscious. Ferenczi's concept of the dialogue of unconscious was novel at the time and it can be understood as an outcome of his thinking about his experiments with mutual analysis. His understanding of mutual analysis paved the way for the contemporary understanding of mutuality and inter-subjectivity theory (Benjamin, 2018), and as a new and original way of being with the patient, it centralized the contributions

of the analyst to the unfolding process of analysis, which he thought included the unconscious of both members of the dyad. He believed that an exploration of the dialogue of the unconscious, in service of understanding the patient's world, would add another layer of connection between the two participants as well as the potential for deepening the patient's experiences of the self-other. To this end, Ferenczi assumed that if careful attention is paid to the dialogue of the two unconsciouss, it could reveal for the patient unknown aspects about himself and unknown aspects about his analyst. On the other hand, it could also reveal for the analyst unknown aspects about his patient that was not previously known.

The clinical implication of this concept is that the patient may know more about the analyst than the analyst may, and, in return, the analyst may know something of the patient unknown to the patient. In other words, Ferenczi discovered that receptive attention to patients' views of us as analysts may have the seeds of something positive for the patient and the analyst in that unknown aspects of self may be revealed by the other. To this end, he recognized and acknowledged that patients' perceptions serve not simply as windows into the unconscious transferences awaiting interpretations that are meant to reveal or uncover the unconscious sources of their difficulties, but also as pointers for the analyst that can show a way forward for the positive use of his or her own unconscious life as well.

What this paper is about

While it is recognized that relational psychoanalysis and intersubjectivity theory documents the notion of two minds and thus two unconsciouss interacting together in the consultation room, a notion largely predicated upon the work of Sandor Ferenczi, this paper sets out to explore Ferenczi's concept of the dialogue of the unconsciouss. This is important because it celebrates his original contributions to the development of mutuality in analysis, to the formation of concepts such as two minds both co-creating what emerges in the therapeutic dyad, and two subjectivities in the consultation room. The main contribution of this paper is to, i) acknowledge the seminal work of Sandor Ferenczi by revisiting his concept of the dialogue of unconsciouss, ii) explore the clinical implications of this concept within the broader context of the purpose and goals of psychoanalytic work, as well as iii) document a clinical case example to elucidate the concept. In this regard, the paper sets out to highlight how this dialogue of two unconsciouss can assist the patient's development and growth.

The development of the concept of the dialogue of unconsciouss

Unconscious communication is not new to psychoanalysis. It is the cornerstone of technique and the foundation of psychoanalytic theory. Starting with Freud's (1900) work on dreams and their hidden meaning, psychoanalysis has always focused on what lies beneath the surface content of what the patient recounts. The psychoanalytic therapist is not sidetracked by the detailed content of the patient's life experiences and narrative; rather, he or she listens out for what the patient may be trying to convey indirectly through the stories he or she chooses to recount and, more importantly, through the way he or she recounts them (Lemma, 2016). To this end, Freud (1925) advocated that

the focus is on the patient becoming aware of his unconscious mental processes in everyday life – the purpose of analysis is concerned with making the patient's unconscious conscious (Freud, 1925). Freud suggested that this is achieved by way of recovery of the (memories of) past events and patterns of the relationship to the internal objects or people, particularly the oedipal couple, and how these patterns reoccur later in adulthood. He first wrote of transference in *Studies on Hysteria* (Freud, 1893) and later, in *The Interpretation of Dreams*, in 1900, where he discussed how the unconscious wish is transformed in a masked way. Transference became key to his understanding the patient's unconscious; it was a one-way street that did not include the patient experiencing aspects of the unconscious of the analyst. In this context, unconscious communication has always been relegated to *the patient's* unconscious communication. The role of the analyst, according to Freud (1925) was to analyze the transference. Interpretation given by the analyst, particularly of the analytic transference, supplemented by genetic interpretation of unconscious fantasy and trauma rooted in childhood, would lead to insight into unconscious conflict and thus change. For Freud and his followers, insight was regarded as one of the major agents of therapeutic action and change (Blum, 2016; Lemma, 2016; Renik, 1993).

