

CREATING A HUMAN PSYCHOANALYTIC SETTING

Clinical Studies



ROGER KENNEDY

ROUTLEDGE

Creating a Human Psychoanalytic Setting

This book looks at how psychoanalytic thinking can be applied in a variety of settings and can respect the individual experience and circumstances of each patient.

It focuses on the analytic encounter and the hard task around trying to create what the author calls a human analytic setting, one which respects human diversity and theoretical pluralism and pays adequate attention to the patient's emotional pain and suffering, while hopefully facilitating psychic change. Starting by looking at general features of independent psychoanalysis, the author explores institutional and political issues that can either facilitate or restrict psychoanalytic thinking and institutional life. He also explores key themes such as the nature of subjectivity, subject relations, and the nature of absence and presence, through case studies. The final chapters elaborate on the duality of the psychoanalyst's identity – one centred around the psychoanalyst's need for a home base for their confidence as practitioners and the other about the challenges facing analysts having to work in solitude for much of their working life.

With a focus on the intimate relationship between what happens in the analytic setting and the analyst's own institutional influences, this is key reading for psychoanalysts and psychotherapists.

Dr Roger Kennedy is a consultant child psychiatrist, adult psychoanalyst, and a past president of the British Psychoanalytical Society. He was an NHS consultant at the Cassel Hospital for 30 years and is now chair of the Child and Family Practice, where he sees children and families. He has had sixteen previous books published on psychoanalysis, interdisciplinary studies, and child work, as well as many papers.



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Designed cover image: Getty Images

First published 2026

by Routledge

4 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge

605 Third Avenue, New York, NY 10158

Routledge is an imprint of the Taylor & Francis Group, an informa business

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British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

ISBN: 9781041162001 (hbk)

ISBN: 9781041154402 (pbk)

ISBN: 9781003683315 (ebk)

DOI: 10.4324/9781003683315

Typeset in Optima

by codeMantra

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Acknowledgements

- Chapters 2, 6, and 10 are adaptations of papers originally published in the *International Journal of Psychoanalysis*.
- An original version of Chapter 8 was published in my Routledge book *The Psychic Home* (2014).

1 Introduction

Creating a Human Analytic Setting

I will begin this book of clinical papers by looking at some general features of independent psychoanalysis, then at some of the institutional and political issues that can either facilitate or restrict psychoanalytic thinking and institutional life, and then move to the analytic encounter itself and the hard task around trying to create what I have called a human analytic setting, one that respects human diversity and theoretical pluralism, pays adequate attention to the patient's emotional pain and suffering, while hopefully facilitating psychic change. I will assume that there is an intimate relationship between what happens in the analytic setting and the analyst's own institutional influences, the latter affecting how the analyst listens to the patient and what interpretations are made.

With this approach in mind, subsequent chapters will tackle some of the other key themes that have preoccupied me over my career since I began psychoanalytic training in 1976, starting with a central preoccupation – the nature of subjectivity and the development of a psychoanalytic subject relations theory to complement object relations theory. I include a recent rethink of earlier thoughts about subject relations. This leads to some general points about the nature of absence and presence, through some light-hearted thoughts about the role of fathers, and later to clinical papers, two based upon case studies of challenging patients, an ill adolescent and a borderline man, and one focused on the nature of incest and its impact on psychic development. I include two papers concerning the psychoanalyst's identity – one centred around the psychoanalyst's need for a home base for their confidence as practitioners, the other about the challenges facing analysts having to work in solitude for much of their working life. Finally, I have included a few thoughts and aphorisms picked out from the journals I have kept from time to time, particularly focused on the writing of a book. I have called the chapter outtakes as I include material that generally did not get included in a book or a paper. That, of course, leaves out the many outtakes from actual sessions, the thoughts and comments coming from analyst and patient that never get recorded except somewhere in each partner's unconscious.

Independent Psychoanalysis

Though there is great interest in independent analysis abroad, with increasing attention paid to the thought of Winnicott, those in the United Kingdom who see his thought as a deep influence are very much in a minority, perhaps even an endangered species. I am not sure if we need special protection against our predators, or to be placed in a separate reserve where we can increase our numbers, though that at times feels like a temptation. But I certainly feel that we are at a crossroads and need to have a view about which path to take before it is too late.

