
Ringstrom told us “Messy” was one of Mitchell’s favorite words. In spite of, or perhaps because of this, he worked hard to bring clear thinking to the analytic task. In reporting on Ringstrom’s rich paper I will focus on the attitude we bring to our daily work with our patients. In the moments before you greet your patient what mind set do you aspire to? As the hour develops, what attitude do you strive for? Ringstrom, who was supervised for a few years by Mitchell told us that Mitchell was always concerned about one state of mind foreclosing on the possibility of others. He quoted Mitchell saying, “I find that aspiring to states of mind like ‘evenly hovering attention’ (Freud), the ‘analytic attitude’ (Schafer), and ‘reverie’ (Bion) foreclose other possibilities, other kinds of responsiveness to my patients. There are times when it seems useful for my attention to be highly focused not evenly hovering; there are times I feel that my patients need a more genuine response from me, not an attitude; there are times when concerted, careful reasoning seems more fruitful than reverie. I find that I am using myself most productively when I struggle to understand the ways in which a patient is presenting himself to me in a particular session and then to try to reflect on the kinds of responses I find myself making.” (Influence and Autonomy in Psychoanalysis, 1997 p. 193)

And how should we evaluate our success within a particular session? Ringstrom distilled a methodology of self-reflection” from Mitchell’s work and offered it to us as a guide. He told us a key objective of Mitchell’s methodology was to cultivate a “mutually vitalizing encounter” with the patient. Ringstrom summarized six self-reflective questions, which Mitchell seemed thematically to ask, “Is what we just did here today, opening or closing, vitalizing or deadening, connecting or avoiding, focusing or confusing, liberating or constraining, playfully exploring or just fooling around?”

So as you approach your next patient bring these questions to mind and see what is opened up and what is foreclosed. As I think of doing this, I can’t help but think of that triad of analytic attitudes: neutrality, abstinence, and anonymity that have long been aspirational goals of our work. Is it time now to dispense with them as some have suggested? Do they foreclose too much? They certainly can when conceptualized in a stereotypic way. But if seen within the context of the therapeutic alliance as Meissner (Neutrality, Abstinence, Alliance. JAPA,46(4), 1998) suggests they can facilitate the alliance and with the above questions can help to cultivate a mutually vitalizing encounter.

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