In contrast, Sandor Ferenczi was not ignoring the unconscious processes of the patient nor the response to these processes by the analyst (the use of countertransference). Rather, he was making the theoretical shifts toward the unconscious communication being from *both* participants, a two-way dialectical process, hence the notion of an unconscious dialogue. The recognition that there is mutuality in the psychoanalytic dyad includes the fundamental realization and appreciation of the limits of self-awareness that each person's unconscious imposes, as well as its potential for generating insights and understanding into the mind of the other (Bass, 2015).

According to Ferenczi (1915), the dialogue of the unconsciouss could be explored in service of the patient's deepening self-knowledge and insight. He developed this idea of the impact of another's unconscious when he was treating a male patient in 1910. In this case, Ferenczi concluded that the symptoms had something to do with the unconscious of the mother of the patient. A discovery that it was another's unconscious that was affecting his patient was extremely radical at the time. Freud and his theoretical understanding of technique and the change process, however, inevitably separated them into a chasm of professional divergence that never closed. It was not that Freud (1912) did not understand the impact of the analyst unconscious on the patient. Rather, from Freud's perspective, the analyst could use his own free-floating attentional processes to plumb the depths of the patient's unconscious (Bass, 2015) but he sought not to make this as technique and part of the bi-directional change process as Ferenczi did. In other words, Ferenczi underscored the bidirectionality of the two unconsciouss. On the other hand, Freud urged for a technique emphasizing the analyst's anonymity and neutrality such that the patient would remain unaware to the unconscious and conscious world of the analyst (Bass, 2015).

His discovery of the dialogue of the unconscious and the use of this in analysis is perhaps one of Ferenczi's most noteworthy contributions to the process of the analytical relationship and its relational processes. He wrote in his clinical diaries paper that, "I am in the habit of calling this the *dialogue of the unconsciouss*, where namely, the unconscious of two people completely understands themselves and each other, without the

remotest conception of this on the part of the consciousness of either" (1915, p. 109).

As he gradually moved into 'mutual analysis' as technique, Ferenczi's concept of the dialogue of unconscious became central to his way of working with patients and to his understanding of his own contributions to what emerged in the analytical relationship – an anticipation of the key relational concept of mutuality, co-creation, bi-directionality, and the notion of two minds relating to each other at an unconscious level (Atlas, 2021; Aron, 1990, 1996, 2006, 2016, 2017; Benjamin, 2011, 2018; Lyons-Ruth, 1999; Mitchell, 1988, 1997; Mitchell & Aron, 1999).

In recent years, the idea of Ferenczi's dialogue of the unconscious has been explored by a few theorists. Lyon-Ruth's (1999) paper on the idea of two-person unconscious within the broader frame of relational and inter-subjectivity theory has echoes of Ferenczi's notion of the dialogue of the unconscious. While she made no reference to Ferenczi's work on the topic, she attempted to show how the two unconscious minds can connect to each other. She made the point that meaning systems need to be organized to include implicit or procedural forms of knowing. Procedural knowing, she pointed out, refers to knowing how to do something and how to act in adaptive ways, rather than knowing information or images that can be consciously accessed and recalled. One of her proposals in her paper is "that relational experience is represented in an implicit procedural or enactive form that is unconscious, though not necessarily dynamically unconscious" (p. 578). Linked to this point, she argued that at the level of unconscious enactive procedures, the medium *is* the message (her italics); that is, the organization of meaning is implicit in the organization of the enacted relational dialogue (inter-subjectivity) and does not require reflective thought or symbolization (verbalization) to be, in some sense, recognized and known. This notion of unconscious communication is similar to the concept of the 'unthought known' as put forward by Bollas (1987). In addition, while the work of Benjamin and Aron in terms of relationality as context, the notion of 'the analytic third' by Thomas Ogden (1994a, 1994b, 1995) also touches on the idea of two unconscious inter-relating. However, clinical examples of the dialogue of the unconscious are rare and far between.

