



From Intra-psyhic to Inter-personal: The many faces of intimacy

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The late Israeli poet, S. Shifra (2011) wrote, a few months before her own death, a poem entitled 'Intimacy', dealing with bereavement:

Intimacy

'A brave woman lays a man in the earth
 With her own nails
 Without funeral orations
 Without Kaddish
 Without God Full of Mercy
 Intimately
 Woman, man and the earth
 Without hundreds of staring eyes
 Weeping
 Or not
 Black dress
 Or not
 Earrings
 Or not
 Make-up
 Or not
 Without
 Intimately
 Woman, man, and earth.'

I have chosen to open the paper with this exceptionally powerful poem as it demonstrates so well major characteristics of intimacy, especially its non-mediated directness and its boundaryless privacy. Etymologically, the word intimacy derives from the Latin word *intimus*, meaning innermost, or deep within; innermost either in the sense of private, deep and secret, i.e., between a person and himself, or in the sense of deep, exclusive closeness - mentally and/or physically - between two persons. According to the Random House dictionary, intimacy refers to:

'A close, familiar and normally affectionate or loving personal relationship.

A detailed knowledge or deep understanding.

A sexually familiar act, sexual liberty.

Privacy, especially an atmosphere of privacy suitable to the telling of a secret.

And in the context of between an individual and himself :

Private, closely personal intimate affairs.

Inmost, deep within'.

In daily use, in or outside the clinic, we might encounter such expressions as: longing for intimacy, fear of intimacy, pseudo-intimacy, invasion of intimacy, illusive intimacy, forced intimacy, platonic intimacy versus strictly bodily intimacy, etc. Bersani and Phillips (2008) even proposed the term of 'impersonal intimacy', a term which I shall later on challenge as oxymoronic.

Clare Winnicott (1989) offers a window to the complexity of the term, telling of the infancy of D.W. Winnicott. As the youngest member of the household and as the only boy (having two elder sisters), she believes he was so much loved, and in himself lovable, that a deliberate effort was made not to spoil him. She further argues that while this did not deprive him of feeling loved, it did however deprive him of some intimacy and closeness that he needed.

On the other hand, a patient in long-term psychotherapy described to me what seems to be the opposite of such dynamics: Reflecting anew about his childhood as the youngest, spoiled child in his family, he wondered whether the special endearment he had encountered, being doted upon, actually bore a heavy price. He painfully associated about his being treated like a "pet", in a way that he experienced as non-intimate, making him feel somewhat alienated from his family, somewhat neglected, if not altogether deserted.

Theoretical survey

Before returning to Winnicott, this time from his theoretical frame of reference, I shall now present a brief historical survey of the psychoanalytic literature on the subject of intimacy:

Erik Erikson, in "Identity and the life-cycle" (1950) probably offers us the most well-known psychoanalytic reference to intimacy. According to Erikson, intimacy marks the first stage of adulthood, being in essence the opposite of self-absorption. He argues that only when a sense of identity is established, real intimacy with a member of the other sex, or with any other person, or, for that matter, within the person himself, can be established. The youth who is insecure in his identity will be unsure of his intimacy too; he will shy away from any inter-personal intimacy. On the other hand, the more he is sure of himself, the more the youth will look for intimacy in various ways. Juvenile attraction quite often is not the expression of sexual attraction or infatuation, but manifests more of an attempt to define identity through the intimate bond; in other words, the identity is established via deep emotional and sensual sharing.

Erikson repeatedly emphasizes how not only intimate sharing with another person, but also, and as a precondition to such sharing, intimate connecting to the inner resources of oneself, is an indispensable building stone of late adolescence and early adulthood. Without it, loneliness, or in the best of cases formal, stereotyped inter-personal relationships, lacking in spontaneity, sharing and true warmth, are to be expected. In order to achieve real inter-personal intimacy, the individual is therefore required to "become himself" or, in other words, to develop intra-personal intimacy.

Erikson refers to the parallel, complementary element of intimacy as distantiation, i.e., the rejection, isolation and destruction of whoever is experienced as essentially threatening to the very being of a subject. Hereby a polarization is created between that which is intimate, within (either in the sense of intra-psychically within or in the sense of

inter-personally within) and that which is outside, alien, estranged or distant. Such polarization becomes means to the end of the establishment and the fortification of intimacy, similar to the former developmental stage in which the struggle of establishing individual identity required a sharp demarcation between that which is 'me' and all which is 'not me'.

