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the CANDIDATE

Perspectives from an Evolving Psychoanalytic Community

Power

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Table of Contents

Power

Original Papers

Editor's Introduction	5
<i>Jason A. Wheeler, PhD</i>	
Speaking for Ourselves: Forging a Sense of Agency as a Psychoanalyst	8
<i>Phoebe A. Cirio, MSW</i>	
Transference and the Power of Enactment: Obstacles and Opportunities in Psychoanalytic Training	20
<i>John Madonna, EdD</i>	
Power and Perversion	35
Poder y Pervisión	49
<i>Francisco Vásquez Ramírez, MD</i>	

Panel and Personal Narratives: Power and Otherness

Editor's Introduction	63
<i>Natalie Tobier, LMSW, MPH</i>	
Power, Otherness, and Interpretation	65
<i>Donald Moss, MD</i>	
Report on the Power and Otherness Roundtable	69
<i>Lynne Zeavin, PsyD</i>	
A Drop of "Lemonade"	76
<i>Susannah G. Jacobi, PhD</i>	
On Becoming a Lay Analyst and on Doubting a Process	79
<i>Victoria Malkin, PhD</i>	
Power and Otherness: Seeing Through Power	89
<i>Anne Malone, MSS, LCSW</i>	
In Training and Knocked Up: One Analytic Candidate's Tale of Isolation and Reconnection through Pregnancy	94
<i>Dayna Kurtz, LMSW</i>	

Otherness and Power	97
<i>Rita W. Clark, MD</i>	

Other Than Young	101
<i>Elizabeth Biggart, PhD</i>	

The Culture Desk

Editor's Introduction	103
<i>Ellie Gelman, PhD</i>	

The Power of Images: Refractions of a Stereotype of the Male Jewish Body	105
<i>Anne Golomb Hoffman, PhD</i>	

La Sonnambula: Psychoanalytic Insights from Bellini, via Arlow, Brenner and Kohut	116
<i>Luba Kessler, MD</i>	

Hamm's Dreams: An Essay on Beckett's <i>Endgame</i>	121
<i>Jason A. Wheeler Vega, PhD</i>	

Envy, Not Gratitude: Reflections on a Classic Revisited	130
<i>Lynne Zeavin, PsyD</i>	

Conferences

A Report and Some Reflections on "Orthodoxy Is Unconsciousness: Examining Gatekeeping Practices at Our Psychoanalytic Institutes," September 26, 2008	138
<i>Richard Brief Grose, PhD</i>	

A Report on "The Future of Psychoanalytic Education: Preservation and Innovation," November 16, 2008	148
<i>Arthur A. Lynch, DSW</i>	

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New Video to be released in Spring 2010

Original Papers

Editor's Introduction

Jason A. Wheeler, PhD

The contributors to this section of Volume 4 of *The Candidate* offer ideas about the experiences and structures of psychoanalysis and analytic training that are varied, novel, and in places subversive. In our first article, "Speaking for Ourselves: Forging a Sense of Agency as a Psychoanalyst," Phoebe A. Cirio subverts some common assumptions about power. She argues that subjectivity, far from being inferior to the usually more forceful concept of objectivity, is in fact the strongest basis for both personal and professional agency. Similarly, she argues that among the different ways to develop a sense and position of subjective power as a psychoanalyst, candidates may need both to submit to and usurp the power of their teachers – both identifying with and struggling against them. Borrowing from Arlow, she applies his concepts of Mosaic and Promethean transmission of power to a clinical and supervisory example, which illustrates both processes.

Next, John Madonna's paper, "Transference and the Power of Enactment: Obstacles and Opportunities in Psychoanalytic Training," includes an analysis of common transference patterns in analytic training, and describes some novel approaches to analytic education. At his institute, training analysts (TAs) do not report on the progress of candidate analysands to training committees, but TAs teach classes that their analysands may attend. Moreover, typical enactments of envy, jealousy, rivalry, exhibitionism, and displaced incestuous wishes may be addressed with interventions such as integrating content and process work in the classroom. Strikingly, TAs may at times offer careful didactic/clinical interventions in the classroom. His institute also has been open to a perhaps unique process of dual training analyses – with a second used to help facilitate the work of the first. These ideas and practices also subvert frequent assumptions about the transference power of TAs: Instead of trying to minimize their role, at Madonna's institute they choose to use the intensity of transference dynamics in the service of psychoanalytic education.

In our third article, *Power and Perversion (Poder y Perversión)*, Francisco Vásquez Ramírez explores the development of these related concepts. As in the other articles in this section, several regularly made assumptions are questioned and subverted in this paper. It may be necessary to abjure power, as conventionally understood and felt, in order to function powerfully as a psychoanalyst of patients with perverse structures of relating. On the one hand, within and against a perverse transference, analysts may have to turn inwards, to their own powers of creativity in using countertransference and reverie, in order to overcome a deadening tendency within patients not yet psychologically living. On the other hand, the analyst's uses of power within the setting should not be mistaken as tyrannical, as patients and theorists may sometimes argue it is. This author's powerful interpretations of his patient's destructive enactments in the treatment had a containing and integrating effect, showing how what might be feared as damaging may, on the contrary, be constructive.

As a first-time editor of a group of papers about power, it struck me that not only the

content of this section but also the process of developing it demands reflection. Some of the language of the academic publishing business has resonances for the psychoanalyst. For example, the word “submission” reverberates. In a workshop for novice editorial readers of *The Candidate* led by Don Moss in April 2009, he noted that this word implies a coloring of the relationship between author and editor/readers. Although reading and writing are ostensibly secondary-process activities, in “submitting” his or her work to a journal, an author may do so with primary-process fantasies, and expect primary-process responses. The readers and editors receiving those submissions, too, having been solicited to satisfy some of the author’s desires, may feel provoked into primary-process responses: dismissive, prohibitive, protective, seductive, identificatory, counter-identificatory, etc. Another way of saying this is that the relationship of author and editor is one I would call “transference-rich.” Granted that all relationships are transferential, some are more transferential than others.

In editing the original papers for this volume, I have been impressed – at the secondary-process level – by the civility and tolerance of authors whose work was rejected or subjected to major criticisms. I have been impressed as well by the willingness of authors to undertake work to revise their writing along lines proposed by our editorial readers and myself. I would like to think that they, in turn, were impressed by the cogency of our suggested improvements and the recognition of my wish to help them make their work better. But they also, in varying directions and degrees, must have been coerced by the transference-rich nature of the relationship.

I have previously been an author in this and other journals, and have been aware of my desires to be published, for other people to be affected by my ideas and my writing, desires the readers and editor may satisfy or frustrate. I have made efforts, as an author submitting my work, to make changes requested by an editor, only to find that much less was wanted, and that in fact I had gone in the wrong direction – tripping over myself to meet a fantasy about the editor’s desires and how I might satisfy them. As Grotstein (1988, p. 350) notes, “The superego function of journal editors has long been assumed by all of us writers or would-be writers.” Although perhaps assumed by seasoned psychoanalytic authors, it may be worth making this and other functions more evident, for the benefit of authors, editors, and readers alike.

As an editor, one has and lacks power. An editor is reliant on submissions from authors in order to have a role at all. If an editor really wants a manuscript, an author may obtain more compromises about the editing of the article than is generally realized – given that he or she may, at any time until publication, pack up and go home. One’s powers are limited as an editor: One may want to help an author revise something, but, for myriad reasons, the best intentions of both may not be enough to bring a manuscript to the page (or screen). Pressures from the other members of a journal’s editorial team exist as well: to have enough copy, to have papers of quality, to continue to further an overall vision of why the journal was begun.

One must be prepared to assert positive and negative varieties of power as an editor. On the one hand, work must be rejected or criticized; on the other, work must be nurtured and grown. It is not possible to edit effectively with major inhibitions of one’s love or hatred. There are considerable pleasures in developing, with an author, an idea or group of ideas into a cohesive, flowing unity, and even to arouse moments of beauty. Even more than in analytic work, one must be able to enjoy such pleasures, for otherwise the rewards are slight. So too, it

may be necessary to reject a manuscript; some might have merit but lack fit, or some might not reflect justly on their authors.

No doubt most of my own primary-process responses to the tensions of editing will remain unknown. One quite personal response, appreciated only towards the end of the editorial process, was my decision to publish an article originally submitted in Spanish in both Spanish and English. I was raised by English speakers and Spanish speakers, but am monolingual. In editing a “bilingual” article, I may have wanted to fulfill a felt lack in displacement, or to try perhaps to fulfill my Spanish-speaking “twin’s” lack, too. This unconscious response to the formal features of the submitted manuscript (its lexicon) joins other evident, secondary-process motivations for working with this author. Some are related more obviously to the content of the article and its relevance to the theme of power. Another less obvious but conscious motivation is a desire to maximize the unique possibilities of an online journal by publishing a foreign-language article in full-text, rather than in abstract, as print journals are constrained to do.

Finally, I would like to extend my gratitude to the many editorial readers and advisors who worked with me on the *Original Papers* section, and to the former editors of *The Candidate* for their generous assistance and advice, as well as their direct work with manuscripts and developing first-time reviewers; in particular, my thanks to Sharon Lavon, whom I questioned most often. Last, but not least, my thanks to those authors who offered us their submissions; we need you as much as you need us.

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Speaking for Ourselves: Forging a Sense of Agency as a Psychoanalyst

Phoebe A. Cirio, MSW

The author examines how candidates can develop a sense of agency as psychoanalysts, including the central use of supervision. Acquiring confidence in our own judgment involves discovering our own voices as subjects, and listening to ourselves speak to others. In the supervisory relationship, we test our clinical understanding of the patient and build a sense of our own skills as clinicians. Two forms of relating to supervisors and other aspects of analytic training, the Promethean and Mosaic, are contrasted and discussed. A clinical example of the use of supervision is offered to illustrate these ideas.

Introduction

The term “voice,” as a synecdoche for personal empowerment, has been an organizing metaphor for individual agency, and validation of a different, empathic way of thinking, at least since Carol Gilligan published *In a Different Voice* in 1982. Finding one’s own voice is both a sign of, and a means of, establishing personal power. Gilligan demonstrated that, while women think differently than men, their way of thinking is no less valid. Gilligan not only validated empathic thinking for women, but validated it for everyone. Subjectivity is as valid a way of knowing as any other, perhaps even preferred in the human sciences, including psychoanalysis. In fact, being able to speak as a subject, from experience, about one’s own experience produces a feeling of agency and faculty, and these are necessary to practice psychoanalysis. These capacities are the basis from which we make interpretations. Knowing one’s own voice is the foundation for subjectively informed action in a psychoanalytic relationship, and in the psychoanalytic community.

Psychoanalytic Personhood

Part of being a psychoanalyst is using subjective experience as a basis for thinking about clinical work. It is invaluable with our own cases, and it allows us to talk to colleagues and to build clinical theory. But we do not start out having the ability to speak from subjectivity; somehow, we get it. In addition, the political dynamics of the psychoanalytic community are shaped by the use of subjective speech. Speaking as a subject is a feature of the culture of psychoanalysis, and speaking subjectively is an indicator of one’s status and standing in the psychoanalytic community in which the speech takes place. Acquiring the particular skills and capacity for speaking as a subject is part of the process of socialization and education required to become a psychoanalyst.

The ability to speak from one’s own sense of self, subjectively, is achieved through the tripartite training in psychoanalysis: the didactic portion in the classroom, the clinical component consisting of individual supervision of cases and continuous case conference, and the personal analysis. The net effect of psychoanalytic training is to produce someone who can speak for themselves. Cavell (2006) defines a self as follows: “I conclude that, if by ‘self’ we mean a subject, a thinker who can perform Descartes’s initial act of self-reflection, an agent who can doubt, reflect, and argue, then one becomes a self through those very understandings that allow him to speak for himself” (p. 85). “Self” is a subject and a thinker; self is, therefore, the

result of subjective experience critically evaluated. Cavell concludes that the answer to the question “What is the self?” is the ability to think a “first-person thought” and to be able to make judgments. To do these things, “one must have already learned to distinguish oneself from others” (pp. 84-85). These qualities, however, form what I would call the preconditions of selfhood and subjectivity. To be able to exercise one’s selfhood and speak from subjectivity in the psychoanalytic community requires even more than the ability to form “first-person thoughts.” One must also achieve “personhood.”

Davies (2009), in his anthropological study of psychoanalytic training, refers to “the concept of personhood” (p. 91). “Personhood, broadly speaking, is that which is gradually conferred on those who have moved progressively out of the reach of the unconscious so as to emerge from its influence with more self-determination” (p. 91). Achieving “personhood,” through a personal analysis, resolves an irony that is central to psychoanalytic theory. At the core of psychoanalysis is the idea that no one truly knows their own mind. We all experience the effects of unconscious forces, which shape and determine our behavior to one extent or another. Yet, achieving “personhood” authorizes an analyst to assist another in mitigating the effects of the unconscious on themselves. “Thus personhood, psychodynamically conceived, could be defined as a *quality of consciousness*; a quality which, to the extent that it is obtained, allows a person to perceive and to act with greater freedom from compulsion and distortion” (Davies 2009, pp. 92-93). But the quantity of consciousness varies, and no one ever achieves full personhood. One of the ironies of the variance in the quality of consciousness is that status in the psychoanalytic community is conferred at graduation, again at certification, and at the awarding of training analyst status – but there is no guarantee that the individual on whom status has been conferred retains that same quality of mind at any point thereafter. Nonetheless, they retain the perquisites of status.

Davies implies that one can have less personhood at some points in life and more at other times, as well as that, at any one point in time, some people have more personhood than others within that particular community. He considers “personhood” to result from having acquired some perspective on one’s own mind, a self-reflective capacity. But personhood is intangible; how do you know when someone has achieved it, or retained it? There is no public declaration or outward sign. If someone has not completed the training analysis, or has, but opted to undergo reanalysis, does this mean they have a shortcoming in their “personhood?” Institutional psychoanalysis, needful of external markers of achievement to function administratively, creates a proxy for “personhood” as a means of ranking its members. The ideal is that the milestones of training, such as graduation, certification and achieving training analyst status, would truly correspond to a deeper kind of reflective capacity. Often it does; sometimes it does not, and there is no way to be sure of another’s degree of actual “personhood.” It may be for this reason that there is a certain amount of paranoia in psychoanalytic institutions.

A significant quotient of “personhood” is what psychoanalysts strive for, but since it cannot be assessed directly, then a proxy, in the form of standards of competence, is used to establish status and the degrees of membership. Those with the most personhood, achieved by completing their own analyses and other steps in the process of initiation into the psychoanalytic community, enjoy the most complete level of membership. The conferral of full membership status upon completion of a personal analysis indicates the value to the psychoanalytic

community of the personal analysis; less so, the other more didactic aspects of training. But the personal analysis is the *sine qua non* of preparation as a psychoanalyst. The achievement of personhood, and hence full membership within a particular psychoanalytic community, provides the platform of status that permits one to speak as a subject.

This concept of personhood is being used without irony by Davies, and I think we can use it here to talk about the regulation of the economy of power, particularly how power is distributed in psychoanalytic institutes and within the profession. In the passages that follow, I am going to stretch the term “personhood” and use it to refer to the status of full membership in the psychoanalytic community. This takes the term beyond how Davies uses it, but also allows me to discuss the impact on candidates of some of the power dynamics within psychoanalytic institutions.

The Economy of Power

One of the essential issues of candidacy is the economy of power. As candidates, using Davies’s language, we are not full persons. We have some personhood, just as infants in their families have some personhood. We hope, and I think the faculties at our institutes hope, that we will someday become full persons, and full-fledged members of the psychoanalytic community. But, until graduation, we are not full persons, and so possess the least power in the community. In exchange, we enjoy protections from many responsibilities and duties that fall to the full members of the community. But those who are full persons are entitled to speak in their own voices, to speak subjectively.

Speaking as a subject is a privilege of personhood in the psychoanalytic community. Privilege is a perquisite of power. Speech as an act of power has been analyzed within the body of work generally referred to as critical theory. One of the questions considered in critical theory is who has the right to speak, and for whom do they speak? Lakritz (1995) raises questions about authority. “So, who has the right to speak? How far does that authority extend—to what classes of addresses? What does it mean to speak from authority? To be authorized sufficiently that we might pass unmolested through the significant passageways of our culture...” (p. 4). The authority to speak within the culture and institutions of psychoanalysis derives largely from the successful navigation of psychoanalytic training. I think we can include, under the rubric of training, the vetting that continues after graduation as analysts pursue post-graduate credentials. As the system is currently constituted, those who occupy the status of training analyst have the most complete quotient of personhood. When a psychoanalyst speaks with authority, that speech is a kind of subjective speech that develops from a combination of self-knowledge, which derives from their personal analysis; the intimate knowledge of others, which results from having analyzed others; and institutionally granted recognition of this individual’s personhood in the community.

Speaking subjectively has at least two dimensions: feeling entitled to speak subjectively, and being allowed to speak subjectively. *The Candidate* has created a venue where candidates can nominate ourselves to the status of subject, speak about our education and socialization from our own points of view, and do so with the authority that derives from our current experience of training in a psychoanalytic institute. We can speak among ourselves about our experiences, but,

in the long term, our goal is to belong to the larger psychoanalytic community, and have our speech listened to there.

The second dimension of subjective speech, being allowed to speak, does not refer to whether you can get your message in front of other eyes. In the current age of the internet, anyone can blog or post messages on a listserve. The issue is who listens. Does anyone read the message, and, if so, who? Again, in the economy of power, the issue is whether the message has a second life of having influence. Specifically, does what we say matter?

The difference between the economy of power in psychoanalysis and the economy of power that is addressed in critical theory is that psychoanalysis has a scientific foundation. Critical theory has been useful for creating consciousness within minority groups, such as people of color, or gays and lesbians, and oppressed groups who are not necessarily in the minority, such as women. Defining a group consciousness allows individuals to identify with the whole, and hence, feel legitimized to assert their specific concerns to the powerful members of the community. To some extent, this should be a concern of candidates. We are a constituency with ideas about training, institutes, and psychoanalytic practice, and if we had a sense of consciousness as candidates, then we could establish our status as persons on that basis. But there is more for us to think about. We are not merely asking for full inclusion in a community on the basis of citizenship. This is not equivalent to women's suffrage, where women were deemed not capable of fulfilling the obligations of citizens because we inherently lacked intellectual or moral capacity. We are asking to become full members of a scientific community, and so have to demonstrate competence in the science practiced by the group to become full members and full persons.

The inclusion we seek is, therefore, not just a political inclusion, although there are elements of politics involved. It is an inclusion based on actual achievement within the science. Therefore, the process of achieving full membership, full citizenship, requires demonstration of competence in the science and practice of psychoanalysis.

Supervision and Internalization

Just as the freedom to speak is the hallmark of full membership in the community, speech is the vehicle for acquiring the skills and knowledge for full membership. Vygotsky, a Russian cognitive psychologist and contemporary of Piaget, studied the development of higher psychological processes (Turner 1990). His interest was in child development, but I think his ideas of the mode of developing higher intellectual processes would generalize to the type of learning that occurs in psychoanalytic education. Vygotsky thought that the development of an individual's mind, as well as the process of learning, was inherently social. Cavell (2006) clarifies Vygotsky's ideas: "Vygotsky also held that the individual mind emerges from a more rudimentary and collective form of life, and that the crucial turn is a kind of internalization of the other" (pp. 63-64). Internalization is used for learning all through life. Vygotsky theorized that self-talk was a crucial part of the development of problem-solving capacity and skills. Young children first talk to themselves when solving problems and then to others. When children talk to themselves, they are introducing an other into their process of problem-solving. When people engage in dialogues with themselves, they are functioning as others to themselves (Holland &

Lachicotte 2007, pp. 106-107).

Vygotsky (1986) is best known for the concept of the zone of proximal development (ZPD). With ZPD, he extends the inherent tendency for children to talk to themselves to an educational method in which children talk to others about things they do not yet fully understand. The ZPD is the region of unknowns that is closest to the body of knowledge we already possess. The material in the ZPD can be learned, but only with the assistance of another. This is the model for clinical supervision. We talk to another about what we do not yet know and cannot master without another's assistance.

Candidates, in learning to be analysts, engage in speech, both self-talk and talk with others, which helps to shape us as analysts. A part of personal analysis is the development of the observing ego of the analysand; listening to ourselves talk is part of our analyses and part of our training. The use of speech facilitates the development of subjectivity in the candidate. Subjectivity is essential for analytic functioning and it provides a necessary platform for a sense of agency in the analyst.

I would argue that the relationships we have with supervisors are where clinical learning primarily occurs. Analyses go on for years, and that means that the relationship with the supervisor does as well. In order for supervision to prepare us for clinical practice, where our own subjectivity and the subjectivity of the patient can be enabled in the treatment, a parallel dyadic relationship has to exist between candidate and supervisor. Operationally, this requires that candidate and supervisor create a relationship to which both are committed for the benefit of the analysis, as a third entity. In order to learn, candidates have to use the relationship honestly, and so describe our work in detail, exposing all of our misconceptions, misunderstandings and errors in the process. Candor and trust in the supervisor enable the candidate to enter into the ZPD, and become proficient in what we previously did not know. The essential issue for candidates is that we become engaged with our supervisors in a process of learning psychoanalytic technique, which also facilitates our defining our identities as psychoanalysts and clinicians. This process is not always easy and can involve struggle. It is through the relationship with the supervisor that learning, in the form of creating a new, more complex internal structure, occurs. As Cavell (2006, p. 64) writes: "Vygotsky (1962) traced a developmental scheme according to which 'egocentric thought' proceeds to full-fledged mental states. Vygotsky writes: 'The process of internalization is not the *transferral* of an external activity to a preexisting internal plane of consciousness; it is the process in which this internal plane is formed.'" Vygotsky posits that new structure is created where none existed before. Acts of creation involve struggle and usually conflict.

During candidacy, the supervisor is in a position to teach us, evaluate our work, and recommend us for graduation. Reeder (2004, p. 123) describes supervision as being inherently conflicted because the supervisor is both a guide and an evaluator of the candidate. Since virtually all institutes are non-reporting by our analysts, we are evaluated by our supervisors. "What I have in mind is a *pedagogic conflict* that has to do with the supervisor having to be at one and the same time an educational authority and a mentor" (Reeder 2004, p. 122). The mentoring that Reeder describes is possible only when the supervisory relationship is safe. When a supervisory relationship is safe, it can be friendly and warm for the candidate and

supervisor alike, engendering a collegial intimacy. But there are limits to that intimacy. The supervisor reports on the candidate, and, as Baudry (1993, p. 597) points out, the candidate's career advancement depends on evaluation by the supervisor. Because of the dual nature of the supervisor-supervisee relationship, the supervisor both supports the analytic work of the candidate and teaches the candidate how to conduct an analysis and handle technical challenges, and evaluates the candidate's capability and work.

The dual nature of the supervisory relationship may make supervision a venue where tensions inherent in psychoanalytic training, and the power dynamics associated with training, can be enacted. How can you screw up, be blind to transference and countertransference, and deaf to what the analysand is telling you, feel free to lay it all out in supervision, and be open to the help the supervisor is offering with the case? Being the candidate in this position is difficult, but having been in precisely this position with a supervisor provided me with an invaluable learning opportunity, as I will discuss shortly.

For supervision to be of use, we have to be able to display countertransference, enactments and clinical deafness. To feel free to reveal all of these vulnerabilities, we should have some expectation that the disclosed material should be understood as part of a developmental process. But an essential issue for candidates is that we may become engaged in a struggle with our supervisors, and, to a lesser extent, our classroom teachers, in defining our identities as psychoanalysts and clinicians.

Achieving competence as a psychoanalyst is, I believe, impossible without the opportunity to use the faculty, our teachers and supervisors. Acquiring a sense of agency as clinicians occurs only when we have the opportunity to test ourselves clinically through interpretation and application of psychoanalytic theory. Supervisors will be mentors and, at times, adversaries. In order for the candidate to successfully learn technique and theory, it has to be personal. The supervisor is charged not just with education of the candidate, but with imparting the tradition of psychoanalysis. In their efforts to learn, candidates will inevitably challenge the tradition of psychoanalysis, or should, if only through mistakes. If candidates are to really learn psychoanalysis, then a struggle should ensue as part of the candidate's education.

Identification with the supervisor may be an unconscious method of pursuing mastery of psychoanalytic concepts and resolving ambivalence about the method. Arlow (1982) argues: "Several factors serve to intensify latent concepts of psychoanalytic training as a *rite de passage*. The master-apprentice relationship which is built into the psychoanalytic experience of analysis and supervision tends to activate unconscious conflicts over succession of the generations and rivalry with the master as part of the fantasy of identifying with him in order to get his magical power" (p. 11). In this same paper, he contrasts Prometheus, stealing fire from the gods, with Moses, upon whom is bestowed the law as reward for appropriate submission. Arlow argues that these are two major transferences of candidates to supervisors and training programs. Both Moses and Prometheus obtain the "all powerful knowledge," but do so in very different ways.

Clinical and Supervisory Example

In my first year as a candidate, when I still lacked a clear understanding of transference, I

made some clinical errors. About six months into the analysis of my first case, a 10-year-old boy I'll call J, J's family had gotten a new dog, their first pet, which I will call Sassy. J wanted me to see her. We discussed his wish to bring Sassy to the office for a session. On Friday, we were making plans for him to bring her for his Saturday session. We both thought Saturday would be the best day. The building had less traffic on a Saturday, and there would be no risk of running into the maintenance man, who might try to prevent a dog from entering the building. J was uneasy about what to do if Sassy needed to relieve herself, and he wondered if it would be okay if we took her outside. I could see no harm in that. I was pleased that he was developing an attachment to this pet and also interested in bringing her in so the three of us could interact. I said yes, we could take her outside if we needed to.

This child was quite anxious. I had known of his anxiety during the two years of psychotherapy that preceded the analysis. But the extent of his anxiety, and the clinical challenge it presented, particularly given this was my first case, was something of a surprise to me once we increased our frequency to four times per week.

J brought Sassy to his Saturday session, and, at some point in the session, he felt he needed to take her out. The manifest reason for going out was that he did not want her to urinate on my rug. Neither did I. We went outside, and spent about 15 or 20 minutes walking her around the block. I went outside with him just as I would have walked down the hall to wait if he needed to use the bathroom. However, at some of J's sessions the following week, he asked if we could again go for a walk. My thinking at the time involved a couple of things. I thought that the session with Sassy had gone well. If this was a way to relieve some of his anxiety, why not give him some latitude to see whether the walks will allow some relief from the anxiety? I also had heard accounts from a previous supervisor, and others, of taking walks with patients. I thought: This is okay if it helps the therapy along. The walks did not help. He was just as anxious when in the office. I felt stuck. I had let this become a part of the therapy. I had no idea how to stop it in a therapeutic way. I was getting concerned that he wanted to take walks just about every session. I had been talking about this in supervision and later learned that my supervisor was dealing with me in much the same way I was dealing with my young analysand: "Let's see where it goes."

Finally, my supervisor realized this was not productive, and confronted me by saying, "You are smart enough, and certainly seem motivated. Why aren't you getting this?" This observation stung, and brought tears to my eyes. I believe that my supervisor was confronting me with my lack of awareness of the transference enacted in the walks. This rather harsh assessment was nonetheless accurate, and I learned from the experience. I figured out how to interpret what was happening with my analysand and we worked through the enactment, enriching the analysis. My understanding now is that an eroticized transference was being enacted in the walks. I think at the time this dynamic made both me and my analysand anxious. He did not want to be confined in the office with me, and I was not really confident about understanding or interpreting the transference.

I do not endorse shaming or harshness in the education of candidates, and if those feelings are experienced, the candidate and supervisor should discuss them. However, those feelings can arise if the analytic work is being discussed thoroughly. It is only through the

intimacy that is fostered when we expose our clinical work, that the relationship with the faculty becomes suffused with enough meaning to both parties that it can be of use in the candidate's development. Harsh as my supervisor's statement was, he made it because he cared that I learn what I needed to learn to be able to practice psychoanalysis.

This clinical vignette illustrates the vicissitudes of finding one's own voice as a psychoanalyst. Cavell (2006) says that establishing a "self" requires one to "doubt, reflect, and argue, then one becomes a self" and able "to speak for himself" (p. 85). Until the confrontation with my supervisor, I was not functioning as a "psychoanalyst self." Certainly, in other areas of my life, I possessed a sense of self and a sense of personal effectiveness and agency, but becoming involved in this enactment with my analysand was evidence to me that I was not operating as an agent of psychoanalytic theory or practice at that time.

Being confronted by my supervisor was actually a relief. He acted from his sense of agency, self, and personhood, which both forced me and freed me to initiate action with my analysand. Part of the evidence of my lack of a sense of self and personhood was my inability to take effective action. After my supervisor confronted me, I interpreted to my analysand that the walks were not compatible with what he and I were working towards: a deeper understanding of himself and his problems. Although he was only 10 years old, he was allied with me in the treatment, and together we agreed to no longer take walks. At the point that I made the interpretation, I became more effective as a "psychoanalyst self." I then was able to function analytically to interpret my analysand's psychic structure because I had found my own voice. I saw myself more clearly, enabling me to see him more clearly, and act on that understanding.

In Vygotsky's terms, I had *internalized* something of my supervisor's understanding of transference and its uses, and this had produced in me a new, more complex, internal structure. I no longer needed to gratify my analysand's wishes, or evade his anxiety by stretching the analytic frame; we could work within the frame and go more deeply into his fantasies and wishes for the purpose of the analysis.

Use of an Object in Psychoanalytic Training

Winnicott's ideas and interest in play, transitional objects, transitional space, and the use of objects can help clarify conceptually some of the process of development in psychoanalytic candidacy. In his paper, "The Use of an Object," Winnicott (1971) examines the use of destructive power in creating new object relationships in infancy. He provides us with a template for transformation of self through the acquisition of a new, deeper, way of relating. Winnicott tells us, "This sequence can be observed: 1) Subject *relates* to object. 2) Object is in process of being found instead of placed by the subject in the world. 3) Subject *destroys* object. 4) Object survives destruction. 5) Subject can *use* object" (p. 94).

In a similar way, learning psychoanalysis requires the candidate to "destroy" psychoanalysis as it is through our relationship with the institute and its faculty. Here Winnicott suggests: "Study of this problem involves a statement of the positive value of destructiveness. The destructiveness, plus the object's survival of the destruction, places the object outside the area of objects set up by the subject's projective mental mechanisms. In this way a world of

shared reality is created which the subject can use and which can feed back other-than-me substance into the subject” (1971, p. 94).

The destruction and survival of the object is a developmental achievement for the subject. The effort to destroy, and the object’s survival, allows “that the subject had accepted some limitation of the wish to control the object omnipotently” (Modell 1985, p. 132).

Candidates engage the theory and practice of psychoanalysis with a desire to master them, but mastery can only be achieved through a struggle to understand and apply ideas to clinical practice. This engagement and struggle enables candidates to develop the skill and clinical acumen for psychoanalytic practice. This struggle takes place within the one-to-one relationships of supervision, and also in the classroom.

In infant development, this effort to destroy the object occurs in fantasy and through enactment. If it were confined to fantasy, then the baby would be left without actual experience. Winnicott (1971) says, “A world of shared reality is created” (p. 94). But how is this shared reality created? The baby attacks the mother first using its only available weapons, the mouth and teeth. Is the mother in genuine peril? No, but the baby’s bite will certainly get her attention, and the baby will be viewed by the mother as aggressive and capable of asserting its own aims. Because the baby is seen as different and newly potent by the mother, the baby now also can experience itself as different. The baby is capable of changing and shaping the relationship with the mother, using its own agency and power.

