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Merton Max Gill was bom in Chicago in 1914. He was the second of three boys. For business reasons, the family soon moved to Milwaukee. In high school, Gill was among the top performers in an oratory club. He was an excellent student and graduated first in his class.

Gill received his Ph.B. (Bachelor of Philosophy) from the University of Chicago in 1934, having majored in psychology. His interest in psychoanalysis developed quite early, inspired, in part, by a reading of Freud's *Introductory Lectures*. By the time he entered medical school at the University of Chicago, he was certain that he wanted to become not only a psychiatrist but also a psychoanalyst. Gill received his M.D. from the University of Chicago in 1938 and went on to do his internship at Michael Reese Hospital from 1939 to 1941.

In 1941, Gill began his residency at the Menninger Clinic in Topeka, Kansas. Here his psychoanalytic career was launched under the influence of such notable psychoanalysts as Karl and William Menninger and Robert Knight. The most important intellectual influence was that of David Rapaport, the head of the

Department of Psychology and subsequently of the Department of Research, with whom there quickly developed a very strong reciprocal bond. Gill became involved initially, along with Roy Schafer, in Rapaport's work on diagnostic psychological testing (Rapaport, Gill, and Schafer, 1945-46, 1968). Later, he collaborated closely with Rapaport on the development of psychoanalytic metapsychology. At Topeka, Gill was also introduced by Margaret Brenman to hypnosis, a technique that was useful in treating the many war-related cases of traumatic neurosis at that time. This was the beginning of a 16-year collaborative investigation of hypnosis and related phenomena. Gill also met George Klein and Robert Holt, among others, at the Menninger Clinic.

After graduating from the Topeka Psychoanalytic Institute in 1947, Gill, along with Rapaport and Brenman, moved to Stockbridge, Massachusetts, to join Knight who had become the director of the Austen Riggs Center. At Riggs, between 1948 and 1950, Gill continued his work on hypnosis and on metapsychology. From 1950 to 1953, Gill was at Yale where he collaborated with Newman and Redlich in writing *The Initial Interview in Psychiatric Practice* (1954). While at Yale, he was appointed training analyst at the Western New England Psychoanalytic Institute.

Gill moved to Berkeley, California, in 1953, where he had a private practice and an appointment as training analyst at the San Francisco Psychoanalytic Institute. Supported by a grant from the Foundations Fund for Research in

Psychiatry, Gill continued his collaboration with Brenman (Gill & Brenman, 1959) and with Rapaport (Rapaport & Gill, 1959). He met with Rapaport three or four times each year to exchange ideas and to go over papers and drafts of chapters for the book they were writing. Gill also teamed up with Timothy Leary to do research on psychotherapy, an effort that led to a coding scheme designed to give a comprehensive account of the psychotherapeutic process (Leary & Gill, 1959). Toward the end of this period in California, Gill collaborated with the neuropsychologist Karl Pribram in a study of Freud's *Project for a Scientific Psychology*. This work was shelved, however, and was not prepared for publication until many years later (Pribram & Gill, 1976).

Rapaport's untimely death in 1960 was a great personal loss for Gill. Soon after, Gill completed the monograph they had begun together (Gill, 1963) and began collecting Rapaport's papers (Rapaport, 1967). With George Klein, he also wrote a summary of Rapaport's contributions (Gill & Klein, 1964). Later he contributed a paper on the primary process to Robert Holt's collection of essays in Rapaport's honor (Gill, 1967).

In 1963, as the recipient of a lifetime Research Career Award from the National Institute of Mental Health, Gill moved to Brooklyn, where he became Research Professor in Psychiatry at the Downstate Medical Center of the State University of New York. He also began in earnest to record psychoanalysis for research purposes, although he had done a good deal of recording previously in

his studies of hypnosis and psychotherapy.

From 1968 to 1971 Gill was a Fellow at the Research Center for Mental Health at New York University. Here, Gill rejoined Klein and Holt, both of whom further influenced Gill's thinking on psychoanalytic metapsychology.

In 1971, soon after Klein's death, Gill returned to Chicago where he became professor of psychiatry at the University of Illinois at the Medical Center and a supervising analyst at the Chicago Institute for Psychoanalysis. With Leo Goldberger, he edited George Klein's book for publication (Klein, 1976). In 1976, he and Philip Holzman edited a collection of papers in Klein's memory dealing with the controversy that surrounded psychoanalytic metapsychology. In this volume, Gill (1976) published his own full-scale critique of metapsychology, calling into question much of what he himself had written over the years. In Chicago, changes in Gill's thinking about the psychoanalytic process were further stimulated by Samuel Lipton's ideas, particularly Lipton's distinction between the personal relationship in psychoanalysis and technique (Lipton, 1977a) and his close attention to various forms of resistance to the transference (Lipton, 1977b). Here, Gill (1979,1982) crystallized his own revised view of psychoanalytic technique and the beginnings of a method for systematically studying its application (Gill and Hoffman, 1982b).

Among the most important influences on Gill's thinking were his own

experiences as a patient with several analysts. These experiences left him with a deep sense of the difference that the personality of the analyst can make in the analytic process, as well as of the differences attributable to varying points of view on technique. Gill's convictions have been informed and inspired by a wide range of experiences as an analyst, as an analysand, and as an intimate co-worker with many of the most seminal psychoanalytic thinkers of our time.

THE SCOPE OF GILL'S CONTRIBUTIONS

Merton Gill's contributions to psychoanalytic thought encompass a wide range of interrelated issues that are fundamental to the development of psychoanalysis as an intellectual and professional discipline. One of the extraordinary things about the corpus of Gill's work is that it embodies some of the major tensions in the field, with Gill himself standing among the leading spokespersons on both sides of a fundamental controversy. Thus, it is not unusual for Gill in 1984 to find himself differing sharply with someone who cites "Gill, 1954" to buttress his or her own position. Similarly, no critique of the earlier Gill is more thoroughgoing and unsparing than that which is stated or implied in Gill's later contributions.

At the heart of this movement in the history of Gill's ideas lies the renunciation of psychoanalytic metapsychology. In this respect, Gill's intellectual history is closely related to those of other students and colleagues of David

Rapaport who moved away from the perspective of this extraordinary, charismatic teacher even while continuing to reflect his inspiration in the energy, rigor, and imagination of their own work (Holt, 1965, 1976; Klein, 1976; Schafer, 1976). Despite the striking commonalities among the members of this group, Gill's intellectual metamorphosis is especially noteworthy because he was probably the closest to Rapaport of his students. It was Gill who took it upon himself to collect Rapaport's papers (Rapaport, 1967). It was also Gill who completed the ambitious theoretical project that began with the landmark paper on the metapsychological points of view that he and Rapaport wrote together (Rapaport and Gill, 1959) and that culminated with the publication of *Topography and Systems in Psychoanalytic Theory* (Gill, 1963), most of which was written by Gill himself after Rapaport died. With Klein, as noted earlier, Gill also wrote an extraordinary summary of Rapaport's contributions (Gill & Klein, 1964). It is a tribute to Gill's intellectual independence and courage that he, too, finally broke with Rapapport and became one of the most thoughtful and careful critics of psychoanalytic metapsychology.

In this essay, Gill's contributions are reviewed in relation to three fundamental tasks or challenges that are critical for psychoanalysis and that are brought into sharper focus in Gill's work. The first is the challenge of determining and describing the nature of psychoanalysis as a discipline. I include under this heading Gill's contributions to metapsychology as well as his later critique of metapsychology and his argument against the natural science framework that psychoanalytic metapsychology utilizes. To include Gill's early contributions

under this heading is to take a questionable liberty, since Gill was not raising questions about psychoanalysis as a discipline while he was immersed in elaborating its theoretical structure within a natural science frame of reference. Only with hindsight can one argue that seeds of the later critique were sown, paradoxically, by the very thoroughness of the earlier work. In this respect I am taking my cue from Gill (Reppen, 1982) himself, who has said of Rapaport: "It was the clarity, brilliance, and persistence with which he pursued the implications of metapsychological theory that exposed its structure and problems" (p. 169).

The second challenge is that of defining the nature of the psychoanalytic situation itself and the optimal psychoanalytic technique. What are the distinguishing features of psychoanalysis as compared with other therapies? How does psychoanalytic theory of technique take account of the fact that the analyst is a person who inevitably bears a personal relationship to the patient? This concern has been central for Gill throughout his career, as has a variant of this question, one which lies on the interface of the metatheoretical and the clinical-theoretical areas, namely, what are the implications of the fact that psychoanalysis is a discipline in which the human mind is simultaneously the subject and object of investigation? In his clinical contributions, too, we find a major shift in Gill's position. Unlike the shift in his metatheoretical perspective, however, there are relatively clear and direct precursors of Gill's later ideas on psychoanalytic treatment in his earlier work.

Finally, we have the challenge of subjecting psychoanalysis as a mode of therapy to some kind of systematic observation and empirical test, despite the requirements of confidentiality and the enormous complexity of the whole phenomenon. On this matter, Gill has been unwavering throughout his career, insisting that the propositions of psychoanalysis must be verifiable according to the usual criteria of science. To reject the notion that psychoanalysis is a natural science, Gill has insisted, is by no means to reject the notion that it is indeed a science. Or, approaching the matter from the other side, to espouse the notion that psychoanalysis is a hermeneutic discipline is not to relinquish its scientific accountability.

It is somewhat artificial to separate Gill's contributions into these three areas because of the extent of their interrelationship. This is particularly true with respect to Gill's later work. Over the years, Gill's ideas have developed into an increasingly coherent and internally consistent position. His metatheory, his clinical theory, and his attitude toward research have developed into a unified perspective on psychoanalysis. What Gill now has to say about research in the psychoanalytic situation follows logically from what he has to say about the nature of the psychoanalytic situation itself and about the essence of psychoanalytic technique. The latter, in turn, bears a close relationship to his critique of metapsychology and his espousal of a rigorous hermeneutic position for psychoanalysis. This conceptual integration was absent in Gill's earlier work; the contributions to metapsychology were either unrelated to the concurrent

clinical contributions or bore a strained relationship to them. Similarly, the research focus was only partially related to the metapsychological investigations or to clinical psychoanalysis.