Psychoanalysts, of course, cannot put aside the particular and potentially fateful, or fatal, resonances that come with the notion of a crossroads, given the importance in analytic theory of the Oedipus story, and his murderous encounter with his father Laius at the place where *three paths* met. I have always wondered what those three paths were, apart from any symbolism, such as representing past, present, and future. One path led back to where Oedipus came from and yet was not his original home, Corinth; another led to Thebes, where he became King, which was where he was born but from which he was expelled as a baby; but where did that enigmatic other path lead to? Or was it there to remind us that there is always some other path we never do take, or we need to be there as another path?

But in general, a crossroads is a place where multiple paths meet. Some time ago, I made the point that there are many ways of practicing and understanding psychoanalysis, both as a clinical treatment and in its interaction with other disciplines. That is, there are what I called *many voices* in the analytic field, each of them bringing something potentially valuable. Each analyst then must find a particular kind of approach that more congenially matches their own quality of listening, development, character, values, prejudices, and ambitions. One must find one's own analytic voice or identity; this is a constant process, involving coming to grips with what the American critic Harold Bloom¹ called the 'anxiety of influence.'

Freud's influence is still profound, even if we are surrounded by various kinds of influence-anxiety. Freud's thought continues to be transmitted in a variety of ways – through his texts, through different psychoanalytic schools, and from analyst to patient. The reading and re-reading of Freudian texts requires that we both go back to Freud but also read Freud as a contemporary, connecting his text with the living practice of the present. This is a hermeneutic activity up to a point; where it diverges from hermeneutics is that psychoanalysis is primarily an oral, clinical activity, a technique or craft. We should not have pupils in analysis; even in training analyses, for that is potentially dangerous, leading to indoctrination, where the analyst's voice takes precedence over the candidate's voice.

However, around the analytic experience there is teaching of theory and technique, out of which arise, as in any other body of knowledge, issues of mastery, influence, rivalry, transmission of tradition, betrayals, subversions,

power relations, as well as the positive influence of apprenticeship, where mutual exchange and learning of skills and craft can take place.

Finding one's own voice then is a complex process, involving some kind of nuanced discipleship, where managing multiple influences has to be worked through in some way.

Relevant to these issues is a quote from Freud's brief yet powerfully evocative paper on Family Romances²: [my own translation.]

The freeing up of the individual, as he grows up, from the authority of his parents is one of the most necessary but also most painful achievements of development. It is absolutely necessary that this should occur, and it may be presumed that it has been to some extent achieved by everyone who has reached a normal state. Indeed, the progress of society is based upon the opposition between successive generations.

Having outlined what happens in normal development, Freud then turns to neurotics, some of whom have failed in this task. The family romance is the name for fantasies where the subject imagines that his relationship to his parents has been modified, so that for example he might fantasize that he is an adopted child or has noble parents. Rather than face the conflicting Oedipal feelings towards one or both parents, the child creates a fantasy of being special or of having other, however idealized, parents.

Thus, Freud's paper seems to imply that progress in (Western) society depends upon the opposition between generations, that discipleship of necessity requires rejection, and that it is only neurotics who cannot face this opposition and hence avoid liberation.

One might ask, then, are we the true-born children of our analytic parents? Can we only become free by opposition? Hopefully not. If psychoanalysis continues on this oppositional path, scorning those who do not follow the 'one true path,' demanding allegiance rather than respectful recognition of different viewpoints and approaches, I cannot see much of a future for it in an increasingly pluralistic world.

I have summarized some of the typical features of the pluralistic independent analytic approach before.³ These are, in brief, a certain kind of receptivity to what the patient says, a trust in the unconscious, bearing states of unknowing and openness to the unknown, while also being aware of the realities of the external environment and how they impact on the patient's life. Technique is important, but it needs to be flexible and responsive, and not from 'on high.' The analyst is not all-knowing, giving constant transference interpretations because they know what is going on and want to 'show' the patient what they are doing. Reconstruction of history is vital, as is a flexible attitude to analytic theory; whatever works may be of some use, provided it aids the patient's associations and the analytic process. A collaborative or intersubjective approach is common, and so is an awareness of the potentially traumatic nature of being in analysis; it is tough, and the patient may well need some

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ego support while going through the inevitable regressions involved in a successful analysis.