The word “aggression” in English implies violence and hostility, and evokes the idea of attack. The aggression involved in the baby’s fantasized and enacted attack against the mother never endangers her, but creates a new reality between them. The baby has bitten many other things before biting the mother. The baby, immersed in the oral phase, chews, bites and gnaws on toys, testing their substance, firmness and responsiveness to its aggressive exploration. Does the baby fantasize destroying its toys and furnishings? Perhaps, but only the mother responds to the biting by changing her way of relating. The baby’s relationship to something inanimate will not be changed by the baby’s aggression, but the relationship with the mother will. It is through this attack that the baby now sees the mother as responsive in a different way from other objects in the environment.

For Winnicott’s baby, the risk is that the object does not survive: “It will be seen that, although destruction is the word I am using, this actual destruction belongs to the object’s failure to survive. ...The word ‘destruction’ is needed, not because of the object’s liability not to survive, which also means to suffer change in quality, in attitude” (1971, p. 93). For the infant to optimally make use of the object, it is important that the object does not fail the infant. If the object is to be useful to the development of the baby, it must endure the destructive attack, and not “suffer change in quality,” which would include retaliation against the infant. The infant will then have established the actual reality of the object, and can use the object, rather than just relate to the object. For Winnicott, relating to the object is relying on the object as a supplier of needs. The object is not perceived as separate from the infant, and is experienced as being under the infant’s omnipotent control. The infant can use the object when the object has been proven to be separate from the infant.

Winnicott offers us a model for transformation of the self. But in order for this self to be transformed, there has to be an actual and authentic engagement with the object. The failure to destroy the object imbues the object with significance. To the extent that the object is significant, the struggle with the object carries weight and meaning. Winnicott talked about infants. Others (Eigen 1981, Modell 1985, Ghent 1989) apply Winnicott to analysands. Here I believe we can apply the ideas of relating to objects and using objects to psychoanalytic candidates. In the case of psychoanalytic education, the object is the institute and its faculty. Presuming that the members of the faculty possess the quality of “personhood” allows them to be used by candidates to test ourselves against. Having survived the vetting process, the faculty can be used by us to test our theoretical and clinical thinking.

In order to adequately learn psychoanalytic theory, candidates have to achieve the ability to actually use the object. To accomplish this developmental step, the faculty has to survive the destruction. Winnicott (1971) argues that the ability to use an object is a developmental achievement. “To use an object the subject must have developed a *capacity* to use objects” (p. 89). He tells us that there is a “*paradox, and the acceptance of the paradox*: the baby creates the object, but the object was there waiting to be created and to become a cathected object” (p. 89). The object has to be available for use, and the baby has to then discover the various uses for the object. Similarly with candidates, the institute must be available for use, and part of its ability to be used would lie in it not being too willing to change. If the faculty of the institute are committed to their psychoanalytic view, then they will be worthy for use by candidates, who are developing and refining their own psychoanalytic identities.

For a supervisory relationship to actually benefit the candidate, the supervisor must have expectations of the candidate. Supervisors have to have their own view of the psychoanalytic endeavor, and work to impart that to the candidate. At the beginning of the supervisory relationship, the candidate will not have a well-developed view of the analytic endeavor. But it will emerge. As the candidate and supervisor work conjointly on the treatment of the candidate’s analysand, the candidate will have the opportunity to develop his or her own idea of the therapeutic action of psychoanalysis and how best to engage their analysand through the transference. This conjoint effort, ideally, results in an eventual resolution of the analysand’s clinical problem.

Candidates eventually arrive at our own ways of thinking and doing psychoanalysis. We require the affirmation and encouragement of our supervisors when we get it right and are doing things well, but we also need them to withstand our challenges to their authority and perspective. Only by testing their knowledge can we actually forge our own clinical acumen. Only by caring enough to hold up under the testing and not retaliate, shame or dismiss us, or our patients, can they actually be of use in our development as analysts.

Conclusions

Arlow (1972) regarded rites of passage as necessary to work through the unconscious conflicts associated with candidacy. The stories of Prometheus and Moses are illustrative of unconscious, oedipal conflicts that candidates experience when acquiring psychoanalytic knowledge. Learning the workings of the unconscious, through one’s own analysis and through

the analyses of others – the road traveled towards achieving personhood – may be experienced as stealing fire or receiving the law. It is an oedipal struggle because the fire and law come from the earlier generation, and they do not yield it easily. The Promethean way is to trick Zeus and seize the fire. However, Prometheus tragically discovers what happens when Zeus learns he has been tricked. Moses has to endure tribulations, as God tests his worthiness to lead his people; having demonstrated his merit, he receives the tablets and God's imprimatur. There are risks with either path, but Arlow (1972) maintains that the unconscious fantasies of candidacy adhere to these themes:

Of the childhood conflicts which figure prominently in the transference neuroses of candidates, two sets of fantasies are of special significance to the organization of the training mythology. The first fantasy concerns the wish to kill the much envied and admired father in order to appropriate from him the phallus, purveyor of magical omnipotence. In the learned professions omniscience is the instrumentality of power. In analysis, Freud is the ultimate source. The mythological expressions corresponding to these fantasy wishes are many. They may be typified in the figures of Moses and Prometheus, both of whom go up on high and come down with the symbol of the all-powerful knowledge. Moses gets it as a gift on condition of submission and obedience. Prometheus steals it; he is the tragic rebel who is punished. The appropriate ritual for these mythological versions of the fantasy is the initiation rite and the totem feast, with all their civilized equivalents (p. 561).

I believe that this paper, an effort to analyze the power dynamics of candidacy, is a Promethean endeavor. My clinical vignette, however, had some of both the Promethean and the Mosaic themes. I tried to conduct the analysis the best way I knew how, and got caught in an enactment that I was not able to get out of without help. I regard my supervisor's confrontation as a kind of "laying down the law." Essentially, I was told "Do it this way now." It has been three and a half years since the occurrence described in the vignette and, in retrospect, I regard it as a useful learning experience, as I internalized some of his lore. But at the time, it was quite difficult. When Arlow argues that there need to be rites of passage in candidacy, he does so because he respects the powerful unconscious fantasies that psychoanalytic education stirs in those of us who undertake the training.

The upshot is that the fire must be passed to a new generation or else it burns out. Someone has to come next to tend the fire. But who? Does the older generation select the new fire-tenders, or do the fire-tenders nominate themselves? Arlow would tell us, I think, that either way can work, but each of us has to determine for ourselves whether we lean towards Prometheus or Moses as we strive for personhood.

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Transference and the Power of Enactment Obstacles and Opportunities in Psychoanalytic Training

John Madonna, EdD

This paper examines the complexities of analytic training with regard to the multiple roles that a training analyst may be called upon to play within the milieu of institute life. Early, ongoing and current opposition to multiple role functioning is reviewed, as are the arguments of the proponents. Innovations attempted by one analytic school, which favor integration, are examined. These innovations include the training analyst as process teacher in class with candidates, the use of logs for monitoring the cognitive, emotional and transference status of candidates, in-class interventions, and the use of simultaneous dual analysis.

Introduction

The greatest mistake we could make would be to consider our present training system as a final, or even settled, solution of our many problems. The present system is only one more step in a long development, after many previous steps have been found faulty in one respect or another, and it is quite certain that future generations will form the same opinion of our present system. This symposium will then stand to our credit, that at least we were conscious that there were problems to be faced.” (Balint 1954)

Fifty-five years later, we must remain conscious of Balint’s warning, insofar as the possibilities for replication and enactment of individual pathology, by all who engage in the analytic training enterprise, continue to be numerous and compelling. If improperly managed, these challenges can compromise, if not destroy, the candidate’s opportunity for personal growth, professional development, and successful entry into an analytic career. Consequently, the exact nature of the training analyst’s role has been the focus of vigorous discussion for more than a half century. Some, citing the risk to neutrality, objectivity, and transference of the training analyst serving in multiple roles within the milieu of the institute, have advocated various levels of separation, and restriction of the training analyst’s function to only the analysis of the candidate. Others, arguing that extra-analytic contact is not only inevitable but perhaps clinically desirable, have advocated integration, albeit carefully so.

Training Analyst as Evaluator: Early Opposition

Bibring (1954) and others discussed this issue at the 18th International Psychoanalytic Congress. Bibring cited the training analyst’s potential loss of neutrality due to his function as evaluator, and the greater level of exposure that comes with teaching and the inevitable casual contact, a part of institute life. The candidate’s agenda to first become an analyst and only secondarily to be cured can result in the training analyst being perceived as a “dreaded judge.” The analyst’s “expected criticism is anxiously circumvented by the candidate and (the analyst) is constantly suspected of hostile reactions which may destroy the candidate’s training opportunity” (p. 169). The situation was seen as a tense one in which a paranoid response, crusting over underlying pathology and obscuring it, would not be infrequent, obfuscating pathology in the guise of pseudo-cooperation with the analytic process. Or perhaps the candidate simply does apparently diligent work on pathology, which is fabricated or tangential.

In her explication of the difference between a therapeutic and a training analysis, Heimann (1954) furthered the discussion, saying that “When the analyst acts as a representative of the training committee, the analytic situation essentially assumes the character of a triangular relationship with the analyst in the role of both parents, and often specifically of the combined parental figure” (p. 165). The extra-analytic contact can feed this perception, with the candidate at times feeling as though the training analyst either is allied with him, or in collusion with the authority structure that will be judging him. The opportunity for splitting can be strong, as Heimann indicated. As well, she cautioned that the training analyst’s personal problems, exacerbated by the institutional milieu, also may enter in as potentially disruptive influences. She stated that “Personal conflicts with colleagues, friendships and animosities, may rouse anxieties about (the analyst’s) reputation more than with the analysis of a patient, because the result of the training analysis is known to his colleagues” (p. 164).

In line with this, the training analyst, if ambitious, may be inclined to expect the candidate to be exemplary in order to demonstrate the analyst’s professional efficacy. Heimann warned that the analyst may use the candidate to illustrate/fulfill his or her own theoretical orientation. Or the training analyst may transmit, in one way or another, doubt about the analytic process, or enact any number of other pathogenic projections.

Gitelson (1954), in his opposition to integration, expanded the discussion by calling attention to an additional complicating issue. He cited the growing preponderance at that time in the application of “normal,” or rather “pseudo-normal” candidates, who entered training with culturally promoted ego-syntonic resistances (e.g., counterphobic and denial mechanisms, as well as the intellectualization of symptoms). He asserted that there would be many whose pathologies would fit well within an ecological system of the analytic milieu. That is, “In a social setting in which aggressiveness, ambition, and hard work have a high premium attached, a gifted analysand can live through his analysis as he lived through his life, cleverly disguising his neurosis” (p. 179). Such candidates, he believed, would use the classroom experience in particular to their advantage, and the training analyst who also teaches would be particularly apt to be the focus of such defenses on the part of the candidate. Gitelson cited Kubie’s dramatization of the situation: “Under such circumstances subtle neurotic mechanisms can be temporarily inactivated only to reappear in later years after the therapist has faced the stresses of his professional life” (p. 178).

Integration or Separation: Subsequent Debate

Discussion of the dual role of the training analyst has continued through the years, and was well reviewed by Laqueria (1985). Notable discussions pertinent to the problems of the training analysis were those of Lewin and Ross (1960), Greenacre (1966), and A. Freud (1966). While acknowledging the value of the training analysis, some researchers (Nacht, Lebovici, & Diatkine 1961) continued to cite the potential compromise in the transference, which can be the result of the candidate’s dependence on the training analyst for when and if the candidate enters the profession. Bernfeld (1962) echoed Nacht et al. in this regard. As a remedy, Kairys (1964) proposed separating the training analysis from the rest of the candidate’s experience. Candidates would then be judged primarily on their academic and clinical work. McLaughlin (1967) agreed. Dorn (1969) likewise took this position but went even further, suggesting that the designation of

“training analyst” be dropped entirely. Stone (1974), as well as Van der Sterren (1975) and Lifschutz (1976), advocated that training analysts not report to evaluation committees. Their argument for not doing so was that such reports were inherently susceptible to counter-transferential abuses.

Conversely, some commentators advocated the position that the training analyst ought indeed to report to evaluation committees. Laquercia (1985) cites Calef and Weinshel (1973) as to the reasons: the synonymous goals of analysis and institute; a violation of confidentiality need not necessarily be inherent (i.e., rather, being focused and limited); it is important for candidates to know that graduation into the profession is, after all, fundamentally contingent upon analyzability, and that the training analyst is the primary judge of this. To not report could, in fact, encourage a mutual deceit “reinforcing the impression that all is well,” when it may not be. Both Shapiro (1974) and Reich (1974) suggested that a mature and resolved training analyst could handle such reporting without compromising the analysis. The honesty and good will of such an analyst would be more apt to enable the candidate to “deal appropriately with the evaluative aspects of the analyst’s dual role” (p. 299). The 1974 American Psychoanalytic Association Conference on Education and Research (Goodman 1977) stated that the training analyst should not be sectioned off from an institute’s total program, as it was a “prerequisite and preparatory experience,” but that the more personal material need not be included in reporting.

Shapiro went on to make very definite recommendations to ensure this outcome. His plan stressed the notion of a therapeutic alliance between training analyst and candidate in which they would together analyze through to decisions upon such issues as when the candidate ought to commence classwork, supervised work with patients, and graduation. Stone (1974), according to Laquercia (1985), also advocated a second analysis after the more didactic training analysis was completed, and independent of curriculum requirements. The former, in this case, would be in keeping with Freud’s own early training method, which was circumscribed and didactic in nature.

Some Current Considerations

In more recent times, Casement (2005) echoed earlier concerns in his discussion of the difficulties managing the power differential between training analyst and candidate. He advocated the need for adequate checks to prevent the training analyst from becoming inappropriately concerned about his/her theories regarding the candidate’s communications and pathologizing candidates who disagree and challenge.

Along similar lines, at the institutional level, limitations/constrictions on creative thinking can be imposed on both faculty and candidates as a consequence of an institute’s need to define itself as the holder of the fundamental theoretical truth. This propensity becomes a distinguishing factor that provides defense against uncertainty, as well as justification for the sometimes excessive measures employed in evaluation and training. As holder of the truth, other institutes and schools can be marginalized, if not dismissed entirely. The effort necessary to engage in enlightening discourse, to reveal uncertainty, or to acknowledge theoretical shortcomings can be avoided. This attitude can, of course, imbue the transferential susceptibilities of candidates with a special urgency toward conformity rather than honest

theoretical inquiry. In this way, candidates and some faculty become victimized, and do not advance their own unique and valuable ideas, to their detriment and that of their patients and the field. Such constraint does not make for good analytic ambassadors to the clinical community at large.

It is imperative that an institute's curriculum offers courses in comparative theory and technique by instructors who truly represent other views, as well as coursework and training in formal research. Too few of our institutes produce the scholar analysts necessary to move the field forward. I think it is crucial that institutional leaders resist the repetition of the comfortable, the compelling need to defend against the uncertainty and ambiguity inherent in the work that we do. As explorers, we should feel challenged and uncertain.

Another dimension of the power differential can be seen in the institutes that are guided by charismatic leaders. Such leaders often are responsible for the formation of institutes and are the driving forces in their growth and development. The energy and creativity these leaders bring is often essential. When such leadership is enlightened and benign, much can be accomplished. Such leaders who set the tone and pace can promote diversity of thought, theoretical inquiry, balanced administrative protocols and sensible training formats. Conversely, some charismatic leaders may be inclined to luxuriate in the attention and adherence he or she receives from a transferentially charged membership. That leader can use this leverage to perpetuate agendas and/or enact unresolved transference issues. Vibrant and healthy institutional life can be subverted into a pseudo cult-like state, with damage being done to those training analysts and candidates who do not conform. The candidate is especially vulnerable if his analyst happens to be a charismatic leader. Leader worship and subjugation of the self, in order to avoid rejection, can result in a lack of forward progress.

The authority of charismatic leaders, even those who are benign, should be subject to the real authority of boards of advisement and regulation. The presidency or directorship of an institute or school should be an office elected by faculty and board vote, and tenure should be limited.

Casement raised another concern in his discussion of the potential for abuse of the candidate by an assessment committee that was unaware of the person of the candidate, and the issue of readiness in relation to that fact. In the absence of input from the training analyst, and without the presence of the candidate at evaluation meetings, there may be an inclination toward "wild analysis" on the part of the committee.

Related to this is the stratification of the advancement process. Though it is necessary that our training of candidates be substantial so that we have a way to measure and support progress, the stages that some candidates are required to navigate can be so numerous and convoluted as to be disheartening. In some institutes, the standard expectation for a training analysis, supervised clinical work, and coursework can be dramatically exceeded. Candidates may, for example, be expected to engage in tiers of supervision, proliferation of coursework and special advisements. This is in addition to functioning in a multitude of voluntary service capacities. Some would argue that such a volume of activity is necessary to ensure professional commitment and excellence. Although this may be so to some extent, I think that there are times

when the proliferation of expectations is more a reflection of the competitive urges of an institute attempting to overcome uncertainty regarding its credibility.

I think also that complex stratification of requirements may be more in the service of the financial interests of training analysts and institutions. The predominant reliance upon candidates' analytic, supervisory, and coursework fees is a form of infeeding, which is the result of a failure to creatively subsidize institutional life by, for example, bringing analysis to the community in more practical applied forms, or grant writing for research and special projects. To not engage in such innovative applications simply perpetuates the current cottage industry, which replicates a feudal society in which there are haves and have nots. It is a society that requires submission and subservience, one in which the rewards, when they do come after a long while, are more monetary in nature and with a likely surfeit of resentment. I believe this type of conduct to be a breach of trust and a violation of ethics; it should be vigorously examined.

Sonnenberg and Myerson (2007) discuss another type of breach, the educational boundary breach committed by senior analysts, supervisors and administrators who, in their efforts to advance their own agendas, competitive strivings, and resentments toward each other, use and compromise the well-being of candidates. One example offered by these authors was that of one analyst's attack upon a candidate's oral presentation, which was really an attempt to humiliate the candidate's training analyst. Another example was that of an advisor urging a candidate to change supervisors in order to discredit that supervisor. These behaviors proceed without sensitivity to, or respect for, the deeply personal nature of the relationship that may exist between the candidate and the person with whom that candidate has chosen to work. Such boundaries can have their liabilities as well, if they preclude true learning and development in the interest of unexamined psychic coziness. There are the perils of countertransference induction, which result in "intense identifications" and "regressions." These have the potential to leave training analysts, candidates, supervisors and others "more empathically involved and more psychologically vulnerable than in earlier periods in the history of psychoanalysis" (p. 212).

Kernberg (2006) has supported the position that the training analysis be "totally disconnected from all other educational processes affecting the candidates" and be conducted by all successful graduates who have been certified (and not appointed) five years after graduation (p. 1662). This would better enable the reduction of the adverse effects of "institutionally fostered idealization of the training analyst" and thus provide a better opportunity for the development of transference and its resolution. Better resolution of what he calls the "paranoiagenic" responses on the part of the candidate also may become possible as a consequence. Kernberg's (2006) review of the more current literature regarding this and other problems in psychoanalytic education is informative. Although the concern that everything should be done to prevent the impairment of the transference stands in support of Kernberg's assertion that the training analysis ought to be separated from the rest of the candidate's experience, concerns remain. First, it is my opinion that total separation is apt not to be feasible in smaller institutes where the need for teaching faculty is crucial. Second, I do not believe that a candidate should be deprived of the learning that he or she may have if the training analyst happens to be a gifted teacher or expert in some important aspect of analytic theory. Third, the analyst should not be deprived (and perhaps be left resentful) of the opportunity for professional activity that would be fitting for someone at a senior level, so long as the welfare of the

candidate can be ensured.

It has been my experience, in the analytic school with which I am associated, that training analysts, even with the restrictions that Kernberg and others espouse, will be seen. They will be seen in various contexts – in larger institutes, teaching other students, conducting other administrative and public functions, or simply interacting with colleagues in hallways and faculty rooms. To enforce pervasive restriction vis-à-vis the candidate runs the risk of casting the training analyst as a phantom, a shadowy figure who operates incognito. This may well serve to promote the very paranoiagenic reaction about which Kernberg is concerned. Perhaps it would be more prudent to place trust in the realization that transference will be flexible in its adaptation to reality and persistent in repetitious manifestation, and wherever it appears, it becomes grist for the mill in the analytic hour. In fact, transference may actually be accentuated, that is, pushed to the foreground in such contexts as the classroom of a teaching analyst. Of course, there must be a commitment on the part of the analyst, and candidate, to analyze all that presents itself, whatever the institutional context.

In keeping with the spirit of Balint, that we strive toward solutions for the training problems that continue in our time, and given the visceral nature of the debate that has persisted, it is incumbent upon us to strive to find ways to improve the analytic training process. Several innovations have been employed at the Boston Graduate School of Psychoanalysis (BGSP). These have included process teaching, the use of logs, in-class interventions, and simultaneous dual analysis.

Innovations in Training

Process Teaching

The aim of further developing the training system for psychoanalytic candidates has been facilitated somewhat in one analytic school, the BGSP (2009). The BGSP conducts a three-part training program, which includes a training analysis, clinical supervision, and classwork. The training analyst does not report to an evaluation committee but does engage in process teaching. The program maintains a focus on an integration of cognitive and emotional learning. Candidates are encouraged to study the emotional responses that are stirred in them as a result of the material read and the comments of the instructor and their classmates. Students understand beforehand that they are free and, in fact, will be encouraged to discuss these reactions in written weekly logs submitted to the analyst/instructor, as well as in class.

By the process of examining the interface of the students' emotional responses and the theory being studied, candidates develop an understanding of their own intra- and interpersonal dynamics, as well as those of others. Observational skills become enhanced as does the capacity for more effective, analytically oriented exchange/intervention.

As classes are, to some extent, analytic group laboratory experiences, the candidate's capacity to tolerate the exposure inherent in this learning method is carefully assessed prior to acceptance into the program, as well as into particular classes.

Logs

In addition to other class requirements, students at the BGSP are expected to submit logs recounting their impressions of the previous class. The logs are brief, succinct commentaries typed on 5x8 note cards and submitted before each class. Logs are an important tool for students to communicate their cognitive understanding of the theory they are studying. They also serve as an instrument for private communication to the instructor regarding the student's emotional reactions to the theory, the instructor, and fellow classmates. Although they are not graded, logs can be a valuable device for the instructor to monitor not only the level of cognitive learning achieved by the student, but the emotional well-being and the unfolding dimensions of the transference issues of all of the candidates in the class.

Logs can help promote progressive communication for several reasons: 1) their commentary does not rely on immediate and direct verbal expression to the analyst; 2) their anonymity to classmates; and 3) their framing as reflective of but outside the perimeters of formal class discourse. Transference stirrings can be heightened as a consequence. For the same reasons, the power differential between student and teacher may actually be somewhat mediated insofar as the candidate may feel emboldened to express him/herself regarding a number of issues, including the analyst's teaching style, competence, etc.

In-Class Interventions

In a process-learning class taught by a training analyst whose candidate is a student, it may happen that the candidate becomes transference stimulated by the analyst's presence, comments or behavior, as well as that of classmates or the theoretical material studied. That candidate may make a transference communication to the analyst in the form of a question or comment. The analyst should respond in a manner consistent with how he would respond to any of the other students in the class. That is, by tactful questioning aimed at facilitating progressive thought and understanding on the part of the candidate and always in reference to the theoretical readings for that class.

In those instances in which a candidate's remarks or behavior are perceived to represent some greater level of experience of, and perhaps difficulty or struggle with, transference issues, the training analyst may choose to make an in-class intervention in the interest of providing a sense of safety and containment, furtherance of the working alliance, cognitive clarification, or as a preliminary to the work to be done in the analytic hour. These interventions by the training analyst should not be interpretations of the candidate's issues and ought to be framed in terms of the theory studied. I believe that such interventions are appropriate, given the inevitable transference occurrences that take place in such classroom contexts, and if done with deliberation and knowledge of the candidate's issues and the intent of the candidate's own remarks. More will be said about in-class interventions in the case illustrations that follow.

Dual Analysis

Training analysts at the BGSP, as in most other institutes, do not participate in decisions made by evaluation committees regarding the fate of a candidate. However, the issue of how the

committee comes by information regarding a candidate's suitability for an analytic career has been a concern, insofar as analyzability is a fundamental aspect of preparation. Many have proposed a second analysis after formal training. While this would not necessarily provide important information about the candidate as he or she progresses through the formative stages of training, it could nevertheless provide opportunity to address the transferential issues unhampered by the difficulties discussed, albeit later on. Many candidates at BGSP have continued in a subsequent analysis.

In the ongoing effort to grapple with the issue of analytic report, I am aware of one case in which a dual simultaneous analysis was conducted. This enabled a report (of a didactic and limited/non-confidential nature) to the evaluation committee by the first training analyst, but not by the second. Both analysts were senior level and skilled in the management of the issues involved, in particular, the obvious potential for competition and splitting. The arrangement seemed to work and was especially helpful in enabling the candidate to successfully work through a particularly difficult resistance (described in a case example below).

In undertaking this variation, it was hoped that the positive effects of a less contaminated simultaneous analysis would be translated into observable effects seen not only in the first didactic analysis, but also in a more accentuated way in supervision, as well as the candidate's coursework experiences. The utilization of such an approach assumes that a clear baseline of functioning has been ascertained at the outset by all who would be involved with the candidate, that is, that the candidate's dynamics are known well enough. While this was not done in the case about which I am referring, admissions impressions and other application criteria might even be supplemented by formal pre- (and then post-) psychological testing. The candidate successfully completed his analysis and graduated from the program.

Case Examples

The following cases are illustrative of some transference repetitions in analytic training and the efforts made to address them.

Enactments of Envy, Jealousy and Rivalry

This first case is an example of transference enactments of envy, jealousy and rivalry between candidates and how they are heightened in the compelling theater of institute life, in particular, how interaction with training analysts emerges within the business of the training institute. In the institute/school setting in which analysts are seen by candidates and talked about by candidates, the transferential acting out of early parent-child issues can become profound. One young woman in a training analysis put it this way:

Sometimes seeing my analyst interact with people who I may not be fond of makes me feel protective over her ... sometimes I also wonder "Why the hell is she talking to so and so?" I guess it can sometimes make me doubt my positive transference to her, because it makes me doubt her taste in people.

When I asked one bright young student what he thought the challenges were for young candidates, he said, "We have the opportunity to sleep with our siblings. In my case, I get to sleep with my sisters." His did not always manifest in the form of actual sexual encounter, although that was certainly the case at times. Often, it was apparent in heightened loyalties, confidence sharing, and gossip. Nevertheless, coming from a family in which he was favored by his mother and older sisters, much to the chagrin of his father and younger brothers, he was simply replicating and enacting an old transference pattern. Nor was it coincidental that the training analyst this candidate had chosen was a woman.

Of interest was this young man's recollection of an early life incident when he had been lost at a mall while shopping with his mother. She had momentarily turned her attention away from him. He remembered her minimizing the event, as well as his terror at having been traumatically separated from her. He said that by engaging in repetitive, eroticized, albeit unsatisfactory, relationships with women students, "I get to pressure my analyst" by messaging, through my behavior, "Help me. Look! I'm lost," in this sensual, and in many ways counterproductive, activity. Many of those women with whom he slept were candidates, one of whom was in training with *his* analyst. He seemed to be insuring that when she did not see him, he nevertheless would be in his analyst's mind via the presentation of this female candidate, no small portion of the sessions of which would be, he assumed, about him. The candidate admitted that the complexity of the situation may have served to "complicate" the analyst's efforts. There may well have been a retaliatory intent in this.

In addition, the conquests/acquisitions of love objects fulfilled this candidate's male competitive urges in terms of the other male candidates, many of whom were his friends. In this case, many of the women, and some of the young men, were working with other female training analysts. The envy, jealousy, and need to compete with them all for the attention of the collective mother could be seen as, at least in part, an indication of the intensity and extensiveness of his transference need. He was certainly in the minds of many, if not all, of those training analysts, to the extent that he was directly or indirectly the subject of their work as well.

This young man was certainly not alone in his exploits. His partners were, he said, willing. His male friends and rivals were equally engaged in the intra-group sexual competition. The point is that the closed system of the particular psychoanalytic community enables opportunity for enactment at a level of immediacy and heightened intensity that is difficult for the young, and at times the not so young, to resist. Although such behavior can distract, complicate, impede and be potentially destructive to the treatment(s) in process, if well handled by the training analyst, they can also provide opportunities for accelerating the treatment. This can occur in that the transference becomes emboldened, made more directly apparent in the analytic hour, as it is so obviously displayed in the broader context of the analytic community. The faculty, and training analyst in particular, observing and being aware of those enactments, come into possession of valuable reference points that can become grist for the analytic mill, leverage points for inquiry, clarification and interpretation. Candidates, in their student group experience (separate from the classroom), which is a part of their curriculum, also have the opportunity to have their behavior noted and analyzed by fellow students and instructors.

The Classroom as Stage for Transference

The next situation specifically has to do with how the classroom can serve as theater, an important venue for the potential expression of the transference heightened by the presence of the analyst as instructor in that setting. In that context, the training analyst may have the opportunity to exercise prudent interventions that augment the analytic process.

In this setting, the candidate may strive to be the gifted student, the exceptional scholar, only to be met with inevitable frustration when he or she is not attended to by the analyst in a transferentially gratifying way. Or, disillusion and frustration may occur when the candidate collides with course reading material that seems inscrutable. Narcissistic injury can result, with the realization that one's chances for becoming a favorite have evaporated. One candidate of mine frequently complained after each class about his desire to be a positive contributor in the analytic field, and how depressed he was becoming that it did not seem to be happening. Seeking recognition and affirmation from me, he continued to strive, despite the emotional toll, to produce exemplary performance and considerable written work, which only exacerbated his highly intellectualized approach to life in his classes, as well as in his interface with the world at large.

The difficulty with having the training analyst as instructor cannot be overstated. Echoing the 1954 conference, a young candidate recently commented on "an obvious disadvantage" of contact outside of the consulting room:

The connection and relationship that is so hard earned in the consulting room runs the risk, if it is removed, of seeing the analyst in his natural, natural personality. These observations and impressions affect the transference. For example, when the analysand acknowledges limits or idiosyncrasies in the analyst's personality, it may lead to a loss of confidence in the analyst's capacities. Metaphorically, the blank page of the analyst's mind that should give the patient license to say everything, has the potential to be obscured.

This candidate also stated that by having the opportunity to observe the training analyst's behavior/communications in class, the candidate may develop expectations for response in the analytic hour that do not meet expectations and are, consequently, disappointing. Or, it can lead to an inclination both in the analytic hour and in class to talk to the analyst in ways and about things to which the analyst is partial, rather than what is of import for a successful episode of treatment and learning.

However, although this was his stated concern, the opposite seemed to take place for him. In the analytic hour, he was avid in voicing his skepticism of my abilities and interest level, and equally aggressive investigating his agenda, motives, and competitive transference repetitions. It often happened in this case that the impressions generated in class provided the focus for the work done during the hour.

Much depends upon how well the training analyst succeeds at achieving and maintaining

a balanced response posture; that is, just enough of the right kind of contact with the candidate during the class. On the one hand, should we as training analysts and classroom teachers avoid, or not, the inclination to address our candidates' pathology by using certain aspects of the reading material to indirectly reference issues with which they struggle, knowing that, as one student put it, "having an analyst as an instructor could be a little awkward and uncomfortable because he or she would know more than your average professor would about you."