As noted earlier, Gill's current perspective amounts to a telling critique of his earlier ideas. In this overview of Gill's contributions, a bias will be evident in that the earlier work will be considered in the light of its relationship to later developments in Gill's thinking. This approach automatically risks denigrating the intrinsic value of certain earlier positions and contributions because they will appear either as germinal vis-à-vis what comes later or as unworthy of further development in their own right. No history is unbiased, however, and this author would be hard pressed to look at Gill's earlier work in any other way because I share his later perspective and have had the good fortune to collaborate with him on some aspects of its development. What follows is a selective review of Gill's extensive writings, drawing primarily on books and papers that seem to represent culminations or crystallizations of phases of his work and thought.

CONTRIBUTIONS TO PSYCHOANALYTIC METATHEORY

GILL'S IMMERSION IN METAPSYCHOLOGY

Rapaport and Gill (1959) set out to complete a program that they believed Freud left unfinished, namely, the spelling out of "that minimal set of assumptions

upon which psychoanalytic theory rests" (p. 1). They group these assumptions under five headings that, they propose, constitute the basic *points of view* of psychoanalytic metapsychology. These points of view are at the highest level of abstraction in the theory (Gill, 1963, p. 153). Presumably, to be complete, a psychoanalytic explanation of any psychological phenomenon must include reference to all five points of view. According to Rapaport and Gill, these points of view are the *dynamic* (having to do with force), the *economic* (having to do with energy), the *structural* (having to do with "abiding psychological configurations"), the *genetic* (having to do with origins and development), and the *adaptive* (having to do with relationship to the environment). The genetic and adaptive points of view are additions to those explicitly formulated by Freud. The structural point of view refers specifically to the division of the mental apparatus into the systems of id, ego, and superego, and replaces the topographic point of view insofar as the latter refers specifically to the division of the mental apparatus into the systems of unconscious (Ucs.), preconscious (Pcs.), and conscious (Cs.). Rapaport and Gill (1959) argue that, although he moved in this direction, "Freud never explicitly replaced the topographic point of view of metapsychology by a structural one" (p. 2).

The Elucidation of Theoretical Inconsistencies. Gill's contributions to psychoanalytic metapsychology bear the stamp of Rapaport's influence both in style and substance. In *Topography and Systems in Psychoanalytic Theory* (1963), Gill's most extensive metapsychological work (see Ross, 1965, and Spence, 1964,

for synopses and reviews), we find a scrupulous attention to Freud's writings. Often, quotations and page citations on some aspect of the subject are followed first by a highlighting of internal inconsistencies and then by a creative attempt at integration, including whatever reformulation seems necessary or useful. This kind of careful exegesis of Freud's writings, one of Rapaport's legacies (Gill & Klein, 1964), invariably underscores the complexity of Freud's thinking and the elusiveness of what Freud "really meant" by various terms, such as "ego," "id," "primary process," "secondary process," and even "metapsychology" itself. This very elusiveness is a tribute to Freud's scientific temperament and his refusal to become comfortable with formulations that are simplistic, incomplete, or inconsistent with other theoretical propositions and with clinical data.

Apfelbaum (1966) is critical of Gill for implying that the contradictions in Freud are avoidable and that it is, in principle, possible to develop a more coherent and internally consistent account of the systems of the mind. He writes:

> One aim of Gill's monograph is to give the coup de grace to the topographic model, so as finally to settle the issue from what point of view the mental systems are to be established. Gill finds in Freud's unwillingness to drop this model a difficulty of Freud's rather than a difficulty inherent in the structural approach itself [p. 467].

In point of fact, however, Apfelbaum does Gill something of a disservice here in that Gill's monograph, quite in the spirit of Freud's writings on the subject, raises as many if not more questions than it answers about psychic structures.

Indeed, Gill's discussion shatters any illusion one might wish to maintain that the replacement of the topographic model by the structural model does away with internal inconsistencies within the various subsystems of the mind. Gill diligently follows Freud in his attempt to localize various properties of mental content in one or another subsystem. He examines each of the dimensions with which Freud was struggling: the relationship of contents to consciousness, the condition of their energy, their mode of functioning, whether or not they employ neutral energy, and, finally, whether they are associated with the repressed or the forces of repression. For the sake of scientific elegance, it would have been convenient if unconsciousness, free energy pressing for immediate discharge, primary process (that is, drive-organized ideas), absence of neutral energy, and contents that are considered to be repressed could all have been located in one system. Conversely, consciousness, inhibited or bound energy, the secondary process, neutral energy, and the forces of repression, ideally, would all be correlated and form a second major system. The fact that the repressing forces—that is, the defenses—could themselves be unconscious was decisive in leading Freud to partially discard the topographic model, that is, the criterion of consciousness for defining systems. Instead, Freud chooses to group together the repressed in the system-id and the repressing forces in the system-ego. However, as Gill (1963) notes:

> Freud's solution of the difficulties of the topographic system leaves
> unresolved a number of issues relating to these difficulties. Even if the
> relationship to consciousness is dropped as a criterion of mental systems,

it is still necessary to account for the exceptions to parallelism between the relationship of contents to consciousness and their mode of organization and kind of cathexis; and a division of the repressed and repressing into id and ego fails to account for the similarity between them indicated by the fact that they are both dynamically unconscious [p. 51].

It is noteworthy that Gill's extraordinary effort to reconcile these contradictions ends up with his raising a significant question about the validity of the structural model itself insofar as it connotes a set of internally consistent, relatively well-demarcated systems of the mind. There seem to be no end to the "exceptions to parallelism" that are exposed by clinical experience. Perhaps one of the most important and bold contributions of Gill's (1963) monograph is the blurring of the distinction between id and ego:

> I favor, then, a definition in which id and ego are conceived of as a hierarchical continuum of forces and structures existing at all levels of the hierarchy.

> Such a solution argues that Freud's resolution of the fourth difficulty of the topographic systems was *not a good one*, because, by putting force into one system and counterforce into another, it obscured the existence of a hierarchy of force-counterforce integrations, and while conceptualizing counterforce in structural terms, did not do the same for force. The recognition of this hierarchy, furthermore, makes it clear that, on any particular level of the hierarchy, force and counterforce, despite their antithesis, show similarities in mode of functioning, energy employed, and energy regulated [pp. 146-47; italics added].

Gill's emphasis on continua of types of mental activity throughout might be regarded as a forerunner of his later holistic approach, which places the whole

person at the center of the theory. This will be discussed further later on. The main point I wish to make here is that one comes away from *Topography and Systems* with anything but the sense that the whole notion of systems has been salvaged and clarified. Indeed, whether it is useful to think at all in terms of discrete psychological systems, at least in accord with the various criteria that Freud was juggling, seems questionable and is explicitly challenged by Gill.

The Depreciation of Consciousness. In *Topography and Systems*, Gill (1963) discusses the considerations that argue for discarding the topographic perspective as a metapsychological point of view. Central to his thesis is the idea that "the relationship [of contents] to consciousness can be subsumed under the five metapsychological points of view" (p. 159). Gill takes pains to emphasize that to demonstrate that "a topographic point of view in metapsychology is unnecessary" and is not intended to "belittle the importance of the relation of contents to consciousness and of consciousness as such." On the contrary, topographic conceptions retain "an important place in psychoanalysis, both clinically and theoretically" (p. 148).

However this disclaimer is unconvincing. To say that the topographic status of a mental event, which encompasses its phenomenological status, can be "subsumed under" (p. 159) the other points of view, or is "explicable in terms of the more basic hypotheses" (p. 159) associated with them, or can be "accounted for" (p. 61) in their terms is to denigrate consciousness as a source of explanation

in the theory. Elsewhere, Gill and Klein (1964) indirectly acknowledge as much when, speaking of Rapaport, they state that "he observed that with the replacement of Freud's topographic systems by the tripartite model of ego, id, and superego, consciousness was reduced in importance" (p. 493). Applying Gill's (1976) own critique of metapsychology, I believe that the idea that topographic considerations are reducible to the other points of view follows from the mistake of assuming that quasi-neurophysiological concepts describable in terms of the dimensions of natural science are of a higher order or are more abstract than psychological concepts. That this is the mistaken assumption underlying the exclusion of a topographic point of view may be obscured by the fact that the view itself can be framed largely in natural science terms. However, such terms are applicable primarily to the preconditions for the emergence of conscious experience, not to the impact of consciousness itself on the organization of experience and behavior. We can see this clearly if we examine the terms of Gill's (1963) discussion of the clinical importance of consciousness (chapter 9) and compare it with the terms of his argument against the inclusion of the topographic perspective among the basic metapsychological points of view (chapter 10). In the first discussion, for example, Gill speaks of the hypothesis that "insight plays a vital role in changing behavior" (p. 151). In the second discussion, Gill argues that "access to consciousness is determined by competition among external forces, among internal forces, and between external and internal forces" (p. 155). Applying Gill's later critique (1976, 1977a), the first of these statements is framed

in psychological terms, whereas the second is framed in quasi-neurophysiological terms. According to Gill in 1976, only the first is relevant to psychoanalytic theory, but in 1963 the first statement was regarded as subordinate to the second in line with the assumption that psychological phenomena must be explained by antecedent neurophysiological conditions.

One is left then with this non sequitur: the *preconditions* of consciousness can be described in terms of the economic, structural, dynamic, genetic, and adaptive points of view. Therefore, the difference that consciousness makes in experience and behavior is subsumable under these points of view. The rejoinder may be that even the changes that follow from consciousness or, more particularly, from insight, may be describable in terms of the other points of view. We find such a formulation in the following statement by Gill (1963): "The sense organ Cs. plays the highest role in the hierarchy of regulations of psychic functioning, increasing the cathexis of contents to which the attention cathexis is directed, bringing about an advance in synthesis of the contents which excite it, and making possible the cathecting even of contents which give rise to unpleasure" (p. 158).