Erikson explicitly defies the classical psychoanalytic stress on genitality as the major sign of a healthy personality, arguing that such a viewpoint is a narrowing one: He believes that the capacity to achieve mutual orgasmic climax is merely a symbolic manifestation of broader intimate capacities, of regulation and of overcoming essential opposites between male and female, between reality and illusion, between work and play. While sexual relations may represent the expression of intimacy at the stage of adulthood, it is often superficial, lacking the bedrock of true mutual psychological intimacy. Gratifying sexual relations represent just one option of expressing intimacy. The same is true with regard to the following developmental stage, generativity versus stagnation, characterized by giving birth to offspring as a natural manifestation of parental responsibility, while alternative, altruistic and creative forms, are by no means less authentic.

Edith Jacobson (1964) makes the point that the developing of intimacy with peers, with adults and with members of the other sex presents a complex, conflicting challenge for the adolescent. Once again, we could add to this complexity also the developing of intra-psychic intimacy.

Following this line of thought, Lichtenberg et al. (2002) argue that while intimacy with others has become a widely recognized goal of human development, becoming intimate with oneself is much less well recognized as a primary goal. However, intimacy with oneself is just as important, encompassing what one can experience about oneself, about feelings, sensations, thoughts, intentions, view of others and view of the view others have of oneself.

In a different context, Lichtenberg et al (1992) juxtapose the capacity to play, requiring efficacy, competence, and intimacy, with work, which requirements are only the first two. Inter-personal intimacy is characterized, accordingly, by a variety of activity levels, starting with tranquility and ending with lively verbal and physical interaction, which includes common fields of interest, affection, mutual esteem, a feeling of safety and a sense of bonding which rests on a history of common former experiences.

How meaningful an achievement such interpersonal intimacy is can be shown via the following vignette: A patient, glancing at my bookshelf, noticed a book of Martin Buber. Associating about his famous 'I and Thou' (1974), she then remarked how rare, she believes, moments of real intimacy are; reflecting on her relationship with her husband, she talked of those special, cherished moments when she felt, in her words, 'the boundary-less meeting of their two beings'.

Greenberg and Mitchell (1983) emphasize the inter-personal aspect of intimacy as a critical component of healthy maturity. But, in contrast to the drive model and to its stress on genital functioning, they follow both Erikson and Fairbairn (1952), relating to the capacity for intimacy as primary and to genital functioning as its expression, and not the

other way round. In that sense, one could suggest that just as much as 'Libido is object seeking and not pleasure seeking' (Fairbairn, 1952), *Libido, or rather the subject, is intimacy seeking*, not necessarily in the sexual, genital sense.

Various forms and contexts of intimacy

Intimacy involves various components, various forms and various manifestations, of which mature sexual intercourse is but one. If so then, as shall be discussed later, parent-infant relationships should also be regarded as intimate, though not in a mutual, or at least not in an egalitarian sense, and the same principles are relevant to therapist-patient intimacy. More than this, it might even be possible to feel an intimate contact to someone whom we do not even know in person, but hold in high esteem as a model, or as an inspiring idealized figure. We may thus feel strongly intimate with somebody – alive or deceased - we have never met.

Shemi Zarhin, the Israeli writer, refers in his book 'Some Day' (2011), to the heroine who is in mourning, lamenting the death of her favorite poet, Lea Goldberg:

"I do not understand [Robert said], why should she be in mourning for someone she does not even know?" And Hilik (the young child) answered: "Because she loves her words; her heart is broken" (p.183) .

Along the same line, W. H. Auden consecrated a poem as an intimate obituary to Sigmund Freud, in 1939. The poem begins with a complaint, relating to the non-intimate general state of affairs in the world:

In memory of Sigmund Freud

'When there are so many we shall have to mourn
When grief has been made so public, and exposed
To the critique of a whole epoch
The frailty of our conscience and anguish,
Of whom shall we speak? For every day they die
Among us, those who were doing us some good,
And knew it was never enough but
Hoped to improve a little by living...'

The poem terminates however, with these intimate words:

'One rational voice is dumb; over a grave
The household of Impulse mourns one dearly loved
Sad is Eros, builder of cities
And weeping anarchic Aphrodite.'