On the other hand, when a candidate in his discussion of class material presents opportunity in the form of a question or personal comment in class, it would be inappropriate and not therapeutic to ignore what may, on a deeper level, be an analytic communication by that student. I am reminded of a class discussion of the obsessional need for compulsive responsibility, which was a burdensome aspect of that disorder for a candidate of mine. He had been complaining vociferously to me in his sessions of the unfairness of his parents, who had pressured him all of his life to work hard, while simultaneously ignoring every other aspect of his life. This, of course, was a disguised complaint to me about the hard work of analysis that he believed I expected him to do. I said jokingly, "There are no free rides in life, Mr. A, are there?" His laughter suggested that his complaint was understood. But would this have been possible with someone less able to tolerate the attention, even in the somewhat insulated context of the class process? The issue of in-class interventions is not an easy one. All such efforts ought to be done prudently and based on the knowledge of the candidate's intrapsychic struggle and tolerance. Such interventions also should take into account the circumstances of the class context and the emotional communication to the analyst inherent in the candidate's question or comments. The training analyst/instructor should proceed in a thoughtful, careful, yet natural manner so that the intervention does not reflect subjective countertransference stirrings. Once an in-class intervention is made, careful evaluation as to its effects in class, in logs, and in the analytic hour should be conducted.

The class process discussion experience also can facilitate motivation and focus by the indirect referencing of taboo issues against which the candidate is defending. Hearing "it" talked about in the literature, by classmates on a more personal basis, and didactically by the instructor demystifies and normalizes the consideration of "it," whatever "it" may be for the particular individual. I am thinking of one young female candidate of mine who was emboldened to talk in her session about her brother's suicide, a result of the class reading and discussion of guilt regarding sibling loss. The suicide of her brother had "changed [her] life forever." Prior to the class experience, with her training analyst present, she had not been able to talk about this loss.

As indicated previously, it also happens that difficult revelations/displays of individual pathology can be precipitously stimulated by class readings, discussions, and the training analyst's comments or mere presence. The transference never stops, nor is it always easily controlled. These reactions can take such common forms as intractable silence, inability to think or learn, flooding exposition of personal experience, a demanding yet unsatisfiable need to know, and actions of one sort or another that replace progressive communication. Any of these have the potential to disrupt the class, and challenge or defeat the analyst in his/her instructional role. It is only through effective intervention by the leader that such challenges can be averted, and the stage set for the analytic work of the session.

The next case presents some of the problems in training analysis having to do with the training analyst functioning in multiple roles, how those problems were worked through, and the specific use of a dual analysis in the process of resolution.

The Favorite Child

In this case, a candidate strove, at some cost, to attain the position of “favorite child” with his training analyst. This bright man, a doctoral level psychologist in his mid-thirties, applied for an analysis as a part of his institute training. The analyst to whom he applied was senior level and the dynamic, indeed charismatic, founder and director of the institute. The attraction was heatedly transferenceal and compelling. The candidate was quickly lost in a sea of desire, yet insufficiently able to recognize the origins and dimensions of the experience, despite the training analyst’s efforts. This candidate, determined to be on the fast track to graduation, set about to demonstrate his value to this reincarnation of his own erotic, impulsive, and at times dangerous mother. He saw his analyst everywhere, including in a group of which he was a member and she was the leader. The group was a difficult experience insofar as he had to contend, up close and personal, with group members who also were attracted to his analyst. It was difficult enough having to compete with fellow students within the institute at large. In group, he was quiet, stifling his true feelings, muffling his resentment.

Feeling thwarted in the group context, the candidate seized the opportunity to distinguish himself, and after only two years of study, organized a noteworthy conference in which his analyst was a principal speaker with two other well-known theoreticians/practitioners in the field. The conference was important insofar as it provided a forum for the speakers of several institutes to come together to discuss important theoretical issues that had divided them. More specifically, as the conference was sponsored by the candidate’s institute, it lent a level of credibility in the geographical region at the time, and consequently was somewhat formative in the institute’s development.

A significant point was that the candidate organized the conference by himself. He did not share, nor did he want to share, the effort. The undertaking was strenuous. This, along with the partial gratification of his transferenceal aims (i.e., the vicarious yet poignant realization of early oedipal strivings), resulted in his becoming quite ill with a respiratory infection that greatly impeded his ability to speak. As a result, he was nearly voiceless in his role as conference moderator and was unable to effectively introduce or interact well with the guest speakers, most particularly with the object of his desires. It should be said that this candidate’s analyst was quite ambitious, prolific in writing, and committed to engaging in conference presentation and project development. Whether for her own ends, or to crystallize the transference for more immediate access to analytic work, allowing this level of extra-analytic contact was probably, at that phase of the treatment, premature, if not imprudent. The point is that the training analysis was not sufficiently effective at this juncture, certainly due to the candidate’s own heightened elation with the prospect of this transferenceal enactment, as well as his analyst’s insufficiency at that stage of the work.

Two years later, the candidate, in his relentless quest to be the favorite child, organized another conference, which again featured his training analyst along with several internationally

known luminaries in the field. By this point in the treatment, the candidate's transference longings and competitive strivings, standing out as they so dramatically did, underwent a more thorough scrutiny and analysis. This time the candidate accepted help. The conference was a huge success. There were four hundred people in attendance, with a considerable amount of notoriety and money generated for the institute. He did not become sick. But he still was unable to easily interact with his analyst and was unable to participate with her and the other speakers at the social event following the conference. Although he was beginning to make progress, the dimensions of transference becoming known, he was far from resolution. This enactment of transference desires carried with it the preclusion of maturity, presence and efficacy as a grown man and professional in a world of fellow professionals and colleagues. He had not, at that point, quite yet arrived.

The candidate seemed to gain much in reputation through his many continuing efforts at replication even after graduation, yet most, if not all of these, seemed to end in a sense of disappointment, as of course all enactments ultimately must. There is no substitute for a thorough analysis. Although often preoccupied with her own ambitions, agendas, and challenges, his analyst sought and ultimately, to some extent, succeeded in enabling this candidate to analyze his motives and work through the transference imperatives of the case. Fortunately for this candidate, owing to the tolerance for innovative practices that were allowed at his institute, he also had a simultaneous second analysis. His second analyst was a quieter, more reflective person. Their work together enabled him to gain another perspective on his transference process, one which was quite helpful in enabling him to hold his desire, that is, to exercise restraint.

The candidate was eventually able to gain a greater level of mastery. No longer driven to be the favorite child, he was able to participate with his first analyst outside the analysis on a more collegial level, toward ends that were more in keeping with his own mature personal and professional needs, his desire having become a manageable memory.

Final Comments

The perils of training analysis were recognized more than fifty years ago to be many. They are familiar to us today, as is transference and the power of enactment in all phases of institute life. And today, as was the case then, insufficient analysis is the most profound challenge to a successful training analysis. This, as Bibring said, leaves the candidate without "an equilibrium and inner resilience" with which to "comprehend without inhibition the unconscious conflicts in others and remain undisturbed in a life-long contact with acute neurotic (and psychotic) phantasies of their patients" (p. 169). Our training institutes remain imperfect despite our best intentions and efforts. Our analysts, teachers, and administrators continue to be subject to the foibles of human nature. The recourse, as always, must be analysis, in depth and unrelenting, if the persistent challenges inherent in the preparation of candidates are to become opportunities in our search for excellence.

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Power and Perversion

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The author examines the development of the concepts of perversion and power in psychoanalysis, and explores some manifestations of these concepts from both traditional and intersubjective/relational standpoints. He reflects on the operation of power dynamics in analytic training, and on the development of power dynamics in a supervised psychoanalysis, in which the patient exhibited a predominantly perverse form of functioning. Clinical vignettes are included to illustrate these ideas.

Introduction

Since its beginnings, the development of psychoanalysis has been determined by the dialectical relationship between praxis and theory. That which is experienced through clinical practice is considered, later, in light of known theories. At the same time, the dialectical relationship is the motivation that drives the search for new answers – or new representations, new symbols, or simply a new meaning for a known concept or representation. Perversion has been one of these concepts, key to the development of the corpus of psychoanalytic theory. The concept of power, however, has been less elaborated as such, but rather in relation to what Freud initially conceived of as the instinct for mastery, and subsequently developed as the death instinct in “Beyond the Pleasure Principle” (1920). In the last two decades, a greater interest has arisen in the topic of power from a different standpoint, parallel to the development of intersubjective and relational theories in psychoanalysis.

This article attempts to illustrate both concepts within their own conceptual development. I also reflect on my experience as a candidate and the way in which this experience has influenced my own praxis, specifically regarding power dynamics within the analytic relationship, with a patient whose form of functioning is predominantly perverse. Clinical vignettes are presented illustrating these ideas, concluding with a discussion of their applied and theoretical aspects.

Perversion: Development of the Concept in Psychoanalysis

This section reviews a number of major contributions to the development of the concept of perversion within analysis. Laplanche and Pontalis (1967), in defining the concept of perversion, highlight the ambiguity of the adjective “perverse” as it corresponds to two nouns, perversion and perversity. They define perversity as a special cruelty or malignity of character or behavior in certain subjects, limiting perversion to the grounds of the sex drive.

Freud’s initial view, posited in “Three Essays on the Theory of Sexuality” (1905b), links perversion to infantile polymorphous sexuality and the search for satisfaction of partial drives. This led him to claim that perversion, in this context, is every sexual behavior in which either the goal or the object it relates to are altered, in order to achieve satisfaction, rigidly and exclusively, thus linking normal sexual conduct to the sexual union, under genital primacy, between a man and a woman. Freud went on to address the subject in his later work, such as his analysis of the life of Leonardo da Vinci (1910a), where he emphasizes the importance of narcissism in perversion, expressed in the fantasy of the phallic mother; the case of the Wolf Man (1918

[1914]), where he develops the idea of the primal scene; and in “A Child Is Being Beaten” (1919), where he studies the role of masochism in perversion, stating that the phases of the fantasy of being beaten, different for men and women, all mutate, from “I am beaten by my father” to “I am loved by my father,” revealing a more sadistic (regressive) quality in women and a more genital quality in men. In his work on fetishism (1927), he hypothesizes, based on the structural theory, that for the fetishist subject, the affect has been repressed, but there is also a disavowal (*verleugnung*) of the perception of women’s lack of a penis, which in turn splits (*spaltung*) the ego, allowing for the simultaneous acceptance of women’s castration as well as its disavowal. In his work “Splitting of the Ego in the Process of Defence” (1940b), he emphasizes that the solution the boy finds, regarding the conflict of women’s castration and satisfying both drive and reality at the same time, will generate a “tearing of the ego, that will never be repaired,” stating that both of the opposing forces will remain at the core of the ego’s split condition. In “An Outline of Psychoanalysis” (1940a), Freud speculates that disavowal of the perception, which in turn causes the splitting, is not exclusive of fetishistic and psychotic subjects, but rather, it is a mechanism utilized in all neuroses, which leads to the idea that the defense mechanism’s rigidity and exclusiveness are pathological, not the defense mechanism itself.

Following yet diverging from Freud, Melanie Klein shaped her theorizing through analytic work with children. In her book, *The Psychoanalysis of Children* (1932), she describes them, with regard to their sexuality, not as perversely polymorphous, as Freud did, but as perverts in the masochistic sense, desiring to treat and be treated cruelly. Klein observed in her young patients what she designated as early stages of the Oedipus complex, through the interaction between projections and introjections of portions of the self and partial objects. These internal objects are ruled by intense persecutory and aggressive anxieties and stimulated by the same external objects that, at other times, are experienced as nurturing and protective. These constitute, through the mechanism of splitting, both good and bad objects. Klein drew on drive theory, as reformulated by Freud in “Beyond the Pleasure Principle” (1920), to develop these ideas, based on the notion that libido is often combined with aggression and that libido development at any stage is affected by the anxiety emerging from this aggression. From this vortex of life and death drives, pregenital aspects and excessive intensity are highlighted at the origin of perversion.

Strongly influenced by Klein, Betty Joseph (1971), in the light of object relations theory, illustrates the importance of understanding projective identification within transference as a practical way to comprehend and treat the patient’s perversion, beyond metapsychological considerations. Joseph illustrates her hypotheses through the treatment of a patient who exhibited a fetishist relationship with fur clothing, which he wore, both in fantasy and reality, to obtain sexual pleasure. This was a partial sexual pleasure, where the use of the fur, which covered him entirely, kept him from a true relationship with his partner. Through that action, he aroused, in his fantasy, a great deal of anger in his partner, leading to the masochistic scene both dreamt and fantasized. Joseph realized that, during sessions, her patient developed an identical unconscious enactment, through the use of silences, intellectualizing discourses, and empty words (like fur, clothing him completely), forcing the analyst to be more active. She understood this transference enactment as a sadomasochistic relationship, where aggression is a source of sexual gratification.

Meltzer (1981) addresses the importance of the primal scene as the genesis of perversion, interpreting the case of the Wolf Man. He reminds us how Freud, in “The Ego and the Id” (1923), in reference to bisexuality, claims that there are at least two primal scenes within each person. Meltzer establishes a parallel between Freud’s and Klein’s ideas, stating that for Klein, the emphasis is on the child’s desire for knowledge, and confusions, uncertainties, and anxieties regarding the goodness or badness of his objects. For Freud, the emphasis is on the child’s desires for gratification and the frustration of those desires. Integrating these ideas, Meltzer posits that, at the onset of perversion, there is a desire to participate in what, he believes, is a “bad” sexuality. This sexuality is understood as a penis that kills children, a fecal penis, in opposition to a good sexuality where the goal is to create children. Meltzer (1974) argues that a part of the self is merged to a variable extent with part of the object, the “outsider” – according to him, the sixth participant in the primal scene – having evil intentions toward the primitive developmental organization of the idealized portions of the self and objects, called the “idealized family.” This merger crystallizes into an attitude designated as “negativism” as a quality of the impulse, where the subject inverts the sign of the affective valence, inverting good and bad, declaring that bad is good, and developing an arrogant attitude, with impulses being anti-nature, non-life. He emphasizes that the organizational principle of perversion is negativity, which tends to establish a “delirious” system. Finally, Meltzer contends that sexual sadistic perverse states of mind are basically manic, in that what is desired is not sensuality, but rather the abolition of persecutory anxiety and, especially, of depressive anxiety, in which the sense of identity is captured by the destructive part of the self.

Etchegoyen (1978) wrote that perversion is a clinically definable entity that represents a special kind of transference – “transference perversion” – characterized as the erotization of transference, a narcissistic object relation that tries to construct an illusory unity between subject and object, and most important for Etchegoyen, the transformation of impulse into ideology.

More recently, Jimenez (2004) posits that the analytic relationship presents a symmetrical pole that stimulates the establishment of the transferential relationship on the one hand, and a functional or asymmetrical one that defines role assignment on the other. He states that, in a perverse patient’s analysis, a world is configured with an atmosphere tainted by a deceptive erotization that, sooner or later, acquires violent qualities, as the perverse core floats around like a false reality that is inaccessible to the analyst’s empathy. For Jimenez, the task is to reach the patient starting from the peripheral areas of his psychic reality and re-conducting him towards its intersubjective roots.

Thomas Ogden (1996), from whose work I have drawn most significantly for this article, bases his understanding of perversion on a number of influences, including several of the authors discussed above: the primal scene concept developed by Freud (1918 [1914]) and later Meltzer (1974), among others; the development of object relations theory and the concept of projective identification; Joseph and her ideas about the sexualization of the transference (1971); Bion and his model of reverie (1962); Chasseguet-Smirgel and her description of non-sexual and generational differences in the perverse patient’s speech (1984); McDougall (1986) and her concept of “neo-sexualities” as a failed attempt to build a self; and new ideas about intersubjectivity and its application in the analytic situation.

Ogden conjectures that, at the very origin of perversion, there is a central experience of psychological death, an unborn self as a result of an empty primal scene, unfruitful and devitalized, so that the creation and narration of a story within the analytic situation is a lie, an empty experience. Because the patient is unborn, he cannot experience anything as a subject. The perverse analytic situation and the “perverse subject of analysis” are constructed between analyst and analysand, aiming to avoid the experience of psychological death and the experience of vacuity in the analytic discourse/relationship. This creates the paradox that recognition of the lie embedded in the situation is the only experience that can be felt as true, real, for both analyst and analysand. Thus, he denotes the importance of elaborating the perverse unconscious transference-countertransference in which analyst and analysand have participated as they form the perverse subject of analysis, emphasizing that this intersubjective construction is powerfully braced by the perverse structure of the patient’s unconscious object world.

Ogden highlights how an analyst’s understanding of the perverse enactment, in which he is a participant-observer, is developed to a great extent through the elaboration and analysis of his own thoughts, feelings, sensations, fantasies, ruminations and daydreams, which may often seem unrelated to the patient. This exemplifies the concept of “reverie” that Ogden develops, based on the original meaning that Bion (1962) assigned to it, proposing that understanding reached in this manner can be used in the process of formulating transference interpretations.

Power: Conceptual Development in Psychoanalysis

The origins of concepts of power within psychoanalysis lie partly within and partly outside the discipline. During the initial development of psychoanalytic thought, several concepts of power emerged, such as the drive for mastery or appropriation (Freud 1905b, 1909, 1913, 1915a), the will to power (an idea from Nietzsche, whom Freud read), and the autonomous aggressive drive posited by Adler in 1908. The term “instinct for mastery” has evolved since its conception in the “Three Essays on the Theory of Sexuality” (Freud 1905b), where it was regarded as the origin of infantile cruelty. The goal of this cruelty is not to harm someone else, but rather reflects the child’s egocentricity: The child simply doesn’t consider anyone else. This is a phase that occurs prior to sadism and compassion. In “The Predisposition to Obsessional Neurosis” (1913), Freud states, in relation to the antithetical activity-passivity pair, which predominates in the anal-sadistic phase, that passivity is based on anal eroticism, whereas activity is caused by the instinct for mastery, which he will designate as sadism when it is governed by the sexual drive. In an author’s note for the “Three Essays,” Freud conceives the body and the development of its musculature as the basis for the drive for mastery. Freud’s thinking changes in “Instincts and Their Vicissitudes” (1915a), the first Freudian thesis on sadomasochism, in which the goal of sadism is to humiliate and dominate the object through violence, while masochism is the equivalent of sadism turned towards the self. In “A Child is Being Beaten” (1919), Freud proposes the existence of a ubiquitous masochistic fantasy that involves identification: “... in the phrase, ‘My father is beating the child, he loves only me’ ... only the *form* of this phantasy is sadistic; the satisfaction which is derived from it is masochistic ... All of the many unspecified children who are being beaten by the teacher are, after all, nothing more than substitutes for the child itself” (pp. 190-191).

In 1920, when Freud introduced the concept of the death drive in opposition to the libidinal drive or vital drive in “Beyond the Pleasure Principle,” he stated that the aggressive drive or drive for mastery was the outer expression of the death drive, which originally aims to destroy the person. From then on, the goal of sadomasochism was no longer linked to mastery, but rather, to destruction.

Metapsychologically speaking, the concept of power did not figure significantly in theory development until the last few decades, alongside the development of new psychoanalytic approaches. Through discussion of power dynamics within the analytic relationship, I attempt to illustrate, in the next section, the continuation of this concept’s development.

Power Within the Analytic Relationship

As well as examining the concept of power within the realm of theory, it also must be explored in its clinical manifestations within the psychoanalytic relationship and in relation to technique. Several current psychoanalytic approaches share a common historical basis and conceptualization of the psychoanalytic situation: It is composed of two people united in space and time, with the fundamental rule (free association) as the norm of communication constituting the context for their interaction. The analyst’s role is based on listening to the patient’s associations, so as to hear the unconscious and communicate it to the patient. In this context, the mechanism that allows for this operation is transference, which will develop within the patient and be placed onto the analyst, by whom it will then be interpreted.

In regard to technique development, what were once considered obstacles to the analytic process are now conceived of as fundamental tools. Such is the case with transference (Freud 1895, 1905a 1912, 1923, 1940a). The same occurred with countertransference, which Freud considered an obstacle to the analyst’s work (1910b, 1913, 1915b, 1937). In time, its value was noted as a psychoanalytic instrument, the means through which the analyst observes within himself, through his own emotional reactions, the unconscious communication of the patient’s emotional states. This is most notable in the use of projective identification in the development of the object relations approach. Thus, countertransference acquires communicational value regarding the patient’s emotions. Key to the development of this approach to countertransference were Racker (1948) and Heimann (1950), among many others.

Bion (1962) developed the idea of a “maternal reverie function” as the way in which the baby’s raw emotions, which Bion called “beta elements,” are filtered through the mother’s “alpha function.” The mother returns them to the child in a form that is more bearable to him, as “alpha elements.” The baby will progressively introject this alpha function until it constitutes his thinking apparatus. More broadly, the child’s thinking is composed of PS-D oscillation and the container-contained relationship, two concepts developed by Bion from Kleinian theory. PS-D oscillation refers to the constant shifting of a person from the paranoid-schizoid position (PS) to the depressive position (D); the container-contained relationship developed from Bion’s understanding of the communicative functions of projective identification. As he developed the notion of the container-contained relationship, he further posited a commensal type of relationship, in which two persons “share a third to the advantage of all three” (1970, p. 10). This kind of relationship is distinct from two other kinds of relating: the symbiotic type, where

there is only limited growth of both individuals without creating anything new, and the parasitic type, which involves destruction of one or both partners. Bion took his understanding of projective identification to its limit, moving toward the interpersonal level and the creation of a third, what he called the “O” of the relationship. This idea was later developed by Ogden and other intersubjective theorists. Bion argues for the importance of the analyst being in O during the session – defining O as emotional reality – so as to encounter the evolution of the patient’s O. Doing so requires developing a certain discipline: listening without desire, without memory, without understanding – emphasizing what Bion calls negative capabilities – and so facilitating emotional contact between analyst and patient. These experiences in the session later become symbolized through the “K” functions, the instruments of reason and the senses, for example, through interpretation. Bion (1970) refers to this practice as the repeated traversing of the ground between “patience” and “security,” from a state of tolerance for the unpredictable – not-knowing – to another safer state, structured and with meaning.

It is from the standpoint of knowing security that the analyst can be at risk of feeling that he is in a position of power (Renik 1995, 1996a, 1996b, 2006), with transference developing on the basis of the analyst’s neutrality and anonymity, and with these held as ideals for the process of accessing the patient’s unconscious. Renik states that this “encourages both analyst and patient to think of their interaction as proceeding from an inherent imbalance of desire, and to assume that their interaction takes place along a crucial power gradient in favor of the analyst” (2006, p. 162). Further, the analyst is in danger of “pretending to have already transcended the often unconscious influence of [his] own desires, fears, hopes, and values ... bestowing his criteria with an undeserved authority ... [and] assuming the power” (1996a, p. 145).

In contrast, when the analyst begins to consider himself part of the “field” (Baranger & Baranger 1961-1962, 2008), the way in which he conceives the analytic relationship changes radically. Baranger and Baranger posit that both participants in the analytic relationship bring their own subjectivities to the interaction, constituting the field where a shared unconscious fantasy develops, which may include resistive areas within the pair, the “bastions” that, using the analyst’s “second view,” can be interpreted and resolved. This is a dynamic and continuous process. From this idea of a dynamic bipersonal field, the concepts evolve into an intersubjective field and intersubjective dialogue.

Based on the Barangers’ field theory, and theoretical and clinical developments of Bion and narratology, Ferro (1999) develops an understanding of the field as the place where transformations take place through a continuous labor of co-narration between analyst and patient. These two turn “into two authors in search of characters that alphabetize proto-emotions and allow for their ongoing evolution” (pp. 168-169). The emphasis that was previously placed on observing the patient’s communications and countertransference shifts towards the figures that come to life within the field, which, in turn, are a continuous sign of its vitality.

In this sense, the analytic relationship is considered to be composed of two people who interact within a time structure and other rules that constitute the setting, conditioned by an asymmetry due to the analyst’s responsibility for maintaining the process. They also are linked by emotions, feelings and desires, conscious and unconscious, which emerge from each, forming

a common relational matrix that includes a biological aspect – the sexual and aggressive drives – but without a meaning prior to its existence (Mitchell 1988).

Within the development of relational and intersubjective psychoanalysis, there have arisen a number of important ideas, including the “analytic third” concept developed by Ogden (1994), understood as an unconscious co-creation between patient and analyst; this has been enriched by other authors such as Benjamin (1995, 2004) and Aron (2006). Similarly, Stolorow, Atwood, and Ross (1978) proposed a “psychoanalytic phenomenology,” which they later called “intersubjective theory;” Greenberg and Mitchell (1983) seminally developed the thesis of two paradigms in psychoanalysis, of drive and relation as fundamental motivations. There have been numerous contributions from infant research, including Stern (1985) and Beebe and Lachman (1994); developments from neurobiology (e.g., Schore 2003); and from Fonagy and colleagues (2001) in the development of theories based on early attachment research. In a recent paper, Benjamin (2009) argues, as do other contemporary relational authors, that intersubjectivity starts at the onset of life, as human development depends on the creation of mutual recognition and regulatory patterns with others. Benjamin considers the essence of analytic work to consist in jointly experiencing and understanding these patterns and their subsequent flaws. She believes that the therapeutic process is not only facilitated by gaining insight, but by doing so within an experience in which the patient is held in mind by another equivalent center of subjectivity.

The Candidate Analyst’s Experiences of Power with Neurotic and Perverse Patients

At this point, it is useful to discuss some of my experiences as a candidate as they relate to power dynamics in training. As I concluded my first year of theoretical seminars, I felt the need to have patients in analysis, a conscious wish that ran alongside the desire to learn and learn-how-to-do, but also, the fear of not achieving these ends if I did not have any patients. In order to graduate from the institute and, therefore, continue my development as a psychoanalyst, this wish needed to be fulfilled. As I was supervised on my two control cases in weekly supervision meetings, I silently wished that my patients would not leave their treatments. These worries remained silent for fear of doing something improper, of having too personal an interest. This silence seemed something that worked in supervision and in my training analysis.

We grant our patients, unbeknownst to them, the power to give us the status of analysts. Paraphrasing Winnicott, who stated that there is no such thing as a baby (without a mother), I would add there is no such thing as an analyst without an analysand, nor is there psychoanalysis. Creativity lies within the mother-infant relationship; it is the relationship itself that evolves and ultimately allows for mutual growth and the infant’s access to reality and the symbolic world. Bion (1970) develops this from another angle, as the commensal type of container-contained relationship. Acknowledging this and learning from it is essential, for as analysts, according to Renik (1996a, 2006), we also take our own needs into the office – such as the need to work not only to ensure our daily bread, but to provide us with a place in the community, and to acquire a certain status and a sense of social value. From this point of view, the power that the patient has over us is much greater than we may think. This recognition brings us closer to a mutual balance of power within the analytic relationship. I would argue that a large portion of the analytical task necessarily involves the unraveling of this mutual power dynamic.

Winston Churchill (quoted by Renik 1996a, 2006) claimed that the power dynamic that develops within a relationship depends on the series of expectations and attitudes that each participant brings to it. From this perspective, psychoanalysis is an emotional experience that involves both patient and analyst, one that forces us to deal with our desires, emotions, and our own aggressiveness. It also gives us the opportunity to validate the patient's perceptions of us – what he communicates to us about us during the session, sometimes aggressively. But we can only appreciate this if we do not hold onto an idea of absolute power in interpreting expressions of this nature as manifestations of the death drive.

Winnicott (1969, 1971) states this in a similar way, with his concept of “object-usage” as a later phase in development, where the object, the mother-analyst, has survived the infant-patient's destructive aggression and “object relating” without retaliatory reactions. This clears the way for the patient to move towards a more real and constructive ability to interact with others, placing the object outside his subjective world, into the outside world, different from the object of his projections. This process of reaching object-usage creates a world of shared reality through expressions of destructive aggression toward the object and appreciating its survival. Aggression is an expression of vitality; therefore, it is inherent to every living being; it allows us to survive and develop; it is an attitude that allows for the exploration of new paths, as opposed to inertia and subjugation. From this perspective, it relates to the exercise of power. This aggression is constructive and self-asserting and our patients need to experience it within the session, as we need to learn to acknowledge, tolerate and channel it. Accepting and allowing expressions of aggression as a vital and creative movement, as a part of the human essence, we avoid the perversion of power: the transformation of aggression into sadism.

Establishing a distinction between aggression as liberating, constructive and self-asserting violence on the one hand (for example, the right of the people to rebel against tyranny and, *mutatis mutandis*, in submissive relationships at an interpersonal level), and sadistic and destructive aggression on the other, is crucial. As we have seen, this relates to a basic emotion in the development of human beings, both individually and socially. In turn, this forces us to reconsider the link that is usually assumed automatically and restrictively between all sorts of aggression and violence and the death drive (Tubert-Oklander & Hernández de Tubert 1996). Power well used by the analyst includes the asymmetrical aspects of the relationship with the patient: the use of power to establish the setting and to direct the focus of analytical work to the patient and their conflicts.

What has been discussed so far corresponds to the power dynamics in an analytic relationship where the patient operates in a mainly neurotic fashion. What would happen if the patient operated in a mainly perverse fashion? How would this dynamic manifest itself?

According to Ogden (1996), the construction of the perverse subject of analysis is powerfully determined by the perverse structure of the patient's unconscious object world. The relationship will be eroticized compulsively by the patient as an unconscious resource aimed to vitalize what he experiences as void and lifeless: his own self and the relationship in which the analyst partakes. As such, the “third” invites the participants into the perverse scene, the perverse enactment, of which we later can learn, along with the analysis of vacuity and deceit within the analytic relationship. This is accomplished by elaborating our and the patient's

reveries and generating the experience of transiting from the power of an unborn, non-generative self – that could manifest itself only as sadistic aggression – into a power also expressed strongly and at times aggressively, as in some enactments, but is in addition self-assertive and creative.

Benjamin (2009) regards perverse conduct as a manifestation of something deeper. It is an attempt to avoid fragmentation through identification with a “malignant object,” as Sedlak (2009) calls it, which keeps the victim from suffering dissociative shame and terror. She claims that this process originates from a state of dependence, the subject lacking resources to deal with an object that intensely and continuously denies acknowledging him and that shames him deliberately. From her perspective, the patient’s enactments exemplify his inner object world, but also his dissociated affective experiences in relation to these objects. Thus, the asymmetrical quality of the analytic relationship is of great significance, in the sense that the focus must remain on the patient’s mind and needs, as well as his bond with a secure object. Through acknowledgement of the subject in his subjectivity, repetition can be transformed into a new experience.

Clinical Illustration

The patient, whom I will call Juan, is a 25-year-old single man with no children, in his third year of analysis. He is currently a drama student. His parents separated when he was six. He maintains a very close bond with his mother, relating emotionally to her in ways that indicate an unusual degree of merger between them. As for his father, Juan has devalued him, feeling that his father lost all the authority he had over him when his father left their home. Juan sought help from therapy because it is very hard for him to relate intimately with people. He feels sexually attracted toward men, and currently has a male sexual partner. He says that he would like to have children with a woman, although he has never had a heterosexual relationship.

Juan is my third patient in analysis, four times a week. During my training, I have presented his case in three clinical seminars, and have heard, therefore, from three other supervising analysts besides my regular supervisor. To exemplify this case, two vignettes, the first from a year and a half into the analysis, and the second from the 25th month of treatment, are presented.