The weakness of this argument is transparent, since consciousness is reduced to some sort of sensory apparatus, and it is not at all clear how a sensory apparatus can "direct" anything. Moreover, to the extent that it does direct ensuing processes, it is not all evident how this element of control could be

described without reference to consciousness itself, that is by referring only to the interactions among various other forces. The fact is that the directive properties of the system Cs. carry us inescapably into the realm of human intention and into the universe of discourse in which intention, meaning, and self-conscious reflection have their proper place. Among the critics of psychoanalytic metapsychology, Klein (1976) probably has been the clearest and most emphatic on this issue.

The restoration of consciousness in psychoanalytic theory does not in any way imply a denigration of the crucial role of unconsciously motivated actions. However, terms like "intention" and "meaning," which Gill now believes are the proper terms for psychoanalytic discourse, are, to begin with, categories of conscious experience. These categories are then attributed to phenomena that lie outside the realm of conscious experience but that nevertheless act to a significant degree "as if" they were conscious. As Gill (1977a) has written: "Let it be recalled that Freud insisted that only on the assumption that unconscious psychological processes must be understood in the same terms as conscious ones, except for the fact of consciousness itself, could one fill in the gaps in conscious life and construct a coherent, meaningful psychological continuity" (pp. 585-586).

In the end, Gill himself equivocates about the demotion of the topographic perspective from the level of formal point of view to the level of clinical theory. He concludes *Topography and Systems* (1963) with a telling disclaimer: "It is of course also possible that with some future redefinition or reclassification of the

metapsychological points of view a topographic point of view will be included. The issue is, after all, one of definition" (p. 159). Nevertheless, it is a measure of the degree to which Gill uncritically adopted the natural science frame of reference of metapsychology that in his major theoretical contribution to metapsychology he slights the point of view that is most useful clinically and that is closest to the data of the psychoanalytic situation and of interpersonal experience generally. Implicit in the holistic "person point of view" that Gill (1983b) was later to adopt as the supraordinate point of view of psychoanalysis and implicit also in the theory of technique that Gill came to advocate is a recognition of the fundamental importance of the topographic point of view and of consciousness in psychoanalytic explanation.

The Depreciation of Object Relations. Another indicator of the depth of Gill's immersion in metapsychology was his relative neglect of internal and external objects in his discussion of the systems of the mind. Freud's superego provides the basis for a bridge from the mechanistic model in which the forces of the id are harnessed by the apparatuses of the ego to one in which the person's experience is seen as shaped by his or her interactions with others. Yet not only is the person as such virtually absent from Gill's account of mental processes in 1963, but so are other persons, which is merely the other side of the same coin.

The systems of the mind, in the framework of classical metapsychology, house and process various stimuli from within and from without. Presumably, the

stimuli that are associated with encounters with other human beings, who are perceived eventually as whole persons, are the most important in determining the quality of experience, behavior, and development. Freud's concept of the superego (even though it may derive its power from the forces of the id) theoretically requires attention to object relations—that is, to the meaning of interpersonal encounters as opposed to impersonal stimuli as they impinge on the individual. As Apfelbaum (1966) points out, ego psychology tended to systematically underemphasize the superego precisely because it is not readily accounted for in a mechanistic model:

> The omission of the superego on a level of formal theorizing by Hartmann, Rapaport and Gill further illustrates the point that the structural approach, as they have developed it, no longer refers to the study of the interrelations of id, ego and superego, but to formulations having to do with "the control of structure over drive." To put this another way, the structural approach now refers to the construction of a psycho-analytic model which relies wholly on explanation in terms of energy and structure. A dynamic conception such as the superego is not congenial to this model since it cannot be rendered in these terms [pp. 460-461].

Apfelbaum goes on to praise Melanie Klein, Erikson, Zetzel, and Winnicott for their focus on the superego and the corollary understanding that "the nature of the ego is determined at all times by its relations with internal and external objects" (p. 461). This view is consistent with Gill's later critique of metapsychology, which grows out of a hermeneutic position. This position, for Gill, is inseparable from an object relations perspective.

The Seeds of the Later Critique. Gill's metapsychological contributions pull simultaneously toward the deepest possible immersion in a natural science framework and toward the extrication of psychoanalytic theory from it as an inappropriate universe of discourse. As counterpoint to Gill's depreciation of consciousness and his underemphasis of object relations, we find a surfacing of fundamental questions that jeopardize the entire way of thinking entailed by psychoanalytic metapsychology. In the first place, the internal contradictions are so cumbersome and the moves necessary to resolve them so convoluted and so distant from the data that they allegedly comprehend that the viability of the whole project seems precarious. In the end, as we have seen, Gill's proposals are actually quite radical in that they challenge the validity of existing attempts to define clearly demarcated subsystems in the mind and argue instead for an emphasis on continua (see also, Gill, 1967). Freud (1923) himself said that "the ego is not sharply separated from the id; its lower portion merges into it" (p. 24). Gill (1963, p. 141) goes beyond Freud, however, encouraging an almost complete erosion of the boundaries between the two systems. His position actually foreshadows a retreat from the notion of a primary source of energy and force having a prepsychological, quasi-organic basis. *The infusion of the id with the properties ordinarily reserved for the ego represents a pull away from drive theory as conceptualized in traditional metapsychological terms. At the same time, the infusion of the ego with the motivational properties ordinarily reserved for the id pulls away from the notion of a rational agency in the mind that has access to the*

outside world uncontaminated by subjectivity. Thus, although it was clearly not part of his intent, Gill, in 1963, had already laid the groundwork for the dissolution of the sharp dichotomy of subjectivity and objectivity that characterized Freud's epistemology and that so colored his clinical theory. Moreover, Gill's redefinition of the id represents a precursor of his later attack on the "energy-discharge point of view" as distinct from the "person point of view" in psychoanalysis (Gill, 1983b).

THE REPUDIATION OF METAPSYCHOLOGY

Gill's movement away from metapsychology had to be a painful process, given his closeness to Rapaport. He did, however, have the support of Schafer and Klein among others. Klein, in particular, had a strong influence on Gill's thinking. Gill's (1976) critique of metapsychology further develops Klein's (1973) original notion that psychoanalytic theory is characterized by a mingling of terms from two universes of discourse, the psychological and the biological, and that the two must be disentangled before psychoanalytic theory can develop in any useful way.

The reversal of Gill's position on the value of classical metapsychology for psychoanalysis is reflected in a dramatic way in the book he wrote with Pribram on *Freud's Project for a Scientific Psychology* (Pribram and Gill, 1976). Here, Pribram and Gill elaborate on metapsychology as a theoretical model for neuropsychological investigations. In a certain sense, this effort is in keeping with

Gill's claim that metapsychology is, in fact, in a different universe of discourse than psychoanalytic psychology. However, it also carries the implication that the development of psychoanalysis itself will be promoted by investigations that focus upon "brain-behavior-experience interfaces" (p. 168). In a conclusion that was added around the time of publication, more than ten years after much of the collaborative work was completed (M. M. Gill, personal communication), there is an unusually candid statement of sharp disagreement on this issue between the two authors. The book concludes with this provocative comment: "Where we differ is that Gill feels that psychoanalysis must go its own way and that means purging it of its natural science metapsychology, while Pribram welcomes psychoanalysis back into the natural sciences. Pribram doubts that the differing views of the two authors are really, in the long run, incompatible, while Gill finds them irreconcilable" (p. 169).

The format of Gill's tour de force on metapsychology (Gill, 1976) is once again, in the Rapaport tradition in that it begins with a detailed examination of Freud's writings in order to clarify the implications of Freud's theoretical propositions. In particular, Gill does psychoanalysis an inestimable service by documenting Freud's continuing tendency to gravitate toward neurophysiology despite his many disclaimers and his acceptance, at times, of psychoanalytic psychology as a science in its own right. Repeatedly, as Gill shows, Freud betrays an underlying feeling that the phenomena of psychology must be explained by neurophysiology.

It is important to emphasize that Gill is not rejecting theory as such, including the whole hierarchy of concepts that characterizes a fully developed theory, ranging from concepts that are close to the data to those that are more distant and more abstract. This is a common misunderstanding that goes hand in hand with the idea that the survival of Freud's metapsychology is equivalent to the survival of analytic theory itself. Rather, Gill is arguing that concepts having to do with space, force, energy, and the like are not on a higher level of abstraction than those that are clinically derived and that are framed in strictly psychological terms. Instead, the former are hypotheses about the neurophysiological correlates of psychological phenomena. What is wrong here is not only that they happen to be bad neurophysiology (Holt, 1965), but that they are intended as higher-order concepts than those of the clinical theory.

In fact, Gill is not even entirely rejecting the metapsychological points of view. He argues, for example, that although the terms of the economic point of view so consistently reify the notion of quantities of energy and force that they should be discarded, the other points of view, especially the structural and dynamic, might be salvageable if reformulated in psychological terms. In fact, Gill (1976) concludes his critique of metapsychology with a statement that is much milder than the title, "Metapsychology is Not Psychology," suggests:

> Metapsychological propositions and clinical propositions that are purely psychological must be disentangled and examined on their appropriate grounds. For this reason, despite the argument that there is no direct connection between metapsychology and psychology, the present state of

affers in psychoanalytic theory is such that it makes no sense to say
globally that one accepts or rejects metapsychology [pp. 103-104].

Following Klein and Schafer, Gill insists that not only is the quasi-neurophysiological theory of metapsychology detrimental to the development of psychoanalysis, but so is any "metatheory" that implies that psychological phenomena must be explained in terms of mechanisms known from another universe of discourse. Thus, it is not surprising that Gill rejects the attempt to substitute the model of the computer and information theory (Peterfreund, 1971) for traditional metapsychology. Information theory is seductive because it seems, on the surface, to be addressing the problem of meaning itself, thereby avoiding the pitfall of traditional metapsychology. However, Gill (1977a) claims that the terms of information theory are either being used in an informal, nontechnical way, in which case they amount to "no more than a restatement of psychoanalytic propositions in technical sounding terms like 'feedback' and "match and mismatch' " (p. 591), or else they are being used in a technical sense, which means they are located in a natural science frame of reference. Once again, in other words, the assumption is being made that psychoanalytic theory building must subsume the phenomena of self-conscious human experience under the rubric of an allegedly more general set of phenomena in which the person as agent is absent. Gill's point is that the very exclusion of the person identifies information theory as one that deals with a different universe of discourse than psychoanalysis rather than as one that is at a higher level of abstraction.

