

Remembering Harold Searles
September 1, 1918 – November 18, 2015

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In reading Harold Searles' published work, one is often struck by the deeply personal tone of his writing and the courage he displayed in describing both his internal emotional process and his countertransference. He wrote this way, I believe, because he felt that it was important to demonstrate how he arrived at often-startling insights into his patient's experience and how this informed his clinical interventions and interpretive style. Early in my career, before I had trained as a psychoanalyst, I found Searles' descriptions of his clinical work with very disturbed patients both fascinating and intimidating. Later, when I had an opportunity to work with him as a supervisee, I realized that he wrote much the same as he spoke—in long complex sentences conveying a nuanced understanding of the interplay between conscious and unconscious emotional experience, with an appreciation of the ironic aspects of human relatedness. Over time, I came to feel less intimidated by his virtuosic skill as a psychoanalyst and writer and was simply inspired by his search for what was most authentic in his patient's experience and in his own. In that spirit, I offer the following personal reflections to illustrate his aliveness, creativity, humor, and emotional sensitivity—qualities that continue to inspire me in my practice as an analyst some twenty-five years after having had the good fortune of working with him.

In the late 1980s, I was living and working as a young psychotherapist in Washington, D.C. After nearly ten years, I decided to close my private practice and relocate back in the Northwest to be closer to family. Anyone who has ever closed a practice knows what a monumentally difficult process it is for both the therapist and the patient. Normally (and ideally) it is the patient's readiness that dictates the timing of termination. When the therapist leaves, no matter what the reason or how much lead-time is given, patients understandably feel angry, hurt, and abandoned. On the other hand, the therapist often feels guilty for being the one to instigate termination, which can add to the difficulty of analyzing the transference and the countertransference in this crucial phase of the treatment.

In anticipation of the turmoil associated with announcing my decision to my patients, I sought supervision from Searles, who was then practicing in Bethesda, Maryland. I had read *Countertransference and Related Subjects* (1979) and *My Work with Borderline Patients* (1986) and was impressed with Searles' unflinching ability to detect and reflect on primitive emotional experience evident in the therapeutic relationship and

analytic field. If anyone could help me navigate the emotional turbulence involved in closing my practice, I figured Searles could. I was not wrong.

In our first supervision session, I described several patients I might present and Searles talked about the merits of focusing on one case. At the level of verbal discourse there was nothing remarkable about this initial meeting intended to establish the framework for working together on a weekly basis.

A week later, I arrived at Searles' office with process notes from a session with the patient I had elected to present. Before turning to the write-up, I mentioned that upon returning to my office after our initial meeting, I had fallen into a deep slumber for nearly an hour before my next scheduled patient. I told Searles that I interpreted my falling asleep as an indication of the relief I felt in having secured his help with the patient I would be presenting to him in anticipation of a rocky termination process. He laughed and commended me for napping outside of the session, adding that most of his naps occurred during sessions with patients. At the time, I heard his comment as acceptance of the therapist's humanity and his way of telling me that I could disclose less than stellar aspects of my work without fear of being harshly judged. Beyond that, I wondered (but did not ask) why it was that he fell asleep in session with his patients.

Although it is not my purpose in this essay to detail the case I presented nor to review in a comprehensive way my experience of Searles as a supervisor, I will say that I found him to be highly attentive to small details of my interactions with the patient, picking up on things that seemed initially almost beside the point of what I felt most anxious about and in need of his help to better understand. For example, during one session I shamefully admitted I had lost my cool with my patient who had been loudly and forcefully ranting at me for some minutes and said, "Shut up for a minute! I can't think about what you're saying while you're yelling at me." Having confessed to what I felt was an egregious error in being unable able to contain my countertransference hatred and exasperation, I was surprised when Searles said nothing about what I had said to the patient and focused instead on what he saw as my patient's unconscious conviction that I was unaware of her inconsolable suffering, thus the relief she felt in being able to provoke an emotional response in me. Reframing the interaction in this way revealed the unconscious intent of my patient's tirade and opened a space for us to consider other ways by which this particular anxiety presented itself in the transference as well as its genetic significance. I realized, too, how hard it was for me to think in the face of my own ambivalence and guilt about terminating with this particular patient.

