Focused Interpretation: Theory and Practice in Psychoanalytic Psychotherapy

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Today, as the psychoanalytic adherence to notions such as the "true self" or the "singular nuclear self" (Mitchell, 1995) wanes and the emphasis on the inter-personal aspects of analysis waxes, it is no longer clear what is, in fact, the object analysis treats. As a possible answer to this inquiry, this paper proposes the notion of the distress-paradigm This paper engages the manner in which distress in represented in the psychic apparatus, highlighting the patient's typical tendency for interpreting and feeling internal and external states as provoking distress. Furthermore, it expounds and elaborates the notion that this typical form of interpretation is shaped by unconscious primary thinking, which integrates distinct experiences of distress into a typical narrative, pattern or structure. This distress-paradigm is not a symptom, nor is it any kind of illness, pain, quality or personality trait, but a dynamically evolving structure, which reveals itself each time anew, in a similar and repetitive manner, through the expression of varying distress-material. In light of this conceptualization of the experience of distress, the paper offers a unique therapeutic technique adapted

to engage such unconscious structuring of distress by applying a focused interpretative discourse, or a "focused interpretation".

This paper seeks to isolate a singular or unified unconscious strand – the distress-paradigm. The assumption is that an unconscious yet rational activity, grounded in primary analogous thinking, molds distress into a general form or format, thus establishing a 'personal style of distress'; in other words, this is the unconscious crystallization of a principal and typical relation to experiences of distress. While psychoanalytic theory often focuses on the content and form of distressing situations, the focused interpretation suggested in this paper accentuates a different path for treating particular experiences of distress: uncovering and reconstructing the general relation implicit in the distress-paradigm, a relation the patient may or may not be aware of upon beginning therapy. According to this view, distress-material is constantly changing while the unified distress-paradigm keeps repeating and reapplying itself. Therefore, the focused interpretation serves to direct the therapeutic discourse towards the tracing of psychic representations of this paradigm. These two levels – **therapeutic discourse and psychic representation – are seen as parallel interacting dimensions:** the more the therapeutic discourse is successful in accurately conceptualizing the patient's distress-paradigm, the more this conception seeps from the level of discourse to the level of psychic representation and vise-versa. This "seepage" indicates the potential for reshaping and moderating the distress-paradigm, as a psychic representation, through a conceptual shift which occurs in the therapeutic discourse.[1]

[1] This notion of seepage is informed by my interpretation of phenomenologist Franz Brentano. In this light, distress, much like other emotional objects, can be seen as represented in the psyche by a chain of signifiers and signifieds. The links in this chain of signification interrelate through the metaphoric and

A considerable portion of psychotherapeutic writings is devoted to the question of human suffering and distress, with each and every theory providing its own unique notions of these and their causes. Many approaches argue that psychopathological suffering stems from trauma, that is, from the deformation of a healthy course of development due to destructive life events and experiences. In contrast, other approaches claim that suffering results from a misinterpretation of early experiences due to the distorting effects of fantasy. The approach outlined in this paper fosters the widely accepted synthesis of these two positions, while stressing the importance of the patient's own experiential interpretation of distress.[2]

Not every instance of suffering or distress is pathological; the predicament discussed in this paper manifests itself upon the emergence of an unconscious disposition for a particular interpretative pattern regarding distress. This interpretation, however, is not applied to the psyche as a unified or whole entity or 'apparatus', but is related to the more specific level of the *psychic occurrence unit*. It is on this level that the emergence of a distress-paradigm takes place, both influenced by external events and shaping their perception. Thus, the therapeutic technique here proposed views the distress-paradigm, rather than the patient, as its subject. This distinction between the unified psyche and the psychic occurrence unit has great practical merit in the application of the focused therapeutic discourse. While most psychoanalytic theories favor the psyche as the primary unit for its argumentation, my

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analogous logic characteristic of primary thinking. As they are linked through analogy, I wish to argue that change on either side – whether that of the signifier or that of the signified, has the capacity to affect other links along the chain. These two aspects, the therapeutic discourse and the distress-paradigm, engage in relations of signification which enable them to mirror and influence each other.

[2] It is important for me to stress the *experiential*, rather than conscious, reflective or intellectual, quality of this interpretation, which is therefore more likely to affect actual and deep-set change.

claims will revolve around the psychic occurrence unit,[3] defined by the occurrence it encompasses: this occurrence may manifest on the level of the various self-states or psychic functions, on the level of the psyche as a whole (the subject), on the inter-subjective level (the analytic dyad, an intimate relationship), the group level (a family, a therapy group).[4]

In order to elucidate the distinction between the psychic occurrence unit and the psyche, as a unified or whole unit – I propose a new reading of the notion of trauma. In the original Greek, the word 'trauma' was used in a medical context, denoting damage done to the skin by some external source, activating the organism's survival instincts. The adaptation of this concept to psychic life must take into account that the relevant unit for understanding 'trauma' includes not only the psyche in and of itself, but also the external conditions (the environment) or the external damage to the surface of the epidermis. Therefore, we should consider such a unit which includes the environment as the more relevant framework for analysis. This unified environment encompasses the psyche, the external conditions and the relations emerging between these in a given context.

The historical shift in psychoanalytic thinking regarding the basic unit of analysis is a motion from the 'self' or 'self-component' to 'the self as embedded in its environment'. While this paper embraces the fundamental framework of the Inter-Subjective school, it wishes to avoid an over-encompassing view of self-environment unity. Instead of highlighting the development of the self within and through the psyche of the other, in a generalized and unified manner, I propose to focus on a

[3] This term bears much resemblance to Stern's notion of the "generalized episode" (1985).

[4] A particular instance of the inter-subjective level – the inter-generational level – has proven to be of significant clinical value.

particular and limited unit of occurrence – a unit that is prototypical of a state or kind of distress or a way of perceiving distress in a certain context. As mentioned before, this particular context or framework may be the singular psyche, but it is not restricted to it. While accepting the notion of a unified context comprised of both internal and external realities – as presented by theoreticians such as Kohut, Winnicott and Mitchell – this paper argues that this 'oneness' does not a apply merely to a singular psyche and its environment, but is rather a specific instance of a typical distress occurrence-unit, whose unity encompasses both internal and external elements of experience. This occurrence unit may entail experiences abstracted as pleasure, belonging, distress and the like.

Trauma theory commonly traces three kinds or categories of trauma: specific trauma (PTSD), complex trauma (multi-layered conditions caused by ongoing abuse or neglect) and developmental trauma, which is essentially different from the former two. This form of trauma results from a discrepancy or a fault in the encounter between psychic/internal needs and the external environment, in a manner that is usually consistent and protracted. In the course of psychic development, this traumatic encounter coalesces into a typical distress-paradigm, creating a specific link between certain states or circumstances and certain experiences of distress, which may not apply to the psyche as a whole. It is this link that is the key object of a therapeutic technique based on "focused interpretation".[5]

[5] While it is my contention that this kind of trauma may be understood in terms of the suggested notion of the 'distress-paradigm', this does not mean that any emergence of a psychic distress-paradigm is essentially traumatic – only that the two share a structural similarity. Both trauma and the dialectic motion I will later elaborate on as generating the distress-paradigm can be seen as complementary explanations of the experience of distress.