Vignette 1

Eighteen months into the analysis, nearing the summer vacation period, and in the context of exploring his intimate relationships and occasional lies (e.g., the reasons that he gives for arriving late to or missing sessions are contradictory), the patient began arriving quite late for his sessions, as he used to do much earlier in the analysis. He then skipped a number of sessions without notifying me, also a very common pattern at the beginning of the treatment. After two weeks of not showing up for his sessions, during which time I had no news of him, I called him on his mobile phone. He came back the next week for a couple of sessions. A week before my summer vacation, he stopped showing up, without notifying me and without paying my fees. After the summer vacation, on the day his analysis was to be reinitiated, he did not turn up, letting me know he was ill and that he would come in the next week. A week later, he called again, postponing his return by two more days. He finally arrived two minutes before the end of

the session, apologized, and paid the fees he owed me. During the next session, he said, “I was afraid that you would kick me out...” “Why?” I asked, while being aware that I was feeling annoyed with him. (I later became aware of and identified this as a projective identification.) He replied that he didn’t know. I said to him, “Maybe you would like me to kick you out so you can feel that you have defeated my ability to understand, retaliating against your aggression by expelling you from analysis.” To this he replied, “Maybe, but I also feel that not kicking me out is a sign of your easygoing attitude, your ethics,” a response that did not seem genuine to me. I said, “I understand what you tell me as a way to neutralize me, turning me into a helpless ethical, easygoing guy.” The patient became silent. I then said, “You put me in a situation from which I cannot escape, that keeps me from understanding you, where I also feel the pressure to be mentally quiet. I’m either the aggressive one who kicks you out or the dumb one who accepts you. Either way, I remain an incapable analyst.” This surprised him, he was silent for a while, and then said, with anxiety in his voice, “Why, when I also feel trapped?” I suggested, “I think it’s your fear of emptiness and non-life that drives you to prompt my actions, like my phone call, or the ones you fantasize about, me kicking you out, as a way of feeling alive.” I stopped, and we both remained silent. I felt that something was unfolding within this scene, something that the patient could not express through words and that I did not fully understand. In supervision, I realized several things more clearly: my anger with the patient; my sense of having been assaulted by him; my interest in keeping him as a patient; and my countertransference responses through aggressive interpretations, adopting a “complementary position” (Racker 1960) – in other words, responding within the operation of a projective identification with the patient, inciting me to be angry and attack him. I then began to see him as a person apparently defenseless and abused, with a strong tendency to defensive self-absorption.

Vignette 2

Around the 25th month of treatment, as we discussed his parents, he said that he had emailed a letter to both of them, in which he told them that he was tired of being a toy in their game of mutual manipulation and aggression, and that he deemed them immature. His mother responded by apologizing, and his father answered by sending him a flyer for a band that the patient liked. It was one of the few sessions in which the patient spoke very sadly. Then, dramatically, the patient missed his appointments for the next three weeks, without notifying me. Before the third week ended, I left a message on his mobile phone: “If I don’t hear from you by next Monday, I will make use of your future appointments.” I did not hear from him, and gave his appointment to another patient. They both arrived for the next appointment. Juan did not get his appointment. He later called me to apologize and asked me to meet him the next day. He came, and apologized again, saying this was because he felt as if he had mistreated me by just disappearing, and expressed that he really wanted to continue his analysis and go back to the couch. I offered to reinstate his appointments. In our next session, he said, “I’ve realized that my silences are caused by the fear of being rejected by you, because of my sexual condition ... I’ve accepted that I’m neither heterosexual nor bisexual, but just a quiet gay person.” There was a silence. As I looked through my office window, a ray of sunlight fell on the branch of a tree. What came to my mind was an image of my mother when young, smiling, lovely and protective. Suddenly I felt the anxiety that sometimes comes over me ever since she became seriously ill, something that has affected me deeply. I felt great relief when she got better, but the sense of insecurity remains, and I accept it. I understood this as a reverie that arose within me at this

point in relation to this patient and his anguish. I replied: “I already knew that, you said so almost at the beginning of your analysis,” which surprised him. I kept silent and listened to him, feeling closer to the patient. During subsequent sessions, he has dared to speak to me about his own desires, such as my seeing him perform as an acting student, which he had never mentioned before. He has begun to include me in his own world and see me as an existing other, different from him. I think we have begun to generate the intersubjective third in the treatment – the development of the analysis as something we are both deeply engaged in and which is greater than us – in contrast to the previously more distant form of relating we had maintained.

Discussion

Ogden (1996) claimed that the “perversion of the transference-countertransference occurs in all analysis to different degrees” (p. 1123). This has led me to think that analyses run along a continuum for patients with perverse transferences: from the initial third that is created, the perverse subject of analysis, to the intersubjective third; from the devitalized to the creative. Again, from the use of power in the service of the sadistic and destructive, to the use of a creative power through mutual recognition.

Juan responded to my transference interpretations during the first year of analysis by briefly emotionally grasping and deepening what I presented to him, but then returning to silence. Absence and tardiness followed, which I also interpreted, with the same response. Through this process, I managed to come closer to the patient through transferential enacted roles, but I always came to a stop at the same point, which I now understand as more closely related to the way in which the analytic relationship unfolded and my own notion of psychoanalysis. As we began to analyze the enactments, new spaces started opening up, as seen in the first vignette. But only in the most recent period of the analysis, as seen in the second vignette, supported by supervision and recognition of my own responses and anxieties, have I been able to use my reveries in the service of the treatment. These have allowed me to engage him on a deeper level and become more emotionally empathic. Through the acknowledgement of his shameful, weak and terrorized aspects, his aggressive traits have found a space in which to unfold. Finally, my general survival as an object (despite a few countertransference-driven interpretations) allowed him to regard me as a distinct, external other, as Winnicott stated (1969, 1971).

The mutual exercise of power has remained unconscious during the enactments, and we have analyzed it subsequently, helped by supervision. The emotional quality of the relationship is what has changed most fundamentally. I believe that the patient’s experience of me, as I present a container for his aggressive aspects without retaliating, has been very important to him, because through this experience and the subsequent analysis of his aggressive enactments, he has been able to acknowledge the most vulnerable parts of himself.

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Poder y Perversión

Francisco Vásquez Ramírez, MD

El autor examina el desarrollo de los conceptos de perversión y poder en el psicoanálisis, y explora algunas de sus manifestaciones desde la mirada tradicional y de la relacional/intersubjetiva. Reflexiona sobre el funcionamiento de la dinámica de poder en la formación analítica, y en el desarrollo de la dinámica de poder en un psicoanálisis supervisado, en el cual el paciente presenta un funcionamiento predominantemente perverso. Se incluyen viñetas clínicas para ilustrar estas ideas.

Introducción

Desde el origen del psicoanálisis su desarrollo ha estado determinado por la relación dialéctica entre praxis y teoría. Lo experimentado en la clínica es pensado, con posterioridad, bajo la luz de las teorías conocidas. Al mismo tiempo, la relación dialéctica es el motor que empuja hacia la búsqueda de nuevas respuestas – o nuevas representaciones, nuevos símbolos, o simplemente un nuevo sentido a una representación o concepto ya conocido. La perversión ha sido uno de estos conceptos, clave en el desarrollo del corpus teórico psicoanalítico. El concepto de poder, en cambio, ha sido menos elaborado como tal y más bien relacionado a lo que Freud inicialmente llamó pulsión de apoderamiento, y que posteriormente desarrolló como pulsión de muerte en “Más allá del principio del placer” (1920). En las últimas dos décadas, ha surgido un mayor interés por el tema del poder desde una mirada diferente, paralelo al desarrollo de las teorías relacional e intersubjetiva en el psicoanálisis.

Este artículo intenta ilustrar ambos conceptos en su desarrollo conceptual. Reflexionar sobre mi experiencia como candidato y el modo en que ha influido en mi praxis, específicamente en la dinámica de poder en la relación analítica con un paciente de funcionamiento predominantemente perverso. Se incluyen viñetas clínicas para ilustrar estas ideas, finalizando con una discusión de sus aspectos teóricos y aplicados.

Perversión: Desarrollo del Concepto en el Psicoanálisis

En esta sección se revisa una serie de importantes contribuciones al desarrollo del concepto de perversión en el ámbito del psicoanálisis. Laplanche y Pontalis (1967), al definir el concepto de perversión, destacan la ambigüedad del adjetivo “perverso” al corresponder a dos sustantivos, perversión y perversidad. Definen perversidad como una crueldad o malignidad especial del carácter y comportamiento de ciertos sujetos, delimitando la perversión al terreno de la pulsión sexual.

La mirada inicial de Freud expuesta en “Tres ensayos de teoría sexual” (1905b), vincula la perversión a la sexualidad polimorfa infantil y la búsqueda de satisfacción de las pulsiones parciales. Esto lo llevará a sostener que perversión, en este contexto, es toda conducta sexual alterada ya sea en la meta y/o el objeto con el que se relaciona para su logro, con rigidez y exclusividad, vinculando la conducta sexual normal a la unión sexual, bajo la primacía genital, entre un hombre y una mujer. Freud continuó pensando sobre el tema en trabajos posteriores, como el estudio sobre Leonardo da Vinci (1910a) donde expone la importancia del narcisismo en la perversión, expresado en la fantasía de la madre fálica; el caso del “Hombre de los lobos”

(1918 [1914]) donde desarrolla la idea de la escena primaria; “Pegan a un niño” (1919) donde estudia el papel del masoquismo en la perversión, estableciendo que las fases de la fantasía de ser golpeado, distinta para hombres y mujeres, tendrían en común el hecho de mutar, en un nivel inconciente, de “soy golpeado por el padre” a “soy amado por el padre”, siendo más sádica (regresiva) en la mujer y más genital en el varón. En su trabajo sobre fetichismo (1927) postula, sobre la base de la teoría estructural, que en el fetichista hay una represión del afecto, pero también una desmentida (*verleugnung*) de la representación de la percepción de la falta de pene de la mujer, lo que origina una escisión (*spaltung*) del yo que le hace posible aceptar la castración de la mujer, pero simultáneamente desmentirla. En su trabajo sobre “La escisión del yo en el proceso defensivo” (1940b), enfatiza que la solución encontrada por el niño al conflicto de la castración de la mujer, complaciendo a la pulsión y a la realidad al mismo tiempo, generará una “desgarradura en el yo que nunca se reparará”, afirmando que las dos reacciones contrapuestas frente al conflicto subsistirán como núcleo de una escisión del yo. En “Esquema del Psicoanálisis” (1940a) plantea que la desmentida de la representación de la percepción, generadora de la escisión del yo, no se da sólo en los fetichistas o psicóticos, sino que también es un mecanismo usado en las neurosis, dando lugar a la idea de que en sí mismo el mecanismo de defensa no es lo patológico, sino la rigidez y exclusividad de su uso.

Una seguidora de Freud, Melanie Klein, siguió un camino distinto dando cuerpo a su teorización a través del trabajo analítico con niños. En su libro *El Psicoanálisis de Niños* (1932), los describe, en cuanto a su sexualidad, no como perversa polimorfa como lo hiciera Freud, sino como pequeños perversos en el sentido sadomasoquista, con el deseo de tratar y ser tratados con crueldad. Klein observó en sus pequeños pacientes lo que denominó estadios tempranos del complejo edípico, a través del interjuego de proyecciones e introyecciones de partes del self y de objetos parciales. Estos objetos internos se encuentran bajo la primacía de intensas ansiedades persecutorias y agresivas estimuladas por los mismos objetos externos que en otros momentos son vividos como nutrientes y protectores. Constituyendo a través del mecanismo de escisión, los objetos buenos y malos. Klein adoptó la teoría de los instintos, reformulada por Freud en “Más allá del principio del placer” (1920) para desarrollar estas ideas, basadas en que la libido está combinada con agresividad y que el desarrollo de la libido en cualquier estadio está afectado por la ansiedad proveniente de esta agresividad. Desde este vértice, los aspectos pregenitales y la intensidad excesiva de los impulsos de vida y muerte son destacados en el origen de la perversión.

Bajo la marcada influencia de Klein, Betty Joseph (1971), a la luz de la teoría de las relaciones de objeto, ilustra la importancia de la comprensión de la identificación proyectiva en la transferencia como una manera práctica de comprender y tratar la perversión del paciente, más allá de consideraciones metapsicológicas. Joseph ilustra su hipótesis a través del tratamiento de un paciente que presentaba una relación fetichista con ropas de piel en las que se introducía, tanto en la fantasía como en la realidad, para obtener placer sexual. Un placer sexual parcial, donde el uso que le daba a las ropas de piel que lo cubrían por entero era el de no vincularlo en una relación verdadera con su interlocutor. A través de esa acción generando, en su fantasía, mucha rabia en su pareja, llegando a la escena sadomasoquista, soñada y fantaseada. Joseph logra darse cuenta que durante las sesiones su paciente desarrolla idéntica actuación inconciente, a través del uso de los silencios, de los discursos intelectualizadores, de las palabras vacías (como ropas de piel cubriéndolo por entero), forzando a la analista a ser más activa. Entendió

esta actuación en la transferencia como una escena sadomasoquista, con la agresión como fuente de gratificación sexual.

Meltzer (1981) se refiere a la importancia de la escena primaria en la génesis de la perversión, haciendo una interpretación del caso del “Hombre de los Lobos”. Nos recuerda cómo Freud, en “El yo y el ello” (1923), en referencia a la bisexualidad, plantea que dentro de cada persona hay al menos dos escenas primarias. Meltzer hace un paralelo entre las ideas de Freud y las de Klein, estableciendo que para Klein el acento está puesto sobre el deseo del niño de conocer, sobre las confusiones, incertidumbres y ansiedades acerca de la bondad o maldad de sus objetos. Mientras que, para Freud, el acento cae sobre el deseo de gratificación del niño y la frustración de tal deseo. Integrando estas ideas, Meltzer postuló que en el origen de la perversión hay un deseo del niño de participar en lo que él cree es una mala sexualidad. Esta sexualidad es entendida como un pene que mata niños, un pene fecal, en contraposición a la sexualidad buena cuyo objetivo es crear niños. Meltzer (1974) agrega que se puede observar una parte del self fusionada en extensión variable con una parte del objeto, el “outsider” – el sexto participante de la escena primaria, según él – que es malévolos en su intención hacia la primitiva organización del desarrollo de las partes idealizadas del self y de los objetos, de la “familia idealizada”. Esta fusión cristaliza en una actitud denominada negativismo o de negatividad, como una cualidad del impulso, donde la persona cambia el signo a la valencia afectiva, declarando que lo malo es algo bueno, invirtiendo lo bueno y lo malo, a través de una actitud arrogante, siendo sus impulsos antinaturaleza, no-vida. Enfatiza que el principio organizativo de la perversión es la negatividad, que tiende a establecer un sistema “delirante”. Por último, destaca que los estados sexuales sádicos perversos de la mente son básicamente maníacos, donde lo que se desea no es la sensualidad sino la abolición de la angustia persecutoria, pero sobre todo la depresiva, en los que el sentimiento de identidad ha sido capturado por la parte destructiva del self.

Etchegoyen (1978) postuló que la perversión es una entidad clínicamente definible que representa un tipo especial de transferencia: la “perversión de transferencia”, caracterizándola como la erotización de la transferencia, una relación de objeto narcisista que trata de construir una unidad ilusoria entre sujeto y objeto; y lo más importante para este autor, la transformación del impulso en ideología.

Más recientemente, Jiménez (2004) plantea que la relación analítica presenta un polo simétrico que estimula el establecimiento de la relación transferencial y otro funcional o asimétrico que define la asignación de roles. Sostiene que en el análisis de un paciente perverso se va configurando un mundo con una atmósfera teñida de una erotización engañosa que tarde o temprano cobra cualidades de violencia, quedando el núcleo perverso flotando como una falsa realidad, inaccesible a la empatía del analista. Para Jiménez, la tarea es alcanzar al paciente desde la periferia de su realidad psíquica y reconducirlo hasta sus raíces intersubjetivas.

Thomas Ogden (1996), en quien me he apoyado más para este artículo, basa su comprensión de la perversión sobre un variado número de influencias, que incluyen a algunos de los autores presentados más arriba: el concepto de escena primaria desarrollado por Freud (1918 [1914]) y más tarde Meltzer (1974), entre otros; el desarrollo de la teoría de relaciones de objeto y el concepto de identificación proyectiva; Joseph y sus ideas acerca de la sexualización de la transferencia (1971); Bion y su modelo de reverie (1962); Chasseguet-Smirgel y su descripción

de la no diferencia sexual ni generacional en el discurso del paciente perverso (1984); McDougall (1986) y su concepto de “neo-sexualidades” como fallido intento de construcción de un self; y en las nuevas ideas acerca de la intersubjetividad y su aplicación en la situación analítica.

Ogden conjetura que en la génesis de la perversión hay una experiencia central de muerte psicológica, un self no nato como resultado de una escena primaria vacía, no generativa y desvitalizada, por lo que cada acto de contar-crear una historia, en la situación analítica, es una mentira, una experiencia vacía. Dado que el paciente al ser un no nato, no puede experimentar como sujeto. La escena analítica perversa y el sujeto perverso del análisis van siendo contruidos en conjunto por el analista y el analizando con el propósito de evadir la experiencia de muerte psicológica y el reconocimiento del vacío del discurso/relación analítica. Esto crea la paradoja de que el reconocimiento de la mentira y su falsedad en el contexto de un discurso/relación analítica es la única experiencia que se puede sentir como verdadera, real, tanto para el analista como para el analizando. Así, establece la importancia de la elaboración de la transferencia-contratransferencia perversa inconciente en que han contribuido y participado analista y analizando al formar el sujeto perverso del análisis, enfatizando que esta construcción intersubjetiva está poderosamente formada por la estructura perversa del mundo objetual inconciente del paciente.

Ogden recalca que la comprensión por parte del analista del enactment perverso del cual es un observador-participante, es desarrollada en gran medida a través de la elaboración y análisis de sus pensamientos, sentimientos, sensaciones, fantasías, ruminaciones, y sueños diurnos cotidianos, que a menudo están aparentemente no relacionados con el paciente. Esto ejemplifica el concepto de “reverie” que Ogden desarrolla, a partir del sentido original que le diera Bion (1962), proponiendo que la comprensión desarrollada de esta manera pueda ser entonces utilizada en el proceso de formulación de las interpretaciones de la transferencia.

Poder: Desarrollo del Concepto en el Psicoanálisis

El origen de los conceptos de poder dentro del psicoanálisis yacen en parte dentro y en parte fuera de esta disciplina. En los inicios del desarrollo del pensamiento psicoanalítico surgieron conceptos como el de pulsión de apoderamiento o de dominio (Freud 1905a, 1905b, 1909, 1913), voluntad de poder (una idea de Nietzsche, autor leído por Freud) y el de pulsión agresiva como pulsión autónoma postulada por Adler en 1908. El término “pulsión de apoderamiento”, fue evolucionando desde su concepción en “Tres ensayos sobre teoría sexual” (1905b) donde se la consideró el origen de la crueldad infantil. El objetivo de esta crueldad no es dañar al otro, sino más bien refleja el egocentrismo del niño: El niño simplemente no considera a nadie más. Esta es una fase previa al sadismo y la compasión. En “La predisposición a las neurosis obsesivas” (1913), Freud plantea que, en relación al par antitético actividad-pasividad, que predomina en la fase anal-sádica, la pasividad se apoya en el erotismo anal, mientras que la actividad se debe a la pulsión de apoderamiento, que la va a denominar sadismo cuando se encuentra al servicio de la pulsión sexual. En una nota de la edición de 1915 de Tres ensayos, Freud considera a la musculatura como el soporte de la pulsión de apoderamiento. En “Pulsiones y destinos de pulsión” (1915a) se expone la primera tesis Freudiana acerca del sadomasoquismo, definiendo el objetivo del sadismo como la humillación y

el dominio del objeto por medio de la violencia y al masoquismo como el sadismo vuelto contra el self. En “Pegan a un niño” (1919) Freud se acerca al reconocimiento de la fantasía masoquista principal en la cual la identificación está implícita: “... en la frase ‘el padre pega al otro niño, sólo me ama a mí’ ... sólo la *forma* de esta fantasía es sádica; la satisfacción que se gana con ella es masoquista ... los muchos niños indeterminados a quienes el maestro azota son sólo sustituciones de la persona propia” (pp. 190-191).

En 1920 cuando Freud introdujo el concepto de pulsión de muerte como el opuesto dialéctico de la pulsión libidinal o de vida en su obra “Más allá del principio del placer” planteó que la pulsión de apoderamiento o agresiva era la expresión de la pulsión de muerte volcada hacia el exterior, la que originariamente apunta a destruir a la propia persona. Desde ese momento, la meta del sado-masoquismo ya no se acentúa tanto en el apoderamiento, sino en la destrucción.

Metapsicológicamente el concepto de poder deja de tener un lugar específico en el desarrollo de la teoría hasta décadas recientes, con el desarrollo de nuevos enfoques psicoanalíticos. A través de la observación de las manifestaciones del poder en la relación analítica, trataré de mostrar en el siguiente capítulo la continuación del desarrollo del concepto.

El Poder en la Relación Analítica

Así, como se ha examinado el concepto de poder dentro del dominio de la teoría, también será explorado en sus manifestaciones clínicas dentro de la relación analítica y en relación a la técnica. Varios de los enfoques psicoanalíticos actuales comparten una base histórica común y una conceptualización de la situación analítica: Está compuesta por dos personas que reunidas en un tiempo-espacio y con la regla fundamental (asociación libre) como norma de comunicación, constituyen el encuadre. El rol del analista se basa en una posición de escucha de las asociaciones del paciente para explorar su inconsciente y comunicárselo. En este contexto, el instrumento que hace posible tal operación es la transferencia, que se desarrollará desde el paciente hacia el analista y que será interpretada por éste último.

En el desarrollo de la técnica, lo que en su momento fue considerado como una traba para el proceso psicoanalítico, es visto con posterioridad como una herramienta fundamental. Es el caso de la transferencia (Freud 1895, 1905a, 1912, 1923, 1940a). Pero también ocurrió con la contratransferencia, a la que Freud nunca dejó de considerar un obstáculo para el trabajo del analista (1910b, 1913, 1915b, 1937). Sin embargo, con el correr del tiempo se logró establecer su valor como instrumento psicoanalítico al ser considerada como el modo a través del cual el analista logra observar en sí mismo, a través de sus propias reacciones emocionales, la comunicación inconsciente de los estados emocionales del paciente. Esto es más evidente en el uso de la identificación proyectiva en el desarrollo del enfoque de la teoría de relaciones de objeto. Así, la contratransferencia pasa a tener un valor comunicativo de las emociones del paciente. Importantes en este proceso de cambio fueron, entre otros, Racker (1948) y Heimann (1950).

Bion (1962) desarrolló la idea de la función de reverie materna como el modo en que las emociones crudas del bebé, los “elementos beta”, son digeridos por la “función alfa” de la

madre. La madre las devuelve al bebé de un modo más tolerable para él, como “elementos alfa”. El bebé introyectará progresivamente esta función alfa constituyendo progresivamente su “aparato de pensamiento”. El aparato de pensamiento está constituido por la oscilación PS-D y la relación continente-contenido, dos conceptos desarrollados por Bion a partir de la teoría Kleiniana. La oscilación PS-D se refiere al cambio constante en una persona desde la posición esquizo-paranoide (PS) a la posición depresiva (D); la relación continente-contenido a la función comunicativa de la identificación proyectiva. En el desarrollo de su idea sobre la relación continente-contenido, postuló la de tipo comensal como aquella donde hay dos personas que “comparten un tercero para beneficio de los tres” (1970, p. 10), distinguiéndola de las de tipo simbiótica, donde sólo hay un crecimiento limitado de ambas personas sin crear nada nuevo, y de la parasitaria, que implica destrucción de uno o ambos miembros de la pareja. Bion llevó su comprensión de la identificación proyectiva a un extremo del continuo, dando el paso hacia el nivel interpersonal y creador de un tercero, lo que llamó el O de la relación. Una mirada desarrollada con posterioridad por Ogden y otros autores intersubjetivos. Bion establece la importancia de estar en O durante la sesión, entendiendo por O a la realidad emocional, para ir al encuentro de la evolución del O del paciente. Esto, mediante el desarrollo de una disciplina: sin deseo, sin memoria, sin comprensión, las denominadas capacidades negativas según Bion, facilitando el contacto emocional entre paciente y analista. Estas experiencias son simbolizadas posteriormente a través de K, es decir los instrumentos de la razón y los sentidos, por ejemplo a través de una interpretación. Lo que Bion (1970) llama, la oscilación entre “paciencia” y “seguridad”, desde un estado de tolerancia de lo impredecible, del no-saber, a otro más seguro, de estructuración y sentido.

Es desde la posición de seguridad en lo que se cree se conoce donde el analista podría correr el riesgo de sentirse en una posición de poder (Renik 1995, 1996a, 1996b, 2006) instalándose la transferencia a partir de los ideales técnicos de neutralidad y anonimato para acceder al inconciente del paciente “... alentando a analista y paciente a pensar su interacción como procediendo de un desequilibrio inherente de deseo, y a asumir que toma lugar a lo largo de un gradiente de poder crucial en favor del analista” (Renik 2006, p. 162). Además el analista corre el riesgo de “... pretender haber trascendido la influencia – a menudo inconciente – de sus propios deseos, temores, esperanzas y valores ... otorgando a su criterio una autoridad innecesaria ... asumiendo el poder” (Renik 1996a, p. 145).

Por otra parte, cuando el analista empieza a considerarse parte del “campo” (Baranger y Baranger 1961-1962, 2008), la forma de ver la relación analítica empieza a cambiar radicalmente. Estos autores postulan que cada uno de los participantes de la relación analítica, paciente y analista, traen su propia subjetividad al consultorio, constituyendo lo que denominaron el “campo”, donde se instalaría una fantasía inconciente común al analista y paciente, originándose áreas de resistencia de la pareja, los “baluartes”, que gracias a la “segunda mirada” del analista, podrían ser interpretados y resueltos. Todo esto como un proceso continuo y dinámico. Del campo bipersonal dinámico, evolucionarán hacia los conceptos de campo intersubjetivo y diálogo intersubjetivo.

Basado en la teoría del campo de los Baranger, la evolución teórico-clínica de Bion y la narratología, Ferro (1999) desarrolla una comprensión del campo como el lugar donde se llevan a cabo las transformaciones “a través de una continua obra de co-narración entre analista y

paciente. Ambos se transforman en “dos autores en busca de personajes que alfabeticen las protoemociones y permitan sus continuas evoluciones” (pp. 168-169). Desplaza el foco anteriormente puesto en la observación de las comunicaciones del paciente y de la contratransferencia hacia los personajes que toman vida en el campo constituyendo una continua señalización de su vitalidad.

De esta manera se empieza a ver en la relación analítica a dos personas interactuando dentro de una estructura de tiempo y demás reglas del encuadre, en una asimetría dada por la responsabilidad que el analista tiene en el proceso. Ambos vinculados por emociones, sentimientos y deseos, concientes e inconcientes, que emergen tanto del analista como del analizando, formando una matriz relacional común, que incluye lo biológico – los impulsos sexuales y agresivos – pero sin un significado a priori (Mitchell 1988).

En el desarrollo del psicoanálisis relacional e intersubjetivo ha habido ideas nucleares, como la del “tercero analítico” desarrollada por Ogden (1994), como una co-creación inconciente entre paciente y analista; esto ha sido enriquecido por otros autores como Benjamin (1995, 2004) y Aron (2006). En una línea similar, Stolorow, Atwood, y Ross (1978) propusieron una “fenomenología psicoanalítica”, lo que posteriormente llamaron “teoría intersubjetiva”; Greenberg y Mitchell (1983) desarrollaron la tesis de los dos paradigmas en psicoanálisis, el de pulsión/estructura y el de relación/estructura como motivaciones fundamentales de la mente. Han contribuido también, a su desarrollo, otros autores como Stern (1985) y Beebe y Lachman (1994) a través de la investigación con infantes; desarrollos de la neurobiología (v.g., Schore 2003); y Fonagy junto a sus colegas (2001) en las teorías del desarrollo basadas en las investigaciones sobre apego temprano. En un reciente trabajo, Benjamin (2009) plantea, al igual que otros autores relacionales contemporáneos, que la intersubjetividad se constituye desde el inicio de la vida al depender de la creación de patrones de regulación y reconocimiento mutuo con un otro, en función del desarrollo. Benjamin sostiene que experimentar y comprender juntos estos patrones y sus fallas asociadas conforma la esencia del trabajo analítico. Cree que la oportunidad reparativa del análisis no estaría sólo en adquirir insight, sino en hacerlo dentro de una experiencia de ser sostenido en la mente por otro centro equivalente de subjetividad.

Experiencias de Poder del Analista en Formación, con Pacientes Neuróticos y Perversos

En esta parte del trabajo creo útil discutir algunas de mis experiencias como candidato en relación a la dinámica de poder durante la formación analítica. Al terminar el primer año de seminarios teóricos, sentí la necesidad de tener pacientes en análisis, un deseo conciente que corría a la par del deseo de aprender y de aprender-a-hacer, pero también del temor a no poder lograrlo si no contaba con pacientes. Con el fin de graduarme del instituto y continuar mi desarrollo como psicoanalista, este deseo necesitaba ser satisfecho. Cuando supervisaba mis dos casos control en las supervisiones semanales, silenciosamente deseaba que mis pacientes no dejaran sus tratamientos. Esta preocupación permaneció silenciosa por temor a estar haciendo algo indebido, por tener un interés demasiado personal. Luego, trabajé sobre este silencio en supervisión y en mi análisis didáctico.

El paciente, sin saberlo, es investido por nosotros con el poder de darnos el estatuto de analistas. Parafraseando a Winnicott que decía que no existe algo así como un bebé aislado, ni

algo así como una madre aislada, agrego, sin analizando no hay analista, ni tampoco análisis. Es la relación madre-bebé la creativa, la que evoluciona, la que permite en última instancia el crecimiento de ambos y el ingreso del bebé al mundo simbólico y la realidad. Es lo que Bion (1970), desde otro vértice, desarrolla como la relación continente-contenido de tipo comensal. Reconocer y aprender de esto es importante ya que como analistas, siguiendo a Renik (1996a, 2006), también llevamos nuestras necesidades al consultorio, como la de trabajar, no sólo para asegurarnos el pan cotidiano sino para hacernos de un lugar en la comunidad, alcanzar un determinado estatus y un sentido de valía social. Vista las cosas de este modo el poder del paciente sobre nosotros es bastante mayor del que creemos. Lo que por lo menos nos deja en una situación de mayor cercanía en el ejercicio mutuo del poder en la relación analítica. Creo que buena parte del trabajo analítico tiene que ver con el desentrañamiento de esta dinámica de poder.

Winston Churchill (citado por Renik 1996a, 2006) decía que la dinámica de poder que se instala en una relación depende del conjunto de expectativas y actitudes que cada participante trae. Desde esta perspectiva, el psicoanálisis como experiencia emocional que involucra tanto al paciente como al analista, nos obliga a enfrentarnos, en esta dinámica de poder, con nuestros deseos, emociones y nuestra propia agresividad. También nos da la oportunidad de poder validar las percepciones del paciente acerca de nosotros, lo que comunica en sesión a través de expresiones no pocas veces agresivas, pero sólo si no nos aferramos al poder que creemos tener interpretando expresiones de esta naturaleza únicamente como manifestaciones de la pulsión de muerte.

De manera similar, Winnicott (1969, 1971) planteó la idea del “uso del objeto” como fase superior del desarrollo. El objeto, la madre-analista, ha sobrevivido a la agresión destructiva del infante, sin reacción de represalia. Esto allana el camino para que el paciente avance hacia una capacidad más real y constructiva de interactuar con otros, ubicando al objeto fuera de su mundo subjetivo, en el mundo externo, distinto del objeto de sus proyecciones. Este proceso de logro del “uso del objeto” crea un mundo de realidad compartida a través del uso de expresiones de agresión destructiva hacia el objeto y la posterior valoración de su supervivencia. La agresión es una expresión de vitalidad; por lo tanto inherente a todo ser vivo; nos permite sobrevivir y desarrollarnos; es una actitud que posibilita la exploración de nuevos caminos, opuesta a la inercia y el sometimiento. Desde esta perspectiva se relaciona al ejercicio del poder. Esta agresión es constructiva y autoafirmadora y nuestros pacientes necesitan experimentarla en sesión, y nosotros, aprender a reconocerla, tolerarla y encauzarla. Aceptando y permitiendo las expresiones de agresión como un movimiento vital y creativo, como parte de la esencia del ser humano, evitamos la perversión del poder, la transformación de la agresión en sadismo.