On another occasion, I reported an interaction in which my patient had described a rare instance of personal accomplishment—overcoming crippling performance anxiety to play a music solo—to which I had reacted with praise. To my surprise, Searles said that he hoped in time I'd be able to stop functioning as a “rally squad” for my patient's achievements. He described how offering praise or reassurance moves away from the central task of interpreting the transference and reinforces the notion that the therapist's attention is conditional—linked to the patient's praiseworthy behavior rather than being a given in the therapeutic relationship. Still, my face flushed at being called out for unintentionally abandoning my analytic role, and I felt deeply embarrassed. Realizing my predicament, Searles said, “Look, although I've not felt the need to offer reassurance the way you do at times, it was pointed out to me on numerous occasions early in my career that I offered psychoanalytic interpretations as if I were a shoe salesman trying to please the customer in hopes of making a sale: Do you like this pair? No? Well then how about this pair? Or, here's another you might like? And I'd continue in this vein hoping that the patient would select one amongst the many interpretations I'd given them.” Then he chuckled, seeming amused as he reflected on his younger analyst self.

Searles' story about himself as a junior therapist let me know that he'd struggled in a way that was similar to how he observed I was struggling, and, more importantly, that he'd been able to survive his supervisor's apparently accurate observation and benefit from it. Additionally, being able to imagine Searles offering up interpretations like pairs of shoes was funny. If he had been a shoe salesman, then maybe my having been part of the rally squad wasn't so bad.

Returning now to the question of falling asleep inside a therapy session, I'd like to share a view of Searles' comment about napping that occurred to me only recently. In an earlier draft of this essay, I wrote, “Beyond that, I wondered (but did not ask) why he fell asleep with his patients?” I then changed my sentence to read “fell asleep in session with his patients” to avoid any possibility of sexual innuendo. However, in thinking further about the unconscious meaning of my initial sentence, I realized that when I “fall asleep” with a patient I'm referring to a state of reverie (Bion, 1962) resulting from the process of being receptive to the patient's anxieties transmitted via projective identification. This is the same frame of mind that occurs in a mother when she is optimally attuned to her baby's emotional experience or what Winnicott (1956) called “primary maternal preoccupation.” Ogden underscores the importance of reverie as a psychoanalytic tool when he writes, “I believe that the emotional disequilibrium generated by reverie is one of the most important elements of the analyst's experience with which to get a

sense of what is happening at an unconscious level in the analytic relationship” (1997, p. 571).

Although Searles was trained as a psychoanalyst long before Bion designated reverie as a psychoanalytic term, I believe that he was quite familiar with it in practice. For example, in a paper on supervision first published in the mid-1950s, Searles writes, “The emotions experienced by a supervisor—including even his private, ‘subjective’ fantasy experiences and his personal feelings about the supervisee—often provide valuable clarification of processes currently characterizing the relationship between the supervisee and the patient” (Searles, 1986, p. 157). In this and all of the papers he wrote, it is apparent how extensively he relied on his “subjective fantasy experiences,” or reverie, to detect what was occurring in the mind of the other. Perhaps this is what he was referring to when he told me that he took most of his “naps” during sessions with patients. Given that I could never predict and was frequently surprised by how Searles responded to the clinical material I presented, it seems clear that he relied heavily on his reverie and intuition in combination with being forever open to new learning from his colleagues (he had an encyclopedic grasp of the psychoanalytic literature), his patients, and his supervisees.

In closing I want to thank Jeffrey Grant for inviting me to write this personal reflection on Harold Searles in memory of his very creative life and inestimable contribution to psychoanalysis. For me—and I’m sure I’m not alone—his way of being an analyst with a great store of integrity, compassion, and humor had a tremendous impact and is one of the primary reasons I sought to become an analyst. Not to follow in his footsteps in the sense of being a theoretical adherent, for he was never interested in cultivating followers. Rather, inspired to remain curious and open, the way Searles was, to new thoughts as they arise in my mind, no matter how disruptive or inconvenient they may initially seem. Perhaps this is the best way to honor a great man and to carry forward his legacy and that of the profession of psychoanalysis.

References

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