Grounded in the assumption that any subjective distress exists as a psychic subject, the term *distress-paradigm* is here construed as a prototype of distress, emerging through the workings of internal psychic processes, namely, the application of the "object hypothesis" or "objectifying principle".[6] In addition, the notion of 'prototype', the immediate perception of general objects, the essential structures of consciousness as proposed by Husserl – these philosophical notions are vital to the understanding of the concept of *the distress-paradigm*. Inspired by Aristotle's "object hypothesis" and Husserl's view regarding the immediate perception of essences, this concept suggests that the psyche structures a conceptualization of "the object of distress", thus essentially and pre-reflectively perceiving distress as a single and unified entity, which may manifest itself in various tangible and concrete ways. In the psychoanalytic domain, we may single out Stern's notion of 'amodal perception', as the foundation for fathoming the idea of a distress-paradigm. Stern explains amodal perception as an "innate general capacity […] to take information received in one sensory modality and somehow translate it into another sensory modality"; adding that "infants appear to experience a world of perceptual unity, in which they can perceive amodal qualities in any modality from any form of human expressive behavior, represent these qualities abstractly and then transpose them to other modalities" (Stern, 1985: 51). His findings, therefore, support the notion of the psychic tendency to conceptualize a unified notion of distress.

In "Beyond the Pleasure Principle", Freud concludes that trauma is derived not from the pleasure principle, but from the "compulsion to repeat", which he depicts as

[6] The "Object Hypothesis" is the human inclination to assume the existence of a consistent and coherent object. In Aristotelian terms, the object functions as the "objectifying principle", the persisting platform upon which changes occur (Aristotle, 1984). See also Balaban-Halevi, 2012: 40.

"more primitive, more elementary, more instinctual than the pleasure principle which it over-rides" (Freud, 1920: 23). Triggered by some external circumstance,[7] the distress-paradigm actualizes its encoded inclinations for certain emotional positions and behavioral reactions, thus reinforcing a vicious circle: the drama of distress is reenacted and reactivated as a manifestation of repetition compulsion.

The notion of the distress-paradigm provides a new conceptualization of both suffering and the therapeutic process. Even though it is constantly perpetuated and reactivated in the patient's life, the distress-paradigm is not seen as 'owned' by the patient whose life it is ruining: as mentioned before, it is not a part or an aspect of the self, but of the psychic occurrence unit. An interpretation that is focused on the distress-paradigm and the ways in which it is activated, especially within the therapeutic relationship itself, aspires to modify and soften this pattern, easing the suffering it repeatedly provokes. In line with Ogden's thinking, the goal is to dissolve the automatic link, the adhesive joining the three components of the distress-paradigm: the trigger (a particular external circumstance), the external 'signifier' (the behavioral and/or emotional response) and the internal 'signified' (the emotional or psychic infrastructure that underlines and dictates this pattern. This kind of effort creates greater 'space' and litheness, allowing the patient to make different existential choices. In other terms, more consistent with the Self-Psychology school,[8] this therapeutic purpose may be described as locating the areas of dissociation and revitalizing them through the patient-analyst relationship and the affinity between various self-states. Revitalizing these with new content, less exclusively distress-

[7] It is important to stress that such 'triggers' have no intrinsic significance; it is their subjective role as part of the overall structure of the distress-paradigm that defines their significance.

[8] But still referring to the distress paradigm as the psychic-occurrence unit, rather than the 'self'.

related and more informed by other self-states or by analytic interpretation and experience, will enable the patient to acknowledge emotions and events that have been dissociated and reenacted through the distress-paradigm, giving them new meaning. That is, by providing the patient with a new choice and a new experiential interpretation of herself the proposed process utilizes the therapeutic relationship to facilitate a controlled reenactment of the trauma in the distress occurrence-unit.

The Distress-Paradigm

As mentioned above, the distress-paradigm is defined as an internal structure, initially shaped by unconscious yet rational primary thinking. Once it is formed, it functions as a disposition, triggered into activation by a particular set of circumstances, often inter-personal in nature. As a disposition, the distress-paradigm has no positive existence, nor does it comprise an essential part of the singular psyche; rather, it is a proclivity for a certain psychic organization potentially characteristic of a wide range of contexts, from the individual psychic component to the group.[9] Therefore, we might argue that the distress-paradigm entails three aspects or types of contents: contextual triggers, a distressing experience and a defensive response.

Jane, a woman of 40, feels worthless in comparison to others. Her relationships, whether intimate or professional, sexual or familial, give rise to the feeling that she is "invisible". Despite her age, she still feels she has no right to exist and that she had failed in leaving any mark upon life. In therapy, she constantly introduces new metaphors and experiential images into our discourse: sometimes she feels like "a snail locked in its shell"; sometimes she is "run over"; quite often, she simply feels overwhelmed by "impossibility" – it is impossible to say, to move, to act.

[9] A people or a culture can also exhibit a tendency for distress.

As therapy progresses and as I adhere to my focused interpretation, attempting to trace the unified conceptualization of her distress, I come to realize that her primary thinking is constantly preoccupied with internal interpretations that maintain a category that can be described as "worthlessness" or "helplessness". I present this category to Jane, stressing not any particular verbal phrasing but trying to communicate an internal experience she may acknowledge and identify with. The more our discourse is cluttered up with her 'snail-shell' reactions in various circumstances, the more I keep indicating this unified response pattern to her. This triad of external trigger, a painful internal experience and the reactions these give rise to, comprises the three components of the distress-paradigm which the therapeutic discourse strives to trace.

Kimberly, 35, is an intelligent and alert woman who persistently scouts her surroundings for any shred of doubt or ambivalence, which she then interprets as signs of abandonment, reacting with intense rage and offence. This prevents her from forming satisfying relationships or calm and efficient work environments. Her great sensitivity and devotion are of much value to her as a service-provider, but are also the cause of increasing unrest. Her distress-paradigm, formulated as an experience of abandonment, is triggered by instances of disagreement or refusal on the part of the other, arousing a wide array of responses. Even seemingly 'blameless' disappointments, such as having to cancel a hike because of rainy weather, may activate her distress-paradigm, evoking feelings of abandonment and loneliness. She reacts to these feelings by clinging to people around her, demanding that they address her needs – a demand that is often fulfilled, mainly due to her abundant charm. When it is not, however, she retaliates with rage, trying to force her will on others with self-righteous contention. In this case as well, while maintaining our closeness, I indicate

how these recurrences add up to comprise her distress-paradigm. More often than not, these interventions, when they are direct, simple and tolerable, offer Kimberly a certain degree of relief. At times, however, she finds them outrageous. In one of our sessions, after relating a difficult event, stressing that no one could understand how hard it was for her, I suggested that it was very important to her that others should acknowledge her pain. She altogether rejected this suggestion in a way which created a great distance between us, making it difficult to reestablish our therapeutic alliance. Nevertheless, I see it as vital to keep indicating these aspects of her distress-paradigm in a manner that would allow her to both accept and experience them.