Establecer una distinción entre la agresión como violencia autoafirmativa, de liberación y constructiva, por una parte (como por ejemplo el derecho de los pueblos a rebelarse en contra de las tiranías y, *mutatis mutandis*, de las relaciones de sometimiento a nivel interpersonal), y la agresión sádica y destructiva por otra, es crucial. Como hemos visto, tiene que ver con una emoción básica en el desarrollo del ser humano, tanto individual como socialmente. Lo que nos obliga a replantearnos el vínculo generalmente hecho entre toda agresión y violencia con la pulsión de muerte (Tubert-Oklander y Hernández de Tubert 1996). El poder bien administrado por el analista tiene que ver con los aspectos asimétricos de la relación con el paciente: el uso

del poder para establecer el encuadre y dirigir el foco del trabajo analítico hacia el paciente y sus conflictos.

Lo visto hasta acá corresponde a la dinámica de poder en una relación analítica donde el paciente tiene un funcionamiento de predominio neurótico. ¿Qué ocurre cuando el paciente presenta un funcionamiento predominantemente perverso? ¿Cómo se manifestaría esta dinámica?

Siguiendo a Ogden (1996), la construcción del sujeto perverso del análisis está poderosamente determinada por la estructura perversa del mundo objetual inconciente del paciente. Éste, desarrollará una erotización compulsiva de la relación como recurso inconciente para vitalizar lo que vive como vacío y sin vida: su self y la relación de la que el analista forma parte. De esta manera emerge una invitación a la escena perversa desde este tercero, el enactment perverso, del que podemos aprender con posterioridad, junto al análisis de la vacuidad y la mentira en la relación analítica. Esto se logra elaborando nuestros reveries y los del paciente, generando la experiencia de transitar desde el poder perverso de un self no-nato, no generativo, que podría llegar a expresarse en agresión sádica, a un poder expresado también con fuerza y por momentos agresivamente, como en algunos enactments, pero autoafirmativo y creador.

Benjamin (2009) considera que la conducta perversa es una manifestación de algo más profundo. Sería el intento de evitar la fragmentación mediante la identificación con un “objeto maligno” como dice Sedlak (2009), lo que le permitiría a la víctima no sufrir la vergüenza y el terror disociativos. Sostiene que tendría que ver con un estado de dependencia, no contando con recursos propios para enfrentar a un objeto que continua e intensamente no le ha dado reconocimiento y que deliberadamente lo avergüenza. Desde su perspectiva, los enactments ejemplifican las relaciones de objeto internas del analizando, pero también sus experiencias afectivas disociadas en relación con estos objetos. De aquí la importancia que le otorga a la característica asimétrica de la relación en el sentido de mantener el foco sobre la mente y las necesidades del paciente y su vínculo a un objeto seguro. Y a través del “reconocimiento” del sujeto en su subjetividad la repetición puede ser transformada en una nueva experiencia.

Ilustración Clínica

El paciente, a quien llamaré Juan, tiene 25 años de edad, soltero, sin hijos, en su tercer año de análisis. Estudiante de teatro. Sus padres se separaron cuando tenía seis años. Mantiene un vínculo estrecho con su madre, relacionándose emocionalmente de una manera fusionada con ella. Tiene a su padre descalificado y siente que perdió toda autoridad para él cuando se fue de la casa. Busca ayuda porque le es muy difícil relacionarse íntimamente con las personas. Se siente atraído sexualmente por hombres, su pareja actual lo es. Le gustaría tener hijos, por eso no descarta una relación con una mujer aunque nunca ha tenido una relación heterosexual. Juan es mi tercer paciente en análisis, cuatro veces por semana. Durante mi formación presenté su caso en tres seminarios clínicos, por lo tanto tuve la mirada de tres analistas didactas, junto a la de mi supervisor regular. Para ejemplificar este caso, presentaré dos viñetas, la primera, al año y medio de análisis, y la segunda a los 25 meses de tratamiento.

Viñeta 1

A dieciocho meses de iniciado el análisis, cerca de las vacaciones de verano, y en el contexto de estar elaborando sobre sus relaciones íntimas y la mentira (por ejemplo las razones inconsistentes y contradictorias que daba cuando llegaba atrasado o faltaba a sesión), el paciente vuelve regularmente a llegar bastante atrasado a sus sesiones y luego a faltar sin aviso, patrón muy común desde el inicio del proceso. Después de dos semanas sin venir a sesión y sin recibir noticias de él lo llamo a su teléfono móvil. Vuelve a la semana siguiente por un par de sesiones y una semana antes de las vacaciones de verano deja de venir, sin aviso y sin cancelar mis honorarios. Después de las vacaciones de verano, el día del reinicio del análisis, el paciente no llegó, avisando que estaba enfermo y que retomaría a la semana siguiente. Cumplido el plazo, vuelve a llamar por teléfono y postergar en dos días su regreso. Llega minutos antes de terminar la sesión, se excusa y cancela mis honorarios. En la siguiente sesión me dice “tenía miedo que me echara ...”. “¿Por qué?” le pregunto, mientras tengo la sensación de estar molesto con él. (Más tarde seré conciente de este episodio viendo en él una identificación proyectiva). Juan me respondió que no sabía. Le dije, “tal vez usted hubiera deseado que lo echara como una forma de sentir que podía vencer mi capacidad de entendimiento, vengándome de su agresión expulsándolo del análisis”; él me contesta “puede ser, pero también siento que no echarme es una muestra de su buena onda, de su ética”, algo que no sentí genuino y le dije “entiendo lo que me dice como un modo de neutralizarme, volviéndome un indefenso ético y buena onda”. El paciente guarda silencio. Entonces le digo “me deja en una situación de la que no puedo salir, que me impide poder llegar a entenderlo, donde yo también siento la presión a silenciarme mentalmente, o soy el agresivo que lo echa o el tonto que lo acepta, de ambas formas quedo en la posición de analista incapaz”. Esto lo sorprende, guarda silencio un momento y dice con un tono de angustia en la voz “¿Por qué? ... si yo también me siento atrapado”. Le digo “creo que es su miedo al vacío, a lo no vivo, lo que lo lleva a estimular mis actuaciones, como mi llamada telefónica, o como las que Ud. mismo fantasea, que yo lo eche, como una forma de sentirse vivo”, me detengo, ambos guardamos silencio, siento que en esta escena se está dando algo que el paciente no puede expresar en palabras ni yo entender cabalmente. En supervisión me di cuenta de varias cosas con más claridad: mi rabia con el paciente; mi sensación de haber sido agredido por él; mi interés por mantenerlo como paciente; y mi respuesta contratransferencial a través de interpretaciones agresivas, desde una “posición complementaria” (Racker 1960), en otras palabras respondiendo dentro del marco de la identificación proyectiva, con el paciente incitándome a la rabia para atacarlo. En ese momento lo empiezo a ver como un ser aparentemente desamparado y abusado, con una fuerte tendencia al ensimismamiento defensivo.

Viñeta 2

Alrededor de los 25 meses de tratamiento, elaborando durante semanas acerca de sus padres, cuenta que le ha enviado por email a ambos una carta donde les dice que está cansado de ser el juguete de sus manipulaciones y agresiones mutuas y que los considera inmaduros. Su madre le responde disculpándose y su padre le contesta enviándole el anuncio de un concierto de un grupo de música que le gusta al paciente. Ha sido una de las pocas sesiones donde el paciente ha hablado de manera muy acongojada. Luego, el paciente falta durante tres semanas sin dar ningún aviso. Antes de terminar la tercera semana le dejo un mensaje en su teléfono móvil: “si

no sé nada de Ud. de aquí al lunes próximo, dispondré de sus horas”. Como no recibí respuesta, di la hora a otra paciente. Ese día llegaron ambos. No tuvo su hora. Más tarde me llama por teléfono y me pide lo reciba para hablar al día siguiente. Me pide disculpas porque siente que me ha tratado mal por haberse desaparecido sin más, pero que tiene muchas ganas de seguir en análisis y que quiere volver al diván. Le ofrezco nuevamente sus horas. Apenas retomamos el paciente me dice: “me he dado cuenta que mis silencios son por temor a su rechazo, por mi condición sexual ... he aceptado que no soy heterosexual ni bisexual, sino un gay tranquilo”. Se produce un silencio. Mientras miro por la ventana de la consulta, un rayo de sol cae sobre la rama de un árbol. Viene a mi mente la imagen de mi madre cuando era joven, sonriente, amorosa y protectora. De pronto siento la angustia que a veces me invade desde que enfermó gravemente, algo que me ha afectado profundamente. Luego voy sintiendo el alivio de verla mejor, aunque la sensación de inseguridad permanece y la acepto. Entiendo esto como un reverie, lo relaciono con mi paciente y logro captar su angustia. Le digo: “ya lo sabía, usted lo había dicho casi al principio del análisis”, lo que le sorprende. Guardo silencio y lo escucho, sintiéndome más cercano al paciente. En las últimas sesiones se ha atrevido a hablarme de deseos suyos, como por ejemplo el ser visto por mí mientras actúa, algo de lo que jamás había hablado, ha empezado a incluirme en su mundo y a verme como un otro existente y distinto a él. Creo que hemos empezado a generar el tercero intersubjetivo en el tratamiento – el desarrollo del análisis como algo donde estamos ambos profundamente vinculados, que nos abarca y se extiende – en contraste a la forma previa de relación, más distante, que habíamos mantenido.

Discusión

Ogden (1996), planteaba que “la perversión de la transferencia-contratransferencia ocurre en todos los análisis, en diferentes grados” (p. 1123). Lo que me ha llevado a pensar que el análisis de pacientes con transferencia perversa va en un continuo: del tercero inicial que se forma, el sujeto perverso del análisis, al tercero intersubjetivo; desde lo desvitalizado a lo creador. Para reiterar, desde el uso del poder al servicio de lo sádico y destructivo, al uso compartido de un poder creativo a través del reconocimiento mutuo.

Juan, durante el primer año de análisis respondía a mis interpretaciones transferenciales contactándose emocionalmente y profundizando en lo que le planteaba, pero también después le seguían silencios, atrasos o ausencias, lo que también interpretaba, y con igual respuesta. A través de esto logré acercarme al paciente desde determinados roles transferenciales, pero terminé detenido en un mismo punto, que visto desde ahora, tenía más que ver con la forma en que se daba la relación analítica y con mi concepción del psicoanálisis. Cuando empezamos a analizar los enactments, de los que lograba darme cuenta, como lo visto en la primera viñeta, se fueron abriendo nuevos espacios. Pero ha sido en la parte más reciente del proceso, como lo visto en la segunda viñeta, apoyado por la supervisión, y el reconocimiento de mis ansiedades más profundas, en que he podido hacer uso de mis reveries al servicio del tratamiento. Esto me ha permitido contactarme en un nivel emocionalmente más empático con el paciente. A través del reconocimiento a sus aspectos avergonzados, débiles y aterrorizados, haberle dado un espacio a sus rasgos agresivos. Y finalmente mi sobrevivencia como objeto, lo que le ha permitido verme como un otro externo a él, como decía Winnicott (1969, 1971).

El ejercicio mutuo del poder ha sido inconciente durante los enactments y lo hemos

analizado con posterioridad, ayudado por la supervisión. Lo que ha cambiado fundamentalmente es la cualidad emocional de la situación analítica. Creo que la experiencia del paciente de sentirme dándole un espacio, siendo un contenedor de sus aspectos agresivos sin ser retaliador, ha sido muy importante para él, ya que a través de la vivencia y el posterior análisis de sus actuaciones agresivas ha sido capaz de reconocer sus aspectos más vulnerables.

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Panel and Personal Narratives: Power and Otherness

Editor's Introduction

Natalie Tobier, LMSW, MPH

This section of *The Candidate's* fourth volume explores the mechanisms at play in the relationship between *power* and *otherness* within the context of psychoanalytic training and practice. Discussion of either concept leads to in-depth psychoanalytic reflection, so in taking on the exploration of how power and otherness relate, it readily became apparent that this conversation would attract a wide range of perspectives and would likely continue beyond the scope of this volume. That said, the authors contributing to this section offer substantial consideration of this topic, and demonstrate how extraordinarily resonant it is of our training experiences and to the work we do. Opening with companion pieces related to a roundtable discussion held October 4, 2009 that convened a panel of psychoanalysts representing diverse orientations, and followed by a series of personal narratives written by candidates and faculty from institutes around the country, this section is a thread among many intended to address issues related to the concept of power in our field.

My own examination of the dynamic between power and otherness led me to notice a prevailing tendency to recognize it in experiences akin to being ostracized, or excluded from standard fare, based on an aspect of one's identity deemed outside the norm. Power and otherness frequently are seen as having a see-saw effect; when one is up, the other is down. Inherent in this vision is the notion of "pure" power and "pure" otherness. Power implies hierarchy but does otherness always imply powerlessness? It seems that the natural order of things is to strive to acquire and maintain power (as it is to strive for pleasure) and to correct that which causes feelings of defeat. Further, we often view the other as one who might assure our hold on power. However, one might alternatively view otherness – the undesirable condition – as breeding creativity and that without the sense of being apart from, or powerless, there would be little need to reflect and struggle and little effort to communicate. In fact, it is also likely that we all can think of examples of those whose very "otherness" challenged or defied our cherished beliefs, or, perhaps even stirred our envy of their freedom to square off with convention.

The tendency to privilege power over otherness leads me to look for a psychoanalytic understanding of this. I wonder if one way to depict this relationship is that otherness is to power as unacceptable wishes are to the ego, a relationship characterized by an interplay between degradation/isolation and assimilation/integration, given the ego's stalwart adherence to the task of organizing. Maybe it isn't power itself that is desired but rather relief from the dread of disorganization (and loss of certainty) felt in the face of the "other." Certainly, our work as analysts is to explore the meanings of what our patients tell us. We do this, in part, through interpretations. Inasmuch as this can be experienced by patients as disorganizing, we would expect a patient to cast us as "other," thereby regaining the power of equilibrium. Likewise, when we as analysts are faced with unfamiliar or incomprehensible material, the accompanying sense of disequilibrium can either lead to "othering" or "assimilating."

The ensuing texts and narratives offer a variety of representations of the dynamic

between power and otherness and are testaments to how relevant this pairing is to experiences of psychoanalytic candidacy and beyond.

According to Donald Moss in “Power, Otherness, and Interpretation,” presented as a framework for the roundtable discussion, the terms power and otherness are not actually the legacy of psychoanalysis. He suggests that interpretation is a term that links power and otherness, and the idea that the more obligated one is to the other, the less power; the less obligation, the more power. Lynne Zeavin’s roundtable report offers a description of the panelists’ responses to this paradigm, and demonstrates how clearly these terms are signposts of something so familiar that one can readily involve them in psychoanalytic discussions. Such reflections are also represented in this section’s personal narratives. Susannah Jacobi, in “A Drop of ‘Lemonade,’” describes the challenges of managing a chronic disease while in training as well as in the treatment room. Victoria Malkin’s “On Becoming a Lay Analyst and on Doubting a Process” describes feeling like “an interloper in a protected space” as one of her institute’s first lay analyst candidates, and contrasts the handling of doubt in this environment with that of her first profession, anthropologist. In “Power and Otherness: Seeing Through Power,” Anne Malone tells the story of institutional exclusion and ultimate acceptance as she finds a new analytic home. Dayna Kurtz’s narrative, “In Training and Knocked Up: One Analytic Candidate’s Tale of Isolation and Reconnection Through Pregnancy,” tells of the double identity shift of being pregnant and a new candidate, and one patient’s response. Rita Clark confronts institutionalized sexism in the analytic world as experienced during her candidacy in “Otherness and Power.” Elizabeth Biggart, in “Other Than Young,” comes to terms with an experience unique to older female candidates.

I would like to extend thanks to Donald Moss, faculty advisor to *The Candidate* and moderator of the roundtable discussion; to the roundtable’s six panelists, Rosemary Balsam, Muriel Dimen, Kimberlyn Leary, Victoria Malkin, Henry Smith, and Gita Vaid; and to Lynne Zeavin for preparing the roundtable report. Finally, I would like to acknowledge the assistance and support of Edward Dewey and Jennifer Stuart in the selection and editing of the six personal narratives included in this section.

Power, Otherness, and Interpretation

Donald Moss, MD

Despite the fact that both power and otherness refer to central aspects of daily clinical experience, neither one is a proper psychoanalytic term. Although perhaps an unhappy fact, this situation happily frees us from conceptual definitional obligations. Taking up these two terms – either singly, or in relation to each other, or in relation to us – we psychoanalysts can move about freely as we try to think and feel our way around whatever vague zones the two terms might evoke.

Lacking definitional history in psychoanalysis, neither “power” nor “otherness” can make any claims as to whether we will be giving them psychoanalytically accurate treatment. To put it another way, we have the “power” to situate these terms as we will; we owe nothing to the terms themselves; we can be selfish with them and judge their placement without any concern for “accuracy.” We can, then, do what we do best: associate to the terms and place them – and us – in whatever relations we judge as optimal. By “optimal” here, I mean, of course, optimal for us. We can move the terms about until we land them in contexts that seem most generative to us, if, for example, generativity is what we’re looking for. Freed from considerations of “accuracy,” we can move our attention to generativity. We will judge the value of how we work with these terms not by how such work sits in relation to precedents but rather by what such work generates, by the discussion it produces.

I have, of course, already employed one of the terms in question – “power” – while conceptualizing what we might do with these terms. What I have said is that, since “power” lacks a specifically psychoanalytic history, we can, if we limit ourselves to working within our discipline, place it in whatever context might seem most useful to us. Were the roundtable about “anxiety” and otherness, we would face enormous constraints on what we could do with the term “anxiety.” Whatever we did, we would be obliged to consider the complex histories of the term. Those histories would have force; they would limit what we could do.

By inference, then, we could say that our power to place these terms in context is limited if, and only if, we take their histories into account. Proceed as though they have no history and our power is unlimited. Treat the terms as already having been weighted down with axiomatic definitions and we are powerless to do anything but submit.

The extent to which we are free to place these terms wherever it best suits us seems to me a psychoanalytically useful measure of our “power.” I think it useful because this act of “placing” an ill-defined item into a defining context precisely coincides with Freud’s notion of what an interpretation is.

Here is what seems to me a beautiful example of what I have in mind: the intersection of this kind of placement and this kind of power. It comes from the Australian film *Proof*. In the film, the mother of a young blind boy gives him a daily tour of the visual world that immediately surrounds him. She takes him around, describing what she sees, and, of course, by inference, what is there: “There is a dark green shrub, there a butterfly, there a man dressed in blue,” etc.

This daily ritual is clearly meant as an act of love and reparation by the mother. The two bond together via this daily ritual. The mother interprets what the boy cannot see. The ritual is portrayed as reciprocal and loving, the mother more active, the boy more passive, but each equally partaking of the moment's intimacy.

One day, everything changes. The mother is describing the scene in front of her. She says something like, "There, on the tree is a red leaf." To this, the boy says, "The leaf is not red." The mother is, of course, shocked to hear this. It cannot mean that her son can suddenly see. Baffled and frightened, she repeats her description. Again, the boy says, "It is not red." The mother is horrified; her sincere, devoted acts of love, the ground on which she stands, is being repudiated. She plaintively says to her son, "Why would I do that? Why would I lie to you? Why would I tell you it was one thing when it was another?" The boy responds, "Because you could."

In essence, the boy's response communicates his newfound sense that his mother – his interpreter – is under no external/material obligation to him. Her only obligation is, if it exists, an internally located one. As such, in principle, she has unlimited "power" to interpret his world.

We can now put the son's response to further use; we can "interpret" it.

The son responds to the mother by saying, in effect, that he is "powerless" to influence her interpretation. His mother has, seemingly, unlimited power to interpret his world to him; he has no power to limit her. This view, the son's of his mother, can now serve for us as representative of the view of "the other." Here, the son is "other" to his mother. Not only does she have limitless power to interpret for him, she also has limitless power to interpret him. She can interpret his visual world as she will; she can also interpret the boy's suspicion as she will. She has no obligations to the boy himself. This absence of obligation marks the relation of the one to "the other."

For me, then, in framing this discussion, "otherness" refers to a condition in which one lacks the power to influence, or limit, how one is interpreted. The "other" is other to me precisely to the extent that I feel free to interpret it without regard to its "history," its story – to the extent that I can interpret both it and its perceptual fields any way I want.

I am here defining an inversely complementary relationship between power and otherness. This relation hinges on interpretation. I am "free" – I have the power – to interpret the object solely in accord with interests of my own precisely to the extent that the object is "other" to me. Conversely, my interpretive power is limited, my obligations to the object enlarged, the less the object is other to me. As the object loses "otherness," then, it gains its own interpretive power. The more power the object has, the more constraints it places on my interpretive activity, the less it is "other" to me. As the balance shifts, as the other's obligations to me diminish, its constraints over my interpretive power increase, and I become proportionately more "other" to it.

So, for purposes of discussion here, interpretation will function as the term linking "one"

to “the other.” One’s power to interpret is inversely proportional to one’s obligations to “the other.” More obligation, less power; less obligation, more power.

Absent obligation, one’s power is, in principle, limitless. Filled with obligation, one’s power to interpret is severely restricted, inhibited; by virtue of its history and particularity, the other possesses absolute veto power.

By “interpretation” here, I mean, of course, “giving meaning:” *The leaves are green. The man is wearing a red hat. The house is ugly. You are ugly. You are a nigger. You engender in me feelings that you yourself are unable to bear.* These are all interpretations, each one carrying the potential, if looked at closely, to illuminate relations of power between the interpreter and the object of interpretation. To what is the interpreter obliged? To what does he/she seem to owe nothing? That to which he/she owes nothing is “the other.”

In placing “interpretation” as the linking term joining power to otherness, I have brought a cardinal psychoanalytic term into the discussion: “interpretation.” Because “interpretation” does, in fact, carry an enormous definitional conceptual history within psychoanalysis, our power to interpret “interpretation” psychoanalytically will be markedly diminished; our obligations to its history are proportionately heightened.

Freud writes in “The Interpretation of Dreams” that mental elements accrue meaning only when they are *inserted* into the chain of the person’s psychic experience. An element’s meaning is determined by the elements that bracket it. For Freud, that’s what interpretation is: an act of insertion; the interpreted element inserted into a chain; its place in the chain is its meaning.

This act of insertion, of course, is infiltrated with issues of power. How much force ought to be applied in order to effect a proper insertion? What are the signs of a proper fit? How do we determine whether the element belongs where it is being inserted? And who, by the way, constitutes this “we”? Who decides who decides?

A few examples:

1. A woman, an extremely successful professional, has just begun a new venture. She hears that someone she hired is pregnant. She says, “I hated hearing that. I lost all respect for her. Being pregnant is such a waste. It’s an insult to have to have a baby. We don’t need any more babies. How could she willingly waste her time like that?” I hear this remark as bitter and resentful, of course, and also as an effort to renounce infantile dimensions of what binds us together, her to me, me to her: “We don’t need any more babies.” I feel a surge of protectiveness – toward my wife, our children, toward my family, toward families in general. I feel her remark as containing murderousness.

I say nothing, however. Obligated elsewhere, the patient turns “other” to me. Until I loosen that obligation and restore my clinical one, anything I say to her would be said as a threatened and hostile interpreter to a threatening and hostile “other.”

2. I was having outpatient surgery on a melanoma on my back. I was naked, lying prone on the table. The surgeon was at work. I could feel the tug of the scalpel. He was speaking to me. Knowing I was a psychiatrist, he said, "Psychiatrists are the worst, aren't they? Lazy. Not real professionals. They serve no real use in medicine. Don't you think?" I remember saying, "Yes, you're right." Here, I think, I am the "other," willing to accede to the power of an interpretation, fearing the consequences if I don't.

3. While I was a candidate, I was always late in paying tuition and fees. In fact, I was always short of money. Going over my progress report, which at the time was adequate, my faculty liaison said to me, his face suddenly transformed by distaste: "Are you having financial difficulties, Dr. Moss?"

It was his distaste that impressed me. It conveyed a sense that financial difficulties were akin to hygienic ones, as though he were saying, "Are you having difficulties keeping yourself clean, Dr. Moss?" "No," I replied. "Everything is fine."

Here, I now think, was an effort at insertion, at giving my financial difficulties a meaning: inserting them, that is, into a chain of experience related to appropriate hygiene, self-care, keeping myself clean. A financial difficulty was, according to this interpretation, not to be treated at face value; instead, it was to be read as a sign, a failure of hygiene.

I am certain now that the interpreter would not accept my interpretation of his remark – would, in fact, think of my interpretation as itself an item to be interpreted, to be placed into two different chains of experience: the shame chain and the projection chain.

Of this likely, yet still imaginary, second interpretation, I can only now say: "I don't know. Maybe yes. Maybe no." My obligations are unclear. Was he meaning to shame me? Was he merely asking a question?

Why, after all, would he mean to shame me?

And, like the boy in *Proof*, I think to myself, "Because he could."

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Report on the Power and Otherness Roundtable

NYU School of Medicine
October 4, 2009

Lynne Zeavin, PsyD

On October 4, 2009, several analysts¹ from various cities and theoretical persuasions convened in New York to discuss “Power and Otherness,” a gathering sponsored by *The Candidate*. Coinciding with the publication of the fourth volume of the online journal, the theme of which is power, this meeting was conceived by the editors and faculty advisors to be an *in vivo* discussion along the same thematic line. The following is a report of some of the topics that emerged during a very lively and thought-provoking discussion.

In her introductory remarks, Natalie Tobier, LMSW, MPH, the journal’s *Panel and Personal Narratives* editor, stated that power has been central in considerations both of training and analytic practice. Seeing the “other” as other insures our own hold on power. “Otherness is to power as forbidden wishes are to the ego,” she said. Tobier noted that a dread of disorganization is felt in the presence of the “other.”

Next, Donald Moss, MD, who is a faculty advisor to *The Candidate* and one of its founders, introduced the structure of the afternoon. Each speaker had ten minutes to address comments that had been precirculated by Moss. Part of the ten minutes also would include responding to each other so as to generate conversation among the panel members.

Moss started by situating the terms of power and otherness outside of usual psychoanalytic categories, as neither power nor otherness are specifically psychoanalytic terms. As such, he said, we have the freedom to do with these terms what we will, and in this sense, the freedom we have grants us “power” to do with either term what we will. Unlike terms such as “anxiety” or “conflict,” with respect to “power and otherness” we have unlimited freedom to describe these terms, since both lack a place within psychoanalytic discourse and as such have no history within psychoanalytic thought. Moss’s point here was that the freedom to use these terms as we will is a measure of our power, and this power is, in some ways, relative to the terms’ indebtedness to their own history. To the extent that they are free from history, our freedom and, therefore, power to define them is unlimited. Furthermore, he said that this act of “placing” a term in a previously unmarked place coincides with Freud’s notion of insertion. This notion of insertion is precisely what interpretation does.

Drawing from the movie *Proof*, about a blind boy whose mother guides him through the world by verbally rendering it for him, Moss highlighted a moment in the film that depicts just such an insertion. In the movie, the mother is describing for the boy various details of the day outside and tells the boy about a particular tree. The boy queries his mother’s account – for the

¹ Participants included: Rosemary H. Balsam, MD, Muriel Dimen, PhD, Kimberlyn R. Leary, PhD, Victoria Malkin, PhD, Donald Moss, MD, Henry F. Smith, MD, Natalie Tobier, LMSW, MPH, and Gita Vaid, MD.

first time – doubting her depiction. Astonished, she says, “But why would I lie to you?” The boy said, “Because you could.” Moss used this moment to depict the mother’s power with respect to the son. Because she is no longer limited by external constraint, the mother potentially is free to interpret the child’s reality for him in any way she pleases – her power over him is potentially unregulated. The boy lacks the power to regulate how he is interpreted, which Moss likened to both the potential position of the candidate and the potential position of the patient in analysis. The loss of otherness is linked with the gaining of power. Moss suggested that interpretation is a term that links two terms: the more obligated one is to the other, the less “power,” in the sense that Moss has described it. The less obligation to the other, the more power one has. In interpreting, then, Moss wondered, “To what are we obliged?” The act of interpretation is an act of insertion and who decides who decides?

The first discussant to respond to Moss was Henry F. Smith, MD, currently the editor of *The Psychoanalytic Quarterly* and a training and supervising analyst from The Boston Psychoanalytic Society and Institute. Smith began his remarks by citing the impact of Moss’s introduction on him, noting, “You might say it inserted itself into my thinking.” He observed a kind of “provocative simplicity” about Moss’s way of formulating these ideas. At first, he thought that Moss was right, that there was “no argument” he could mount. This led him to query the “power” of Moss’s remarks: Who gave him that power? What was that power based on? Did this power mean that “Don” felt no “obligation” to him? This led Smith to think that the one who is being interpreted must be willing to be interpreted. But, he asked, does this really make him “other”? And this led to a thought about the schema undertaken by Moss. Smith went on to say that the schema was one of dominance and submission, subjugation and control.

Smith then brought this to bear on the analytic situation. As the interpreter must be willing to be interpreted, interpreter and interpreted are more interdependent, according to Smith, than Moss allowed. The interpreter needs the other, and is obligated to him precisely in order to exercise power. He said, “Interpreter and interpreted are partners in an exercise we call interpretation.” Smith also took up Moss’s idea of obligation: Moss used it in what Smith called an “elemental sense,” in the way that a “short stop, in baseball, is ‘obligated’ to the second baseman.” But the second baseman also needs the shortstop, and the mother in *Proof* needs the boy – as much as he needed her. Questions arise in the context of this coupling and pairing: “Is it you? Is it me? Did I do something? Was it done to me?” The other is both other and self at the same time, which only deepens a sense of mutual obligation. For Smith, “Need allows one to recognize and identify aspects of other and aspects of self that allow for interpretation, that fuel interpretation, that demand interpretation, which accounts for the experience that the most powerful interpretations are those that speak simultaneously to both patient and analyst. In that sense, the interpreter of meaning must also be willing to be interpreted.”

In response to Smith, Rosemary H. Balsam, MD, a training analyst from The Western New England Psychoanalytic Society and Institute, said that her language is a bit different from his; his is a language of mutuality and *need* in relation to self and other. She said that the mother in *Proof* cannot disavow obligation even if she wants to, but that there is a kind of lack of attunement with the blind son that emphasizes her dominance over his submission in this disequilibrium. Smith said that he had clinical moments in mind. If working on the power axis as described by Moss, when interpretations fail we have the opportunity to more clearly

understand our patient's point of view. Getting in touch with our identifications with our patients is necessary to allow interpretations to be more successful – and to do this, we have to face the “otherness” in ourselves.

The next speaker was Muriel Dimen, PhD, an anthropologist and analyst from the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, who is well-known for her work on gender and sexuality. Taking issue with Moss's “stark and minimalist approach,” she began her comments by situating the terms power and otherness. Power is the older term, Dimen explained; otherness is a “late twentieth-century concept, emerging from cultural studies discourse.” She said that bringing psychoanalytic concepts into the clinical setting is an exertion of power; it is an example of professional language and professional language works in exactly that way in our society. Dimen noted her intentional bringing in of “society,” a term left out of Moss's sleek introduction. She wondered who has the power in the clinical dyad. Dimen said that she never loses sight of the fact that her patients are her boss, that is, that they pay her. This gives them a kind of power over her, does it not? It is not that simple, of course, because of her patients' need of her. Here, the issue of need, raised by Smith, arose again, with Dimen suggesting that “need” does not have a “proper analytic genealogy.” “Wish” is a term used by psychoanalysis, but not need, which for Dimen means that, as analysts, we are often using terms that are not properly our own. “Psychoanalysis,” she said, “is always drawing on and making its own or disagreeing with concepts and terms from our disciplinary neighbors.” Psychoanalysis is always engaging with other bodies of thought (she notes how gender has become a specifically psychoanalytically-informed term), and she believes it ought to.