Gill (Reppen, 1982) is arguing for a theory that assumes the existence of the person as "a unitary human agent conceived of as initiating and in that sense responsible for pursuing humanly meaningful aims" (p. 179) and that proceeds to identify patterns and regularities among such aims and the adaptations that accompany them. To a certain extent, especially with respect to the content of basic human motives, Gill has left open the question of what will evolve from a purely clinical, person-oriented psychoanalytic theory. Gill (1977a) has been loathe to give up the central importance of drives in development:

> The close association in our literature between the concept of peremptoriness, instinctual drives, and psychic energy apparently leads many to believe that the abandonment of the concept of psychic energy amounts to giving up the idea of instinctual drives. That is simply not true. What is true is that the biological phenomena related to instinctual drive cannot be directly translated into the realm of psychoanalytic psychology, but become relevant there only in terms of their meaningfulness [p. 593].

There are indications in Gill's writings, however, of a questioning of the concept of the primacy of instinctual drives, even if recast in psychological terms. Thus, for example, he has described as "fateful" the theoretical step Freud took when he conceptualized conflict between the systems of the mind in terms of forces seeking expression and those opposed to such expression. Gill (1978) explains that this step "opened the way to designate a special class of motivations as the ones seeking expression in contrast to that class of motivations which sought to keep them from expression. The class seeking expression was referred to as the instinctual impulses and those were in turn related to bodily needs, in

particular sexual" (p. 484). The emergence of the structural theory did nothing to change this basic distinction between the two types of motivation, Gill continues:

> Though [Freud] had thus disposed of the error of assuming that defensive processes had ready access to consciousness while the processes defending against did not, he was still left with a class distinction between processes seeking expression and processes seeking to prevent such expression.
>
> An alternative scheme would have been to conceptualize the contending processes as equally striving for expression and to sever the idea of processes seeking expression from any special relationship to the body, but such a scheme would have violated his conception of a hierarchy of psychic processes with the base of the hierarchy constituted by the somatic "drives" [pp. 484-485].

Although Gill does not explicitly draw the implications, his position certainly is consistent with the kind of theorizing that George Klein (1976) undertook. Freed of the encumbrance of metapsychology, Klein set forth a revised view of human sexuality and proposed other types of "vital pleasures" that have a kind of irreducible status.

GILL'S NEW METATHEORY: AN EPISTEMOLOGICAL POSITION

It is true, nevertheless, that Gill himself has refrained from formulating specific notions of the fundamental motives that organize behavior and experience. Gill has devoted most of his attention to psychoanalytic theory of technique, complete with lower-level concepts, such as types of communications

by the patient and types of interventions by the analyst (Gill, 1982; Gill & Hoffman, 1982b), and higher-level concepts, such as resistance to awareness of transference, resistance to the resolution of transference, and propositions about the interrelationships among all of these (Gill, 1979, 1982). At the highest level of abstraction we find a bridge to the new metatheoretical perspective that Gill has adopted. Although in some of his writings Gill has equated metapsychology with Freud's energy discharge model, Gill (1983b) recently stated that he regards as a "cogent objection" the idea that "any system of thought must have a 'meta' organizing principle, whether implicit or explicit" (p. 525). The organizing principle that Gill believes should replace Freud's basic concept of energy discharge is "the person point of view." For Gill, the term person" connotes both the *agency* of the subject of analytic investigation and treatment and the subject's *social* nature.

What appears to be left out of Gill's theory of technique are propositions about the content of the issues that one would expect to be sources of conflict for the individual and that would become the objects of resistance. Gill's theory of technique, in this particular sense, is content free. But it is important to recognize that this absence of attention to content is not merely the reflection of Gill's particular area of interest. There is, rather, something intrinsic to Gill's position that is resistant to generalizations about the content of human motivation. This feature lies at the heart of what has evolved as Gill's epistemology and, at the same time, is the organizing principle at the apex of the hierarchy of concepts that

constitute his theory of technique. This is the principle of perspectivism or constructivism: The meaning of any emotionally significant experience is actively organized by the person according to a particular perspective that he or she brings to bear in interpreting it. This position is necessarily skeptical of or actively critical of propositions about universal motives, since such propositions may imply a transcendence of perspectivism—a revelation, one might say, of the motivational factors that generate perspectives in the first place. A perspectivist position, by definition, does not allow for the possibility of such transcendence. This is not to say that perspectivists may not, for heuristic purposes, posit the existence of certain basic motives, but they would naturally be skeptical about the applicability of such motives in any particular culture, subculture, individual, or individual at a certain moment in time.

The definition of perspectivism just given does not refer explicitly to one important feature of the principle—its social basis. Peoples' perspectives develop and are sustained or eroded in the context of their interactions with other persons. In analysis, according to Gill, one never reaches a point where one discovers something that comes solely from the patient, independent of the influence of other persons. Instead, one finds specific interactions, out of which certain perspectives emerged that were to color subsequent interactions. In these interactions, the patient, with the participation of the other persons involved, constructed an identity, a social world, and a way of living with other people, which the patient perpetuates in subsequent encounters. This way of being with

others is not the only way available to the patient, although he or she may subjectively experience it as such.

There is one basic human tendency or motive that Gill's perspectivism can accommodate, and that is the universal human tendency to make sense of experience in an interpersonal context. The need for meaning and the need for other people are inextricably intertwined. In his most recent writings, Gill has gravitated toward theories, such as Bowlby's, that emphasize human attachment as the basic motive in the hierarchy of human motives (Gill, 1983b; cf. Eagle, 1981). Gill has shied away from considering the seeking or construction of meaning as primary motives (cf. Basch, 1977) because interpersonal human relatedness for Gill is paramount. However, Gill's epistemology and his emphasis on human interaction can readily be integrated.

Gill's theory of technique can be viewed, in effect, as the clinical application of his epistemology. This is not, of course, a reflection of the way in which the theory of technique evolved. On the contrary, Gill moved from particular clinical experiences, as an analysand and as an analyst, toward a deep conviction about a way of working with people that he felt would be most conducive to change. If anything, his epistemology grew out of his clinical theory. Once the epistemology is articulated, however, it is not difficult to go back and see its reflection in the theory of technique.

Gill sees the psychoanalytic situation as one in which two people interact and continually try to establish the meaning of that interaction as one of them experiences it. Gill's focus on the here and now could be viewed, in part, as an intensive molecular study of the process by which meaning gets constructed by one human being—the patient—in interaction with another—the analyst. This process is understood to be liberating precisely because it entails a movement by the patient from an absolute view of his or her predicament, which is dominated by the neurotic or obstructing transference, to a perspectivist view, which allows for the realization of latent potentialities. This change is born out of an emotionally meaningful interpersonal experience in which patient and analyst work together to extricate themselves from the repetitive patterns that the neurotic transference and countertransference impose, as if these patterns defined the only ways in which the two participants could relate. Before giving a fuller account of Gill's current theory of technique, let us go back and review the clinical contributions that antedate it and that, in varying degrees, contain the seeds of its development.

THE CLINICAL CONTRIBUTIONS

As noted earlier, unlike the integral relationship between his current theory of technique and his current metatheoretical position, there is only a partial connection between Gill's earlier clinical contributions and his metapsychological contributions. In discussing this second aspect of Gill's work, I will focus on three

main areas of clinical contribution: hypnosis, the initial psychiatric interview, and psychoanalytic technique.

STUDIES OF HYPNOSIS AND RELATED STATES

Gill's research and writing on hypnosis bring together many of his major areas of interest. Unlike his work on the initial interview (Gill, Newman, & Redlich, 1954), which maintains a strictly clinical focus throughout, Gill's discussion of hypnosis includes the ambitious attempt to synthesize empirical observations and clinical theory, on the one hand, with classical metapsychology, on the other. Consistent with a value that runs through all of Gill's professional life, however, the work on hypnosis was inspired by an interest in developing an approach that could be applied usefully to deal with a pressing clinical problem—in this instance, that of traumatic neurosis during World War II.

The publication of *Hypnosis and Related States* (Gill & Brenman, 1959) represented the culmination of his collaboration with Brenman on a wide range of studies, which involved the participation of many outstanding clinicians, including Knight, Karl Menninger, and Schafer. Over time, the authors' interest in the clinical application of hypnosis evolved into a much broader task, which was to understand regressive states generally, including those encountered in the usual psychoanalytic situation.

The entire complex project utilized a combination of methods, including

observation of hypnosis in psychotherapeutic situations, experimental procedures, and even the use of anthropological data gathered by Bateson and Mead (1942) in their study of trance states in Bali. The work by Gill and Brenman is a model of clinical research; not only are many methods used and systematically compared, but the authors are extraordinarily diligent in openly discussing the process of the research and the thinking that went into each piece of work that they undertook. Hypotheses and findings are always accompanied by candid discussion of uncontrolled variables affecting the authors' sense of confidence in their own hunches and conclusions. Systematic quantitative studies are supplemented by a wealth of rich clinical material throughout.

The studies of hypnosis include a fascinating oscillation between the poles of the strictly psychological and the biopsychological. Significantly, and in accord with Gill's later work, Gill and Brenman (1959) state: "For many years we found ourselves accumulating two apparently independent bodies of data from our observations of the hypnotic state, but were unable to discern any theoretical bridge between them. The observations of 'altered ego function' and of "transference phenomena' seemed to us to be in quite separate realms of discourse" (p. xix).