It is important to stress that Kimberly's feelings of abandonment and her hostile response, as well as Jane's feeling of "worthlessness" and her ensuing withdrawal into her "shell" – their *distress-paradigms* – do not exist by themselves, neither objectively, nor even subjectively – beyond its particular manifestations. These paradigms are in no way tangible or essential; they are but inclinations or dispositions, tentative psychic structures, empty vessels, "maybes".[10] This statement is not only a postmodern rejection of positivistic conjectures, it holds a profound understanding of the nature of the distress-paradigm: it is unified and abstract as a prototype or an 'empty vessel', yet it 'fills up' or is 'activated' by concrete content and meaning. Lacking any permanent 'material', the distress-paradigm is an empty psychic vessel awaiting, like a 'spring' (a metaphor borrowed from Wittgenstein) to be filled up with various internal and external (real) situations. This vessel is both **solid**, thus giving shape to the material 'poured' into it, and **flexible**, adapting and evolving its form according to the various situations contained in it. This potential for flexible

[10] Charles Peirce (1955) coined the term "maybes" to refer to experiences that have no actual existence in the present moment, but only an implicit potential for such existence.

adaptation stems from the fact that the distress-paradigm emerges and is constantly restructured through an ongoing and unconscious dialectic motion. This fundamental dialectic of the human psyche, between a multiplicity of concrete life experiences and a unified concept or 'object', this reciprocity between the two poles of concrete-multitude and abstract unity, which constantly negate and preserve each other – is the essential make up of the distress-paradigm.

This understanding of the distress-paradigm as a 'ready vessel' or a 'spring', to be activated under certain circumstances, provides an alternate explanation for the phenomenon of repetition compulsion (Kitron, 2004). The emphasis is on the process of unconscious abstraction, producing an experiential conception or 'image' which is then projected onto perceived reality, regulating it. This recurring pattern expresses the unconscious conceptualizations embedded in the distress-paradigm through the realization of distress in real life as a self-fulfilling prophecy. This manifestation perpetuates the distorted unconscious abstraction, resulting in a "confirmation bias". In this sense, the distress-paradigm realizes the patient's unconscious interpretation of distressing situations, making it a tangible presence in real life, thus generating actual distress in and of itself. In other words, this conceptualization shifts the center of gravity in terms of distress, from external factors to internal experiential interpretations.

While many patients find this view painful and outrageous, their eventual acceptance of it often marks the beginning of change in therapy. The change can now take place internally, independently of external circumstance. Kimberly's distress-paradigm unconsciously steers her towards relationships and situations which will provoke the same kind of distress. For instance, while Kimberly understands that her animosity toward her landlord, whom she experiences as cruel and abusive, actually

resulted from a chain of events in which she played an active part, she understands that he is not obligated to maintain any kind of "parental" position towards her and that he has his own fears and hardships. She knows that he did not abandon her, nor his "objective and universal moral conduct", as she once put it. Nevertheless, in one of our sessions, Kimberly relates that she confronted her landlord, accusing him of immoral behavior by refusing to sign separate lease agreements with each of the tenants living in the apartment she lives in, since "the rooms are of unequal size". Regardless of the actual veracity of these accusations, it appears that Kimberly is projecting her own feelings of deprivation into his acts and allowing herself to blame someone she is not personally involved with in a deeply personal and aggressive manner. This is one example of how her distress paradigm is distorting her judgment and her sense of proportion.

Although the distress-paradigm is characterized as abstract and unified, it is a multi-faceted and layered structure, involving several personal narratives and sub-categories, all of which are derived from the unity-multiplicity dialectic.[11] In practice, the patient unconsciously constructs an array of images or metaphors which comprise the internal category labeled 'distress', encompassing both the particular experience of distress and the response patterns it elicits. This is tantamount to the unified, abstract aspect of the distress-paradigm. These metaphors may emblemize experiences of

[11] These sub-categories are derived from the analogous reasoning typical of primary thinking. As such, primary thinking is inclined to immediately dividing experiences in terms of species and genus (in the Aristotelian sense). This means that certain aspects of the unified distress paradigm are manifest or applied across various life fields, creating a sub-category of distress. In Kimberly's case, her sense of being deeply "wronged" was manifest in her relationship with her landlord, her various romantic partners, her parents as well as her therapist.

emotional, financial or moral betrayal for some patients, while for others they may capture feelings of unreality or having no right to exist.[12]

Naturally, the distress-paradigm has only subjective, rather than objective, validity or actuality; the ongoing internal process unconsciously forming and informing this paradigm (the tri-partite structure encompassing the painful experience, the main defense pattern and the triggering circumstance) also includes an emotional and behavioral adaptation. In this sense, the distress-paradigm functions in the same way as many other key psychic objects, such as 'Self' or 'Mother', that are constructed as unified 'wholes', even though the actual mother constantly changes throughout life and in various contexts and moods and the self undergoes many physical and emotional changes. As an expression of the "object hypothesis", these engender a unified paradigm, construed as a prototypical internal concept which is experiential and may even be non-verbal. This experiential – as opposed to intellectual or reflective - concept is not an essential component of psychic life: just as some are raised without a primary caretaker and have no corresponding internal object, only a verbal, symbolic concept – the internal experiential object that is distress-paradigm is not universally present. For some, while they may have experienced many diverse instances or patterns of distress, these did not coalesce into a unified paradigm.[13]

In contrast to its unified-abstract aspect, the multiple-concrete aspect of the distress-paradigm contains the various experiences of distress which have formed and

[12] Naturally, the distress-paradigm has only subjective, rather than objective, validity or actuality; the ongoing internal process unconsciously forming and informing the object of distress includes an emotional and behavioral adaptation vis-à-vis this object.

[13] This capacity for creating internal objects is one of the paramount capacities of the human psyche. Still, not all singular experiences will coalesce into a unified paradigm and this tendency is governed by their psychic significance. The significance of distress experiences is, naturally, relatively great.

informed it (or will do so in the future), as well as the concrete manifestations of this paradigm in different life situations, whose specific and unique circumstances keep filling this 'empty vessel' in new ways. Throughout life, the psyche shifts dialectically between these two aspects – the latter entailing ever growing diversity and renewal, the former promoting abstraction and cohesion. As a result of this unconscious motion, the distress-paradigm gains shape and substance, becoming more and more intricate, layered and specific.