From within the context of Ferenczi's work, the concept of the dialogue of the unconscious between patient and analyst is a direct outcome of the notion of mutuality in analysis, and thus bidirectionality as a process in which both patient and analyst find themselves. This notion that both are implicated in the process is what Ferenczi understood as the root of mutuality, and thus what drove him to experiment with mutual analysis. Bass (2015, p. 7) writes that "The ways in which a sense of mutuality is at the heart of the therapeutic process came to be seen as the *sine qua none* of deeply transformative work and a fundamental principle that guided Ferenczi's experiments with psychoanalytic technique grew out of his understanding of the 'dialogue of unconscious'. This idea of transformation is at the center of psychoanalysis. In my view, the main purpose of psychoanalytical psychotherapy is to help the client live life in a more fluid and integrated way with greater resilience to life's stresses. This could be in the form of the disappearance of the symptoms, the development of insight, personal agency or freedom, and improved self-esteem. I also think the purpose it is about the development of inborn potential and thus the capacity to love and be loved. These experiences are not something that simply manifests in therapy, but they are a direct consequence of the relationship such that 'the therapy is the relationship'. Ferenczi

understood this transformation as emerging from within the relationship itself when he focused on the dialogue of the unconscious because this dialogue related to the bi-directional, mutual quality of the analytical relationship.

Because of his understanding the impact of the dialogue of the unconscious, Ferenczi (2015) began to pay attention to the limits of his own self-awareness in the therapy processes. This is one reason he turned the tables and asked his patients to do some analysis on him. He wanted to know more about his own blind spots in relation to the patient and the process. Clearly, there were moral and ethical issues with this approach, and no one nowadays advocates for this kind of therapy. There must be spaces within the process where the analyst remains in the background, or brackets some of her or his responses.

The main take away from his experiments with mutual analysis, however, was the acknowledgement that the analyst is not always aware of himself, and it takes another to bring that awareness to him. Bass asserts that in this discovery of two unconscious affecting each other, Ferenczi was making an almost outlandish claim for his day, and a challenging one even today, "that projective identification is a defense that can be utilized by therapists as well as patients, and that it may sometimes be disguised as proper psychoanalytic technique" (p. 8). Ferenczi further recognized that some of what had been understood as the patient's transference was rather a response to the analyst such that the analyst was not a silent participant and a neutral observer but an active participant in the process whereby the patient's subjectivity, or response, was partly linked into the unconscious contribution of the analyst. In this regard, not everything in analysis was rooted in the patient's past and thus a repetition. Bass (2015) notes that when his patient, RN, first shared her insights into his own inner psychic life, including the astonishing (to him) revelation that beneath his façade of warm pleasantness lay hatred and fear, he denied their significance, interpreting them as transference in the usual manner. But as she persisted in her interpretation of her analyst's blind spots, Ferenczi began to listen more carefully, directing his attention inward as well as toward his patient, and discovered to his mortification that his "counter-analysis confirmed, almost word for word the assertions of the analysand" (Dupont, 1988, p. 85).

There is no doubt that Sandor Ferenczi presented to the psychoanalytic community in which he lived a new and unique way of working with his patients. Ferenczi's work is necessarily located within a historical context, and his cherished dialogue with Freud. His work with his most important patient, "RN," with whom he collaborated in his technical experiments with mutual analysis, set the timeless scene for a new way of relating to patients. A contemporary of Sigmund Freud and one of the pioneer goliaths in psychoanalysis, Ferenczi proposed the idea of 'mutual analysis' as a way to dynamically and emotionally engage more with patients – giving more of themselves to the process and being more open and reflective with patients.

While his 'mutual analysis' was not approved by Freud and other colleagues, nor fully accepted in today's psychoanalytic circles, his notion of sharing something of himself to the patient in direct relation to his experience of the patient, forged a novel type of relationship that is championed today in the field of intersubjectivity (Benjamin, 2018) and relational psychoanalysis. With this concept of mutual analysis, he carefully disclosed his own experiences of the patient in service of the patient's growth. In his view, this was a dynamic way to develop the transference and use of countertransference, which, up until then, had been seen as a possible contaminant of the process.