However, in sharp contrast to Gill's current psychoanalytic focus, which is deliberately confined to the realm of "transference phenomena" in the broad sense (that is, the realm of the interpersonally meaningful), Gill and Brenman

considered the integration of the two realms of discourse to be of great importance. Although, to be sure, the subject matter in this instance was hypnosis and not psychoanalysis or psychoanalytic theory per se, the authors were operating with a psychoanalytic perspective and the work itself was undertaken in the spirit of a psychoanalytic investigation, as the subtitle, *Psychoanalytic Studies in Regression*, makes clear. Thus, it is legitimate to contrast Gill's implicit perspective on psychoanalysis as a discipline in this book with his current viewpoint. The earlier work epitomizes a contribution born out of the view that psychoanalysis can and should be a general psychology. What makes this possible, Gill and Brenman (1959) argue, is the development of ego psychology as represented in the work of Hartmann, Kris, Loewenstein, and Rapaport (p. xxi). As a result of the efforts of these theorists, it is possible, the authors claim, to investigate the effects on the ego of various kinds of environmental factors, including the presence or absence of various quantities of "stimulation." The authors state the "basic theoretical premise of their book" as: "hypnosis is a particular kind of regressive process which may be initiated either by sensory motor-ideational deprivation or by the stimulation of an archaic relationship to the hypnotist" (p. xx). It is not that Gill would now argue that only the meaning of the relationship to the patient is necessary to describe or explain the phenomenon of hypnosis, and that the effects of stimulus deprivation as such are unimportant. He would assert, however, that an investigation defined as *psychoanalytic* would be confined to and would be designed to maximize what could be understood

about that aspect of the phenomenon having to do with its meaning to the participants.

Another issue that sharply divides Gill's point of view in his work on hypnosis from his current perspective is the role of regression in the psychoanalytic process. For Gill in the 1950s, there was little doubt that an induced regression lay at the heart of the psychoanalytic process. His intensive investigation of hypnosis and related regressive states was undoubtedly fueled in part by the assumption that anything learned about regression in hypnosis would not only have clinical utility in itself, but would also further the understanding of psychoanalytic treatment. Gill and Brenman (1959, pp. 117, 134-135, 329) cite and agree with Macalpine's (1950) conceptualization of the psychoanalytic process as a kind of slow-motion hypnotic procedure. Hypnosis also has in common with psychoanalytic treatment the fact that, ideally, the regression is not a total one ("regression proper") but rather a partial one, which "a subsystem of the ego" undergoes in keeping with Kris' concept of regression in the service of the ego. This regression is brought about in hypnosis as well as in analysis by a combination of impersonal factors (such as stimulus deprivation) and interpersonal factors (such as promotion of a submissive, dependent attitude). Although the regression itself, in either case, is not spontaneous but induced, the particular form that the regression takes bears the stamp of each patient's history and neurotic conflicts. Important points of agreement and disagreement between Gill's earlier view of transference and his current view are well illustrated in the

following statement from *Hypnosis and Related States*:

> We know in general that when a "transference interpretation" is made, it should in fact be an interpretation which shows the patient that his response is not appropriately geared to the actual behavior of the therapist, but is in fact an expression of something ancient in himself which he has brought to the situation. We must now ask ourselves what is our position in this connection if we introduce a technique (hypnosis) which implicitly states, "By dint of what I am doing you will find yourself able to do things you otherwise cannot and unable to do things you otherwise can." In short, if we take a position which implies superior power, how can we ask the patient to analyze the *irrational*, *transference* aspect of his being hypnotizable at all? Yet we have done this, usually in the face of bitter resistance from our patients, some of whom, as we have seen, said they would prefer to give up the use of hypnosis entirely rather than analyze its meaning for them. As one might expect, despite what one might call the "reality provocation" of inducing hypnosis, it has been possible to tease out the specifically personal projections of each individual and, on the basis of what the hypnotic relationship seemed to mean to him, to make use of these in the treatment.
>
> Yet is this *qualitatively* different from the non-hypnotic standard psychoanalysis where we ask the patient to lie down while we sit up, where we arrogate to ourselves the privilege of responding or not as we see fit, where we ask the patient to let us see him completely though he cannot see us. and finally where from time to time we tell him what is "really" going on? Does not all of this too imply that we regard ourselves as "in charge" of the situation in a uniquely powerful way? Indeed, how commonly this is the lament of the analysand. Yet, the fact remains that each analysand reacts in his own way to this "provocation" too, and reveals his archaic and established patterns of feeling and behavior as transference phenomena [pp. 369-370].

Clearly, then as now, Gill was concerned about the influence of the analyst's behavior on the patient's experience of the relationship. Indeed, the *strained*

quality of his effort to reconcile the classical view of transference with his appreciation of the influence that the analyst exerts is striking and seems to almost beg for the new resolution he was later to achieve. Gill no longer defines transference, even with its particular idiosyncratic nuances, as divorced from the way in which the analyst participates in the process. Also, in accord with the perspectivist position he has developed, Gill no longer divides the patient's experience into an aspect appropriate to the present circumstances and one grossly inappropriate to them which comes entirely from the past.

In a major departure from his earlier views, Gill no longer considers the deliberate attempt to induce a regression to be essential or even desirable in the psychoanalytic situation. Gill now objects, in principle, to any intentional manipulation of the patient regardless of its purpose. At the core of the psychoanalytic process is the exploration of the ways in which the patient is assimilating the advertent and inadvertent influences that the analyst exerts via the analyst's inevitably significant emotional participation in the interaction (Gill, 1982, 1983a). For Gill now, a molecular analysis and explication of the patient's conscious and preconscious way of constructing and construing the immediate interaction with the analyst has replaced the induction of a state of mind that is allegedly closer to that of the primary process and the unconscious. Thus, there is no question that Gill has abandoned the effort to investigate in a direct way, in the psychoanalytic situation or in any other context, those mental states that appear to be discontinuous with familiar, secondary process modes of thought. The

condensed, often uncanny symbolic richness of the material represented in many of the vignettes in *Hypnosis and Related States* seems to be absent from much of the clinical material Gill has published recently to illustrate his current view of analysis of transference (e.g., Gill & Hoffman, 1982a).

It is clear that Gill has turned away from the mysteries of hypnotic states, dreams, fugue states, and so on in favor of the more readily accessible nuances of interpersonal interactions. It would be easy, but also a mistake, to assume that Gill's course represents a flight from a dangerous and foreign world to a more familiar and safe one. The fact is that although the content and modes of organization of thought in the psychoanalytic discourse that Gill now encourages may seem familiar or mundane, the type of interaction he seeks is rare indeed, and the route toward its achievement is not without its own special psychological perils. Gill would be inclined now to suspect that being caught up with the psychodynamic meaning of symbolic material may represent an escape from the greater anxiety associated with directly confronting what the patient and the analyst are experiencing in their immediate interaction but which is unformulated or unspoken.

It is important not to leave this area without underscoring the important lines of continuity between the ideas presented in Gill's work on hypnosis and his current viewpoint. To begin with, there is the notion of two universes of discourse, as noted earlier, which remain separate throughout *Hypnosis and Related States*

despite the authors' determination to integrate them. Second, there is an emphasis on the importance of the relationship throughout and on the element of mutuality in the process. Gill and Brenman (1959) take the position that "hypnosis is at least in part a dovetailing of the unconscious fantasies of the two people involved, and that strictly speaking one should not speak of 'the hypnotic state' but rather of 'the hypnotic relationship' " (pp. 60-61). They spell out the specific form that this reciprocity of roles takes:

> From analysis of the two sets of data, on subject and on hypnotist, it appears to us quite clear that hypnosis is a complex dovetailing relationship between the two participants wherein the overt role taken by the one is the covert fantasy of the other. Thus, while the hypnotist is overtly being the powerful figure, whether as a domineering tyrant or a boundless source of "supplies" he is covertly on the receiving end of this power and/or bounty in his fantasy. ...
>
> As we have seen, on the other side of this coin, the hypnotic subject takes overtly the role of the obedient, super-compliant puppet; covertly he is not only sharing in the hypnotist's presumed omnipotence, but is pushing this in fantasy to the point of the hypnotist's having to abdicate completely [p. 98].

Here we have just the kind of emotional reciprocity that Gill would now be on the alert for in his work as an analyst, in which the interpretation of the transference always includes reference to the patient's plausible ideas about the analyst's countertransference response.

Toward the end of the book, Gill and Brenman discuss the reasons why

many therapists often give up the use of hypnosis even as an adjunctive technique. Among the reasons they give is the growing awareness of the unconscious wish to assume the role of the omnipotent parent or, covertly and vicariously, of the helpless, regressed child. Whatever personal factors were involved, Gill left hypnosis behind both as a treatment technique and as an instrument for investigation of psychological phenomena. Instead of the unabashed exercise of psychological power that hypnosis epitomizes but which is more subtly represented in standard psychoanalytic technique, Gill has opted for a rigorous, critical understanding of interpersonal influence in the psychoanalytic situation as a means of liberating the patient from closed and repetitive patterns of interaction with others.

THE INITIAL PSYCHIATRIC INTERVIEW

During his relatively short stay at Yale between 1950 and 1953, Gill collaborated with Newman and Redlich on *The Initial Interview in Psychiatric Practice* (1954), a book that is remarkable for the extent to which it anticipates Gill's later perspective. In the first place, the book is based on three transcribed sessions, reflecting Gill's commitment to recording, which had already taken hold in the mid-1940s. In the second place, the book is a critique of the medical model as it is generally applied in psychiatric diagnostic interviewing—a critique that foreshadows Gill's (1976, 1977b) later repudiation of both biologistic psychoanalytic theorizing and medically tinged conceptualizations of

psychoanalytic technique that emphasize the analyst's detachment rather than participation in the process.

The rejection of the medical model in this early work bears some special attention. Gill and his collaborators object to the prevalent practice of gathering information from the patient under various headings instead of following the patient in a relatively open-ended fashion. Of special interest, in view of what comes later, is the authors' rejection of history taking as the necessary way to arrive at a valid diagnosis. This position has continuity, of course, with Gill's later concern that analysts are often interested in genetic reconstruction at the expense of understanding the patient's experience of the relationship in the here and now.

There are, of course, important differences between Gill's current theory of technique and his approach to interviewing in 1954. Although some of these may be explained by the fact that the two types of clinical situations are not fully comparable, I think Gill's current position regarding technique does entail principles that he believes can and should be extended to diagnostic interviewing. For Gill, what is of central importance diagnostically is the way in which a person relates in the here and now, including the patient's capacity to reflect upon the meaning of his or her immediate experience with the interviewer. Other considerations may also be important, but they are secondary. What we do not yet see in *The Initial Interview in Psychiatric Practice* is the full emergence of the focus on the relationship, including the technique of systematically searching for and

interpreting disguised allusions to the transference, even at the beginning of the treatment (Gill & Muslin, 1977).