I will give just one clinical example from a past analysis to highlight the vital role of a patient's history in resolving unconscious conflicts and trauma, very much an Independent theme.

This involves a man in his 40s nearing the end of a long analysis. He had come into analysis because of a sense of emptiness and futility in personal and work relationships, as well as periods of depression. He had a traumatic early history, in that his mentally ill mother was subject to repeated hospital admissions for quite florid psychotic behaviour. His father, a more stable but somewhat emotionally distant figure, spent periods away from the family home on various kinds of business. My patient, in fact, found some stability in attending a male boarding school, together with his younger brother, to whom he was not that close, but learned there to hide his emotions and to turn to academic achievement as a way of finding some self-regard. Despite these early difficulties, he had managed to marry and have a successful career, a marriage, and children, but was always haunted by the ill mother.

The period of ending the analysis was, not surprisingly, emotionally difficult, yet also productive, as can be seen in this excerpt from a session a few months before the end.

He was worried about how he got into entangled relationships, muddled up and confused. He described some situations at work when he felt he was being drawn into behaving like a rival for his mother's attention and linked this to his feelings about his younger brother, whom he felt was favoured by his mother. His mother had, in fact, had her first major psychotic breakdown after my patient's birth, and the theme of feeling responsible for her illness had been a major element of the analysis.

My patient then said that what he had got from the analysis was a way of fighting through all these problems, without losing the thread anymore. But he was fearful about how he was going to do this without coming to see me. I linked this fear to one we had frequently talked about before, about how to separate from a mentally ill mother. He replied by suddenly remembering a fragment of a *dream*. This was that he had pain in the soles of his feet.

He said that this was a bit weird and wondered what it meant. Something about pain, he added. I replied that maybe it was something about another kind of 'soul,' and about a painful soul, how he was going to deal with that kind of pain. This led to him thinking about how he dealt with emotional pain, tending in the past to distance himself, although now he was more able to face conflicts, as he had described at his work. He said he needed to find a *space to feel pain* 'without disintegration and madness.' He was thinking about the next phase of his life. He mentioned a book he was reading about a brother and sister who were 'fused' with one another. That led to more thoughts about him and his mother, what he had had to deal with, with her bizarre behaviour, how he had to defend himself against her intrusion, and also his fear of being 'fused' with her. However, he did feel that he could lead

a life of his own. He could now feel he could be happy with his family, but he was also afraid of how the ending was going to be, what kind of life he was going to live. He ended the session by wondering what the next phase of his life was going to be.

While, of course, there was considerably more work to be done around the ending of the analysis, the patient was much more able to deal with conflicting emotions. As he put it, he now had a way of fighting through his problems without losing the thread, or one might say without being taken over by his mother's illness. As so often the case with such patients, one of the main tasks of the analysis is to sort out how much a patient is muddled up with the parent's psychosis, which becomes an alien presence as it were. This work concerns separating the patient's own disturbance from that of their parent's disturbance, or of trying to diminish the unhappiness that gets passed down the generations. The patient was able to have more lasting periods of happiness with his family because as he put it he had begun to find a space to experience emotional pain and to manage almost unbearable trauma. Then this piece of work, of course, became part of the history of the analysis and therefore a piece of the patient's new reality.

In Defence of Pluralism

I think that Independent analysis is consistent with Hannah Arendt's view that one should remain suspicious of the existence of a single compelling truth (though not evidenced facts), and that instead one should rejoice in the unending discourse among people in search of the truth but never reaching a single source of truth; the notion of a single truth only leads to inhumanity.

Arendt⁴ describes this *pluralistic thinking* as a special form of *tolerance*, involving the gift of friendship, openness to the world and with the genuine love of mankind. The ideal of absolute truth, that she describes in its extreme form in *totalitarian* regimes, threatens in all societies the political public space between people, which she prioritizes as the site of freedom, a space in which there is room to consider different perspectives and reach sound political judgments and room to stand back from one's immediate feelings and loyalties and strive for impartiality.