As a matter of fact, a person can feel intimately close even to a non-human object: In 'Le Chef d'Oeuvre Inconnu', by Balzac (1995 (1831)), same as in 'La Leçon de Piano' by Hoffman (1995 (1830)), an intimate relationship between an individual and either a painting or a musical piece is convincingly described. The artistic creations are dearer than anything else to their creators. The latter manifest their possessive jealousy towards those highly cathected objects (we could suggest the term Intimately cathected), along with a strong feeling of exclusivity. This feeling may be manifested by the conviction that no one else can understand their very special meaning in full.

In other words, the intimate, inner sphere, includes in those cases the individual with his artistic creation, and excludes everyone else. Such an intimate bonding, so dramatically described by Balzac and by Hoffman, can also exist in a more commonplace manner, in relation to various inanimate objects, occupations or ideas which bear a precious, personal, close significance to an individual. Admired or inspiring works of art, of prose and of poetry may become likewise intimately cathected.

Thus, the famous dictum of Coleridge (1817) about 'the willing suspension of disbelief' may be taken as a token of intimacy, specifically of intimate trust: While Coleridge referred to poetry, I believe we could broaden the use of this approach and define the suspension of disbelief as a prerequisite of intimacy; for, in contrast to cynicism, intimacy demands openness, belief and surrender, a position in which one can be aware of the value of anything dear to us beyond its price (a far cry from the cynic who, according to Oscar Wilde, 'knows the price of everything and the value of nothing!').

Intimacy and the therapeutic encounter

The therapeutic relationship requires the voluntary suspension of disbelief as well, in order to gain access to the intimus, to the most inner, private zones of the patient. An exception should however be made regarding the legitimacy of such an access, taking into consideration the notion of '*incommunicado*', as referred to by Winnicott (1963b). The incommunicado core of the self is so intimate it should be exposed to nobody at all, according to Winnicott, and maybe not even to the individual himself.

Levenson (1974) defines therapeutic intimacy as the ambiance of engagement and of closeness, which is part of the essential therapeutic alliance. He ironically describes the pursuit of the right extent of closeness as the holy grail of intimacy. Levenson further argues that real intimacy requires deep-reaching engagement, and not just the emotional state of a sense of closeness. Besides, he views authenticity as a necessary ingredient of intimacy as well, believing that therapeutic intimacy, representing a far-reaching commitment, can survive strong, unpleasant moments on condition that the interaction remains authentic. Levenson notes that the psychoanalytic concept of intimacy has been the subject of an evolution from something inside to something outside, from most inner to most in-between, from location to a process, from an intra-psychic phenomenon to an inter-personal one.

Psychoanalysis is an intimate relationship in as much as it requires and sets the stage for a close, engaged, committed relationship, demanding maximal trust from the patient and maximal empathic effort from the therapist. Such an interaction generates a safe interpersonal space, and thus makes it possible for hidden, private and cherished personal elements to reach the surface and to be given voice to. This is relevant with regard to both patients and analysts, whose inner psyches meet in their interaction, i.e., in the transference-countertransference matrix.

In other words, in psychoanalysis, or in psychoanalytic psychotherapy, a relationship of deep intimacy evolves, which in its turn makes it possible to remove the barriers of denial, repression and splitting, thereby achieving inner, intra-psychic intimacy as well. On the other side of this two-sided process, the in-between, inter-personal intimacy of the therapeutic dyad relies on the intra-psychic intimacy of the participants as well. In line

with these formulations, Knoblauch (2011) refers to inter-subjective intimacy between therapist and patient, characterized by intense involvement and manifested in the commitment to various levels of closeness, in an atmosphere of involvement and responsiveness, of continuity, reliability and stability.

Peter Schou (2011) from his part, argues for a language of intimacy, either in or outside of the therapeutic context: referring to a private language, evolving in a particular dyadic meeting, he suggests that creating a language which carries personal meaning is an integral part of the intimate relationship. The language we make use of both mobilizes and reflects the unique context of the particular relationship. Such private, intimate language is frequently formed between lovers, inside families, and in a variety of groups, representing a unique experience of closeness and security, same as of conflict and difference.

Not uncommonly, whether in therapy or in other contexts, the return to the mother tongue of an individual is a prerequisite for the creation of an intimate communication. The mother tongue carries within itself an essential part of the infantile self, or of the true self on the whole; this part cannot find expression in any other language (Amahti-Mehler, 1993, the author, 1992). The mother tongue represents therefore an indispensable founding-stone, both of intra-psychic intimacy and of intimate inter-personal relating.