Her second point had to do with taking issue with Moss's position regarding power and what imposes limits on power. For Dimen, “history is always negotiated between interpreters,” thereby necessarily placing a limit on power. This led her to wonder whether one can think of interpretation differently, “not as an insertion ... but as something far less determinate, sometimes mutually constructed or resisted, sometimes something that happens to you without your foreseeing it, something improvised or intentionally varied.”

Dimen's final point had to do with the transmission of power – how power relations are internalized and then repeated, in a rather unconscious way. Every analyst must have been a candidate, but, she said, analysts tend to render as “other” the patient or candidate weakness that they renounce or deny in themselves. This last point was one endorsed by the panel and was elaborated on in a variety of ways.

Moss responded to Dimen, asking her to comment on her use of the word “must.” Where does she get the power to employ a word like “must,” he wondered? “Where does the force come from that makes a must a must?” he asked. “What if there is disagreement?” Dimen responded that we are citizens in multiple discourses in what she described as a “Bahktinian” way. We cannot avoid our musts, she said. “There is reciprocity.” Kimberlyn R. Leary, PhD, asked, “What is the problem for which this panel is a reply?” In other words, she went on, if we think about candidates, and this context, how does that shape a conversation about power and otherness?

Balsam, who is known for her work on mothers and daughters, was next to speak, and

she echoed Smith's sentiment about the "provocative simplicity" of Moss's remarks and said that this style contains complex notions and brings together complicated concepts and ideas. She said his effort to pare it down gives the panelists all a chance to "build it up again." Balsam began by saying she wanted to add into the discussion a consideration of people and their inner lives. "It is hard, for example, to join in a sentiment that a mother will have 'no obligation' to her child." Power does convey a shared notion, that, having once been a child raised by grown-ups, every individual is acquainted with helplessness and littleness in relation to a powerful other. So far in this discussion, she said, power has been seen as a "bad" thing, synonymous with an abuse of power. It might be more useful, she offered, if power were located on a continuum between benign and malignant power. She cited Loewald, who said that differentiation occurs as a concurrent task of mother and child. A mother's task is to interpret a child to him- or herself in order to help differentiation. The power differential itself, between caretaker and child, can facilitate individuation. A therapist's capacity to identify with the patient's experience can guard against the abuse of power in psychoanalysis, and in psychotherapeutic work more generally, Balsam continued. This point was raised by Dimen's discussion of the analyst as former candidate and former patient – and it was one that met with general agreement.

Balsam concluded her discussion by telling a story, one that spoke to this theme very well. The story was of a candidate and her supervisor, where the initial framework of the supervision was unacceptable for the candidate and had to be negotiated by her. The initial discomfort of those discussions exemplified power and otherness, but changed when the supervisor was able to do some self-analysis and bring his supervisee into his thought process. What resulted was a different kind of collaboration, one in which the candidate was able to feel recognized and heard, allowing for her empowerment. This was the story of Balsam and her much-loved supervisor and friend, Albert Solnit. In response, Dimen underscored Balsam's claim about power having been elided with abuse of power. She asserted the importance of this point.

The next discussant was Gita Vaid, MD, who is on the faculty of The Psychoanalytic Institute affiliated with NYU School of Medicine. Vaid discussed the case of a patient in treatment who raised for her many points relevant to a discussion of power and otherness. The patient made clear that he was aware of the power of words, and wanted to ascertain that Vaid knew the power her words could have, specifically. The impact on Vaid was to feel powerless and hampered in her ability to freely interpret to the patient. She argued that the power of interpretation is, in fact, in its ability to reduce the experience of otherness – so as to be able to interpret with fewer restrictions.

Smith noted what a lovely clinical example this was because it demonstrated the two-way nature of the analytic relationship. Reducing otherness, he said, reduces the more powerful position of the analyst, but it allows you actually to reach the patient. Balsam elaborated that this beautifully described process shows how one is not becoming the other, but understanding the other through allowing the experience of the other to speak and to be heard. She said that one is able to emerge in one's own otherness or separateness, and be more individuated, which increases one's capacity to empathize. Leary picked up on this theme by reminding us of the patient's power in the room. The patient structures the conversation; we are, as Dimen said, the

patient's employee. We are working for the patient. This allows for new possibilities of collaboration, said Leary. Moss suggested that the patient's cautionary note to Vaid introduces sadomasochism into this discussion. We cannot always clearly distinguish between power and powerlessness. At the level of the sadomasochistic register, all the clear delineations of power and otherness in fact fall apart.

Victoria Malkin, PhD, was the next to speak. She is an anthropologist and currently enrolled at the National Psychological Association for Psychoanalysis. Noting that obligation is what curtails power, and Moss's example of the child's powerlessness vis à vis the parent, Malkin referred to the history of anthropological debates about how to represent and understand the other. While earlier representations frequently likened the other to the primitive without history, the child in need of maturation, contemporary debates in anthropology urge the anthropologist to contemplate the framework that organizes our understanding and representation of the other. She likened this to a similar shift in psychoanalysis "when emphasis moved from focusing on transference to countertransference." Malkin noted that the image of the other may be more threatening to us when we cannot reduce the other to a child without history, and wonders what happens if "we see the other as having a history we either do not understand or which we have colonized." Further, she asked, "What relationship is possible after the subject gains the power to interpret his or her own history?" A relation between "consensus" and "exploration" becomes possible only when there is a shared language, and creating that shared language seems to be the challenge in the consulting room.

The last discussant, Kimberlyn R. Leary, PhD, from Harvard University and the Cambridge Health Alliance, presented a clinical vignette that vividly depicted how a patient's experience of a shared moment with his analyst opened the door for the patient's expression of various fantasies about the analyst's sense of power and the patient's feeling of being other to the analyst. The patient's ability to share these thoughts with the analyst allowed the analyst to self-reflect and to open up with her patient, thus reducing the experience of otherness on both sides. This underscored Leary's earlier point about the possibility of collaborations with our patients.

There were various comments and questions from the floor. First, Lawrence Friedman, MD, commented that abuse of power concerns us because of the historically blatant abuse of power in analytic work. There is also, however, the epistemic power that comes from feeling that the analyst knows how minds work. Friedman went on to say that we are at our patients' mercy: Our patients have power, and we are powerless in relation to them.

Anna Balas, MD, said that she bears in mind what the patient can become. One person asked if the panelists could define the components of power. Vaid stated that the setting is skewed. She claimed that the onus is on the analyst to allow the treatment to develop into a mutual experience for patient and analyst, as had happened in Leary's case. The analyst needs to feel powerless and needs not to ward off that feeling, but must be aware of it and open to exploring it. Leary said that the frameworks of power and otherness "obscure" the fact that patients are powerful in a number of ways that analysts often do not want to grant. She cited the fact that there are fewer patients in analysis, and she said, "There is power in NOT coming through the door." Balsam agreed and argued for a creative mutuality that will mollify authoritarian power. This power can be worked out through language and interpretation.

In further response to the question about power's components, Malkin recalled the idea of obligation – presented at the beginning of the panel discussion. “What does obligation mean,” she asked, “and what are we obliged to?” Moss said we cannot define one without the other: “There is a cluster of forces at work in obligation: those aspects of the other whose recognition limits our freedom to interpret in relation to our own interests.” Power is the power to determine what something means, what something meant. That is power in the analytic sense. Or, as Dimen was saying, in sociohistorical terms, the meaning of something is enforced through power.

A person in the audience, who identified herself only as a Smith College graduate, asked about the power considerations of this panel – that the white men spoke first, that the African-American woman spoke last. Was this an indication of power and otherness at work on an unconscious level? Moss responded that this would have to be interpreted. Leary said how we enact race, class and gender issues is supremely important, and figuring out how to make such queries is not only important but hopefully was one of the aims of that afternoon's discussion.

Dimen commented that shame is another important aspect that derives from the power/otherness coupling and described how, for candidates, the phenomenon of institutional shaming can be a feature of training. Moss had described a moment when he had felt shamed as a candidate. Dimen said that “the supervisor had shamed him not because he could but, given the institutional context, he couldn't do anything else.”

From the audience, Marianne Goldberger, MD, commented that she vividly remembers being a candidate and the feeling of being obliged to her teachers and supervisors. One thing that occurs is the “re-externalization of old authority;” the authority has been internalized and then is externalized because it makes us anxious.

The final comments from audience and panel settled on the need to recognize the other and ourselves in the other, which is terribly important for the progress of analytic work. Language itself is powerful. Smith said that, in his view, power is always enacted unconsciously; therefore, it is never so easy to interpret whose interest it is in when you are interpreting. The unconscious is what is powerful, he seemed to be saying, and it is the unconscious that is being enacted. Leary said that it is tempting to think about how one acquires the power to speak – or to have speech imbued with power. She reminded us that this is a candidate-sponsored meeting, and that issues of power are particular when it comes to being a candidate, as Balsam's story of her supervision described.

Regarding *The Candidate*, Dimen said that it speaks to the power of this project to mitigate issues of institutional shame and powerlessness. Steven Reisner, PhD, reminded us that power is also the exercise of legitimate influence and that otherness can be another voice, another point of view. The goal, he said, is “not to monogenize relations or to create oneness.” He urged mindfulness of the distinctions and the possibilities both in power and in otherness. Moss said “a lot depends on the word ‘we’.” Leary said that we need to be conscious of “how power flows.” Dimen concluded by saying that the “analyst needs to surrender to the power of the patient to come out of it as a different patient.”

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A Drop of “Lemonade”

Susannah G. Jacobi, PhD

A drop of “lemonade” on fingertip, touched to test strip. Finger popped in the mouth. The meter beeps.

Diabetes came for me when I was a returning undergraduate, full of enthusiasm and plans for my future: graduating and getting into a clinical psychology doctoral program on my way to an analytic institute. On the campus of the Southern state university near my home, I was already an oddity – long white hair, thirty-plus years older than most of my fellow students, in the habit of shouldering my touring bike up the stairs of classroom buildings in defiance of expectations for someone the age of their mothers. Eric Hill, my African-American philosophy professor, offered me vocabulary for my experience: “othering,” he called it, a concept he had long studied in the context of race.

Being a little different was familiar territory from my childhood and adolescence in my family’s well-to-do suburban community. White? Yes – and far from poor, considering there were two seven-foot grand pianos in the living room and two practice pianos in the basement of our architect-designed, Wright-inspired home. However, my parents’ thorough contempt for the popular and consumer culture of the 1950s and 1960s dictated that we dressed in homemade or hand-me-down clothing; never ate out (in 1955, my mother took pride that she could make a nutritious, tasty dinner for a family of four for \$1.50); traveled in elderly cars my engineer father had refurbished (so much for conspicuous consumption!); did not own an AM radio or a record player (we listened to live-recorded performances of the New York Philharmonic on an Ampex 15-inch, reel-to-reel tape deck); did not own a television (“not worth a serious person’s attention”); and avoided the movies (though we were regulars at Broadway and off-Broadway shows where live performance read as highly-valued courage). I had no voice in these decisions, but I adapted by making lemonade of what might have been a lemon. I made a virtue of my difference by creating a bohemian uniform for myself; by burying myself in books; by rejecting conventional dating; by cropping my hair very short with nail scissors; and by choosing friends only from among the fellow musicians I met outside my public school context. For me, to be “other” was to live in-your-face-defiantly outside the parameters of conventional adolescent affiliation.

Later, to be diabetic in the South was isolating – “othering” – in another way: Illness was expected to be kept very private in that conservative culture – indeed, almost everywhere in the U.S. in those days. This was a bitter lesson Dr. Hill had learned as a Black man living with HIV, then AIDS, in the 1980s and early 1990s. I became his student and then his friend just as his persistently unacknowledged illness closed in on him. I bore poignant witness to his “othering” in the hospital, on the university faculty, and among his immediate family, who had not previously known he was gay, much less HIV positive.

However, the timing of my diabetes diagnosis in 1992 was curiously fortunate. In 1993, groundbreaking research reported that the until-then, seemingly inevitable complications of type 1 (formerly called “juvenile onset”) diabetes were actually the result of inadequate treatment

methods. A new “intensive insulin regimen” held out the possibility of avoiding or even reversing microvascular complications like foot gangrene, kidney failure, and blindness. The downside was that the diabetic had to take on a lot of work independent of physicians, and it was to be a life sentence, with no time off for good behavior. The intensive insulin regimen involved learning to “think like a pancreas:” injecting varying amounts of short-acting insulin six to seven times a day, measuring and writing down everything that went into one’s mouth, memorizing carbohydrate values, figuring out personal hormonal rhythms, and mastering and documenting the effects of physical activity. Such demands at first filled me with rage and resentment, but, just as I had adapted to my family’s standards earlier in life, I set about making a new batch of lemonade. I absorbed the medical and psychological literature on diabetes. I got into and through a clinical psychology program, writing my dissertation on self-management of diabetes and taking up militant defense of every diabetic who refused to keep the condition’s self-care requirements out of public view. The Americans with Disabilities Act was then a comparatively new idea, and its extension to diabetes care was not completely clear, but calmly, confidently – yes, defiantly – I pricked my finger and injected insulin in restaurants, on the subway, in the park, daring anyone to question me. However, my experience with the “otherness” around this issue took a new tack during my internship.

I had arrived on the inpatient team of a chronic care mental hospital just as a new group of psychiatric residents rotated onto the training ward, along with a freshly-hired attending psychiatrist. One lunchtime during the first week, I joined the residents and another psychology intern at a cafeteria table. As I sat down, the residents, who obviously knew each other well, were animatedly discussing the cockroach infestation in married students’ housing. My fellow intern seemed acutely uncomfortable and kept trying to turn the conversation elsewhere, but without success. It was clear that the discussion had sparked such intense fantasy for her that the residents might just as well have put a live roach on the table. I began to think through the dynamics of “politeness” – how perhaps the social basis for self-censoring certain behaviors and even language was to avoid triggering distressing fantasies in others. Did that mean the residents ought to have respected the intern’s squeamishness, or was that an indefensible slippery slope?

Meanwhile, staff rounds on the training ward were convened at 8:00 am in a circle of chairs in the staff lounge; the new psychiatrist presided. For perhaps ten days, rounds proceeded without anyone’s noticing that I was quietly metering my blood glucose at about 9:00 am. Then, without warning, the new attending halted the meeting and ordered that I leave the room if I intended to test my blood glucose. I refused. She insisted, claiming that “everyone” was upset by the sight of blood “flying around the room.” Stung, feeling attacked and “othered,” I argued that this was a matter of a single drop of blood on a test strip; that everyone in the room was a patient-care professional working in a hospital setting; and that everyone in health care should by now be encouraging diabetics to integrate the demands of self-monitoring into daily activities, rather than implicitly defining those self-care tasks as shameful, to be hidden. We agreed to defer this discussion to the next staff meeting.

For several days, I agonized over whether I should simply accept what felt like second-class status on the staff, considering I might be risking dismissal from the internship for insubordination. The old rage at my childhood “othering” bubbled to the surface. Worse, one of my respected supervisors recommended that I take back my demand for public discussion,

reasoning that even if the attending's reaction had been powered by what I suspected was a blood phobia, I should be respectful of others' sensitivities. I argued changing times: Yes, in the 1950s, when I was a teenager, pregnant grade-school teachers had been forced into maternity leave once they began to show, and public breastfeeding had been unthinkable, but this was the 1990s. More relevant, the ward staff were all trained in psychology and psychiatry; shouldn't they, of all people, be expected to be educated about the sources of their own impulses and thus to appreciate the irrationality of sending me out of the room to accommodate mere personal queasiness? Mightn't this be a teachable moment when the meaning of "respect for diversity" was broadened to include tolerance for another kind of difference – in this case, for those who openly challenge the idea that all of us must appear reassuringly healthy and intact so that our fellows aren't forced to confront their own fears of mortality?

The staff vindicated me, but over subsequent years, I've grappled with why I would hide the evidence of my diabetes from patients – indeed, whether it's even possible. Keeping my blood glucose as close to nondiabetic as possible means that I have little room for error; I must keep emergency food close by at all times. Several years ago, I began wearing a continuous-infusion insulin pump, so that at least I no longer need to use syringes to inject insulin, which apparently triggers fantasies of drug abuse in some people. However, as a further irony, keeping the condition in such strict control for so many years has resulted in my developing hypoglycemia unawareness: I risk not realizing I've drifted low until I'm so totally foggy headed that I'm not really present. To help me, a more recent bit of technology, a subcutaneous sensor/transmitter, sends the pump a new glucose estimate every five minutes. If I go too high or low, the pump alarms, silently at first, then audibly, finally loudly. If I ignore it for too long, the alarms escalate until you'd think someone was trying to steal me.

So, I now introduce every patient to this "third person in the room," the incontrovertible evidence that I am mortal, finite – but also that I am really present as a fellow human being with a fallible body. More lemonade, this time of the fiction of analytic anonymity, neutrality, superiority – of power itself.

Patients react.

We talk about it.

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On Becoming a Lay Analyst and on Doubting a Process

Victoria Malkin, PhD

“Are you doing this to work clinically?” asked the analyst interviewing me as part of my application to start psychoanalytic training. “That is my intention,” I acknowledged, while starting to feel a little ashamed – as if I were presuming too much – but mostly I felt puzzled; it was unclear to me why this question was being asked. In my mind, I was applying to a psychoanalytic training institute, so what else would I want? My previous experience had not prepared me to understand the subtext of this question. I was oblivious to the schisms within the psychoanalytic community; I had no knowledge of the “research tracks” available at some training institutes in the city, where non-mental health applicants (mostly academics) were permitted to follow classes and other parts of a training program without being immersed in clinical work. After several innocent inquiries, I had come to realize that my academic credentials were not enough for me to qualify for many of the New York training institutes, but I had not dwelt on how this might affect my sense of belonging to a profession as I applied to start training. While I had not followed the most usual path to this room, I was not yet aware that there was anything particularly contentious about my choice.

My decision to pursue training took place far removed from the politics and divisions within the profession, which still remained hidden from me behind the closed doors of New York psychoanalytic institutes. To me, my choice was a logical step in my professional development, following some years of research after completing a PhD in social anthropology. My previous research had been among the urban poor and immigrants. My intense relationships in the field had moved me to consider further clinical training. Frustrated by my time spent observing and writing about “research subjects,” I wanted to work more productively; at least this is how I understood it at that time. I no longer wanted to be only an observer to human suffering. It felt as if my research reports and academic writing disappeared onto back shelves, making little contribution to real lives. Without the necessary skills to address some of the misery I witnessed, my work was becoming ever more futile to my sense of purpose. I wanted to explore working with those who could not see beyond the hardships that circumscribed their lives and robbed them of the ability to dream. I imagined the possibility of applying learned clinical skills in a useful way. Motivated by ideals more than logistics, I didn’t question how the reality of training and practicing and their associated costs would enable this. I had considered my options and assessed my skills. My long-standing interest in questions of self, agency and subjectivity, which had encompassed much of my anthropological research, meant that I naturally gravitated to psychoanalytic training. In retrospect, no doubt my fieldwork had been mired in the countertransference feelings I experienced as informants got mad, disappeared, challenged me, decried government incompetence and unfair treatment, and sometimes wept during interviews, but I had no explicit knowledge that helped me to process these reactions. I could feel guilty, frustrated, and angered by different encounters, but I was ill-equipped to distance myself or separate and remained over-identified with many of my subjects. Guided by a desire to effect change as well as from what I see now as my own unconscious guilt, I began to consider what type of further professional development could enable me to make a more lasting impact. As I contemplated my life as it was and compared it with the life I wanted – one that could include working with other people, feeling I might do some good, and a fantasy of being my own

timekeeper – my conviction was even more enhanced. And so, whatever conscious and unconscious forces pushed me into this analyst's office, I was there, determined that this was what I wanted.

I could continue here with a personal narrative that might be more psychoanalytically informed, one in which I could take into account childhood conflicts, a propensity to be a caretaker, and the desire to reverse the pain that tragedy generates, but I wasn't there, nor was I contemplating myself in this way. Pre-training, I was a person looking to help others. Unlike my fellow candidates, who had more incisive versions of their choice to heal, I was fueled both by my sense of impotence (and perhaps importance) and my desire to work with people, as opposed to transforming them into research subjects. Although graduate studies had led me towards certain psychoanalytic theorists, I was more apt to see the world as divided up by inequality, unfairness and cultural adaptations than by psychopathology. A family brush with mental illness kept me in the loop but not informed; I primarily saw unhappy people, not unhealthy ones. I had entered my graduate training looking for a language that would help me think about the human experience as I struggled with my own. But at that time, my classmates and I were more likely to debate subjectivity than address our particular experience of it. We were young, we were arrogant, and we wanted to address the changing times: Freud was tied to the hysterics he treated as a product of his time, while we had moved on to the "schizophrenic society" (Deleuze & Guattari 2004) after progressing through the "narcissistic culture" (Lasch 1978). Our questions were how to represent the different worlds around us, not how to diagnose them. Subjectivity was abstract, not clinical: We wondered where it stopped and ideology began; we argued about political economy and compared Marxist economics to Freud's biological determinism. Sex and Gender classes repudiated penis envy and heralded fluid identity, welcoming the subject as made through language and championing Lacan, even if we couldn't understand him. Sublimation as an explanation of culture was never embraced by anthropology, and while instinct theory fascinated some early anthropologists, Malinowski was already arguing with Freud in 1924 over the validity of the Oedipus complex in cultures that had matrilineal descent (Stocking 1986).¹

After a brief investigation around the city, I applied to the institute where my first therapist had studied. At that time, I had no fully formed allegiance to any particular branch of psychoanalysis; this institute inspired trust in me, not only because of my experience of being a patient there, but also because of its colorful history, which had enabled certain renegades – in

¹ Bronislaw Malinowski, one of the founders of British anthropology, was heavily influenced by Freud in his discussions of the Triobrand Islanders in 1924. Although his research led him to repudiate the universality of the Oedipus complex, he argued that specific complexes would pertain to specific cultures, formulated through their different kinship systems. Malinowski theorized that the Triobrand Islanders, a matrilineal descent group, had no latency period as no rigid paternal figure interrupted sexual development (although later, a series of repressions and taboos emerge through the mother's brother). While Malinowski was dismissed by the Freudian orthodoxy and he himself moved further away from psychoanalytic versions of culture by the end of his life, he still worked with Marie Bonaparte and others to lobby for the Nobel Peace Prize for Freud in the late 1930s (Stocking 1986, p. 45). The engagement of anthropologists in the first half of the 20th century with psychoanalysis was vibrant and led to many debates, most famously culminating in the Culture and Personality School of Anthropology, made famous by the work of Margaret Mead and Ruth Benedict, among others (cf. Stocking 1986). In my experience, these histories appear to be absent in psychoanalytic literature, even when addressing culture, signifying a disconnect between academic discussions where psychoanalytic theory is explored and psychoanalytic training institutes.

the form of both people and ideas – to sneak through the barriers.

My exposure to clinical practice was minimal, but (arrogantly) I felt that my interest in theory ensured my dedication, and that my fieldwork was as good as it gets for an immersion into the “other.” While at times I can reflect on this former self and feel shame for my obliviousness, I also can appreciate its arrogance as a particular gift available to our younger selves, which in my case propelled me forward into this new territory unwilling to contemplate failure and dissuade me off my course.

And so I found myself sitting in a large office on the West Side undergoing my second of three entrance interviews. What did this training analyst see? A grandiose anthropologist who thought she could just drop in and take on the mantle? An overly enthusiastic woman who was looking for a purpose and a profession where she could feel at home? As the analyst began questioning what was written down in front of him, I was left alone with my doubts, insecurities and anxieties. He was the training analyst who had been designated the institute gatekeeper and, in this role, he began to explore my desire to start training to understand what would have brought me to this. His somewhat bemused gaze sized me up and he started with the basics: “Are you married?” “No.” “Do you have children?” “No.” “Are you gay?” Pause. For a moment, I am back with my mother trying to understand why my life wasn’t taking the turn she had mapped out for me. Indeed, it took the next few years of analysis to really experience my intolerance for intrusion, but in that moment, I only began to feel irritation. We continued as he peered over my resume. “I just don’t get this,” he said, coming around to the finale: “Do you think you are committed enough to be an analyst?” I realized that in spite of having spent much of my adult life devoted to inquiry about the human experience, my legitimacy was still on the line; perhaps my wish to become an analyst was some flight of fancy, a whimsical desire?

When I started the application process, I knew I had to be convincing as I explained my trajectory, past and present. During my first entrance interview, the analyst had noticed that my research seemed to be concerned with how people became legitimate in social worlds that had erased any space for them, and wondered if I was going through the same thing. His interest in my quest had interested me. This second interview was feeling more like an assessment I might have given myself on a rough day: that, somewhere underneath, I was a fraud in my own desire. I was aware that my changing continents and careers could be diagnosed as a lack of commitment (or even, I would learn in class later, labeled as an attachment disorder), but for now “Are you committed enough?” jabbed. Here is my resume: Renaissance Woman or Commitment Phobic? The choice is yours. For the moment, this analyst began with the latter. I felt too vulnerable to wonder why skepticism seemed to be his first line of inquiry, or why my desire to train might provoke suspicions, consciously or unconsciously. Controlling my indignation and aware that my final goal was to get accepted, not to defend my life choices, I said, “I finished a PhD. When I start something, I tend to finish it,” trying to head off any potential confrontation as I began to feel both defensive and insecure in front of this analyst’s challenge to my commitment. He paused, then said, “If you start training, you can’t go off to Mexico when you want.” I agreed with him, wondering what the point of this statement was and why I would not know this. He then shifted to a new exploration: “I look at your resume and wonder about your identity,” and we moved on to discuss my somewhat peripatetic background. I relaxed and felt safer as the interview shifted to a new register and we became more interested

in each other. Whatever light bulb had been set off had dimmed and we settled in.

My final interview went smoothly, this one with a woman. I liked her dryness. On saying goodbye, her parting words were that she thought I would do just fine, but of course I would have to catch up with my classmates. I appreciated her honesty; while it generated some apprehension, I felt more encouraged than anything else. All my interviewers recommended me for training and I was delighted. Looking back, even now heading into my sixth year of training, I have often wondered, when things have felt at their most difficult, if I should be alarmed at how naïve I was, if I should not have been better informed, but I usually conclude that it was a necessary defense. My romance with psychoanalysis motivated me forward. I never imagined it would be easy, but had I foreseen and considered the various struggles, I might never have started. Should I have undermined my enthusiasm by investigating more about what the reality might have been like? In my determination, and armed with what little insight I had about myself, I knew that to dwell on the difficulties might dissuade me from the goal.

If I felt my dive into training had begun relatively painlessly, it took little time to realize how unprepared I was. My lack of clinical skills did not disarm me; I had anticipated a steep learning curve. What tripped me up was the unfamiliarity of the world. There was a somberness that was new to me. It seemed to accompany the peeling paint and large portraits that hovered over us in different classrooms, paintings and photographs from another era, none of them identified or labeled, creating the feeling that these were portraits passed down through generations in a large family, none of which needed an explanation for its members. Each portrait reminding us of previous luminaries who were to be internalized by those who follow this path, and now it was we who should continue their work. One large photograph with a man ostensibly wagging his finger at the class caught my eye, seemingly reminding me from the get-go how little I knew about this world. It all began to make me feel anxious. As well, while my classmates were also figuring out this new environment, I became aware that many appeared to have arrived with more preparations in place: A new classmate discussed how she interviewed different analysts over the summer to select a training analyst; some already had training analysts familiar with the institute and its inner working; some had put themselves on (preferred) supervisor lists. I was only dimly aware of what a supervisor was. I listened as one classmate discussed how many years it had taken to make this step. I became spellbound but at times suspicious of the projected solemnity of it all. It had taken years for someone to make the leap? I felt ashamed. How carelessly I had entered this new world! I had no knowledge then that it was not just the training that was at stake in these deliberations, it was the entry into the world and belief system itself, which was anticipated to last a lifetime. It was the commitment to belonging to an institute and carrying it forward. None of this belonged in my lexicon yet. I experienced my entry into training as starting something akin to a graduate program – open to those who wanted to learn, but also as a program that could be discontinued if the student felt less than compelled to go forward.

So there I was, enthusiastic to arrive and meet my new colleagues, but starting to feel a stranger among others. In all my fantasies, I had not imagined this: I was the only non-mental health professional not only in my class, but, as I quickly found out, in the whole candidate body. I realized that my admission was the result of a recently institutionalized decision to open up training to a new category of people who might not otherwise qualify for training under the

institute's previous admission requirements. While I had known I was not the norm, I had not realized how far to the edge on the bell curve I fell. Nevertheless, I began my training and worked to adapt, a task not unfamiliar to me after a childhood of fitting into new places and an adult life where this has been repeated various times – perhaps still hoping to master how far one can fit in and where the limits of difference lie. I reminded myself that I was accepted by the institute under these terms and thus, I was welcome. But at times the welcome could serve to highlight my feeling of being separate. At a brunch to welcome new candidates held by the psychiatrists at the institute, many were encouraging: "How wonderful it is to have an anthropologist in training," someone said. I have not signed on to be an anthropologist at a training institute, I signed on for training, I thought. At the end of my first year, the director of training phoned to tell me they had arranged for me to spend time on an inpatient unit. I was delighted for the experience, but found myself feeling upset as I heard him compare me to a guinea pig while the institute deliberated what I would need. I knew him to be supportive of my quest, but I had begun to feel tense with the constant references to my difference. Perhaps an over-reaction, but my desire to move through the program as smoothly as possible while getting the training I needed was being usurped by the frustration of feeling that I presented a new problem to be solved. My supervisor reported back to me from a progress committee: "Just the sort of candidate we want from outside of the mental health field." A classmate commented to me that at times he had been surprised by how pertinent my interventions were and how much I seemed to intuit. Small gestures all made to include me. But the build up of comments started to accentuate my feelings of being on the outside. I felt trapped by my difference the more I desired to be the same, to not stand out because I had followed a different life path. We are all different, I would tell myself, with various different things we bring to our development and practice. And, while still enthusiastic about my training, I began to feel that this was no longer for me just about my personal accomplishments and failures during my training, but that I had been enlisted (by myself) to show that this was possible, that "someone like me" can be just as competent with the right training. I had avoided contemplating what my status as an outsider would mean to me prior to beginning training, but, in truth, I had been unaware that I was one. It was no longer just that I lacked the experience and had to catch up, it now started to feel as if I had a permanent condition. Slowly, I started to experience myself anew. I was no longer the newbie excited to start training but lacking the requisite experience: I was the lay analyst. I was in the category that had to prove itself. Even once this stint was successful and I finished, I would still be the "lay analyst."

Meanwhile New York State started the process of instigating a new "psychoanalytic license." Lobbied for by an umbrella group representing institutes that traditionally have trained social workers and lay analysts, the state began to regulate the profession, wanting to control who could hang out a shingle. Rumbles of dissent started on the institute's general listserv. Some members complained about the state's lack of rigor in their training requirements. Others argued that the profession was being downgraded, as the educational requirements were too lax. Some protested that non-mental health trained people would be legitimized as psychoanalysts. "Why am I here?" I began to wonder. While my personal commitment or legitimacy had been questioned during my interview process, it had never occurred to me that I would have to face my institute's commitment to "someone like me." As these opinions progressed, the hierarchy of the institutes started to become clearer to me. *You should have gone to an institute where you are normal, where you don't have to pretend*, a voice in my head started to say at times. Had I

been too big for my boots? (But you didn't even know the sizes, another voice argued back). I may have read Freud in graduate school for his theories, but I had never been exposed to his debates on clinical practice. "On the Question of Lay Analysis" was of no interest to anthropologists debating *Totem and Taboo*. I had not imagined these differences as extreme, but perhaps as an outsider I could never appreciate what they would mean in practice, and how I would experience and internalize them. Whatever may have blinded me, I had sidestepped the reality of the North American model and the fissures that divided the field.