His idea of using his experience of the patient, and reflecting this back to the patient, an aspect of mutuality in the relationship, existed 70 years before the emergence of the so-called ‘relational turn’ in American psychoanalysis through the seminal work of Stephen Mitchell and Lewis Aron. Their work, some of it largely based on Ferenczi’s work with mutual analysis, significantly contributed to a pivotal paradigm shift within Freudian psychoanalysis that resulted in the relational approach to psychoanalysis, or what is now termed ‘relational psychoanalysis’ (Atlas, 2021; Aron, 1996, 2006, 2016; Mitchell, 1988, 2000). It can be argued that the relational approach singularly re-defined and re-conceptualized the analytical couple. The analytical couple was now viewed as existing within a context of two minds or two subjectivities; a context of ‘two-person psychology’ (Atlas, 2021; Aron, 1996). The implication of this theoretical shift was that both participants in the dyad actively offer and contribute to what arises as the analytic material (Aron, 1996; Benjamin, 2018).

Much of the development of contemporary relational technique over the past 30 years has been inspired by challenges similar to those Ferenczi grappled with in the 1920s and early 1930s, which led him to realize that each analytic journey is actually two journeys, requiring a conjoint working through of complementary personal road blocks, with the potential for furthering and expanding self-awareness, and working through new aspects of psychic experiences for both participants (Bass, 2015). While psychoanalytic work is defined, in part, by the dedicated intention of the therapist to assist the patient to grow and to change, it is also at its best a “process of mutual personal transformation and expanding awareness of self and other for both participants” (Bass, 2015, p 3). The core implication underlying relational psychoanalysis and intersubjectivity theory is that the patient has an impact on the therapist and the therapist has an impact on the patient, thus presenting the possibility of mutual personal transformation. Such transformation can be located within the relational notion of co-creational influence that is not confined to conscious processes but also unconscious processes.

Ferenczi’s mutual analysis and unconscious processes

Ferenczi’s realization that he had limits to his own awareness of aspects of his own countertransference, and that his patients recognized this, and about which they had steadfastly tried to inform him, led to his pursuit of mutual analysis as an experimental modality (Bass, 2015). He encouraged his patients to be honest about their views of him. This stance opened up the notion that the subjectivity of the analyst was part of the process, and that this same subjectivity was imbued with aspects of the analyst’s unconscious.

Ferenczi’s discoveries of the ways in which psychoanalysis is most vital and transformative when practiced as a radically collaborative, mutual process has come to be a core operating principle for many analysts working today. A lone voice in 1932 when he proposed his revisionist reconstruction of the way psychoanalysis should be practiced; Ferenczi would be pleased to find a psychoanalytic culture today in which his vision has been substantially realized (Bass, 2015, p.9).

He came to see those aspects of himself, including unconscious aspects, could be beneficial to the process. His unconscious communications played an important role in the analytic

process itself, especially when his patients were invited to access not only hidden part of themselves but also their analyst such that this revealing is a way to permit patients an exploration of self because aspects of the analyst has become more accessible to them as well.

The implication of Ferenczi’s work is that the exploration of countertransference offers the patient a joint exploration to shed light on both participants, in much the way that the exploration of transference does (Bass, 2015). For the patient, knowing his impact on the analyst gives insight into how others may experience him. Without this, everything becomes transference analysis. Mutuality and reciprocity imply that the patient has an opportunity to work with the reactions of the analyst and thus the patient’s experience of the analyst assists in his own self-understanding and insight. On the other side, the analyst has the opportunity to learn about himself from the patient, just as the patient learns about himself from the analyst. It is a two-way street of communication.

Ferenczi assumed that in working with the dialogue of the unconscious, it is possible that the patient will have the greatest insight into what is bothering the analyst. The response to the patient, at the unconscious level, calls for a deeper exploration of self in relation to other. In my experience, the dialogue of the unconscious occurs in every session with every patient. It may not always be recognized, however.

In relation to my work as a relational therapist, it seems to me that just as our patients communicate unconsciously with us, so to do we communicate unconsciously with them. We recognize aspects of ourselves in them as they do in us. Sometimes it is uncomfortable. Sometimes we do not see ourselves as they see us. Sometimes they see aspects of ourselves we do not see ourselves. To this end, unknown facets of ourselves are sometimes known first by our patients. Sometimes our patients even have the same issues we are struggling with. It is not unusual for us to say that our patient is ‘just like me’. When there is this connection and resonance, their anxieties and fears, joys and celebrations, may trigger a special kind of compassionate empathy.