In the attempt to soften and modify the distress-paradigm, it is vital that the therapeutic discourse mirrors the dialectic motion between unified abstraction and concrete multiplicity. For instance, when the discourse indicates that the patient's distress-paradigm entails a feeling of unreality, it must then move between this abstraction and the tangible variety of experiences comprising it. As this motion rarely occurs spontaneously, it is up to the therapist to shape the discourse in a way which follows this dialectic. In this particular case, given the abstracted feeling of unreality and lack of substance and legitimacy, the discourse must turn to the specifics: for instance. the patient's intimate relationship which feels detached and "orbiting", the uninvolved and distanced parental presence, his lack of interest in his profession and, finally, the therapeutic relationship, which is often experienced as insignificant and incapable of promoting change. This kind of dialectic therapeutic discourse, carefully tracing both poles, helps the patient – with sufficient motivation and a positive therapeutic relationship – reshape his or her distress-paradigm.

For example, throughout the therapy, any attempt to discuss Kimberly's heightened vulnerability and her raging reactions – both part of her distress paradigm – with her, were likely to evoke an angry and critical response. We have found that more nuanced interpretations, given with careful attention to their timing and focused

on her recurring experience of deprivation and her immense sensitivity to events in which she feels discriminated against, are much more effective. Letting these principles guide our therapeutic discourse, we were able to engage her difficulties in a way which went through to her without triggering her characteristic rage. It is this motion, between the concrete and actual aspect – for instance, of her confrontation with her landlord – and its internal and abstract expression, as a conceptualization of the distress paradigm within the discourse, that is recommended as an essential part of the focused interpretation method.

In order to elucidate the complex negotiation between the unified-abstract aspect and the concrete-multiple one, I turn to Stern's insights regarding the ability of infants to share their experiences. Stern, referring to the mechanisms underlying the "attunement" which enables infants to share internal sensations, argues that

> "for attunement to work, different behavioral expressions occurring in different forms and in different sensory modalities must somehow be interchangeable. If a certain gesture by the mother is to be 'correspondent' with a certain kind of vocal exclamation by the infant, the two expressions must share some common currency that permits them to be transferred from one modality or form to another. That common currency consists of amodal properties. There are some qualities or properties that are held in common by most or all of the modalities of perception. These include intensity, shape, time, motion and number. Such qualities of perception can be abstracted by any sensory mode from the invariant properties of the stimulus world and then translated into other modalities of perception. For instance, a rhythm, such as 'long short' (------ --), can be delivered in or abstracted

> from sight, audition, smell, touch, or taste. For this to occur, the rhythm must at some point exist in the mind in a form that is not inextricably bound to one particular way of perceiving it but is rather sufficiently abstract to be transportable across modalities. **It is the existence of these abstract representations of amodal properties that permit us to experience a perceptually unified world**" (Stern, 1985: 152; my emphasis).

This claim may help us understand how abstract internal representations may come to signify intricate and generalized psychic perceptions through rational unconscious primary thinking, as will shortly be explained. A dialectically oriented therapeutic discourse, grounded in focused interpretation, encourages mutual attunement between therapist and patient, leading to the development of a joint therapeutic language. When this attunement and joint language focus on the abstract-unified aspect and its various manifestations, this focus entails a potential for changing the structure of the distress-paradigm. While this structural change may occasionally occur through other therapeutic techniques, it is achieved both intentionally and methodically through focused interpretation. Patient and therapist may then understand one another quickly and easily, coming together to the realization that the concrete manifestation now discussed is yet another expression of the unified distress-paradigm, they have often discussed before.

Primary Thinking – A Rational Structuring of the Distress-Paradigm

In order to understand the manner in which the distress-paradigm emerges and coalesces, one must acknowledge the role of primary thinking as a **rational** faculty, equaling secondary thinking in both intricacy and subtlety. Operating unconsciously,

primary rationality structures internal objects, categorizes them in terms of 'species and genus' (such as self-worth, security, intimacy or, more pertinently, distress) and assigns internal value and importance according to personal subjective standards. This state of affairs indicates the existence of an intricate unconscious inner world, replete with its own perception of reality and its formulation of an internal image of distress, eventually to be activated as a concrete expression in external reality. Governed by primary thinking, this internal world is the platform on which the psyche unconsciously structures its distress-paradigm, an elaborate process taking place in the early stages of psychic formation (whether that of the infant or of the group).[14]

Psychoanalysis, especially in its early years, had depicted primary thinking as inferior and limited in comparison to secondary thinking. However, this view is gradually changing under the influence of a wide range of research, both within and without psychoanalysis, which has been attributing an ever growing spectrum of unique and sophisticated capacities to primary thinking (Noy, 1999). Studies from other disciplines (Haskell, 1987; Damasio, 2000; Gentner, 2001) suggest that primary thinking is analogous rather than logical, operating by means of association and similarity. Such similarity is often emotional or metaphorical, rather than external; for example, the resemblance or association between nutritious food and a warm embrace. Although these phenomena present no tangible or concrete similarity, primary thinking encodes them as related, according to the similar emotions they evoke. It also inscribes the wider context of the situation – such as the embracing person or the Greek restaurant – as linked by similarity or association in an analogous sense. Another essential feature of primary thinking is being grounded in experiential

[14] See, for instance, Vamik Volkan's notion of "chosen trauma" (2001).

images or representations, unlike the verbal or symbolic representations utilized in logical thinking, which require a greater degree of consciousness and abstraction.

While secondary thinking is more suitable for solving problems dealing with tangible facts, primary thinking excels in dealing with emotional or communicational problems.[15] Operating simultaneously and through image-based encoding, primary thinking provides an alternative for the sequential-linear thinking than entails logical procedures; contexts and associations substitute causal and analytic thinking, abductive reasoning takes the place of induction and creativity and innovation replace order and method. Based on images and analogies, primary thinking can function instantly, in contrast with the slow and gradual process of sequential and conceptual logical thinking. While secondary thinking is linear and analytic, primary thinking is cyclical and holistic, enabling us to perceive the whole even before its various parts. This whole is already a complete, inclusive image, laden with value and significance – unlike the isolated parts, which secondary thinking labors to sum up or integrate.[16]

While deemed inferior to secondary thinking, these very capacities for generalization and unification have earned primary thinking a significant role in psychoanalytic theory. Freud and, in his footsteps, Klein, have posited primary thinking as a complex and intelligent faculty, in charge of a great number of intricate psychic processes.[17] Its capacity for emotional integration and unification were

[15] Although both types of thinking may tackle problems that are beyond their "area of expertise".