My control cases began. Some exploded, some confused, some stuck. Even now, I still remain humbled but intrigued. Clinical work continues to highlight for me the complete individuality of each person who walks this planet. My patient, armed with no more than his or her psychic world and imagination, enters into this little bare room and begins a different story, casting me in a new role. Each one arrives to see me sitting in a chair waiting for him or her to begin and leaves with a different conclusion as to who I am and what I can do. The infinite possibility of the human condition presents itself in all its pathos and humor: Why are they here? They look at me and hope to be helped? I can feel both alienated and oddly thrilled as I accept I now form part of someone else's internal life. How strange! Someone can think about something I said all week. A patient will fight with me and send angry text messages. Another might be disappointed in me but still anxious to please. Is my narcissism aflame or do I just remain intrigued by the infinite dramas in which I shall participate, voluntarily, or outside of my awareness? As I continue to progress, I still love the work for what it teaches me about other people and what I learn about myself. I feel awed when someone puts their trust in me, exhilarated when someone becomes comfortable enough to be angry with me, proud when I see change, and endlessly frustrated in my limitations. But most of all, I continue to hope I will develop, that I can become an analyst who helps patients become the best of themselves. Can I be a Loewald, holding an image of the future potential of my patient in my head that he or she had abandoned or never wanted to know, when development took a different path? Will I challenge like Fromm, or understand like Sullivan, or interpret like Klein? Will I be the compassionate Freud or Freud the scientist? What theory will I use to legitimize my mistakes?

But back then, I was only just beginning this experience. I began my analytic supervision and returned to my second interviewer. A strange choice, but I enjoyed his class, and because he had expressed his doubts openly, I felt confident that he would support me in my learning. I wondered if I was slowly becoming paranoid, as I would choose supervisors based on how sympathetic I thought they were to lay analysts. I had started supervision with no model to follow. What should I have compared it to? From the beginning, it felt like an unfamiliar interaction, not only in what it demanded of me, but for the hierarchy it demonstrated. In one room, I had to convey what happened in a smaller, darker, more distant room. At times I felt as if a supervisor were discussing someone else. I became anxious about how to represent my patients and my work. In graduate school, I would approach an advisor for theoretical clarification and discussions about whatever doubts I had. Graduate students and advisors appeared on panels together, collaborating at times on similar problems. With this in mind, I approached my early supervisors in this fashion, mindful of their experience and hoping to gain from it. As I looked at my seasoned elders, I wanted to know how they arrived at what they knew. I was full of doubt and they were full of insight. Where did it come from? So I started to ask, perhaps too relentlessly. But now I think I was searching for a discussion of how one begins

to know.

My search seemed inappropriate for this relationship. One supervisor told me that when I first began, she wondered what she could offer me because I questioned so much, until she realized that I was listening to it all. The second said he thought at first I wasn't taking things in until he realized I would frequently return and continue a discussion from previous weeks. I was surprised. Of course, a psychoanalytic interpretation might address a resistance or my narcissism, my opposition to authority, or not a healthy but a harmful skepticism; I had been in training long enough to know these quick and easy diagnoses. But fazed by these assessments, I slowly wondered if I was approaching this supervisor-supervisee relationship within a different didactic model than those used by my colleagues. In my graduate school experience, exploration and disagreement over theory and method was a sign that you wanted to learn, that you appreciated the discipline but would move it forward.² My first profession, anthropology, was riddled with epistemic doubt about the nature of the discipline, its history, and its subsequent claim to knowledge, and this was a constant theme we embraced. It seemed that psychoanalytic training was not there to explore doubts about the ultimate project. We may have debated metapsychology but never the value of the clinical model itself, nor the epistemology of our beliefs about the patients or the practice.³ Supervision was not the space to pursue supervisors for how they had come to their positions, why they had chosen their particular ideas. I realized that this was a mentorship model and I was an apprentice; I could benefit from their input until I felt I had found my own voice. In this configuration, it seemed my questions and doubts might be perceived as a challenge to authority rather than as a genuine curiosity I had hoped would lead to my growth. I decided that perhaps supervision was not the appropriate place to express doubt. Perhaps even institutes were not places from which to express doubt. I decided to keep my doubts underground. The goal, I decided, was to just absorb what I could and decide later what to keep. My doubts and critiques were relegated to a small dark room to deliberate in my own personal analysis, dealt with as a personal question as opposed to a disciplinary debate.

From here, confusion mounted around the whole endeavor. Perhaps the insidious insecurity started to bubble up as I felt more alienated from the group. Or was I just angry that this was becoming more difficult? I am, in general, someone who needs to reflect on why I

² Thanks for C.J. Churchill for clarifying this point for me.

³ Tanya Luhrmann, an anthropologist who has written an ethnography about psychiatric residents, discusses in a 1998 article in *The Psychoanalytic Quarterly* how both anthropology and psychoanalysis have been transformed by challenges to epistemological certainty. She observes, however, how this has been handled differently in both fields: "The psychoanalytic work discussed here, [while] epistemologically shocking ... can be read as an affirmation to analysts to tell them to do as they have always tried to do: to listen to the patient, to understand the patient's point of view. Anthropology, by contrast, is founded on the belief that empathic connection – the anthropologist's experience of partially identifying with the group she or he has come to study – produces publicly verifiable information about that group. As a result, these arcane epistemological arguments about narration tear directly at the basic fabric of the enterprise" (Luhrmann 1998, p. 471). Her conclusion is that it is the difference in goals of each discipline, and ultimately the overall clinical enterprise in psychoanalysis, that has enabled psychoanalysis to survive these challenges with less trauma than anthropology. While I agree, in this narrative I am also emphasizing the structure of training and institutes and how this contributes to the regulation of dissent and ensures their continuation. I also believe she underestimates the amount of isolation between institutes, which adhere to different theories or practices.

believe in what I believe, but under these conditions, my skepticism seemed to increase. Was this a response to my newfound uncertainty or anger at hearing that my desire to practice would downgrade a profession? I began to wonder why everyone was so convinced that this worked. I started to feel more doubtful, even critical. I began to feel tired of hearing the affirmations about the value of psychoanalysis, which were rarely accompanied by an associated pleasure in the explorations of its contradictions.

Training began to feel like tunnel vision. I started to notice how little this project was doubted in public. We would stick to analysis of what went wrong or right with a patient. Some classes seemed more focused on protecting certain versions of psychoanalysis than exploring these as dilemmas and highlighting their contradictions. Arguments over whether something was psychoanalysis started to seem petty, debates over frequency seemed to me more arbitrary than anything else. I wondered how the dividing line can fall between four times a week or three, or even fewer, when our predecessors had not even had this concept. How could such a mandate be received as almost scientific, transformed into the seemingly divine, when it appears so man-made and incomplete? Was it not enough, I wondered, that increased frequency is a clinical recommendation for some cases and not others? But I continued with the conviction that if I could learn what I needed, and become the clinician I wanted to be, this was all valuable. My close colleagues and supervisors helped me remember the value of the experience, and my patients' growth reminded me what the endeavor was really about.

Behind my doubt followed a sense of fraudulence. Was this born from doubt, and/or compounded from the experience of feeling separate? My doubt could leave me guilty; I would think that perhaps as an outsider I would never have the understanding necessary for the profession. Then it occurred to me that my colleagues may have taken so long to enroll because their doubts had been worked through before they began. Their desire for this clinical model had emerged in the context of their previous clinical practice. I lacked this comparison. I was not an MD who had come to realize that psychopharmacology was not enough, or a psychologist who wanted to get away from mandated CBT instruction books. I was not separating myself from other members of my profession – I had entered training believing or hoping that this worked but lacking the experience to know for myself. I maintained an open mind.

At times, I could feel like a traitor, perhaps no longer worthy of this endeavor. I had come from another profession and was an interloper in a protected space. I was accepted into a magic circle only to question its worth. An underlying drum roll seemed to accompany my education: "Welcome to training, you too will become one of us (*if we let you*)."

The institute's portraits reminded me of our duty to these psychoanalytic thinkers, each with his or her particular story of swimming against the waves. A heroic narrative of survival against all odds seemed to be a crucial discourse throughout the history of psychoanalysis: survival from Nazi Europe, resilience in the face of threats from outside and inside. I understood, but had I signed on for this? I became somewhat dispirited. I had not come to training to constantly be reminded that psychoanalysis was under siege and to be enlisted to save it. I had come to learn how to be the best therapist I could be.

With my doubts and my experience of feeling alienated, it began to dawn on me that institutes might be places of learning, but they also are spaces of preservation. Their faded

carpets, peeling paint and framed portraits of past masters seem to be safe spaces for all those who continue to value this treatment and believe it works. Away from the cacophony of competition, competing claims and disparaging views on psychoanalytic treatment, institutes are struggling to survive. When I started, I had imagined I was entering an institution dedicated to training and education, but as I continued, and in writing this, I realize I also am entering a network, a club, a tribe. I can hope to be accepted, and once accepted, my role will be to preserve its practices and reputation. Candidates remain the future of each institute. Psychoanalysis is not like an academic discipline where you are trained to go out in the world and spread your word and work elsewhere. This is a more complex negotiation. In some ways, you are being trained to stay at home. Candidates receive training, the institution hopes for loyalty. Without their young, these tribes will die, and institutes are even more challenged as they struggle to decide who should join and continue this family.

Candidates come to the institute to become psychoanalysts. I, too, came to learn this skill, and to belong to a profession. I had not considered this intermediate step. Before belonging to the profession, you belong to an institute. Before belonging to the institute as a full member, you must be blessed by your elders. Can one be doubtful and blessed? Is there a healthy space for skepticism or must we go underground? Is doubt too much of a challenge to the system, when the system is already struggling to reproduce itself? My supervisors may have read my doubt as resistance. A more classical analyst might go even further to see it as an aggressive attack. But is this so? As I sit with my patients, some express their doubts: about coming to see me three times a week, about whether I can offer them anything, or if what I do offer them can help. As this happens, I can only remind myself I have to allow them to doubt and decide for themselves, as I myself did, and I can only hope that, in this acceptance, they might feel more, as opposed to less, understood.

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Power and Otherness: Seeing Through Power

Anne Malone, MSS, LCSW

It must have been the third week of my psychoanalytic training when my class went out to dinner with the second-year class to get acquainted. We went around the table, introducing ourselves by profession, location, and background. When my turn came, I said, "I'm Anne Malone. I'm a social worker in private practice in Media and I'm a recovering Jungian." That got a big laugh. I like to have a good joke to capture the more difficult experiences of my life.

I became an outsider when I had to stop being an insider: I lost my sense of containment in a community, a system of ideas, and especially in my analysis. Eleven years ago, after I found that I could no longer remain in the Jungian world, which had been my home, I sought treatment with a psychoanalyst to deal with my grief, anger and profound disillusionment. This narrative is part of my ongoing effort to make sense of that experience as well as my transition into the culture of non-Jungian psychoanalysis.

On a group level, my concept of power has centered on a sense of belonging, of shared responsibility for mutual goals. It involves knowing and being known by a group of people. When my analytic home began to feel unsafe and absurd, I lost the insider perspective. I thought I knew the ropes. Coming to a new group, as I did, I was offered an opportunity to learn more "negative capability": how to be in the context of "uncertainties, mysteries, doubts, without any irritable reaching after fact and reason," as Keats (1958) suggested.

This perspective confers certain powers: detachment given the lack of personal alliances, obligations and grudges; and potential freedom from excesses of idealization and devaluation. This semi-jaundiced eye is the power of the outsider, the vision of the child in the story of the emperor's new clothes. That story was always a favorite of mine. I will probably always have a bit of an outsider identity as a part of my character because of the multiple moves I made with my family as a child.

I came to the Jungian community after another long distance move in my early thirties. It served as my container for almost twenty years. After two analyses and years of supervision, I thought I was more than ready to apply for analytic training. I had been a therapist, a study group leader, a writer, a teacher and the editor of a small journal. Jungian analysts often speak about the grueling committee interviews that they underwent as applicants and again every year at progression and before graduation. The central metaphor is the rite of initiation, which is supposed to put the candidate in an optimal relationship with the unconscious, the better to be a guide for patients in their own "descent into the unconscious." This process, named and codified by Jung, is supposed to bring about the integration of the personality by promoting the surrender of the ego to the Self. The Self is described as the unconscious spiritual center of the personality that directs this evolution. This is the rationale for a training framework that does not hesitate to use power in a humiliating and destructive way.

The maxim, “Many are called, but few are chosen,” applies to this training. Worldwide, Jungian institutes take about 10% of applicants and graduate about 80% of those accepted. They do not want to increase their numbers (personal communication from a Jungian training analyst).

I knew the interviews would be difficult, that I would be pushed to “fall into a complex” so that my committee could see whether I could regain my perspective and comment on the experience. The problem was that my interviewers saw the unanalyzed parts of me in a way that neither of my analysts had. The archetypal focus in my analysis prevented us from working this out in the transference, so it just kept happening. The committees kept telling me that I was “out of touch with my anger.” I kept getting angrier, more frightened, and traumatized.

I tried to figure out where *I* had gone wrong in those interviews, how I might have handled them differently, how I wasn't thinking about it the right way, etc. It became something of an obsession. Years of my life had gone into this project: How could it be wrong for me? What did they expect? They kept talking about “letting go.” Candidates told me that I “wanted it too much.” I kept thinking about the stories of candidates having breakdowns in Zurich.

A report from another former Jungian patient, quoted in Freud's (1916) *The History of the Psychoanalytic Movement*, captures my experience perfectly:

This time [in Jungian analysis] not a trace of attention was given to the past or to the transference. Wherever I thought I recognized the latter it was pronounced to be a pure libidinal symbol. The moral instruction was very fine and I followed it faithfully, but I did not advance a step. It was even more annoying for me than for him, but how could I help it? ... Instead of freeing me by analysis, every day brought fresh tremendous demands on me, which had to be fulfilled if the neurosis was to be conquered – for instance, inward concentration by means of introversion, religious meditation, resuming life with my wife in loving devotion, etc. It was almost beyond one's strength; it was aiming at a radical transformation of one's whole inner nature. I left the analysis as a poor sinner with intense feelings of contrition and the best resolutions, but at the same time in utter discouragement. Any clergyman would have advised what he recommended, but where was I to find the strength? (p. 452)

Gradually, I began to come to my senses, through recognition of the technical limitations of Jungian analysis and by going through the admissions process one last time. While the three people who interviewed me may have had the best intentions, the usual provocative questions seemed like part of a nasty game in which the rules kept changing. In that interview, I saw “the little man behind the curtain,” and I thought, “This is bullshit.” I was an ordinary, good-enough therapist sitting in a room with three other ordinary people. They were not more highly evolved than I; they had just found a way to play the game. I gained and lost this awareness many times before I accepted it fully.

The rejected applications were a profound narcissistic injury for me, and also, I believe, for my analyst, who eventually lost his temper with me after the fourth rejection. Two weeks

after this rejection, my analyst said, “Maybe you should take six months off from analysis or see another analyst.” The title of a book by Sheehan (1983) flashed through my mind: *Is There No Place on Earth for Me?* That was the first of a series of enactments. Not long after that hour, I decided to terminate in three months and followed through on that plan. With a touch of melodrama, I thought of myself as wandering in the desert, in search of a new home. But I also felt liberated.

After leaving my analyst, I went it alone for nine (all too symbolic) months and then knew I had to go back into treatment. I was looking for a therapist who could work in the transference. An old friend, who has always commuted between Jungian and the Freudian worlds, referred me to his supervisor, a psychoanalyst. “How Freudian *are* you?” I asked the analyst, with a combination of dread and suspicion. I had seen an actual analytic couch only once, in the office of a Jungian who was dually trained. But six weeks later, I was on one and discovered how much it reminded me of meditation. I *have* to learn how to do this, I thought. The quality of my analyst’s attention was astonishing. While his silence was sometimes unnerving, it also was welcome (Jungian analysts tend to talk a lot). I kept telling my friends, “There’s so much *room* in the room!” The training bug had bitten me again, as I knew it would. Who did I think I was kidding, telling myself I only wanted treatment? I also was looking for a new intellectual home: a place to learn and write, and eventually, teach.

Although reluctant and afraid to go through yet another admissions process, I did, and found myself one fall afternoon sitting in an old building in Bala Cynwyd with a xeroxed copy of a Freud article in front of me. With a start, I thought, “What am I doing reading Freud?!” as if I had accidentally entered the wrong house at night and awakened among a strange family. It happened again now and then for a couple of years, usually at scientific sessions. I think it was the men in gray suits. Gatherings of Jungians are full of women in brightly colored, flowing dresses wearing large symbolic jewelry. The whole culture felt different. Clergy and artists outnumber physicians in Jungian circles. Jungian clinicians, even training analysts giving lectures, are apt to tell you their dreams as freely as children do. Likewise, people will freely admit to consulting the *I Ching* or Tarot cards when making important decisions. Boundaries are looser, perhaps because the communities are so small, perhaps because Jung’s boundaries were rather loose. I never heard a discussion about whether students or candidates should attend their analyst’s classes.

Coming from that culture, I arrived at the Psychoanalytic Center of Philadelphia feeling like some sort of heretic who would eventually be detected and removed. I joked that there was probably some tar and feathers waiting for the day when I said something that was just too weird. This fear was not completely crazy: Candidates have been asked to leave Jungian training at the very last minute around final exams and dissertations.

My biggest concern in making the move into the world of psychoanalysis was about being a person with a serious spiritual perspective. The “transcendent” is at the core of the Jungian model of the personality. I had lost my faith in Jungian metapsychology, but not my belief that God-whatever or whatever-God-might-be is ultimately important. So, just as I imagined being ostracized for my differences, so too did I bring a Jungian bias that all “Freudians” believed that religion was dangerous, regressed nonsense that ought to be analyzed

out of you. Maybe I would have to be in the closet about it. The fundamental rule took care of that. My first inkling that I was mistaken came the day that I blurted out from my new analyst's couch, "You mean I can believe in little green men from Mars if I want to?!"

In January 2003, I attended the American Psychoanalytic Association Winter Meetings in New York and went to a workshop on Buddhism and psychoanalysis. There were almost sixty people crammed into that room! There also was a workshop on spirituality, with a distinctly Christian flavor. The following summer, I attended a study group on Jewish mysticism at the home of Philadelphia analyst, Dr. Arnie Feldman. Rabbi Miles Krassen taught us about the seventeenth-century Rabbi Nachman of Breslow. I think I was the only Gentile there. It is impossible to feel like an outsider in Miles's presence. That is the kind of power I respect, the profoundly humble, welcoming kind that rubs off on everyone present. After that summer, I lost my particular worry about spirituality. It turned out that I actually felt freer to discuss my spiritual life in psychoanalysis than I had with Jungians. I think this is because we are not prescriptive: We don't tell people how they "ought" to be developing.

My sense of being different was mostly in my own mind. My class was quite diverse as to discipline and background. We were three social workers, a psychologist and a psychiatrist. One of my classmates is very well versed in Lacan, another outsider theorist. Another had studied with Davanloo. I learned early on that most of the people at my institute had no idea that there was a Jungian institute in Philadelphia. Only a few knew much about Jung. Far from being demonized, he was scarcely on the map! When I opened psychoanalytic books, I checked the index under "J" for references to Jung or Jungians. I rarely found any. I had been completely unaware of how far out on the fringe we were. People seemed to think of Jung as "mystical" and complicated and that was about the end of it. They were and continue to be interested in my experience and in the differences. This is not to say that my views were universally popular. My fondness for Melanie Klein has raised an eyebrow or two. A few of my teachers found my classroom contributions a bit tangential.

Although these remarks on evaluations came earlier in my training, when I was more anxious and still grappling with fundamental differences in theory, this whimsical and intuitive way of mine has led me into child training, where I feel right at home and hardly ever worry about getting into some sort of trouble. Not that the role of intuition is absent in adult training, but in the child analytic world, I never feel the need to explain the line from the 1966 song by Leonard Cohen: "God is alive...magic is afoot...." When I began at the Psychoanalytic Center of Philadelphia, I had no interest at all in child training. But every time a child analyst spoke at one of our scientific sessions, I was captivated. These people talked about fairy tales and drawings, just like Jungians. Was it my imagination that they didn't seem to tie their neckties quite as tightly as some of the adult analysts? In any case, I felt I was in territory that was both new and very familiar.

I've kept a sharp eye on the power dynamics here in my new psychoanalytic community. While we have been wise about keeping spirituality distinct from our psychological theory, our political battles reveal the human tendency to make a religion of our theories and to defend them and their purity with vehemence. We admit the majority of our applicants to training: no stress interviews here. But we are locked in a draining battle over certification, our gateway to greater

power and responsibility. We put our rite of initiation at the back door in the form of certification – a rite that many now forgo. So I stay involved in progressive politics and now and then I hear that old song by The Who on the radio:

*I'll tip my hat to the new constitution
Take a bow for the new revolution
Smile and grin at the change all around me
Pick up my guitar and play
Just like yesterday
And I'll get on my knees and pray
We don't get fooled again
Don't get fooled again.*

The Who (1971)

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In Training and Knocked Up: One Analytic Candidate's Tale of Isolation and Reconnection through Pregnancy

Dayna Kurtz, LMSW

I was a pretty good therapist ... until I got pregnant. A year ago, I entered a four-year program in psychoanalysis to hone my clinical skills. Patients who stuck with me, solid supervision, challenging coursework, classmates with whom I felt a sense of camaraderie, and endless amounts of reading left me feeling reasonably competent for a therapist early in her career. It came as a shock then, when, in a very short period of time, the experience of pregnancy left me feeling strangely alienated – the “odd therapist out.” Suddenly, my patients hated me. My supervisors disagreed about how to direct me. My classmates couldn't relate to me. My analyst couldn't make me better. I felt alone.

I had been seeing “Heather” for almost three years when I became pregnant. Then 26 years old, she had initially come into treatment complaining of chronic depression. Heather had a live-in boyfriend and did IT work from home, but was clearly functioning below her potential. She was initially reluctant to explore the problem in depth, so much of the focus remained on building a therapeutic alliance and creating a holding space. Months went by and we seemed to be coasting. Heather entered the office, flopped on the couch, and relayed the details of her week in an affect-less way. This lack of emotion seemed not so much depressive, but more a means of ensuring we remained detached. I am embarrassed to admit that, as a novice therapist, I liked this aspect of our sessions because it felt safe. One area of analysis in which I knew I excelled was in establishing rapport, and it comforted me when Heather maintained a distance between us that made it seem unlikely she might bring in anything I could not handle.

In supervision, I realized that this treatment would remain stagnant, and likely fail, unless something happened to rock the proverbial boat. I hesitated, however, out of fear I would drive her away. Losing a patient never feels good – not for any therapist – but losing a patient as a beginning clinician made me feel ineffectual. Losing this particular patient, the one with whom I had worked the longest, would have called my entire therapeutic skill set into question. Even so, I knew I had to act. I broke through our stagnancy by calling Heather out on another pattern of behavior that punctuated the treatment. About once every six weeks, she would cancel, citing a migraine or fatigue. I always knew this was of great import, but was so fearful of disrupting our cocoon of safety and comfort that I had shied away from addressing it. With a deep breath, I confronted her: “You bail on our sessions when you're feeling unwell. This is when you need them the most,” I offered. “You must come in precisely when you feel you can't.”

I held my breath and waited for her reprisal, expecting this to create an irreparable rupture and send her racing for the door. Instead, she tearfully admitted to feeling profound shame during those times of absence, explaining that the thought of someone bearing witness to her depression, when she felt it most acutely, was overwhelming and painful.

The confession catapulted the treatment into new territory. We began to delve into the depression's roots. The second of four children, Heather was routinely deprived of her parents'

attention, always being the good girl, but never managing to be anything more than a blip on their radar screen. During Heather's teen years, her older sister became pregnant while in high school. Heather, and not her too-vulnerable-in-her-pregnant-state sister, became the target of her parents' rage and disappointment. For once, she became the focus of their attention, but for all the wrong reasons. "If you ever come home pregnant," her folks warned, "you won't be let back in the house!" Unable to understand the displacement of hostility, a bewildered, ashamed, angry and despairing Heather became depressed. Her adaptation took the form of withdrawal, isolating her from the world until she regained enough emotional stamina to emerge again – just as she used her migraines to retreat from our sessions, only to return when she was feeling well enough to let me see her.

As our understanding grew, our connection deepened. Rather than feeling ill-equipped to manage whatever Heather brought in, these revelations made me feel profoundly closer to her, and this boosted my faith in myself as a therapist. Yet, I began to worry that my pregnancy would destroy our bond, due to the effect Heather's sister's pregnancy had had on her. I knew that it could elicit intense transference reactions; I could not have imagined to what extent.

As my belly protruded, the evidence became palpable. Supervision hours were spent contemplating the decision of whether to tell Heather. Around the issue of disclosure, my supervisors felt strongly – in opposite directions. One argued that the "evidence" is already likely in the room (or would be shortly) and that I, as the therapist, should be encouraged to initiate an exploration of Heather's feelings around it. My other supervisor made the case that Heather should have the flexibility to bring up the issue if, when or how she wished.

Perplexed about the "right" course of action, I discussed the dilemma with my classmates. Beginning our training together, we had formed a cohesive group. Now, though, for the first time, I felt I was moving through this experience alone. No one else was pregnant. No one would have to process what a three-month maternity leave might do to a treatment. My colleagues' comments were supportive, but left me feeling neither helped nor entirely understood. There was no one to commiserate with, no one with whom to share this anxiety. As my baby grew, my classmates and I seemed to move apart.

I became so distracted by the dilemma of whether to disclose or not that I was becoming disconnected, deepening my already rapidly growing feeling of separateness. I worried that Heather would sense my distance. The longer I withheld this information, the greater that familiar dreaded fear that she might leave treatment. By letting her in, I hoped I could reconnect and maintain the bond we had established. At four months, I told her. No sooner had I done so when a second fear crept in. Now that she knew, maybe she would leave anyway. Would there be room in the treatment as I became different?

My initial disclosure met with polite enthusiasm. Shortly thereafter, however, deeper feelings surfaced, culminating in a biting "Well, I didn't invite it (this baby) here, but I guess it can stay." Guilt seeped in. She hadn't asked her sister to get pregnant either, and learning to cope with the implications had been excruciating. This change in our status quo inspired a striking retaliation. Two weeks after learning of my pregnancy, Heather called to inform me that she had fallen and badly broken her arm. She would not be able to come in that week and

was not sure when she might be able to come in again. I left repeated messages for Heather, urging her to come for a session, or, at the very least, to call so we could talk for a few moments, but weeks passed, and she could not, or would not, come to see me.

Anger, resentment and alienation mounted. Was three years of treatment going to end in this way? I had stirred up the treatment before, and we had both survived – even thrived in the aftermath. This time, with Heather’s refusal to set foot inside my office, it felt like all had been destroyed, and the prognosis for recovery bleak. I wallowed in lonely hopelessness, at a loss for what I should have done, for what I should be doing. My pregnancy had transformed me from a mostly-secure, connected young therapist into a kind of unassured outsider, resulting in a sense of powerlessness.

Getting Heather back into treatment then felt of critical importance, for her and for me. In a last, desperate attempt to encourage her return, I left yet another message. Finally, she agreed to see me the following week. When she came in, she admitted being glad I had pursued her so fervently. In processing the events of the preceding weeks, I wondered aloud if her “accident” had anything to do with my pregnancy. Surprisingly, she did not reject this possibility, but paused to consider. We discussed that, perhaps on an unconscious level, her injury had profound meaning. Was the fall a way of testing me to see whether or not I had enough psychic space for her, in the midst of having my own child? Would I let her retreat and disappear, or would I chase after her and bring her back? Did the injury serve as an excuse to shy away from me and our work and into that familiar depression she used as a refuge from her parents during her sister’s pregnancy? If so, would I become her mother in the transference, angry and punishing? Although her retreat did frustrate me, my gentle but firm pursuit of Heather made her feel safe enough to return, thereby providing, in Franz Alexander’s words, a kind of “corrective emotional experience” that challenged her defensive pattern of retreat. She learned not only that someone could tolerate her feelings, but also that her feelings could be expressed and confronted without negative repercussions. I learned that I could manage the deeper psychic wounds of a patient’s unconscious, and could rise to the occasion when a patient acted out and attempted to flee from treatment (my worst fear).

As I await the birth of my son with a mixture of indescribable joy and anxiety, I contemplate too how my budding identity as a mother will blend with my still-emerging identity as a psychotherapist. No doubt, my experience with Heather will be one of many in which I find myself initially confused and alone. I find great comfort in the lessons learned with her; not only to be able to tolerate fear and doubt, but to possess the confidence in my ability to find my way back to mutuality and understanding.

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Otherness and Power

Rita W. Clark, MD

My first experience of the power of otherness occurred on a stoop in the south Brooklyn ethnic enclave where I grew up. The kids were complaining about the unreasonable demands of our new third grade teacher. She actually wanted all of us to read books and write weekly book reports. I was delighted with this idea since I loved to frequent our neighborhood library and read as much as I could. I dreamed of reading every book in the library from A to Z. I never mentioned this to any of the neighborhood kids who were my daily companions. I had always felt otherness with them because I found most of their activities boring and stupid, but since I grew up with them, I pretended to be part of the gang so as to fit in enough not to attract any negative notice. I usually kept my mouth shut and didn't look for any trouble. (This means of survival was to be replicated in my experiences in analytic education.) From my reading, I knew that there were other worlds and people out there, but I had no way to reach out to these experiences until I was older (or in the case of the institute, had graduated). However, one day back at the stoop, I saw an opportunity and did speak out. "I'll read all of the books and dictate the reports to you," I said loudly. This idea was embraced by most of the kids and I became the reader and dictator. Instead of being merely tolerated, I was now highly valued and protected as the dispenser of book reports. For the time that this ruse lasted, I truly tasted otherness and power together.

Fast forward to analytic education and the institute's patriarchal system. As the only woman in my classes, I certainly experienced otherness. In the 1960s, the prevailing ideas about development emphasized penis envy for females and castration anxiety for males. Conflicts and doubts about this had been in my mind for some time before they surfaced in the classroom situation. I was excited by reading the work of Mary Jane Sherfey (1966) and Roy Schafer (1974), who were questioning the traditional theories. When I, as a newly aware feminist, questioned some of the assumptions in the analytic theory of female development, I was gently cautioned to be circumspect. While I could raise objections to the idea of penis envy as the chief driving force behind feminine development, I was advised not to appear to be overly aggressive in theory courses. This was not defined but the message was clear. An aggressive woman might arouse undue castration anxiety in the men. Candidates were expected to listen more than to question. It was implied, and I even believed for some time, that my doubts resulted from my incomplete analysis and all would be resolved when I was finished with analysis. There was one course in which theories other than those of Freud and his disciples were discussed, mainly to be criticized. It was called "deviant schools" of psychoanalysis for many years until the course title was finally changed to the more respectful "alternate schools."

I also had doubts about my analyst's policy of charging for all missed appointments no matter the cause or the amount of advance notice. I found out from friends at the William Alanson White Institute that their analysts didn't always charge for missed appointments when arrangements were made well in advance and for good reasons. This seemed a fairer approach to me. I consoled myself with the belief that my Freudian institute was superior to other "unorthodox" places, and my analyst was, after all, helping me understand what I'd felt as a child when faced with arbitrary rules laid down by my mother. I was convinced that when I was

fully analyzed, it would all become clear to me and I would no longer feel otherness but would easily fit into the group.