If men united in a single opinion, she states,

so that out of many opinions one would emerge, as though not men in their infinite plurality but man in the singular, one species and its exemplars, were to inhabit the earth...the world, which can only form in the interspaces between men in all their variety, would vanish altogether.⁵

Arendt argues that pluralism is essential to preserve humanity. She gives us a powerful vision of a *tolerant public space*, which, while open to all, needs to guard against the forces of intolerance, those who limit open and public discourse, often in the name of some single and abiding 'truth.'

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Pluralism does not imply confusion, or lack of coherence or wooliness, something which Independent analysts have been accused of in the past and even now and have perhaps not done enough to counter. It requires considerable and hard-won discipline, in the process of focusing down on what makes sense for a particular situation. This does not imply a lack of focus or an 'anything goes' approach, but a disciplined, open-minded yet flexible approach to responding to what the patient brings. As Eric Rayner⁶ put it,

Commitment to open-mindedness in any endeavour requires self-discipline of a high order when complex issues are being evaluated. This is certainly the case in analysis. It should also be added...that the Independents' empirical ethic gives no encouragement to that quality of cruelty which can emerge in the minds of strict adherents to a doctrine after it has started to become sterile.

I think that such strict adherence to one way of working and thinking is a reaction to the uncomfortable fact that much of what we do is pretty messy and uncertain, like most things of importance in life. Donald Schön has put this rather well in his book *The Reflective Practitioner*:

In the varied topography of professional practice, there is the high, hard ground where practitioners can make effective use of research-based theory and technique, and there is the swampy lowland where situations are confusing "messes" incapable of technical solution. The difficulty is that the problems of the high ground, however great their technical interest, are often relatively unimportant to clients or to the larger society, while in the swamp are the problems of greatest human concern.⁷

Descending to the messy swamp of pluralism means engaging with the most important and challenging problems, where trial and error, intuition and muddling through are the order of the day. This often means judging what to do by the 'feel' of things.

Pluralism is also very much a contemporary theme in other disciplines and reflects the global world we live in. Just to give one example, that of music. After the second world war, there was a reaction against old musical languages, and an explosion of new, very modern musical languages intent on creating music divorced entirely from the sort of mystical self-expression and nationalism that were perceived as being responsible for fascism and Nazism. Serialism, pushed forward for example by Pierre Boulez, involved the denial of tonality and even the expression of beauty in music, the latter seen as a reflection of an old and outmoded world that had led to the catastrophes of the second world war. Pre-existing structures, such as the triad, the basis of tonality, were eliminated. I think one can see similar developments at that time even in psychoanalysis, with a search at that time in the 50s for unitary thinking aimed at inclusive explanations, such as in the work of Klein and Lacan.

However, in music, as in many other fields today, pluralism has become acceptable and desirable. Pluralism in music describes a compositional philosophy: the willingness, for expressive reasons, to employ a range of different musical languages within a single piece and even within a single movement. Heightened music expression and even beauty have returned to the concert hall – much to the relief of the audiences. The serialists had forgotten the way that music is actually perceived by the listener.

In my own work, I have looked at what drives people to become intolerant towards pluralism. In my book on tolerance and intolerance⁸ I made the point that they inevitably go together; there is a dynamic between them. I also suggested that what often drives intolerance of others and other opinions and views is a fear of losing one's identity. I described in this book and the previous one⁹ how a fear of a loss of home, or more fundamentally a fear of a loss of a psychic structure which provides a central core of our identity a – *psychic home* – accounts for a considerable amount of prejudiced and intolerant attitudes to strangers, as well as towards anyone who has different ways of being and thinking.

One can often see this dynamic in psychoanalytic institutions, who fiercely hold onto particular ways of reacting, or beliefs about their ways of working. This becomes like a psychic home, a hard-won base as it were. Inevitably then intolerance of other ways of working gets set up, as if the hard-won psychic home is under threat. The point is that this sort of dynamic is inevitable. 'We have our psychic home; we don't want them over there spoiling it. Let's put up a wall against them.'