The interplay between intra-psychic and inter-personal intimacy is beautifully formulated by Winnicott (1967 (1986a)), in reference to his view of what constitutes a healthy individual. Winnicott defines health as a back and forth process between relations with external objects and relations with internal ones. He added that health also includes the idea of the magic of intimacy. A full life, the way Winnicott sees it, involves emotional tingling and intimacy, to the risk of pain and suffering, as the price of sensitivity to losses and to danger is the necessary (and worthwhile) counterpart of engagement, that is of devotion, of intimacy in both senses.

Winnicott (1986b) gives clinical examples of defensive avoidance of intimacy, describing a patient who refrains from the use of proper names and reaches the point of refusing to call his own mother "Mummy", declaring that the use of such term would be experienced as dangerously close, or in his own words as "horrifyingly intimate" (p. 67). Winnicott responded to that by offering the following interpretation:

'If you lose the breast, you are in danger of losing your mouth as well, unless you keep your mouth free from intimate contact with the breast' (p.67, my emphasis).

Intimacy and secrecy

Quite intuitively, the language of intimacy, either in the therapeutic context or outside of it, also raises the issue of secrecy. Benziman (2011), suggests that by sharing our secret with another person, our referent is someone we relate to as if he is our-self, or at least someone from whom we expect to behave as if he was our-self. In that respect, while the secret is out, it remains inside all the same; we relate to the one we share the secret with, as 'a sympathizer in our own breast' (Gosse, 1907), i.e., as someone who is both inside and outside, 'one who is two and two who are one', a definition which seems to resemble very much the Kohutian notion of a 'selfobject' (Kohut, 1977, 1984).

When Edmund Gosse referred to 'a sympathizer in my own breast', he meant that by keeping a secret to himself, he could gain a sense of privacy for the first time. The secret he cherished enabled him to create a private, exclusive domain, with no access to anybody but himself for the very first time. Until then, his father was experienced as omnipotent, omniscient and all-pervasive, so that individual existence as a separate subject was not made possible.

Benziman, extrapolating on the concept, argues the secret is an intimate phenomenon, involving two individuals. He talks of the need to share with somebody we trust, to share in order not to remain lonely, so as to feel exposed while remaining protected at one and the same time. Between the participants who share a secret, a bond of intimacy is established. Thus, an exclusive, non-invaded, dyadic partnership creates an intimate union.

As a general formulation then, intra-psychic intimacy is both the prerequisite and the result of inter-personal intimacy. If so, we could assume that both the normopath (McDougall, 1986) and the normotic (Bollas, 1987) are deficient in their capacity to acknowledge their own secrets, not to speak of sharing them with somebody else. Lacking the introspective capacity of reflection, their mental life is not accessible. Those who cannot look inside, into themselves, are by necessity also deprived of a sympathizer in their own breast. In line with this argument, Bollas (1987) claims that the normotic is incapable of relating to the subjective motive of life, and as a result he is also deprived of inter-subjective mutuality in his inter-personal relations. Bollas further notes that without such mutuality, real intimacy, in the sense of true knowledge of a fellowman, is impossible.

Intimacy and sexual relations

The term '*knowing*' in the biblical sense of sexual intercourse is also of relevance to the discussion: becoming one and the same flesh, aside from deepening feelings of closeness and of commitment, may serve also as a way to get to know each other (and oneself) better in many respects, and not just in physical ones. For example, Winnicott (1958) describes how after intimate sexual intercourse, each of the participants, if capable of being alone with an object, may be content to be alone, sharing his solitude with the other. In other words, the sexual intercourse enhances a state of being intimately immersed with oneself while enveloped in the dyadic intimacy. However, when it comes to sexual relations the plot always tends to thicken: In some cases of limited intimacy real surrender (Ghent, 1990) does not take place and orgasmic climax is also arrested. In other cases, free, orgasmic sexuality may only be experienced in the context of non-intimate relationships in other respects, because of defensive reasons. That way a split is established: either emotional intimacy without orgasmic intercourse, or without sexual relations altogether, or sexual intercourse without emotional intimacy.