There are many examples in *The Initial Interview in Psychiatric Practice* of Gill's early conviction that the immediate process should take priority over collection of content. Concerning departures in interviewing from a "psychiatric copy of medical schedules" Gill and his collaborators (1954) wrote: "Probably the most important [departure] was the psychiatrists' realization of the significance of the patient-therapist relationship as the very framework within which the nature and meaning of the patient's productions must be understood" (p. 19).

Gill wrote in 1954 as though the mental status exam and other aspects of traditional, medically oriented interviewing were already passé, but what he had to say then is still quite germane considering contemporary zeal about ferreting out the biological factors in mental disorders. Foreshadowing his later sharp distinction between a psychological realm of discourse and a biological realm, Gill makes clear that the assessment he is talking about is one of psychological (that is, interpersonal) functioning, not of biological factors. This is not to say that the latter are not relevant to a complete understanding of the patient's functioning, but only that assessing psychological factors is something separate and apart, something requiring the adoption of an attitude that is not compatible with the type of diagnostic attitude associated with assessment of organic factors. As Gill, Newman, and Redlich (1954) put it: "In the psychiatric interview the

interpersonal relationship is focal. The psychiatrist must deal adequately with this relationship to insure that the desired communication between patient and therapist shall take place. Should there be any indication of a somatic disorder, the patient must be further studied *by techniques which are not our concern here*" (p. 65; italics added).

One of the reasons these authors gave for the persistence of the "old-fashioned mental status examination" was the psychological function it served for the interviewer:

> The second reason for the "deaf and dumb" quality of the older examination lies in the psychiatrist's need to retain his equilibrium by demonstrating his superiority. The inquisitory technique is used, then, as an unconscious defense against the threatening content of the experience of his disturbed patient, and against an emotional relationship with the patient—particularly against the patient's emotional demands [p. 23].

Here, again, we find a foreshadowing of Gill's later emphasis on the inescapable fact that whatever an analyst's or therapist's behavior, it carries meaning that derives from his personal participation in the process. Gill might well say the same today about the function of silence and other allegedly neutral postures that an analyst may adopt. Similarly, Gill, Newman, and Redlich (1954) wrote of the inevitability of the reciprocal influence of patient and interviewer: "Reactions of both doctor and patient will of course change as each meets the reactions of the other in that progressive redefinition which is the essence of any developing relationship" (p. 66-67).

As a final example of this early conviction, consider the following comment, which so clearly anticipates Gill's current emphasis on the here and now in psychoanalysis and his relative deemphasis of historical reconstruction if undertaken without reference to a reliving in the transference: "It has naturally occurred to us that we may be trying to push too far the idea of abandoning the collection of historical data in order to emphasize current interaction. But we are persuaded that doubts about our technique are caused by our inability more completely to divest ourselves of long-established and anxiety-reducing habits of professional practice" (p. 412).

It is also of interest to note that of the various influences on the development of their own orientation, Gill and his co-authors consider Sullivan's to be the strongest, although they note that Sullivan does not go as far as they do in giving up adherence to a "relatively formal 'reconnaissance' and 'detailed inquiry' " (p. 62). Significantly, Gill has recently immersed himself in Sullivanian literature and has written about the continuity of his own ideas and those of Sullivan as well as about important differences between them (Gill, 1983a).

There are many examples in the commentary on the transcribed sessions, the phonograph recordings of which were also published, in which the authors commend or criticize the interviewers depending on whether they follow the patients' leads or retreat defensively to some agenda of their own. Where the advocated technique and mode of listening depart from Gill's current view is in

the failure to systematically interpret or even identify disguised allusions to the transference. I believe that if Gill were to criticize the interviews and the authors' commentaries on them now, he would point out that although much emphasis is apparently placed on the interaction, in practice, the approach fails to follow the patient's experience of the relationship in a systematic way, one that would require constant attention to disguised allusions to the transference in the patient's associations (Gill, 1982, 1983a, 1984a; Gill & Hoffman, 1982a, 1982b).

PSYCHOANALYTIC TECHNIQUE

Probably the most carefully elaborated statement on psychoanalytic technique that Gill made while he was still immersed in psychoanalytic metapsychology and writing on hypnosis is found in the paper, "Psychoanalysis and Exploratory Psychotherapy" (Gill, 1954), published in an issue of the *Journal of the American Psychoanalytic Association* devoted entirely to papers on technique. It is useful and illuminating to compare Gill's views as represented in that paper with his current ideas (1979, 1982, 1983a), keeping in mind always that Gill's point of view in 1954 is probably representative of much that is still in the mainstream of classical psychoanalytic thought. Gill himself has written a paper (1984a) that undertakes such a comparative analysis.

Gill's definition of psychoanalytic technique in the 1954 paper is well known and often cited: "*Psychoanalysis is that technique which, employed by a neutral*

analyst, results in the development of a regressive transference neurosis and the ultimate resolution of this neurosis by techniques of interpretation alone" (p. 775). The definition has three main elements, which Gill goes on to elaborate: the neutrality of the analyst, the necessity of regression, and the importance of relying on interpretation alone to resolve the transference neurosis.

Gill's (1984a) recent comparison of the classical position as he himself formulated it in 1954 and his current view emphasizes the differences between the two. In light of Gill's own emphasis on the contrast, a reader of the 1954 paper may be somewhat surprised at the points of continuity between the ideas Gill had then and those he has now. It is important to recognize, however, that although Gill may sometimes underestimate the element of consistency in his ideas about technique and, perhaps even more so, the element of continuity in the kinds of issues that have concerned him, the ways in which his ideas have changed are very important and substantial. Even the apparent points of agreement pale when considered in their total context. The changes are associated with the paradigm shift noted earlier, and Gill is justified in regarding them as "radical."

One apparent point of agreement is the irrelevance of the arrangement—either the frequency of visits or the use of the couch—to the definition of the technique. On this matter, Gill could hardly be more emphatic now than he was in 1954 when he labeled as "foolish" and "ridiculous" the tendency to regard such "outward trappings" as essential (pp. 774-775). However, this position has a very

different meaning in the context of Gill's current overall point of view than it had then. In 1954 these "trappings," although disdained as part of the definition of technique, were nevertheless consistent with the attempt to "enforce" a regression; an attempt which was a defining feature of psychoanalytic treatment (pp. 778-779). In 1984 these trappings have lost this connection to the essence of the technique Gill advocates.

A second apparent point of agreement is the fact that neutrality does not mean the absence of any emotional involvement on the part of the analyst. Gill already recognized in 1954 that the analyst was a participant in the process and not just an observer and that there was room in the psychoanalytic situation for the analyst to feel and even to show a range of emotional responses, including amusement, irritation, and sadness (p. 780). Moreover, then as now, what separated an analysis from psychotherapy was not the absence of any interpersonal influence or suggestion in the process, but the attempt in the long run to "resolve the suggestive influence of the therapist on the patient" by means of interpretation (p. 790).

However, in 1954 Gill also wrote: "The clearest transference manifestations are those which occur when the analyst's behavior is constant, since under these circumstances changing manifestations in the transference cannot be attributed to an external situation, to some changed factor in the interpersonal relationship, but the analysand must accept responsibility himself" (p. 781). Gill would never make

such a statement today since he sees the analyst as implicated on a moment-to-moment basis in the nuances of the transference as they emerge. On the other hand, he would agree that the aim of analysis includes a heightened appreciation by patients of their share of the responsibility for the quality of the interaction as they experience it. The relationship between these points of agreement and disagreement might be clarified if we realize that what was a main point with regard to technique in 1954 becomes a qualification in 1984 and vice versa. Thus, for example, the 1954 position on neutrality might be paraphrased as follows: Although there is always an element of suggestion in every analysis, *the analyst should try to maintain a relatively constant demeanor in order to be able to demonstrate to patients that the responsibility for their experience of the relationship lies primarily within themselves.*

The 1984 position would have the emphasis reversed, so that the attitude encouraged is quite different, that is: Although one of the goals of analysis is to enhance patients' appreciation of their responsibility for their experiences of themselves and others, and although it is important that the analyst avoid being so active or intrusive as to prevent this realization from emerging, *on a moment-to-moment basis, the analyst must pay attention to the ways in which he or she is contributing to the patient's experience and should include reference to these contributions, as they are plausibly construed by the patient, in his or her interpretations.*

In line with this important difference, Gill's main recommendation in 1954 to practitioners of "intensive psychotherapy" is that they be less directive, in order to bring the process closer to an optimal psychoanalytic one. His principle recommendation in 1984 to the same end is that they systematically analyze the transference—it being understood, of course, that analyzing the transference has a different meaning for Gill in 1984 than it had for him in 1954 and than it has for most classical analysts.

The principal differences between Gill's position on technique in 1954 and his current one center on the following issues: (1) the type of influence that the analyst intentionally exercises; (2) the extent to which the transference itself is understood and interpreted as a plausible construction on the patient's part; and (3) the optimal frequency of transference interpretations.

With regard to the first issue, in 1954 Gill believed, following Macalpine (1950), that inducing a regressive transference neurosis was an essential feature of technique. As noted earlier, Gill has abandoned this view. He no longer considers the achievement of any particular regressive state, beyond what the patient brings to the analysis, necessary or desirable. The work is no less analytic if the issues explored reflect high levels of ego functioning than if they are more overtly primitive, and there is no requirement that they become more primitive for the process to be called an analysis. Perhaps even more to the point, he is opposed to manipulating patients in a manner that does not in itself become a

subject of analytic investigation. Instead, the analyst ought to openly encourage patients to explore their experience of the relationship, understanding that this encouragement may also have repercussions that require exploration.