To move beyond unconsciously acting out this dynamic to addressing intolerant attitudes and changing them requires considerable work. To achieve what I have called *subject tolerance*, where there is respect for the other and others as subjects of their experience, with agency and capacity for independent judgment, requires a *tolerant imaginative internal space* in people's minds. This contrasts with '*object tolerance*,' where the other and others are seen as mere objects, to be put up with or confined in a walled area, or ghetto, or behind a barrier of indifference or hatred.

I cannot see how such institutional issues about the need for an open public space for discussion cannot impact on what happens between an analyst and patient in the consulting room, where a more intimate and private space needs to be created. Without the backing of a tolerant institutional space, it can be very difficult managing to preserve plural ways of thinking and working.

A Human Analytic Setting

I would suggest that a pluralistic approach to psychoanalytic thinking of necessity is intimately linked to what I have called a human analytic setting, one where there is respect for the complexities of the patient's inner world, and which, starting specifically from what the patient says, allows the patient's many voices to be heard and is not closed down by too rigid, or even

cruel, attitudes from the analyst. As it is the union of the patient's words with the analyst's close listening to what has been said which then leads to interpretation, facilitating a human analytic setting involves particular attitudes to *listening* and *interpretation*, which I will examine in turn.

Listening

In my view a human analytic setting involves a kind of *pluralistic or fluid way of listening* to the patient. How one listens usually varies as the analysis progresses. There are no rigid rules about how an analysis progresses, but one can often trace what Serge Videman¹⁰ described as three basic phases. Occasionally the phases merge quickly into one; but mostly a *process* develops.

In the early or *pre-transference stage*, I usually take time to get to know the patient and their story. It may take time before unconscious themes begin to cohere. Listening and waiting are important, so as not to close off the associations. Of course, if a patient is highly anxious, one may need to quickly address their surface anxieties. This is a matter of what Ferenczi¹¹ called 'tact,' or basic empathy, which will protect us from unnecessarily stimulating the patient's resistance, or doing so at the wrong moment.

There is then often the emergence of *scattered transference reactions*. We are in the presence of true transference manifestations, but they are still relatively amorphous, not yet cohering into a stable picture. The patient may want an ordinary social relationship at this point. Listening then gradually leads to interventions enabling the transference to deepen. For me that means trying to hear the patient's deep unconscious themes, with only occasional comments and the occasional interpretation.

The phase of the *transference proper* feels as if one is immersed in a more freely associating environment; there is an analytic process. There is a closer relationship between listening and interpretation. The listening then becomes more like evenly suspended attention, as the patient is probably at this point just getting on with being in analysis.

It is then that one may be able to make sense of how the patient listens to what the analyst says. How the patient listens to the analyst's interpretation can lead to the analyst then finding new meaning to what was said, *après-coup*, or what Haydeé Faimberg¹² calls 'listening to listening.'

Psychoanalysis is a listening discipline; its bedrock is listening deeply to the patient. While of course there are significant differences between listening to a musical performance and listening to a patient in a consulting room, there is also some common ground. In psychoanalytical listening, one is listening simultaneously to the 'surface' and the 'depth' of the patient's communications, to both the conscious and underlying unconscious stream of thoughts and feelings. There are some loose parallels with this kind of listening and musical analysis, particularly the kind that looks beneath the surface of the musical 'foreground' to the underlying deep structures of the 'background.' However, such analysis is a highly sophisticated and intellectual exercise.

Analytic listening, in contrast, however intellectually taxing at times, also entails a responsive, receptive or affective kind of listening, more like trying to make sense of the shape of the communications or their vitality affects, the dynamic quality of the emotions. This has also been described as a kind of musical 'reverie,'¹³ which can arise in the analyst particularly during intense emotional exchanges. Theodor Reik, who saw music as intimately linked to emotions and psychic reality, had already pointed out, with many clinical examples, how musical associations arising in the analyst's mind can be of great help in the understanding of the patient's communications.