Masud Khan (1989) refers to the pervert and his *Technique of intimacy*, which involves placing a non-personal object between his desire and his accomplice. Such an object serves to alien the pervert from himself, as much as from the object of his desire. Khan argues that the pervert seduces his victim to collaborate with the elusive situation of pseudo-intimacy; the capacity to create the emotional climate, an illusion of intimacy in which an individual collaborates and submits of his own free will, is the special talent of

the pervert. Needless to say, the pervert himself never surrenders to anything but the physical sexual intimacy and continuously keeps a split-off manipulative control of the situation. Therefore, he suffers from a basic emotional dysfunction and is labeled by Khan as *Un homme manqué*. Alternatively, we could refer to invalidity of intimacy. I argue for a basic similarity between the technique of intimacy as attributed by Khan to the pervert, and the impersonal intimacy as formulated by Bersani and Phillips (2008). I view as provocative their advocating of impersonal intimacy and their disputing the claim that knowing oneself leads to personal development and ultimately to intimacy with the other. I regard impersonal intimacy as an oxymoronic term, unless made use of in the context of perversity, the way Khan does: Taking everything into consideration, the technique of intimacy, as attributed to the pervert by Khan, is also non-intimate and may even be described as anti-intimate. Real intimacy is by necessity personal, both intra-personally personal and inter-personally personal.

The therapeutic encounter and non-physical intimacy

Back to the therapeutic encounter, it is by nature and by necessity non-physically intimate. As suggested by Phillips (Bersani, L., Phillips, A. 2008), 'Psychoanalysis is about what two people have to say to each other if they agree not to have sex!' Any physical abuse in the therapeutic encounter involves a confusion of tongues (Ferenczi, 1933), just like incest. And same as incest, this would bear traumatic consequences, annihilating the established intimacy. Loewald (1979) as well, argues that intimate unity antecedes sexuality and describes the pathological state in which the identificatory intimacy of the infant or child, involving what he defines as sacred innocence, is at one and the same time abused and disrupted in cases of incest.

Similarly, Mark Gehrie (1999) defines boundary violation as making ill use of interpersonal intimacy. He views such an attempt as the outcome of painful disruptions, experienced as such by both therapist and patient; the physical acting out may then be the result of misunderstood and unanalyzed traumatic empathic failures. Gehrie further argues that the abusive, boundary-violation of intimacy becomes a replacement to the real work of therapy. However, the reverse situation may be experienced as trauma inflicting too: Avoidance of intimacy leaves the patient very much by himself, and the cold, aloof, unresponsive therapist fails to provide the patient with the required, optimal therapeutic intimacy. Shane and Shane (1997) relate to the curative tension between intimacy and boundaries in the therapeutic relationship, believing the therapist should find the right equilibrium between the two.

Orbach (2004) likewise condemns shunning away from intimacy in the psychoanalytic encounter, as practiced by the British school. She believes that the reluctance to take up intimacy in the consulting room has a deleterious effect on intimate relations outside of it: In what might seem like a caricature of the Kleinian approach, Orbach describes a cold, professional stand, treating the patient not as an individual subject to be engaged with but as "someone whose defense structures needed to be excavated to show... how much of his or her interpersonal world was beset by envy and destructiveness" (p. 398). Orbach further argues that closeness between analyst and patient was regarded as not '*kosher*'. Such an attitude no doubt, is a far cry from treating patients in an intimate, non-reductive way, as individuals and as unique subjects.

Accordingly, Elvin Semrad (1980) declared that: "so often, when you get to know a patient, they lose their diagnosis...". Searles (1959), on his part, valiantly described how sometimes the patient has become the closest, dearest person on earth for him. It is no coincidence therefore that Ogden (2009) refers to the characteristic '*searing honesty*' (p.151) of Searles, with himself same as with his patients. And unsurprisingly Ogden describes an atmosphere of '*unguarded intimacy*' (p. 43) and of a rapid and thorough riddance of any social artifice, during a one-session supervision he has had with Searles.

Returning to Orbach, she calls for a therapeutic relationship in which the impediments of intimacy are welcomed and explored, bringing the patient and the analyst productively close. She believes that the boundaries of the analytic setting render intimacy relatively safe and protected, as separateness is also maintained.

Patients often relate explicitly to the intimacy of the analytic encounter, questioning its extent and its character, arising as issue that calls for a direct discussion. For example, a patient associated on our intimate contact as differing from other, more egalitarian relationships. While accepting this built-in inequality, he did confront me with a direct question, in the form of his wanting to know what it is that I get from our interaction. In my answer, I both interpreted his need to have the mutuality of our encounter acknowledged and referred directly to its uniqueness for me, specifically in the sense of my being repeatedly challenged by him, regarding various intimate issues, raised by our meeting.