[16] Husserl, for instance, had remarkable intuition and insight regarding the workings of primary thinking, preceding the development of this notion. In his analysis of phenomenological phenomena, Husserl proposed that such 'whole' concepts are perceived immediately (Husserl, 1977).

[17] I see the Damasio's notion of "extended consciousness" as expressing the very same idea in a neurological context. Damasio (2000) discusses the neuro-biological foundations of consciousness and other elaborate functions of thinking and awareness. His main argument is that thought is not

highlighted by Ogden, who saw primary thinking as performing a major role in the transition from the schizo-paranoid to the depressive position. According to Ogden, this painful transition, from a split and fragmented view of the world to a position in which it is experienced as more integrated, requires the ability to contain and unify and is facilitated by experiential memory, a faculty related to the operation of unconscious primary thinking. Ogden states that the ability to maintain a uniform emotional position at separate points in time – such as when the infant maintains the same attitude toward the mother throughout different experiences of her – creates a unification of experience over time, thus creating what he calls a 'historical position' (1986: 82).

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something that conceives of the world, but an interaction between a biological 'I' and the reality it experiences. Our rich life experience makes up our personality through our 'extended consciousness'. The latter is created through an amalgamation of many instances of 'core consciousness', which is the 'here and now' interaction of biology and reality, void of any future or past. Therefore, both core and extended consciousness are not a body of knowledge but an account of relations. Damasio explains why extended consciousness is not identical to active memory, adding that the former is grounded in core consciousness not only in its inception but on a moment-to-moment basis: "The study of neurological patients shows that when core consciousness is removed out goes extended consciousness. As we have seen, patients with absence seizures, epileptic automatisms, akinetic mutism and persistent vegetative state have neither core consciousness nor extended consciousness. The converse is not true […] Impairments of extended consciousness are compatible with preserved core consciousness. Extended consciousness in a bigger subject than core consciousness, and yet it is easier to address scientifically. We understand fairly well what it consists of cognitively and we also understand the corresponding behavioral features. An organism in possession of extended consciousness gives evidence of attention over a large domain of information which is present not just in the external environment but also internally, in the environment of its mind (pp. 200-201).

This psychic capacity to construct a coherent and durable position vis-à-vis certain occurrences or objects echoes Stern's notion of the "generalized episode", which is likewise grounded in primary abstraction and unification capacities:

> "The generalized episode is not a specific memory. It does not describe an event that actually ever happened exactly that way. It contains multiple specific memories, but as a structure it is closer to an abstract representation, as that term is used clinically. It is a structure about the likely course of events, based on average experiences. Accordingly, it creates expectations of actions, of feelings, of sensations and so on that can either be met or be violated" (Stern, 1985: 97).

As mentioned earlier, Stern argues that this generalization is partly achieved through the primary capacity for amodal perception and memory (ibid: 51). This conceptualization is congruent with the notion of the distress-paradigm as a product of primary thinking with conceiving of it as the relevant occurrence unit for therapeutic discourse.

Finally, when Bion discusses the α-function, which he sees as the foundation of thinking and psychic life, his conceptual framework is that of an unconscious primary process. Bion defines the α-function as the human ability to process alien and incomprehensible stimuli into familiar, intelligible experiences. In this sense, it is a function which enables the psyche to contain or integrate the alien and the unfamiliar (Bion, 1962, 1984).[18]

In the spirit of these theoreticians, I also posit primary thinking at the root of my conceptualization, highlighting especially those aspects in charge of integrating different experiential aspects or elements into a single unified image or position,

[18] These conceptualizations were, in fact, inspired by William James (2000).

complete with its own emotional significance. The psyche, encountering a vast multitude of experiences, tries to find similarities and subsume several instances under the same category in order to facilitate their processing, remembrance and encoding, as well as the selection of a proper response. When this unconscious psychic effort to unify separate experiential elements engages moments of distress, its product is the distress-paradigm.[19]

As mentioned above, the emergence of the distress-paradigm is rooted in an unconscious and ongoing dialectic motion between unity and multiplicity, between the unified, abstract and perceptual aspect of distress and its concrete, plural and ever-renewing aspect, which entails separate and partial sensory data. This dialectic motion sustains the distress-paradigm as a structure that is on the hand unified and abstract and, on the other, intricate and exhibiting a dynamic, multi-layered development.

Between Unity and Multitude

Primary thinking thus structures the dialectic motion between the multitude of actual experiences and a 'semblance' that may be abstracted and unified. This particular function of primary thinking, manifest in the integration of multiple, partial and separate experiences into one "whole", is no doubt difficult to fathom. Indeed, as early as 1886, John Dewey, a psychologist and one of the founding fathers of the philosophical school of pragmatism, had argued: "how experience became we shall never find out, for the reason that experience always is. **We shall never account for it by referring it to something else, for 'something else' always is only for and in**

[19] And, in a similar fashion, it also creates paradigms for other key experiences or emotions, such as intimacy, aggression and the like. Distress, however, is the one most pertinent for the psychotherapeutic effort.

experience. *Why* it is, we shall never discover, for it is a whole". Nevertheless, he proposed a solution: "how the elements within the whole become we may find out, and thereby account for them by referring them to each other and to the whole, and thereby also discover why they are" (Dewey, 1886: 9). A variety of psychoanalytic theories, which revolve around this same notion of a function or process that abstracts and creates a psychic 'whole' out of different actual experiences, have risen up to the challenge outlined by Dewey, providing several enlightening explanations.[20]

Ogden, for instance, refers to the unexpected presence of a unified and experiential "whole" that is not the product of a conscious (secondary) generalization. In his *The Matrix of the Mind*, Ogden (1986) describes the ability of the mind to "sustain" the "history" of fleeting perceptions as leading to the creation of the subject as a single, unified and coherent entity, that is also diverse and intricate (ibid: 79-82). Ogden thus elucidates the role of primary thinking in the integration of the myriad experiences making up our personal history: he claims that this is no secondary integration, involving abstraction and conceptualization, but a primary counterpart to these, which forms a perceptual and experiential sequence of the memory and history of our experiences. He also refers to "the elaboration of feelings in a symbolic realm with a historical dimension" and to the "sustaining of those feelings over time" (ibid: 82). Ogden is thereby indicating the existence of a layered experiential structure involving perception, sensation, feeling and symbol: concrete experiences are processed by primary thinking and imbued with an emotional and symbolic

[20] While each of the following theoreticians refers to this central dialectic of unity and multiplicity within the context of a distinct theoretical framework, the elaboration of the essential differences between these theoretical approaches and the implications of these differences regarding the nuances of this central dialectic in each of them is, regrettably, beyond the scope of the current paper.

significance; as time goes by, primary thinking joins these processed experiences into a "history" or a 'sustaining of feeling over time'. Ogden sees this primary process of integration and unification as one of the roots of humanity or subjectivity, as they engender a 'whole' psychic object and facilitate the transition from the split and partial schizo-paranoid relation, which is not-yet human, to the historical or depressive position. It is in this sense that these primary processes are "at the heart of what Freud meant by 'where it was, there I shall be'" (ibid: 82).