The tunes occurring to the analyst during sessions with patients are preconscious messages of thoughts that are not only meaningful, but also important for the understanding of the emotional situation of the patient...The tunes stand in the service of the agents responsible for the communication between the unconscious of two persons.¹⁴

Just to give one simple example given by Reik: A patient has a dream. *She is in the bath and is worried because she has forgotten to take off her watch which could be ruined if it gets wet.* There were no helpful associations to the dream. In the pause between her report of the dream and the following sentences she spoke, a long-forgotten tune came to Reik's mind, which he then realized he had not heard since childhood. The title was *The Watch* (by Karl Löwe). He recalled later the first lines: 'Wherever I go, I carry a watch with me always, and only need to look whenever I'd know the time of day.' The watch meant the human heart. Reik then recalled the phrase that Viennese girls used to say, referring to their periods, that 'with me it is punctual as a watch.' At the next session, the patient referred to her dream and said that she had forgotten to put in her diaphragm after her bath, and was worried that intercourse might have led to a pregnancy.

One could say that every patient has their own music, but that every analyst and patient encounter creates a music of its own. The analyst is thus engaged with listening to both the patient and to themselves and to their own responses to what the patient brings. Thus, as Michael Parsons has shown,¹⁵ analysis involves listening in two dimensions at once – externally to their patients and internally to what is stirred up by listening to their patients. That internal listening involves a certain kind of receptivity to the unconscious, which seems to have parallels with listening to music. Being receptive to the 'internal' music aroused in a listening analyst helps the analyst understand the external music that is the patient.

During a session, the analyst may become immersed in the flow of the patient's material. As Martin Nass describes, 'As in listening to music, one may follow the melody line, the obbligato, the counterpoint. The analyst is free to move from one line to the other, to hear them all simultaneously.'¹⁶

The quality of communication between analyst and patient is similar to that of musicians in small ensembles; there is then a close mutual adjustment

and readjustment of interaction, or *entrainment*, that is, the 'alignment or integration of bodily features with some recurrent features in the environment.'¹⁷ Musical entrainment involves perceiving the regularity of beat and can be seen for example when dancing to music or marching in time to music. It seems hard-wired into the brain, since it is a skill that children can be seen to acquire naturally. There is even evidence that participating in musical activity such as synchronized singing and drumming can promote cooperation in four-year-olds.¹⁸

With musicians there is obviously a complex form of entrainment. This involves conscious and unconscious communications between the players, communication at both the bodily and emotional level, with the reading of gesture and eyes as well as the building up of trust and mutual understanding. Emotional focus, where the performers are enabled to be absorbed and focused *within* the music somehow seems to be a vital part of giving a good performance and requires this sort of close common understanding and communication.

Perhaps we can understand some aspects of the psychoanalytic relationship in these terms, where there may be different degrees of entrainment between analyst and patient, depending upon the nature of what gets repeated in the transference.

I don't think we emphasize enough that the analytic encounter takes place within a complex boundaried *sound world* or *soundscape*, in which hearing takes precedence over seeing. Freud's use of the couch was a radical way of pushing the sound world to the fore in treatment. The distribution in space of things heard is fundamentally different from that of things seen.¹⁹ Sight tends to distance us from things; there is a landscape which we can admire but it remains out there. Figures may move in a landscape but the landscape we see does not move. But hearing envelops us. 'Sound, by its enveloping character, brings us closer to everything alive.'²⁰

To see without hearing is to witness an uncanny dumb show and is disorienting. But to hear without seeing, as in closing one's eyes, can be revelatory. One gets more profoundly in touch with moods, emotions, and the meaning of words.

'Hearing *musical* sound, with or without words, makes us especially aware of proximity and thus connectedness. Parents sing lullabies to their infants, and their infants respond: this is music at its most enveloping.'²¹

Because music occurs in time, it can under certain circumstances provide a powerful sense of *continuity*, basic to the soundscape and to many features of the analytic setting. Already with the early mother-baby relationship, one can see how the maternal voice echoes and re-echoes to the baby's sounds, in a kind of musical manner, imitating and repeating what comes from the baby and providing, as Daniel Anzieu²² describes, as a sort of sound mirror, not a static mirror but a dynamic and responsive mirror providing a sense of continuity over time. In distorted mother-baby relationships, for example, with a depressed or borderline mother, there may be a lack of responsiveness,