A clinical example of the dialogue of the unconscious

Not much has been written about the dialogue of the unconscious, and even less about the way the patient can know something of us before we are aware, and once aware, what we can do about it in the session as change process for the patient. In my experience, sometimes working with new awareness about ourselves, as initiated by our patients, can happen with new and experienced clients, it can happen in one session, or take several sessions to emerge and be realized and worked through. This is because there may be a need to have some time to process the feelings evoked by the new awareness. Put in another way, the unconscious is like a trickster, tantalizing, enticing, teasing, showing itself and hiding itself at the same time, and like an ethereal mist, not always immediately tangible and fully experienced but only seen from afar.

An example of the dialogue of the unconscious emerged with my patient. A beautiful, slim female patient I worked with some years ago always came to therapy dressed in a skimpy summer dress that was so short it barely covered her panties. When she sat down on the couch, she carefully folded her legs across

her lower body, making sure that her panties did not show or were always hidden. I always admired this clever twisting of the legs to cover what lay beneath. I imagined she would do this all the time when she wore a short dress and had to sit down. I also admired the flagrant daringness of wearing such short dresses. I thought to myself that my (long-dead) mother would have not approved had I dressed like that. She would have called my patient a slut, a tart, saying she was begging for sexual attention from the male gaze. My mother was strict, conservative, and had certain rigid ideas about being female. She made sure her two daughters were appropriately dressed, meaning with dress hems at or below the knee. Not even our bra strap could show.

Concerning my patient, I felt envious, not just of her beauty and confidence to wear such short dresses, but of her disregard to cover up her legs, and of her youth, long lost to me now. I sat with my longer dresses, covering my legs and hiding my under garments, not needing to skillfully twist to hide things beneath, and feeling like a conservative old duck (perhaps as I had seen my own mother once).

Of course, I often wondered what it was I psychologically covered up, and what it was that I really envied of my patient, and what it was she managed so well to cover up. One day in the session, when we were discussing the hot summer days and how she felt cool in her short dresses, she suddenly said to me that I needed to be free. She said, "I think you need to be free, to let go and feel the wind between your legs".

At first, I was awkwardly struck by what I thought was a sexual reference to what I should feel between my legs. Then, after a short minute, how she saw me as not being free. At the time, I was taken aback because it made no sense to me because I did feel free. Or did I? I also realized that she did not refer to my dress length but somehow, I found myself feeling that the only way I could feel the wind between my legs was if I wore short dresses like her.

Extending that thought in that same minute, I had the thought that she wanted me to be like her. After quickly untangling what I superimposed on her statement, I sat with a sense that she was uncovering something within me that had nothing to do with a hemline. I did not know what was going on between us at that moment. Feeling somewhat anxious as if she had seen into my mind about my envy of her, after all I wished for my envy not to be known to the patient, I asked her if she would like to say a bit more about her sense of me, dreading somehow her reply.

She sat forward a bit more as if to make sure she had my attention (which she did anyway) and said to me that there were things in my head that tied me up. I replied, perhaps too quickly and defensively, that I was not aware of things inside my head that tied me up. She replied that I was getting defensive. She was right, I was getting defensive, and as she had predicted, I needed to let go. I actually felt suddenly tied up. I replied that she was correct in assessing that I was getting defensive. I also said to her that I was feeling tied up, and yes, not free, as I thought I had been, and that she was seeing something about me that was hidden to me.

I invited her to say more about her experience of me, all the time thinking that I was uncomfortable with what she could so easily see in me. It is not always easy to hear things about oneself that is not part of our consciousness. Thoughts of her freedom to wear short dresses without fear of ridicule and shame brought to my attention how envious I was. The patient told me that she felt the things in my head that tied me up were my not acknowledging how much I hated whoever told me what to do

and how to be and how to behave. My patient also told me that if I let go of these rules inside my head, I would feel free and feel the wind between my legs.