Consistent with the creative, dialectical nature of Gill's thinking throughout his career, even with regard to the matter of regression, the 1954 discussion includes a foreshadowing of his later views. He argued then that theoretical advances in ego psychology lent greater weight to the importance of intrasystemic conflicts in the ego that achieve relative autonomy as opposed to the intersystemic id-ego conflicts from which they derived. He also reminds us that Freud himself (1926, p. 83) raised a question as to whether, in Gill's (1954) words, "after repression the original impulse necessarily persists in the unconscious" (p. 794). Gill suggests that the derivative conflicts may "exist in a form which allows a relatively firm resolution," particularly when psychotherapy takes on more of the character of psychoanalysis by being "more intensive and less directive." Moreover, he argues that "this may result in a quantitative shift which may not be so completely different from what often happens in psychoanalysis" (p. 793).

With regard to the second issue, the differences are both subtle and critical. It is clear that Gill recognized in 1954 that the general phenomenon of regression in analysis was not spontaneous but rather induced (e.g., pp. 778-779). However, the particular form that this regression took was one that was relatively free of the analyst's influence, which Gill (1954) described as "a nonspecific, steady,

unremitting regressive pressure" (p. 780). The analyst, as noted earlier, could put himself or herself in a position that would enable him or her to show the patient that the *particulars* of the transference were coming from the patient alone.

In contrast to this view, and in keeping with his perspectivist orientation, Gill now sees the analyst as implicated in the transference in highly specific ways, since the transference is associated with continual plausible speculations on the patient's part about the analyst's inner state. Thus, the best transference interpretations generally refer to some way in which the analyst could plausibly be understood to have contributed to the patient's experience. To say this is not to abandon leverage for demonstrating the responsibility of patients for their own experience. Ultimately, the analysis leads to patients' heightened awareness of the repetitive patterns of *interaction* to which they are prone. The point is that they repeat patterns of interaction, and patients have reason to believe that the analyst's inner experience and outward behavior are colored by the pressure they exert to make the relationship repeat those patterns.

This shift is apt to be confused with the more common emphasis on the "real" influence of the analyst. This emphasis is often presented as an alternative to the view that the analyst functions only as a screen for the transference and as a technical instrumentality. As noted earlier, Gill has moved to a perspectivist view of reality, especially of emotionally significant interpersonal reality. From this point of view, the patient's ideas about the analyst are usually neither simply

veridical nor simply groundless fantasy.[1] Gill's views are similar in some respects to those of Racker (1968), Levenson (1972), and Sandler (1976), among others. What these theorists—nominally, a Kleinian, a Sullivanian, and a Freudian—have in common is the idea of an inevitable degree of interlocking of transference and countertransference and a conviction that empathic transference interpretations must take this interplay into account (Hoffman, 1983).

The third difference noted in Gill's position on technique has to do with the frequency of transference interpretations that his current theory seems to encourage. Although Gill has emphasized that considerations of tact and timing are exceedingly important, and although he has recognized the importance of allowing the patient to have the initiative and to develop his or her own thoughts, the overall thrust of his position nevertheless encourages a generally more interactive stance and certainly more frequent interpretations of allusions to the transference than standard technique would recommend.

To some extent, this emphasis on regular interpretation follows from the fact that Gill is no longer interested in facilitating a mode of experiencing and communication that is remote from secondary process thinking. The conversation between analyst and patient is a special kind, to be sure, but there is no technical principle, such as the induction of regression, that is opposed on a moment-to-moment basis to the principle of analyzing the transference. In fact, instead of inducing regression by depriving the patient, Gill now feels that the transference

should be "encouraged to expand" by continually explicating its immediate direct and indirect manifestations (1979, 1982).

A second consideration that is consistent with more frequent interpretations is Gill's emphasis on the "ubiquity" of disguised allusions to the transference (1982, pp. 69-79). Gill (1982, p. 80) differs with the following statement by Freud, (1913) especially with the first part to which Freud gave special emphasis: "*So long as the patient's communications and ideas run on without obstruction, the theme of transference should be left untouched*. One must wait until the transference, which is the most delicate of all procedures, has become a resistance" (p. 139). Gill believes that Freud failed to consistently recognize resistance in indirect references to the transference. Gill's review of Freud's ideas about transference (1982, pp. 139-175) is thorough and illuminating, revealing Freud's tendency, despite some important statements to the contrary, to see the analysis of the neurosis as primary and to see the transference as an obstacle that has to be dealt with when it obstructs the analysis of the neurosis. Gill (1982) believes, instead, that the neurosis will find its way into the transference in one way or another, either in transference of wish or defense (p. 32), and that the transference can be usefully interpreted in a relatively molecular way throughout the analysis. Moreover, Gill is not concerned that interpretation of transference per se will interfere with the therapeutic alliance (p. 84). On the contrary, tactful interpretation of transference from the first session on will promote the alliance[2] since it addresses issues that are troubling the patient in a very immediate sense

but that the patient resists speaking of or thinking of explicitly for fear that they will not be accepted or understood. Instead of being concerned about managing his own behavior so as to promote a nonspecific regression on the one hand, and a spontaneous specific transference on the other, Gill's attention as a clinician is devoted to identifying the various disguised expressions of transference, such as displacement and identification. Citing Lipton's (1977b) discussion, Gill (1982, p. 170) finds that familiarity with identification, which is less commonly recognized than displacement (or, I might add, projection) as a vehicle for indirect communication, greatly expands the range of associations in which it is compelling to infer that there is an implication for the transference.

Despite his encouragement to the analyst to regularly interpret disguised allusions to the transference. Gill certainly allows latitude for a wide range of frequency, depending on the patient, the type of material that is coming up, and the style of the analyst. It is a mistake to regard frequency of interpretation per se as the crux of the difference between Gill's position and the classical one. Indeed, it is quite compatible with Gill's ideas to be critical of overzealous interpretation of transference, a perversion to which Gill's theory of technique may be prone but which certainly is not required by it. More at the core of Gill's departure from the classical model, in my view, are the changes associated with the first and second issues I have cited, namely, the opposition to deliberate manipulation and the understanding and interpretation of transference as a plausible construction, given the inevitability of the analyst's personal participation in the process.

All that I have said here pertains to what Gill (1979,1982) calls "interpretation of resistance to the awareness of transference," as distinct from "interpretation of resistance to the resolution of transference." There is no question that Gill gives priority to the former as a matter of technique, feeling that a good deal of resolution of transference will follow spontaneously from its explication in the here and now. The patient will come to recognize that, for example, he or she paid selective attention to the features of the analyst's behavior that he or she had previously disavowed entirely. Also, the patient will spontaneously recall experiences from childhood that will help to show that his or her perspective has particular historical origins. Gill (1982) is very concerned that genetic interpretations may be used as a flight from the here and now, but he also recognizes their importance and the importance of other kinds of interpretation for the resolution of the transference:

> It is important that the analyst not be tied to some rigid rule that he should make only transference interpretations. Not only can extratransference interpretations be useful, but the spontaneity of the analyst's behavior is essential for the conduct of an analysis. If an extratransference interpretation occurs to the analyst as a plausible clarification, he should make it. At the same time, he should be alert to its possible repercussions on the transference—but then he should be alert to the repercussions on the transference of a transference interpretation too.

> I conclude that while extra-transference interpretations play a role in analysis—and extra-transference clarifications certainly must—priority, in both time and importance, should go to transference interpretations. This principle may be more readily accepted if I emphasize that attention to resistance to the awareness of transference should come first and that, even though priority in interpretation designed to resolve the transference

should go to interpretation within the analytic situation, working through requires extra-transference, transference, *and* genetic transference interpretations [pp. 125-126].

Gill speaks of the person paradigm or point of view, the interpersonal paradigm, and perspectivism almost interchangeably, because for him each implies the others. Gill's more specific ideas about the analytic situation follow directly from these supraordinate concepts. In the old metapsychology, according to what Gill (1983b) calls the "energy discharge" point of view, the patient was encouraged to regress in order to arrive at the underlying infantile neurosis that would bear the stamp of the patient's bodily urges, relatively independent of environmental influences. In the old paradigm it was thought that "free association and regression will in time lead to the relatively direct expression of bodily urges little related to interpersonal interaction, whether with others in the past or with the therapist in the present" (p. 546). These urges are the decisive factors underlying the transference and the distortion of reality the transference entails. In other words, the emphasis on the past is linked with the idea of a somatic drive that precedes and determines interactions with others. But for Gill, there is nothing unearthed or reconstructed in psychoanalysis that antedates interactions. The present interaction, moreover, is the best place to look for the person's fixed ways of organizing interpersonal experience. Transference is redefined as a way of looking at things and as a way of being with other people—not a distorted way in any simple sense, but a rigid way that cuts off alternative potentials. The analyst always interprets in the spirit of acknowledging the

plausibility of the patient's perspective. There is no absolute reality to which the analyst has access but to which the patient is blind because of the transference. In fact, the patient's transference perspective may shed light on some aspect of the analyst's own participation (overt and covert), which the analyst resists. Neither participant has a corner on the truth, and yet they try to hammer out an understanding that makes sense to both of them and that has the feel of cogency. Even as they are doing so, the analyst must take the lead in turning a critical eye on what they have decided and how they have decided it. That is why historical exploration cannot get very far without being interrupted by a question as to its purpose right now. To raise this question does not preclude returning subsequently to reconstructive work.

This continual scrutiny of the relationship is, in the ideal, not an intellectual exercise, but rather a moving, new interpersonal experience that represents and promotes personal growth (Gill, 1982, pp. 118-120). The new experience associated with the analysis of the transference rests in part on the analyst's openness to the possibility that, wittingly or unwittingly, he or she has been the patient's accomplice in the perpetuation of the old, fixed patterns of interaction that the transference represents. At the very moment in which this openness is conveyed to the patient, the analyst stands a good chance of extricating himself or herself from the role of accomplice. Gill is fond of citing Strachey's (1934) and Loewald's (1960) classic papers on the therapeutic action of psychoanalysis in which both of them state that analysis cures because the analyst offers himself or

herself not only as a technical instrumentality but as an object with whom the patient can have a new kind of experience. What Strachey and Loewald omit or underemphasize is the element of mutuality in the shaping of the transference and the countertransference on a moment-to-moment basis.