The same tension between a concrete and fragmented human existence and human subjectivity is taken up by Mitchell (1995). Using the notion of the "integral and continuous self", Mitchell refers to the establishment of a unified aspect of the psyche as well as the psyche's inclination for unifying its cardinal objects. He depicts, for example, the construction and coalescence of the internalized representation of the mother: "Parallel to the development of the experience of self is the experience of the others. This also involves a dialectic between multiplicity and singularity. Earlier developmental theorizing portrayed the infant as swamped by multiple, discontinuous images of the mother, forming a consistent sense of 'object permanence' only slowly over time" (Ibid: 116). According to Mitchell, "from the earliest interactions between infant and caregiver to the complex relationships between adults, experiences of others, like experiences of self, operate in a perpetual dialectic between multiplicity and integrity, change and continuity" (Ibid: 117). This dialectic, he argues, contributes to our integral and continuous sense of self.

The emergence of subjectivity is the creation of something unified and whole, to which we may refer as depressive, historical (i.e., grounded in memory) or integral and continuous. These thinkers, each in his own way, portray the same psychic inclination to create/structure a unified aspect for essential objects, by means of

primary thinking: Dewey's "whole" experience, Ogden's integrating function, the integral and continuous self or other for Mitchell, the transition from the schizo-paranoid position to the depressive one in Klein, and Bion's α-function – all these conceptualizations are presented here as examples of internal structures or paradigms, which function as 'empty vessels'[21]. These vessels, as inclinations waiting to be triggered by certain circumstances, shape the objects they contain and determine one's attitude toward them. The distress-paradigm, as such a vessel, is the product of an ongoing process of unconscious integration, which gradually structures the principle attitude toward objects of distress.[22]

At a fairly early age, Kimberly had learned that intimacy can be a source of power and elation as well as agony, rage and despair. Her primary thinking had unconsciously coalesced two kinds of experiences: great intimacy with her mother and repeated agony when this enlivening intimacy and connection were withdrawn. Oscillating between these two unconscious experiential poles, Kimberly's distress-paradigm sentences her to shift from sensitive devotion and exceptional 'high spirits' to anger, disappointment and grief. This paradigm, although partial and tentative, attains its full presence and potency when triggered by external circumstances – the

[21] In Bion's (1984) terms, this anticipatory status is akin to the notion of "preconceptions" or "thoughts looking for a thinker".

[22] The difference between the distress-paradigm and other crucial psychic paradigms, such as "self" or "primary caretaker", lies in the fact that the dialectic forming these objects has a stronger and more continuously and consistently present physical aspect (as part of the concrete-multitude side of the spectrum), which affect the psychic paradigm and the sense of permanence attributed to it. Other than this, there is no essential difference between the paradigms of 'self', 'other' and distress; the higher 'status' of the latter two in secondary consciousness, in language and in culture, is due to the tangible tilt in the dialectic relations informing them.

provisional aspect of concrete reality activating the link between intense intimacy and grief (at times even in a reverse order). The dialectic motion between oneness and concreteness repeatedly molds her distress-paradigm as 'an experience of wonderful intimacy that always turns out to be painfully unattainable'. On the side of unity and abstraction, we find Kimberly switching between exceptional and total intimacy and piercing insult, outrage and helplessness. On the side of tangible partiality, we find the myriad particular intimacies and offences that serve as the building blocks for these abstractions. Due to the constant negotiation between concrete experience and abstract patterns, Kimberly is unable to see the difference between her experience of reality and what is actually taking place. She rages against her father, who sides with her mother, arguing that Kimberly should be more independent at her age. This rage prevents her from acknowledging any nuance or intricacy, canceling out the perspectives offered by her parents. In other words, the distress-paradigm intensifies her experience of actual occurrences, dictating a selective and 'total' perception of particular reality-elements.

In a similar fashion, Jane still feels downtrodden and worthless. Even when she is fully aware of her internal 'danse macabre', even when life offers her 'gifts of grace' (such as a compliment from her employer), the internal sense of worthlessness is immutable. As a self-fulfilling prophecy, the distress-paradigm keeps redefining the present circumstances as "proof" of her wretchedness, highlighting a very partial image of reality. Kimberly is "destined" to relive and repeat her sense of insult and injury; even when she understands her parents, she seems compelled to react in a raging and offended manner. Thus, the vicious cycle of the distress-paradigm takes place as a dialectic motion between its unified aspect – the patterned emotional and

behavioral responses – and its multiple aspect – the concrete circumstances triggering them.

In trying to uncover the origins of the distress-paradigm and the process of its inception, we may turn to the conceptualizations of Peirce (1868), a pragmatist philosopher from the late 19th century. In depicting the development of psychic phenomena, Peirce outlines three consecutive stages. The most primary stage is described as the emergence of a "quality": a manifestation of 'oneness', emerging by and from itself, with no contact or relation with an external environment or world. The second stage corresponds to the principle of 'twoness': the 'harsh' encounter with reality, which comprises a second/additional element, the collision with which shapes psychic phenomena. This third stage, corresponding to 'threeness', refers to the general framework of culture and language. According to Peirce, the nature of psychic development in the first stage 'colors' its continued development in the second stage, which in turn colors the next stage of development.

In light of this conceptualization, I propose to trace the development of the distress-paradigm throughout these three crucial stages, while noting how each stage informs the next. In addition, Peirce's depiction of these three stages is remarkably similar to certain psychoanalytic theories, such as those of Balint (the area of creation, the area of the "basic fault" and the oedipal area, respectively; Balint, 1968)[23] and Ogden (the autistic-contiguous, schizo-paranoid and depressive positions; Ogden,

[23] In spite of their evident differences, the similarity between Peirce's conceptualizations and those of both Balint and Ogden is particularly prominent, providing a mutually-enriching perspective regarding each theory and, especially regarding their therapeutic application. Peirce's suggestion that each stage incorporates the developments and occurrences of its predecessor may be used to augment Balint's conceptualization; Ogden's notion of the autistic-contiguous pole illuminates and enriches Peirce's primary stage and Balint's area of creation and so forth.

1992a). This similarity comparison allows one to relate the narrative depicting the emergence of the distress-paradigm to the history of the patient's psychic development.[24] It also serves to validate the common division of psychic development into three stages, areas or poles, that function as constantly alternating positions rather than chronologically consecutive stages. The distress-paradigm may entail, in and of itself, the three stages/areas of its own emergence, paralleling psychic development: a primary quality of feeling, object relations and language/symbol/symptom.[25] All of these areas may be present simultaneously, whether in the patient's life or in the therapeutic relationship.