I was struck by her candid honesty. I was aware that our relationship was such that she felt free to tell me about her response to me. I was aware that what she said to me made sense to me, and that if I listened to her without defending against it, she was right. I was aware that she did not know about my envy of her, or maybe she did, and she picked it up somehow in my expressions or manner. I did not want her to know about what my mother thought of women who wore short dresses, or maybe she had also picked that up. I would need to check this out with her.

In the meanwhile, she had correctly interpreted the things in my head that tied me up to something, or someone (my mother) in my past. How would she know this except through the dialogue of the unconscious. Suddenly, she told me that she has been judged so much by others and longed for someone not to judge her. Had I judged her? This brought to attention my own unconscious and that maybe I had unconsciously judged her. It also made me aware that her own unconscious was tortured by others judging her. While envious, I did not consciously judge her for what she wore. Instead, I envied her. The dialogue of the unconscious was, on the one hand, a desire to not be judged, and on the other hand, a desire to be free. In an ebb and flow, both became the same thing for both of us – freedom from judgement.

In response to her, I asked her if she felt judged by me, to which she replied no. Perhaps part of my unconscious was a hidden desire to not be judged, meaning that I was unaware of this desire, but maybe she experienced it at an unconscious level. I asked her if she was aware of any further feelings about me. I wanted to gauge if she had picked up my envy of her. To which she replied no. Should I tell her? Maybe not. What good would that do for her, and for our relationship? She would be burdened by this. Then, out of the blue, she said that her sense of being young and beautiful brought about envy in others, and that this was toxic and a major hindrance to her joy in life and being free to be herself. Somehow, I thought that I had unconsciously communicated something of my envy. I asked her if she wanted to explore this experience of the envy of others but I also asked her if she experienced me as envious and as some kind of hindrance as well. Her reply was no.

I sat for a moment with my envy. Stalled by her experiences of others as toxic. I had been envious of her from the start, but declined to mention it as I felt it would do no good for her to know. However, I also knew that somehow she felt my envy of her, hence her story about the envy of others. It was a coded message about her experience of me. Was she aware of my envy at an unconscious level? I thought so but my thinking was in contradiction to her reply to me. Then, as if to bypass or conclude this issue, she said she felt that that I did not envy her. I asked her what if she was wrong, what if I did envy her. To which she replied, that that would be silly, and what would I be envious of. I realized that there was a block or resistance from her. Maybe it was too toxic to explore that maybe she was wrong about me that I was envious. We never fully explored this issue at that time. Instead, she moved onto how others feel about her beauty. Perhaps this shift was a protective move. I let it go. She was not ready, or maybe I was not ready to open it up.

We explored her sense that being beautiful was a signal to others that she was available. She said she resented others who

assumed that she was making herself beautiful for them. This was reminiscence of my mother saying that women who wore short dresses were looking to entice men sexually. Had my unconscious thoughts evoked something of anger and distrust in her? This led to her sense that to be free was to wear short dresses that allowed the wind to blow between her legs. For her, the feeling of freedom was tied to feeling the wind between her legs, which later became a sense of deciding who and what would have access to the sexual secrets between her legs. In a sense, the dialogue between our unconscious and the idea of freedom and the wind blowing expressed my own unspoken desire to toss off those bits of my own mind that restricted me in not only my clothing style but in how freedom and sexuality could be experienced.

Maybe the dialogue between our unconscious had facets of unspoken sexuality. The words ‘wind blowing between the legs’ has sexual connotations. It implies something going on between the legs, a sense of movement, like the wind, and of something felt but unseen, of something evocative and mysterious. She was telling me about the wind between my legs, and I was the responding to her by asking her to say more about her experience of me. While I was not aware of any sexual energy between us, except my admiration for her beauty, but perhaps at an unconscious level I, or maybe both of us, wanted to have sexual relations with each other. We never discussed sexualized feelings, if this was what it was. Perhaps unconsciously we both wanted to explore something forbidden (and not necessarily sexual) that lay in the forbidden regions of our joint and inter-connected psyches, and the fertile space of potential that lay between us. Something forbidden is always enticing, even at the unconscious level.