With psychoanalytic technique redefined in a manner that encourages more active engagement of the patient and that demands more systematic exploration of the patient's immediate experience of the interaction, the whole question of analyzability is thrown open. Gill's views now on assessment of analyzability parallel those of Freud in calling for a "trial analysis" as the best way to begin. Gill does not have fixed ideas on who can benefit from a rigorous psychoanalytic approach based on standard types of classification. He feels that too many patients are written off as "unanalyzable" because they cannot adapt well to the couch and to a relatively silent and remote analyst who is systematically trying to induce a regression (1984a). For Gill, this procedure is misguided, and a patient's refusal or inability to comply with it could be a sign of strength. Analyzability for Gill has to do with a patient's ability to engage in and reflect upon a relationship with an analyst who is emotionally available and who thinks of himself or herself as a co-participant in the process. Gill (1983a) mocks the standard view of analyzability, stating that "an analyzable patient is a patient with whom the analyst can maintain the illusion of neutrality" (p. 213). In fact, there may be relatively healthy patients with particular temperaments who could not tolerate standard technique but who would respond well to Gill's approach. Similarly, there may be some very sick

patients who are automatically written off because of their inability to adapt to the standard psychoanalytic situation but who may be able to respond relatively well to the more active focus on the here and now that Gill espouses.

RESEARCH IN PSYCHOANALYSIS

As noted earlier, Gill has been unwavering throughout his career on the necessity of systematic research on the psychoanalytic process, the third aspect of Gill's work that I will discuss here. He has never accepted the common psychoanalytic view, which Freud himself promulgated, that the case study method, however much it has contributed to theory and practice, can obviate the need for a more rigorous application of scientific methods to the gathering and analysis of psychoanalytic data. Perhaps Gill's most important contribution to the development of psychoanalysis as a science has been his pioneering effort to make the raw data of psychoanalysis available for study by independent observers through audio-recordings of psychotherapeutic and psychoanalytic sessions. Inspired partly by Carl Rogers and others of the client-centered school, who made recording and research a central part of their practice from the start, Gill, along with a few others, began recording psychotherapy at the Menninger Clinic as early as the middle 1940s. The advent of tape recording greatly facilitated this effort. Over the years, Gill has collected samples from each of a number of tape recorded analyses, some conducted by himself and some by the relatively few other analysts who were willing to contribute.

Recording was instrumental in Gill's research on hypnosis during the 1940s and 1950s—for example, in a study of spontaneous fluctuations in the depth of the hypnotic state during sessions of psychotherapy (Brenman, Gill, & Knight, 1952). In this study, ego functioning around the time of the fluctuation was assessed by having independent judges examine associations surrounding statements such as "I'm going deeper" or "I'm coming up lighter." The method itself provided a model that was later adapted by Luborsky (1967) in his studies of momentary forgetting in psychotherapy. The model also evolved into the broader "symptom context method" for investigating the appearance of physical and psychological symptoms during psychotherapy sessions (Luborsky and Auerbach, 1969).

In the 1960s, Gill and his collaborators (Gill, Simon, Fink, Endicott, & Paul, 1968) wrote a landmark article on recording and psychoanalysis, in which they take up and challenge many of the common sources of resistance to recording, some personal and some more clinical or theoretical. On the personal side, for example, there is fear of exposure and criticism. Gill (Reppen, 1982) recognizes that for some patient-analyst pairs, recording may pose insurmountable difficulties (p. 171). In general, however, he feels that the fear of exposure and criticism, both on an individual and institutional level, must be overcome if analysis is to have any hope of growing or even surviving as a scientific discipline.

Objections on the clinical side to recording for research purposes include concern about compromising confidentiality as well as about introducing another

purpose into the analytic situation that is extraneous to the analytic work itself and to the immediate interests of the patient. There is no question, of course, that patients will react in various ways to these circumstances. However, Gill (Reppen, 1982; Gill et al., 1968) argues, it does not follow that they preclude a successful analysis. Here Gill's point of view on technique dovetails with his attitude on recording. The transference does not develop in a vacuum. However the analytic situation is set up, its transference repercussions must be explored in the spirit of recognizing the element of plausibility in the patient's view of the situation. In the first place, the research situation is not so different from other analytic situations in which confidentiality is compromised or in which the analyst's self-interest is readily apparent. When, for example, an institute candidate sees a patient as part of training, confidentiality is not inviolate, and the patient has cause to feel used. These circumstances are generally understood to be important complications that need to be explored, but not of such a magnitude that they preclude a successful analysis. In the second place, even when the patient has reason to believe that confidentiality is strictly maintained, the situation is likely to have particular meanings that must be investigated. In what might be regarded by many as the optimal analytic setting, the promise of strict confidentiality, the strong recommendation that the frequency of sessions be four times per week or more, the use of the couch, the analyst's fee, and the analyst's silence are all very powerful stimuli, which the patient construes in plausible and yet also personally expressive and, in principle, analyzable ways (Gill, 1984a).

Gill's theory of technique is also congenial to research on the psychoanalytic process in that it invites attention to each analytic hour as a unit that has a certain integrity of meaning. In the classical paradigm, in which the intent is to foster the unfolding of a regressive transference neurosis over a long period of time, it would be difficult to assess the quality of the analyst's technique as well as other variables because the context of each event is so temporally broad and so difficult to know and take into account. Although Gill is fully aware of the importance of context and knows that the analyst may be in a position to take it into account more than an external observer who has only a small sample of the data, Gill's molecular focus on the analysis of transference in the here and now lends itself to investigation of smaller and more manageable units of data. One of the fruits of Gill's commitment to systematic research has been the development of a coding scheme (Gill & Hoffman, 1982b), which permits classification of various kinds of patient communications and analyst interventions. The highlight of the scheme is the delineation of criteria for identifying disguised allusions to the transference in associations not manifestly about the transference. The research judge cannot claim that such an allusion has occurred without giving a specific basis for this inference. The basis may have the form of a previous statement by the patient that is explicitly about the relationship, or it may have the form of some readily recognizable event in the interaction about which neither of the participants has spoken. These criteria for coding allusions to the transference have clinical utility as well, because they set up at least partial guidelines to indicate when a

transference interpretation might be called for and when it might not—guidelines that have been vague or lacking in clinical theory.

Gill recognizes that the development of this coding scheme is only a small first step toward a more comprehensive program of systematic research on the analytic process as he conceives of it. In the long run, Gill would want to see variables defined and operationalized and methods developed so that it would be possible to study, on a molecular level, the differential effects of various types of intervention on the process and, on a molar level, the relative efficacy of one treatment approach or another.

Gill's commitment is not to research for the sake of research but to clinical research that deals with theoretically meaningful variables. It is a commitment to the scientific study of human intention and meaning, including the interpersonal conditions that promote change and growth. In this sense, psychoanalysis for Gill is a hermeneutic science, a contradiction in terms for some (Blight, 1981; Eagle, 1980) but for Gill a category that connotes the special combination of values he feels should characterize psychoanalysis as a discipline.

CONCLUSION

As we have seen, Gill's point of view has changed radically over the years. His ideas have continued to evolve. Any attempt to capture the thrust of his position at a given time is unlikely to do justice either to various important

qualifications that he has proposed or to new ideas and revisions of theory that are still germinal in his thinking. For example, recently Gill (personal communication, November, 1984) has been wrestling with several questions. Are there, after all, universal conflicts that play a role in every analysis, and, if so, what are they? As noted earlier, Gill has been considering the conflict between attachment and autonomy as a primary issue of this kind. With regard to theory of technique, does the elimination of the principle of deliberately inducing a regression leave a gap that invites, instead of excessive restraint, overzealous interpretation of transference? What provision is there in the theory, formally speaking, to prevent the *reductio ad absurdum* that would have the analyst forever interpreting the transference repercussions of overzealous interpretation? Is it enough to emphasize the importance of common sense, tact, and timing, or to say that one does not interpret until one has a compelling sense of a latent transference meaning in the patient's associations? Or is it necessary to formulate another principle of technique to balance the principle of analysis of transference? Perhaps for Gill this principle would be supraordinate to the analysis of transference and would, in the most general terms, have to do with promoting a certain quality of interpersonal experience. This experience might be most powerfully served by the analysis of the transference but, presumably, could also be undermined by it at times. What this quality of experience would be, of course, needs to be spelled out. It would also have to be located in relation to other conceptualizations in the literature of the interpersonal experience in analysis,

such as Gill's own concept of the new experience that accompanies the analysis of the transference, Zetzel's therapeutic alliance, Winnicott's holding environment, Kohut's self-selfobject tie, and Schafer's more generic atmosphere of safety.

Gill's intellectual style is to steadfastly pursue the logical implications of a particular line of thought without shrinking from their consequences for entrenched tradition. At the same time, in dialectical relationship with this tendency, his convictions about theory, research, and practice are united by his readiness to turn a critical eye on his own perspective and to consider other points of view. Thus, despite the vigor with which he has advocated and defended his position, Gill has also actively explored the points of convergence and divergence of his own views and those of Gedo (Gill, 1981), Melanie Klein (Gill, 1982, pp. 129-137), Kohut (Reppen, 1982, pp. 183-186), Sullivan (Gill, 1983a), and Langs (Gill, 1984b), among many others. The very fact that he is actively engaged in dialogue with exponents of these diverse perspectives (as reflected in his publications, speaking engagements, and extensive correspondence) testifies to the bridge-building role that Gill now occupies in the field. I believe that such a role is congenial to him because of his disdain for parochialism; he has a deep conviction that psychoanalysis will survive and grow only if exponents of diverse viewpoints engage each other in an ongoing process of reciprocal, constructive criticism and ultimately submit their differences to the arbitrating power of systematic clinical research.

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Notes

1) Since Gill's views have been changing, some of his recent writings show remnants of his earlier, more traditional stance that are inconsistent with his newer ideas. Thus, for example, in his recent monograph on technique (1982), Gill sometimes divides the patient's experience into transferential and realistic components (e.g., pp. 94-96), although beginning with chapter 7, he adopts a more consistently perspectivist position.

2) Although Gill sometimes uses the term "alliance," he agrees with Lipton (1977a) that the concept is objectionable insofar as it denotes or connotes something that should be deliberately fostered with special techniques and that is uncontaminated by transference (see Gill, 1982, pp. 96-106; Reppen, 1982, pp. 173-174).

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