A "quality" is primarily formed in order to keep forming and taking shape in a layered manner as part of object-relations and the oedipal area, as well as throughout adult life. For example, one may argue that in Kimberly's case, the distress-paradigm coalesced as a "primary quality" or "primal experience" of rupture and dis-integration, of not being held or contained. This experience then 'colors' secondary development, construed in terms of object-relations: the rupture or split is manifest in Kimberly's early relationships and activated whenever she finds herself in an intimate moment with her caretakers. She feels vulnerable and exposed, while yearning for love and protection; still, these feelings still in her a rage for being dependent and for 'knowing' that she will be abandoned and neglected. This makes her excessively suspicious and vigilant, becoming a self-fulfilling prophecy. In the third or oedipal area, Kimberly is hurt, despaired and raging at her mother. She conceives of the father as a caring

[24] Thereby grounding the assumption that the distress-paradigm begins to take shape as an inclination during very early stages.

[25] On the third level – either depressive, oedipal or symbolic – the distress-paradigm is also manifest in language. The psychic inclination is to organize the internal image, the basic fault, in the modality of the symptom, seen here as belonging to the third level.

savior, while the mother governs his availability and makes all the decisions. Kimberly is exasperated, she cannot figure out why her father is always siding with her mother. As an adult, we find Kimberly struggling: while she is a very gifted person, she fails to understand why she is unable to maintain a stable and constructive relationship with a partner, to hold a steady job and to find a career she could grow in – all derivations of the same rupture.

The Distress-Paradigm in the Therapeutic Discourse

This view may be seen as deterministic, even as rigidly setting the distress-paradigm as an immutable 'wall of the personality'. Nevertheless, this narrow deterministic formulation is part of the inherent structure of the therapeutic method proposed. Schematically, the distress-paradigm is composed of a central pain which provoked the development of a central defense. This scheme makes it more abstract than concrete and precise, more broad and typical than singular and unique for each patient. This schematic and deterministic structure becomes present in the patient's life as a pre-reflective vessel, to be fleshed out with persons and events that represent the aspect of multiplicity, manifesting the distress-paradigm in an often brutally repetitive manner. This repetitive dynamic is the object of the focused interpretation, which aims to soften and modify its rigidity.

Despite the great difficulty in eliciting significant change in such deep-rooted patterns, we find that even a small step may lead to considerable change. As the distress-paradigm is one of the chief factors causing the patient's actual suffering, the therapeutic program begins with applying a focused interpretation, which is devoted to uncovering the hidden distress-paradigm and making it an explicit part of the

discourse.[26] This key stage often takes several months, during which the patient and the therapist join forces to form their most accurate understanding of the distress-paradigm, as it had emerged in the patient's psyche. Never attaining a full, completed and fixed – that is, final and absolute – conception, this understanding is a living and dynamic interpretative process that accompanies the entire course of therapy. This discourse-based process begins with an initial and tentative definition of the conjectured distress-paradigm, informed mostly by a methodical introductory interview combined with early memories and an invited dream. Next and all throughout the process, patient and therapist keep pointing out, examining, demonstrating and observing every old or new tidbit that arises in therapy, in light of their current understanding or model of the distress-paradigm. Each and every new subject is thoroughly examined: can it be taken as an expression of the distress-paradigm, as it has been articulated so far? If not, they might consider one of three options: adapting their view of the subject, altering the current articulation of the distress-paradigm or concluding that the issue is unrelated to distress.[27] The main indication for 'finding' the distress-paradigm is the degree to which a given definition resonates with the patient's inner experience.[28] Eventually, this process structures the patient's subjective history as a narrative derived from the distress-paradigm, as it has been conceived by the therapeutic dyad. Gradually, this leads to the development of an independent experiential interpretation, through which the patient is now able to view her life events as less accidental or arbitrary.

[26] By "focused interpretation", I am referring to the adaptation of the psychodynamic therapeutic discourse to tracing the distress-paradigm as one of its chief goals.

[27] In this sense, the course of therapy is structured like a hermeneutic circle (Gadamer, 2004).

[28] While this criterion may be limited in validity die to the effect of denial, repression, displacement, etc., the patient's inner experience is still the best available indication.

This focused and ongoing interpretational process is unique in three ways: first, it is structured as a hermeneutic circle; second, it simulates the manner in which the distress-paradigm emerges in the psyche (unconsciously and through primary thinking);[29] third, by reconstructing the patient's distress-paradigm within the therapeutic discourse in a verbal and conscious manner, transposing its existence and further development onto to the intersubjective sphere of the patient-therapist dyad. Intersubjective psychoanalytic theories remind us that such a process of tracing always entails a certain measure of interpretation regarding the conjectured distress-paradigm and that any discourse, as accurate and concise as it may be, still walks the fine line between discovering and constructing its conceptions and insights. The very process of tracing the distress-paradigm, as a platform for therapeutic change, is in itself part-discovery part-creation (Hoffman, 1991).[30] Even more so, I see this process as closer to the pole of construction, in its creation of coherent internal meaning within the therapeutic discourse, by applying the hermeneutic circle. The resulting construct, as a product of the therapeutic discourse, is essentially emblematic of the distress-paradigm. Furthermore, the very naming, construction and discovery of the

[29] Although the therapeutic discourse is, evidently, far more conscious a process than the patient's primary thinking, this task of "tracing" also relies on the therapist's knowledge and intuition regarding primary thinking.

[30] Hoffman (1991) distinguishes between two psychoanalytic trends: an 'authoritative positivism', which aspires to **discover** the patient's unique internal reality; and an 'open positivism' or 'limited constructivism' in which the analyst orders and constructs the patient's experiences while carefully relying on his own knowledge and subjectivity. Mitchell, in this context, argues that "the analytic method is not archeological and reconstructive; it does not simply expose what is there. Rather, it is constructive and synthetic; it organizes whatever is there into patterns it itself supplies" (1993: 56).

distress-paradigm in the therapeutic discourse is argued to be capable of modifying its rigidity.

The discourse thus sets in motion a dialectic process which oscillates between unity and multitude, between the abstract distress paradigm and its various concrete manifestations, which perpetuate the patient's inner drama. Each and every such occurrence is an opportunity for mirroring and indicating concrete-multiple manifestations, as the discourse swings back and forth between the aspects of multitude and unity. For instance, sitting in my office, Jane always avoids asking for a glass of water – she finds it too burdensome emotionally. While there may be other relevant explanations for this behavior, it provides an opportunity for the discourse to perform such a dialectic motion between this specific concrete manifestation and the unified aspect of 'being downtrodden and worthless' that it is actualizing. The discourse is also striving to modify and soften the rigid and automatic manner in which the distress-paradigm is triggered. Experiences shared by the patient and the analyst broaden and expand the ways of seeing and being that are dictated by the distress-paradigm. Therefore, such a dialectic maneuver often develops the patient's ability to put forward her own experiential interpretation, giving her a greater range of emotional and behavioral reactions: the prophecy is still self-fulfilling, but less so; whenever distress reactivates itself, this process is more and more conscious, less rigid and mechanical.