Final comments and conclusions

Did we ever explore together my envy of her? No, not immediately. Not for several months. At the time, I chose not to open it up. Perhaps I was afraid of something that would destroy our relationship or take it onto another track, and I did not want to risk that. The implication is that the dialogue of the unconscious can have potential for exploring the mind of the patient and the analyst, but it can also have the potential to note that some things sometimes remain unspoken for a while. It was several months later, perhaps once the intensity for me, or for both of us, of those earlier sessions had passed, we returned to it. Several months afterwards, my patient had a dream of me being envious of a new car she had bought. I asked her if she was happy to explore the dream. She said yes. This led to her talking about how she felt I was envious of her. I asked her to share anything she felt about me in relation to this, and she replied that she felt that I was envious of her all those months ago, but she did not know where this came from. She also said that she was envious of me, but was not sure where these feelings came from. From that point onwards, we both shared about our experiences of each other, and discussed the reluctance to explore some of these difficult feelings earlier on in therapy. We both felt that the relationship would not tolerate it, or rather, she felt I would not tolerate it once she knew about my envy of her, and that, in response, she would not tolerate what this awareness would do to her. While it took a few months for the unconscious dialogue to be analyzed, eventually it emerged that our relationship was strong enough to bear what was happening between us. The relationship took a new track, a much more

emotionally open track, where we shared mutual experiences, and unpacked their significance in service of the patient.

What can happen when two minds meet? The answer is that the two unconscious begin to dialogue. While it may seem at first a tangled and convoluted conversation, with differing stands of needs and hopes, it does level out to a landscape of exploration that assists us both to understand ourselves in relation to the other. The change process can only manifest within the relationship, and at the unconscious level, both members of the dyad can communicate an unknown thought, a desire, a sense of reaching out towards the other in ways not possible at the conscious level.

Aspects of our own unconscious is always present when with the patient. It is not possible for it not to be present because it is a part of our psyche. We embody and carry with us everywhere and into every experience and memory. It shapes our old and new human encounters, giving contour and texture to what we hope for in all relationships and what we expect. We take it, like an unread book, into the presence of the other, just as the patient unconsciously brings everything that is known and forgotten into the relationship. The session metaphorically becomes about a reading of two books.

The concept of unconscious communication has been conceptualized as a process of communication from one side only, from one person – the patient. The analyst’s work is to work with deciphering the coded messages from the depths of the patient’s unknown regions of the mind. The dialogue of the unconscious means something far more innovative and groundbreaking – an unconscious connection from both sides. My patient told me something about her experience of me. I was unaware of this. It had not registered for me. I had to discover, through her, what her experience of me meant for her, and for me. What was it that I was resisting? What could I learn from my patient? What did she know of me before I knew? Ferenczi writes, “When two people meet for the first time, I said then, an exchange takes place not only of conscious but also of unconscious stirrings” (Dupont, 1988, p.84). These unconscious stirring evoke something in the depths of each person, in me, and in my patient, that can be known and experienced. If my blind spots, made conscious by my patient, can help me understand myself and my patient, and my patient understand herself and me, then the dialogue becomes an ocean of transformational possibilities.

Ferenczi also writes that “Ultimately what I meant by this is that when two people converse, not only a conscious dialogue takes place but an unconscious one, from both sides. In other words, next to the attention-catheted conversation, or parallel to it, a relaxed dialogue is also pursued” (Dupont, 1988, p.84).

From this relaxed dialogue of the unconscious, anything unknown but on the edge of becoming manifest can emerge into the space between us. Good therapy is about the focus on the patient’s experiences, but mutuality and relationality, as concepts of technique, include the incorporation of the analyst’s subjectivity in service of the patient’s growth. When two minds meet, there is a dialogue of the unconscious. It cannot always be fully explained but it can be experienced or received. Ferenczi said that “It plausible that the transference relationship could quite significantly promote the development of subtler manifestations of receptivity” (Dupont, 1988, p.85). The implication of that the unconscious of two people, over and above transference and countertransference, can develop into expressions of other ways to be with each other, to communicate with each other; it is a different mode of receptivity.

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