Intimacy and Covid-19

As mentioned earlier, the therapeutic encounter demands a background of safety, of closeness and of engagement. Traditionally, we have come to view the setting, in the sense of its physical components, as part and parcel of this background, or rather a prerequisite for creating such an ambiance. But then, with the pandemic and its required restrictions, we started to rely more and more on alternative, remote encounters, via zoom, skype or other technological applications. While some patients adapted easily to such solutions, others did so reluctantly and yet others not at all. It might be of interest, but beyond the scope of this paper, to differentiate between those three groups and to gain some understanding how their reactions to such alternative modes of communications relate to their difficulties and to their capacity of intimacy.

However, it is certain that this forced change of setting created a paradoxical state: On the one hand, the various technological devices come to our aid, facilitating communication from afar, but on the other hand, such virtual aids, run the risk of being at the same time also confusing and frustrating. Even when smooth and without hindrances which can remind us of its limitations, therapy conducted remotely by necessity leaves out certain meaningful ingredients of the therapeutic encounter, starting from eye- to- eye contact and ending with physical components, such as body language and smell. To make matters even more complex, in some senses the remote encounter may bring in non-relevant intimate details, which may be embarrassing and intrusive, in the form of *TMI* of private home settings.

To take the paradoxical situation to its extreme, we could think of the mirror function via screens as misleading, so that it is experienced more like Lacan's illusive *Stade de Miroir*, instead of the benign Winnicottian or Kohutian mirror function and empathic mirroring.

In that sense, Lacan's (1959, 1960) paradoxical term 'extimite' (extimacy), challenging the distinction between exteriority and intimate interiority, may be of particular relevance, demonstrating the possible duality of closeness and remoteness, personal and technical, so confusingly intertwined.

Summary and conclusions

I shall terminate this paper by offering my personal developmental perspective of intimacy. Loewald (1976) refers to intimacy as a connectedness of supreme closeness, connectedness without separateness, which he views as a natural, necessary developmental stage. He argues that early identifications with parents occur under circumstances of closeness to the extent of "lack of separateness, as though what is perceived or felt in this intimacy, by that very lack of distance, becomes an element in the child or helps to form his character..." (pp. 162-163).

Primary intimacy, therefore, is an intimacy of becoming, as a natural process, evolving on the bedrock of the primary parental environment. The potential of becoming, and of growth, the maturation and realization of the unique, subjective self of each individual infant, is facilitated by the environment-mother (Winnicott, 1963a), or by the selfobject mother (Kohut, 1977). The mother-infant contact is the first intimate relationship, promoting the development of both intra-psychic and inter-personal intimacy.

In that respect I differ with Erikson, who does not define parent-infant relationship as intimate, because of its inherent, basic inequality, characterized by dependency from the side of the infant and responsiveness from the parental side. Erikson believed that intimacy should be restricted to the framework of mature, reciprocal relations. I, on the other hand, regard parent-infant attachment as but a different form of intimacy, different but no less intimate: Mature, reciprocal intimacy is characterized by the conscious, ethical commitment of closeness and of sharing: an effort to get to know the intimate partner and to allow him to get to know us, while recognizing our essential separateness at one and the same time. This separateness endorses meaning to the conscious choice of an intimate contact.

Early mother-infant relationship during the subjective phase, as formulated by Winnicott (Ogden, 1992), or during the first stages of self-selfobject relations as formulated by Kohut (1971, 1977) are intimate in a different sense. It is a relationship which, on the side of the infant, is characterized by the mother not being perceived by the infant as a separate subject and, on the side of the mother, by her making it possible for the infant to perceive her as such, i.e. as an integral part of himself. This signifies a bonding of the deepest intimacy, in the sense of utter devotion and total surrender (Ghent, 1990), completely unequal but quite mutual at one and the same time: On the part of the mother there is devotion, responsiveness, attunement and suspension of the self and its subjectivity, and on the part of the infant there is complete dependency, immersion, unmitigated neediness and surrender as well. This is what both sides contribute to the creation of their unique, blissful intimate union (author, 2021).

Such intimate mother-infant bonding is beautifully expressed by the Dutch writer Anna Enquist (1991), in her poem 'My Son' (freely translated from Dutch by the author), bringing this paper to a close, as a counterpoint of the opening poem:

My Son

My son storms through the house
 A tornado on the staircase.
 He is a motor by himself
 The song that lives inside him breaks free sometimes.
 I hear him singing in the corridor and remain silent.
 At night he is afraid,
 He is uncertain of himself
 Of us,
 The world.
 I take him in my arms
 And without words sweep
 The war away
 And child cancer ,
 My own death,
 The monster of the time.
 I put him to bed and save him
 Till we both fall asleep in stolen security.'

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