More than anything else, the greatest transformative potential lay in the possibility of jointly indicating and observing the expressions of the distress-paradigm within the therapeutic relationship itself. Even relatively short therapies give rise to powerful processes in which patients reenact their inner dramas in their relation to the therapist, thus providing relevant material for joint discussion. Once the discourse is capable of demonstrating the presence of the distress-paradigm and its various

manifestations in terms of the transference and counter-transference, we may talk of a "new beginning" (Balint, Orenstein and Balint, 1972).

This manner of working through is achieved through an observing discourse that is **active yet reactive**, allowing the application of the distress-paradigm's dialectic motion between unity and multitude to trace its manifestation in the patient's life and even to 'uncover' its original inception. By actively reacting[31] to the issues arising in conversation and the therapist's feelings, this kind of discourse traces the unconscious coalescence of the distress-paradigm and examines whether any present expression in therapy may be integrated into the distress-paradigm. Since the distress-paradigm is a dynamic structure, any occurrence mentioned by the patient plays an additional role in the therapeutic discourse as representing a **current** aspect of the distress-paradigm, as it was defined at the outset of therapy and subsequently revised and accommodated. The theoretical assumption about the existence of a unified pattern of distress, as well as its conjectured particular content, allows the therapist to compare it to any psychic phenomenon – dreams, associations, acting out, etc. The therapeutic discourse must constantly check to see if the distress-paradigm, as it has been defined so far, indeed corresponds to the concrete manifestations arising in it.

Jane acknowledges her difficulty in attaining self-realization and a sense of 'self-worth': this experiential interpretation has been established through the dialectic maneuver of the focused interpretation.[32] This is her great pain and she eagerly concentrates her efforts on dealing with it. Achievements are minor and changes are

[31] This reactivity is crucial, as we wish to avoid burdening the patient with material that did not originate in her.

[32] Such therapeutic achievements may occur quite early on. However, at this early stage they are often more cerebral and intellectual than emotional; as the therapy progresses, this initial acknowledgment deepens and acquires a more profound emotional character.

subtle and she finds herself frustrated by having to face the same difficulties, particularly in her ongoing struggle to become a parent. However, these minor changes, stemming from the softening and modification of patterns, may bring about great changes in Jane's life, both internally and externally. For instance, a quarrel with a co-worker, whom she felt was being disrespectful of her, left her feeling broken hearted, risking their joint project, which was very dear to her. However, her resolve and resourcefulness allowed her to find another partner for this project, with whom she had a much better relationship. In this instance, she was no longer paralyzed by an overwhelming sense of worthlessness and was able to react in an active, creative, even angry manner – rather than her usual passive acceptance. A small internal change leads to external ones, altering the course of events. Was this enough? Jane did not think so. She still believes that she will never be fully 'accepted' and that her life is pointless. Meanwhile, as I am left holding the belief in her potential for change, we continue our joint effort to bring life into areas of rigidity and stasis, to feel a sense of worth and agency, fueled by occasional glimpses of hope.

As mentioned before, indicating the manifestations of the distress-paradigm occurring *within* the therapeutic relationship is more therapeutically valuable, as both patient and therapist have direct and immediate access to them. This stresses the difference between experiences that are recounted or formulated as "third-person-past" and those that are "first-person-plural-present". As part of the active-yet-reactive discourse, the therapist may use these present-tense formulations in order to mirror the distress-paradigm in a more enlivened manner. Needless to say, this mirroring must be felt as kind and encouraging, rather than intrusive and bothersome.

When Jane rushes to end the session exactly on time, fearing that she may rob me of my 'precious time', I can feel how she refuses to allow herself this space and

time, even when we are discussing subjects that are deeply significant for her. In the earlier stages of therapy, Jane accepted any request on my part to reschedule, and the meaning of this tendency was as yet unclear to me. As therapy progressed, it became evident that Jane gradually became less and less accommodating when the need to reschedule arose. In the therapeutic discourse, we could indicate that this change probably signified a shift in her position. This everyday practice became emblematic of her altered sense of self-worth and her ability to break past habits. This kind of 'indication' is unlike other kinds of therapeutic intervention; it not only mirrors, organizes, clarifies or interprets – as ordinary interventions do: the very indication of particular manifestations of the distress-paradigm part-discovers part-creates the manner in which this paradigm had emerged in the patient's psyche, i.e., the possible narrative trajectory of its development. This 'recap' of the emergence of the distress-paradigm has the capacity to alter or reform it; this capacity may be limited, but it is grounded in a tangible and live expression of the distress-paradigm, thus making actual life change more significant and more likely.

Another factor that is conducive to change is the occurrence of an experience that is qualitatively different from the pattern determined by the distress-paradigm within the therapeutic relationship. While psychoanalytic psychotherapy often relates therapeutic change to either the interpretative aspect of therapy or its capacity to provide emotional sustenance, thus enabling a new emotional experience, I wish to highlight a third option: the patient's ability to develop a new experiential interpretation of her life vis-à-vis the distress-paradigm. This is no mere merger of the former two paths; the creation/discovery of the distress-paradigm within the discourse may help the patient gain a new experience-near understanding of herself that is

clearer and more comprehensive. This experience of a new self-interpretation has its own therapeutic value, in addition to softening the distress-paradigm.

Conclusion

This paper has presented several assumptions regarding the emergence and the nature of the distress-paradigm, as well as the dialectic processes in which it is rooted. This concept was developed in light of pragmatic and phenomenological philosophy, on the one hand, and prominent psychoanalytic theories, on the other. Ogden (1992b), for example, considers the emergence of experience and subjectivity as grounded in dialectic motion. Dialectic motion, whether as part of unconscious primary thinking or of the therapeutic discourse, shifts between the various axes that are the building blocks of the unified distress-paradigm. It is proposed, therefore, to establish an active and reactive therapeutic discourse which traces the unconscious dialectic motion that accompanies the distress-paradigm, focusing on it to produce a focused interpretation, and oscillating between unified-abstract (often internal) and tangible-concrete (often external) aspects. The significant step in therapy occurs when one can not only indicate the distress-paradigms and its recurring manifestations, but when these are exhibited within therapy itself, as a "first-person-plural-present" experience, and when the patient can experience them as transcending her usual patterns. It is the combination of these three elements which is conducive to change: indication of distress-paradigm manifestations; manifestations within the therapeutic discourse and transcending the known distress-paradigm.

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