But my questions about this policy lingered and stirred up memories of some of the rules laid down by my mother. If I was inclined to not obey her rules on dating and curfews, I was threatened with dire consequences that would come, not from her she assured me, but from fate. As I grew into the teenage years, I dared to disregard her advice and saw on several occasions that nothing disastrous had happened. This liberated me and I experienced a wonderful feeling of freedom and was then able to distance myself from her point of view on many issues. Otherness enabled me to define myself and my position in the world. I had to follow a similar route to find the freedom to follow my own thinking and make my own decisions in the analytic world while at the same time dealing with a powerful system of analytic indoctrination in the classroom and idealizing transference feelings in analysis and supervision. I truly admired my analyst, teachers and supervisors. It was just that they were not right about everything.

I followed the rigid fee-charging policy in my first analytic case as part of my idealization of my own analyst and the entire classical analytic establishment. I didn't want to ruin my first case by disobeying authority figures just as I had not wanted to ruin my life by disregarding my mother's advice on dating. For my second and later cases, I followed my own path, which was different and more flexible than the prevailing mode. Of course, this conflict came up in my analysis, and while the diminution of my mother's influence was supported, the questioning of analytic authority was not encouraged.

I felt that any public expressions of discontent would be seen as evidence that my analyst and I had not properly dealt with the issue of penis envy, which was so central in the analysis of women. I felt isolated because there were no female training or supervising analysts available at that time at our institute. I requested permission to seek supervision for a third case from a woman at the New York Psychoanalytic Institute. This was denied; I was told that when I graduated, I could seek further supervision wherever I wanted. The message was clear. My analyst also did not encourage my seeking a female supervisor. He felt that the gender of the analyst did not matter that much and that "any competent analyst can analyze any patient." He felt that my transference to him was, at times, maternally inspired. Because he was an authority figure, that was certainly true.

My classes were of no help in examining these issues. Feminism was a new concept and was acknowledged but not really explored. Penis envy was still the central concept. Fee issues and cancellation policies were covered very little in technique courses. Charging for missed sessions, even those canceled well in advance, seemed to be the usual practice. The reasoning was that this promoted stability in the frame and prevented acting out of the resistance that developed along with the deepening of the analytic work. It also assured a stable income for the analyst, but this was not mentioned. Freud had stated that analysts should not be false philanthropists. Self-care for the analyst was not discussed at that time as a legitimate concern. The ethics of the situation were taken for granted. Analysts were the benign caretakers of patients and knew what was best in the traditional role of physicians just as mothers supposedly knew what was best for their children. I never discussed this in supervision as I felt that would be seen as a lack of commitment to "true analytic practice." I kept my mouth shut just as I had

with the kids on the stoop. I felt both otherness and powerlessness.

I raised these issues and personal opinions in analysis from time to time and they became grist for the analytic mill. There was no question of a change in my analyst's policy and I just accepted it. I never thought about requesting a change given that there were no female training analysts at the institute at that time. My unexpressed opinions remained the same. Just as we see in political life, institutional tyranny and suppression may breed clandestine revolution.

Fortunately, these feeling did not negate the positive aspects of analytic education. The joy in analytic discovery, both in personal analysis and with patients, made the negative aspects tolerable. In my opinion, it was the transference and excitement and promise inherent in the work itself that fueled regular attendance. This aspect of the analytic training and work was exciting and inspiring. My supervision and classroom work continued along and there was a lot of learning that was pleasurable in itself.

During the last year of classes, I became pregnant, so I missed a few weeks of classes at the very end. There was no official comment from the institute but lots of approving smiles. My supervisors did not have much to say about the issues in pregnancy except to tell me to wait for patients to notice the pregnancy and then to elicit their reactions to it. This did not work with all patients and finally, in the seventh month, I felt that I had to bring it up with those patients who had ignored it. I had the feeling that this was uncharted territory for my male supervisors. I managed to muddle through the pregnancy and told patients that I would be taking off several months and would let them know when we could resume. I was content and happy, but my resentment was reawakened when I was charged for the time I missed while giving birth. My life and my analysis were proceeding very well, and the achievement of motherhood gave me great joy. My analyst was enthusiastic in his congratulations and even revealed that he wished he could have sent me flowers, but he was sure that I would understand why he did not do so. I wondered why he even mentioned that wish. Perhaps my objections to his rigidity over the years were finally reaching him. My husband's analyst, a training analyst at the same institute, did not charge him for the sessions that he missed while staying with me in childbirth. This was a revelation to me that I was not alone in my flexibility, and it gave me the courage to begin to come out and to tell the truth about my deviation in technique. My analyst's reaction to my complaint about this discrepancy was that since my husband was not in a training analysis, different rules could apply. This made no sense to me whatsoever, but I dropped the issue.

Soon after childbirth, and just after graduation when I announced that I was pregnant again, my analyst set a termination date about a month ahead. I was rather surprised and I did not agree with his unilateral decision, feeling that there were still many unresolved issues about balancing professional ambitions with marriage and child rearing. He did not accept this point as at all valid but said, in a typically benevolent manner, "What else could you possibly want?" In his view, I had come very far for a woman. Since I had resolved my penis envy by having children, he had completed his job. We terminated cordially enough right on his schedule for me. He announced as part of the termination dialogue that he wished me well and would be happy to send me patients "if they didn't mind going to a woman."

Eventually, I was relieved and pleased to terminate and devote more time to mothering

children and establishing a practice. I also felt that all analyses have their limitations and that the concept of being fully or perfectly analyzed was not realistic. Good enough analysis was a goal to be respected. It was not necessary to completely identify with my analyst to be a good enough analyst; I could follow my own conscience. This was similar to the realization that I came to that I could be a good enough mother without completely identifying with my own mother.

The system under which I trained to be an analyst was a smoothly running example of the tripartite model. Most teachers and supervisors were conscientious and dedicated to educating the candidates from what was available in the traditional Freudian literature. While questioning was permitted and there were some lively discussions, the attitude usually was that, when we matured and had more completely been analyzed, more would be understood and accepted. We would have to wait patiently for enlightenment. Identification with the prevailing structure was encouraged. I continued to wish for more female role models and found them in peer groups in which I could discuss my concerns about wanting to be both a good analyst and a good wife and mother.

Many things have changed in the forty years since I trained. The atmosphere is no longer male dominated, and I am sure that I would not feel such an otherness and powerlessness as a woman if I were to start training now. The issue that remains is how to avoid exploitation both of the candidate's subjection to the institutional hierarchy and the patient's vulnerability to the transference. There will always be power differentials in training situations but their effects can be ameliorated by incorporating more inclusive and respectful attitudes.

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Other Than Young

Elizabeth Biggart, PhD

Every time feels like a surprise. I am sitting in class listening attentively, when I become distracted by a rising temperature deep under my skin. I can feel my face begin to flush red, my neck feels hot, and tiny glistenings of sweat begin to moisten my hair line. What was I thinking wearing a silk blouse? As the wet silk sticks to my back, I know the cobalt blue fabric will smear forever green. I sit forward, separating my damp back from the chair, in a futile effort to save my blouse. Wiping the beaded drops from my upper lip and hairline only smears my makeup. I look a mess. Sticky, hot, irritable and out \$85 for this blouse, forget the fact that I loved the way it looked with these chic black pants. I have, however, remembered to wear my clothes in layers. The burning urgency to respond to my rising body temperature is all consuming. I can't think of anything else. Completely distracted, I've left the discussion. I casually take my sweater off, trying half-heartedly to keep my personal power surge private. My fellow classmates appear unaware of my momentous, yet mundane change, as they vigorously debate psychoanalytic theory. Surely, at least one has recently watched his wife soak her blouse in a cool room. My desire to be noticed in all of my sweating womanhood reminds me of the burgeoning 14-year-old girls at my son's eighth grade graduation. They self-consciously paraded to the stage on grown-up heels in almost identical, short, cleavage-celebrating sundresses. Of course, they wanted to be noticed, but only when surrounded by other matching girls. Like them, I want everyone to know that I am a woman experiencing a powerful transformation. But I feel so alone right now; there is no comfort in matching girls at this conference table. It might be easier if I were surrounded by other sweating women.

I still have the letter my mother wrote me at camp, congratulating me the week my menses started. I proudly whispered the news to my best friend, who screamed in dreadful excitement. Today, my mother is dead and there is no one screaming in excitement. Rather, my girlfriends sigh in knowing, appreciative sympathy and my classmates simply continue the discussion. My body is just dying – sweating profusely before everything dries up. I feel self-conscious, not because my sexuality is burgeoning, but rather because I have green stains under my arms and streaky makeup on my face.

Nonetheless, I do like these odd power surges. Something is happening. It just suddenly, uncontrollably, happens. Despite the discomfort and inconvenience, there is something profoundly powerful and energizing going on. It is the predictable, yet shocking, end of a time in my life, marking my movement into the retired-womb phase. Like any great retirement party, my flashes remind me of how sweet it was and all that is lost. Something similar to the way my graying hair reminds me of how much I like having pigment and want to enjoy it until the very last black strand. But gone are the days that I drove down Route 280 at 70 mph, French-braiding my long, wet, black hair and steering with my knees. I thought I could do anything. Thrilling, stressful illusions that everything was possible reigned supreme. These power surges remind me not only of my body's limitations, but also of my liberation from the tyranny of these stressful illusions.

A graying, mortgage-carrying mother of teenagers, I am not the young, eager, fresh

graduating candidate I've read about in psychoanalytic journals. Last month, I watched from across the room as a fellow candidate escorted his very pregnant wife to her seat at the graduation dinner. Excited and preoccupied with his new life and all the unseen possibilities, he seemed of a different order. I loved being pregnant: enormous, pulsating with life. Something truly mind-blowing was happening. So as I watched this younger woman cross the room, I forgot how her feet and back probably hurt and that she likely was exhausted. Rather, I was aware of feeling tired myself. I am the same age as many of my supervisors and teachers. Although I will undoubtedly be in high heels at my graduation, I won't be one of a pack of young graduates. Thankfully, everything won't seem exhaustingly possible. I feel other not just from younger graduates, but also from that part of myself that deemed everything possible. There is tremendous power in tolerating what is lost and cultivating what is real. At my graduation, I will not have the luxury of imagining decades of analytic treatments ahead. Should I someday become a training analyst, it will not be as my mentors have, following years of completed analyses, but rather tightly sandwiched between the beginning and end of my condensed analytic career. Therefore, I appreciate each new analytic patient, my waning pigment, and, in particular, my power surging and surprising hormones. My body temperature drops, the sweat dries, and I feel a little chilled. It is over. I wait just a few minutes before, nonchalantly, putting my sweater back on.

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The Culture Desk

Editor's Introduction

Ellie Gelman, PhD

Psychoanalysis and the arts have been intertwined from the outset. Freud drew upon his vast knowledge of literature and culture to formulate significant aspects of psychoanalytic theory – think Oedipus Tyrannus and Hamlet, or his Leonardo paper, in which he articulated some of his earliest thoughts on narcissism. The century since has seen myriad applications of psychoanalytic theory to fiction, film, music and popular culture; indeed, it would be difficult to overstate its influence on modern ways of constructing and deconstructing meaning. The debt between psychoanalysis and the arts is mutual and ongoing.

This edition of *The Culture Desk* offers a selection of extraordinary papers that explore this shared terrain. In a rich and wide-ranging essay, “The Power of Images: Refractions of a Stereotype of the Male Jewish Body,” Anne Golomb Hoffman examines the complex transformations across time – from Freud to modern Israeli fiction – of ideologically driven representations of the Jewish male body; she traces the shift from iconic images of a feminized “ghetto Jew” into the “virile Sabra,” and then, in turn, from the virile Sabra into more fluid contemporary images that challenge conventional notions of gender and national identity.

“Artistic creation gradually takes the place of dreams or supplements them, and it is vitally important for the welfare of the individual and therefore for mankind,” wrote D.W. Winnicott (1945). Artists dwell in the “transitional space” between play and reality, often weaving dreams and day dreams into their work. The function of dreams takes center stage in two evocative essays in this volume. In a lyrical musing inspired by an evening at the opera, Luba Kessler identifies the oedipal fantasy at the heart of Bellini’s *La Sonnambula*, in which the eponymous heroine wanders into the “forbidden landscape” of longing for a father; this becomes the nub of a broader reflection on the time-keeping, reality-embracing function of the father in the resolution of the Oedipus complex. In “Hamm’s Dreams: An Essay on Beckett’s *Endgame*,” Jason A. Wheeler Vega focuses on the role of dreams in Beckett’s play, which he contextualizes within the playwright’s own life and analysis with Wilfred Bion; Wheeler cogently argues for – and demonstrates – the value of analyzing the dreams of fictional characters.

And last, hewing to *The Culture Desk*’s mission of offering reviews of important new works, Lynne Zeavin takes a close look at a collection of papers by leading modern Kleinians about Melanie Klein’s seminal work, *Envy and Gratitude*. In her review, “Envy, Not Gratitude: Reflections on a Classic Revisited,” Zeavin discusses the pernicious effects of envy on a different kind of creativity – that of the parental couple and, in the transference, the analyst herself. It is the movement from envy to gratitude that allows the development of a capacity for symbol-making and thus for artistic sublimation.

I would like to thank *The Candidate*’s faculty advisors for their guidance and support. A special word of appreciation goes to Leslie Cummins, a faculty reader and former editor of *The Culture Desk*, for generously making me the beneficiary of her experience and editorial

expertise. And most of all, I wish to express my gratitude to the authors for their original and thought-provoking contributions. In reading these papers, I found myself stirred by their wisdom, erudition, elegance and clinical insight. I hope you will feel similarly rewarded.

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The Power of Images: Refractions of a Stereotype of the Male Jewish Body

Anne Golomb Hoffman, PhD

In the course of the 1990s, I published a number of essays on the politics of gender, specifically, issues surrounding the male Jewish body in 20th century Hebrew novels.¹ My interest was engaged by a dialectic of the body in narrative texts written by male writers, from S. Y. Agnon to Yaakov Shabtai, David Grossman, and A.B. Yehoshua. The works of these Israeli writers give evidence of a rich engagement with issues in modern Jewish history, with particular focus on an ideologically loaded conception of masculinity. In their fiction, conventional conceptions of masculinity come undone, giving way to what might be termed hints of feminization or a more intimate absorption in bodily processes, of a sort associated with femininity. Through absorption in themes of body and gender, these novels turn away from the public staging of masculinity as visible and clearly defined, moving instead to an exploration of modes of experience that are less bound by fixed conceptions of self and other. Furthermore, in these literary works, conventional differentiations between male and female, self and other, are shown to enter into large-scale political distinctions and the boundary lines that establish national identity.

As I sought to understand this movement in 20th century Israeli fiction away from iconic representations of the male Jewish body, it became clear to me that these novels were responding to historical burdens ensuing from the Zionist initiative to regenerate the male Jewish body, transforming the ghetto Jew into the virile Sabra. Inevitably, my own search for the historical determinants of the iconic male body that modern Hebrew fiction both displays and deconstructs took me back into late 19th century Europe and the rise of racial anti-Semitism. There I found that the Zionist project of renovating the Jewish body constituted a response to racial theories that pathologized and feminized the male Jewish body. Therefore, my attention was drawn as well to the works of European Jewish writers at the turn of the 20th century, writers such as Max Nordau and Otto Weininger, who were caught up in a potent mix of nationalisms and racial theories, often organized around an idealized masculinity and its feminized other. In this essay, I revisit that history, from Nordau, Weininger, and Freud on anti-Semitism, to recent Israeli writing, in order to supply the context for a series of literary developments that reflect and refract a stereotype of the male Jewish body.

The rise of Jewish nationalism can be understood both as an acknowledgment of the intractability of European anti-Semitism and as an attempt to reverse anti-Semitic stereotypes by formulating a positive conception of national identity. Zionism appropriated the negative image of the male Jew and transformed it into the positive image of the “new Jew” or the “muscle Jew.” In the broadest sense, Zionism can be understood as an attempt to revolutionize Jewish identity and to develop a distinctive national culture. David Biale (1992) characterizes Zionism as an “erotic revolution” that sought to “transform the Jewish body itself” through “the creation of a virile new Hebrew man,” an ideal that shaped the emerging culture of modern Israel (p. 176).

¹ See Hoffman 1991, 1992, 1993, 1997.

Crucial to this transformation, Biale notes, is a conception of the body as the physical expression or mirror of emotional health and of the individual body as a “microcosm for the national body politic” (p. 178). The success of the transformation, along with a keen sense of the constraints imposed by the image of the “new Jew,” can be found, in a variety of ways, in the literature of the early State, a literature that offers us images of sons who struggle to come to terms with a national patrimony.² Recent Israeli writing responds to this ideologically charged inheritance by challenging popular constructions of masculinity and questioning their relationship to larger issues of collective identity.

In the European imaginary at the turn of the 20th century, masculinity was defined by impermeable boundaries that marked off differences not only from a hysterized femininity, but from the image of the feminized Jewish male.³ Under the guise of science, classifications of race provided the framework for a system of differences in which language, physiology, and gender played a part. The Jewish “body” played a crucial role in the enterprise of fashioning a concept of degeneracy that would integrate mental, moral, and physical attributes and allow for definitions of nationality that could claim scientific legitimacy. Noting the consolidation of political discourses of nation and race around a “manly ideal,” George Mosse (1996) elucidates the role of a cult of manliness in developing ideologies of nationalism and remarks on its capacity to renew itself constantly as an organizing center in ideology. Mosse notes the “mixture between romanticism and the new sciences” in the nineteenth century, and shows how new studies in physiognomy, anthropology, and philology interacted with romantic myths of national origin to produce conceptions of racial difference in which Jews and blacks provided the necessary foil to their Aryan counterparts (p. 77).

Historically, the male Jewish body provided an essential other in the construction of difference and power in Christian Europe. In fact, the association of the male Jewish body with feminization has a long history that includes, for example, medieval depictions of Jewish male menstruation.⁴ The manifest history of European anti-Semitism registers traces of the Jewish body in the *foetor judaicus*, the smell of a Jew, as well as the diseases peculiar to Jews, and the associations of Jews with blood (Trachtenberg 1943, pp. 47-49). At some level, Jewishness in Europe engages perceptions of the body, such that the place of the Jew in the European

² Indeed, the Biblical *akedah*, the sacrifice of Isaac, forms a prominent theme in the writing of the generation that came of age with the formation of the State of Israel, communicating the discomfort of “sons” with burdens they nevertheless accept as their own.

³ Sander Gilman (1991, p. 63) remarks that “if the visual representation of the hysteric within the world of images of the nineteenth century was the image of the female, its subtext was that feminized males, such as Jews, were also hysterics, and they too could be ‘seen.’ The face of the Jew was as much a sign of the pathological as was the face of the hysteric. [...] It is the male Jew from the East, from the provinces, who is most at risk for hysteria. [...] While it is clear that women still are the predominant sufferers from the disease, it is evident from the visual representation of the cases of hysteria that there is a clear ‘feminization’ of the male Jew in the context of the occurrence of hysteria.” See also Geller 2008.

⁴ Joshua Trachtenberg writes: “All men are subject to disease, the Jew among them. But the Jew suffered also from certain peculiar and secret afflictions that were especially characteristic of him, and which did not normally trouble Christians. Indeed, it was this belief that helped to account for the Jewish need of Christian blood, the sole effective therapeutic available to them. Most often mentioned among these ailments was that of menstruation, which the men as well as the women among the Jews were supposed to experience” (1943, p. 50).

imaginary is suffused with fantasies of the primitive or abject body.

The cognitive activity of stereotyping uses crude simplifications of the body that enter into distinctions between self and other, insider and outsider. Sander Gilman's work is indispensable to this field of study, offering, over many volumes, a virtual physiognomy of the Jewish body as it has figured in the discourses and imagery of anti-Semitism (Gilman 1985, 1991, 1993, 1995; see also Boyarin 1997 and Geller 2008). When Gilman refers to the Jewish body, he takes care to explain that it is the male body that he has in mind. Ritchie Robertson (1998) points out that by the middle of the 19th century, "the femininity of the Jewish woman comes to be ascribed to the male Jew, whose deficient manliness is measured against more than one implied model of masculinity" (p. 26). The striking recrudescence of imagery of Jewish male feminization towards the end of the 19th century thus becomes intelligible in light of new forms of anti-Semitism and the rise of scientific racism.

The impact of stereotypes of difference is particularly clear in the works of two writers, whose writings exercised strong influence at the turn of the 20th century: Otto Weininger, whose 1903 treatise, *Sex and Character*, virtually quantifies the degrees of femininity to be found in Jewish men, and Max Nordau, the physician and cultural critic of decadence and degeneration, whose Zionist essays offer a formative vision of the renovation of the male Jewish body through repatriation and physical labor. Weininger and Nordau set the parameters for this inquiry, in their indictment of indeterminacy and their attachment to absolute (and in Weininger's case, metaphysical) categories of gender. However different their philosophies, their writings convey a tangible sense of the deep threat that indeterminacy and ambiguity posed to conventional conceptions of civilized order.

Nordau's conception of mind and body was firmly rooted in physical science and the idea of progress. He built his cultural diagnosis of degeneration out of the physiological conception of "morbid deviation from an original type," as laid out originally by B.A. Morel in 1857 (Nordau 1993 [1892], p. 16). Degeneracy, thought to be an irreversible decline from the norm of health or a reversion to a more primitive type, claimed a basis in biology and physiology. Cesare Lombroso's studies of criminal types as forms of degeneracy provided Nordau with a bridge that facilitated his own extension of the concept to the broader field of culture. Thus, in the best-selling *Degeneration* (1892), a strident critique of new cultural trends, Nordau sought to point out a direction for human life that would bring it into harmony with scientific laws governing the universe. In fact, Nordau's fin-de-siècle indictment claimed the authority of positivist medical science in categorizing Ibsenism, Impressionism, Nietzscheanism, and the cult of Wagner as degenerate forms of expression. In Nordau's view, these areas of cultural activity were all characterized by a blurring of boundaries and an undoing of categorical distinctions, in short, a fluidity that he found intolerable. (Interestingly, Nordau's critique of cultural degeneracy never takes leave of the body: Even when writing about music and painting, degeneracy remains a concept rooted in the body, in what he refers to as "mental physiognomy" [Nordau 1993 (1892), p. 18]).

When Nordau sought to refute prevailing views of the Jews as degenerate, he fashioned a different historical trajectory, while using the same positivist principles. He put his science to work in explaining the debilitated state of ghetto Jews as an adaptation to debilitating

surroundings, rather than as degeneracy or atavism. All of the elements needed to sustain life – “light, air, water, and earth – were measured out to us very sparingly,” he writes, with the result that in “the narrow Jewish street our poor limbs soon forgot their gay movements; in the dimness of sunless houses our eyes began to blink slyly; the fear of constant persecution turned our powerful voices into frightened whispers, which rose in a crescendo only when our martyrs on the stakes cried out their dying prayers in the face of their executions” (“Muskeljudentum,” 1909, pp. 379-380 [“Jewry of Muscle,” 1980, p. 435]). In responding to straitened circumstances, the Jewish people lost their heroic manly virtues of old and took on the *appearance* of degeneracy.

Nordau advocated a program of physical hygiene, including a regimen of exercise, in order to reverse the decline of European Jewry, through restoration of all that Europe’s Jews had lacked for centuries.⁵ His Zionist writings convey the sense of a collective reentry into history: reclaiming the physical prowess that was theirs in the ancient world, Jewish men would re-enter history to engage collectively in the active struggles that define a nation.⁶ Traces of a semi-mythical Jewish past are discernible in Nordau’s conception of a Jewish movement to renovate and regenerate the male Jewish body.⁷ As Nordau puts it, these “new muscle-Jews surpass their ancestors, for the ancient Jewish circus fighters were ashamed of their Judaism and tried to conceal the sign of the Covenant by means of a surgical operation ... while the members of the ‘Bar Kochba’ club loudly and proudly affirm their national loyalty” (Nordau 1909, pp. 380-381, and 1980, p. 435). Not only are Jews to become free of the constraints that stunted their physical being, circumcision will no longer denote a mark of shame that must be hidden: Nordau’s notion of a “Muskeljudentum” can best be seen in this vision of circumcision as the proud badge of masculinity.

Turning to Freud, we see that the *locus classicus* for Freud’s view of the connection between circumcision and anti-Semitism consists of a footnote to the case history of “Little Hans” (1909), the child whose castration anxiety Freud analyzed through consultations with the child’s father. In this famous footnote, Freud offers an interpretation of “the deepest unconscious root of anti-semitism” that supports his argument for recognizing castration fear as a primal fantasy, a universal feature of masculine development. Nevertheless, it should be noted that this footnote carries out an uneasy negotiation between Jews and castration. As Gilman (1991), Geller (2008), and Boyarin (1997) have pointed out, Freud (1909) refrains from

⁵ Nordau’s essays shaped Zionist ideology not only in Palestine, but as Michael Berkowitz (1993) has shown, in western Europe as well, where the project of renovating the Jewish body gave rise to a physical culture movement.

⁶ Stanislawski (2001) highlights the fin-de-siècle vocabulary of normative science that permeates Nordau’s discourse, while Presner examines the development of the trope of the “muscle Jew” out of discourses of racial hygiene, body eugenics and population studies (2007, p. 36ff); see also Efron 1994. Along with Presner’s emphasis on a visual iconography of the body, Gluzman’s recent study of the Hebrew novel documents the transformative moment for Herzl and Nordau, in which the Jewish body acquired a felt materiality and thus gave substance to their conception of Jewish nationhood (Presner 2007; Gluzman 2007, p. 22ff).

⁷ While acknowledging some uncanny parallels to the highly politicized science of race and degeneracy, historians such as Wistrich (2007), Ascheim (1993), and Stanislawski (2001) differentiate Nordau’s critique of degeneracy at the fin de siècle from “the prevailing anti-Semitic stereotypes of the age” (Wistrich 2007, p. 155). Wistrich points out that Nordau’s Zionism avoids the excesses of European nationalisms, never crossing over into “historical exclusivism, myth, or religious mysticism” (2007, p. 172).

identifying any of the persons to whom the footnote refers – Little Hans, Otto Weininger, and himself – as Jews. He describes Weininger as “highly gifted but sexually deranged,” takes note of his suicide right after publication of his “remarkable book,” and comments on Weininger’s conflation of Jews and women as the target for a hostility that derives from his “infantile complexes” (p. 36). We can speculate that Freud’s own discomforts as a Jew – his resistance to that internalized trope of feminization – occludes his writing here, producing a strategic, if not symptomatic erasure of his own Jewishness, along with that of Weininger and Little Hans. At the same time, however, it is Freud who gives us a dynamic approach to masculinity, one that we can use to understand the conflicts that produced his erasure in the first place.

Circumcision marks the body and makes it text for Nordau and for Freud. The discomfort of each with this bodily datum of Jewish difference becomes the impetus for writing that acknowledges ritual practice, while incorporating it into a larger frame of reference. Nordau incorporates bodily inscription into a fantasy of a restored virility that transforms difference into a positive assertion of identity. Freud’s more ambivalent relationship to the phallic signifier produces the marginality of the footnote to “Little Hans,” along with an acknowledgment of castration fear that will play a role in subsequent efforts to theorize masculinity, linking castration to any conception of the phallus.

A certain phallocentrism thus organizes the thinking of both Nordau and Freud, with strikingly different outcomes. Nordau’s ideal of a “Muskeljudentum” draws on the European model of Greco-Roman virility and adapts it to focus on circumcision as a signifier of male pride. In effect, Nordau offers readers a collective fantasy – the fantasmatic vision of a fully restored virility. Freud, too, moves from the individual to the collective, but with a difference. Interpreting anti-Semitism as a collective fantasy of Jewish difference, he makes a connection between infantile castration fears and large-scale cultural formations that are, in effect, shared fantasies. Freud thus offers his readers the more discomfiting option of recognizing the castration fear that motivates phallocentric fantasies. The modernist dimensions of psychoanalysis become evident in the displacement of attention from the content of a set of ideas (a set of signified meanings, as in Nordau’s conception of a “Muskeljudentum”) to a consideration of the multiple pathways (the signifiers) through which desire takes shape and finds an object.

If we bring Weininger into this cultural arena, we see that he carries the internalization of values of the dominant culture so far that his writing can be read as a mirror in which subjects shaped by ideology may find their reflection, a reflection that includes the cultural coding of Jews as feminized, rootless non-citizens, removed from the idealized male citizenry of the modern State. Read retrospectively, Weininger’s writing acts symptomatically, bringing to the surface the images of a crude sexual politics that fueled contemporary ideologies. Mack (2003) points out that, unlike Jewish writers and theorists who constructed counternarratives to German idealist constructions of Jewish otherness, Weininger “accentuated an anti-Semitic divide between Aryan idealism and Jewish materialism when he explicitly placed the Judaic under the typological rubric of the feminine” (pp. 104, 106). In Weininger’s view, women were associated with the realm of materiality; they lacked form and thus took on all forms. In contrast to the masculine principle of individuation, women and Jews were to be identified with indeterminacy and fluidity.

Thus, for Weininger, Judaism is consonant with dispersion and the notion of a Jewish state a contradiction in terms. He writes: "The true conception of the State is foreign to the Jew, because he, like the woman, is wanting in personality; his failure to grasp the idea of true society is due to his lack of a free intelligible ego. Like women, Jews tend to adhere together, but they do not associate as free independent individuals mutually respecting each other's individuality" (1909, pp. 307-308). The further one goes in reading Weininger, the more one hears the desperation of his efforts to isolate masculinity and to protect it from contamination at the hands of Jews and women. Weininger's suicide in Beethoven's house, just after the publication of his treatise *Sex and Character*, suggests the ultimately destructive impact of the very positions with which he sought to identify himself, as a baptized Jew and philosophical thinker: No way out but self-destruction.

Producing symptomatic texts at cultural intersections, the works of these European Jewish writers reflect the feminization that formed part of their cultural inheritance. Expressions of feminization may be read as symptomatic of something in the larger culture that excludes the Jew from the demarcation of an idealized virility. The return of the Jew is, in this context, the return of the repressed. The scope of my work is to examine that "return" in the form of Jewish writing, and so the last portion of this essay addresses some striking developments in Israeli fiction of the last thirty years. From turn-of-the-century Europe to pre-1948 Jewish Palestine and the establishment of the State of Israel in 1948, the arena of the Jewish confrontation with modern culture shifts from the scene of European modernism in the first part of the 20th century to the intense explorations of cultural identity and politics that are to be found in recent Israeli writing.

I offer brief examples from the work of several male Israeli novelists over the past thirty years, in order to highlight a crisis of masculinity and a turn towards feminization. If that turn carries ironic resonances of the anti-Semitic trope of the feminized male Jew, it does so in order to explore feminization as an alternative to an oppressive construct of masculinity associated with the effort to establish and sustain the firm borders of national identity. In my reading, these writers are working out a further stage in the politics of Jewish national identity, using the trope of feminization in order to explore identities that are no longer predicated on denial of relationship to the female body. Discomforts with existing categories manifest themselves in the fiction in unexpected ways, with the result a play of possibilities that resists subordination to particular agendas.

The fiction of A.B. Yehoshua engages the dynamics of gender and sexuality on an interpersonal level that resonates with implication for the history of the nation. Yehoshua's fiction invites the reader to think about modern Jewish history in light of relationships within families, a perspective that brings to the scene of history an awareness of instinctual drives and the workings of repression and repetition. *Molkho* (1987; 1989 trans. *Five Seasons*) is a novel that takes its protagonist through five seasons, each a section of the book, which follow the death of Molkho's wife after a long illness. In his stolid, unheroic manner, Molkho opens himself up and draws closer to femininity, observing its varieties, noting it in himself, all the while resisting masculine prototypes of action. This novel is set at the time of Israel's 1982 withdrawal from Lebanon, a collective reversal of direction that receives only incidental notice in the novel.

Nevertheless, the reformulation (or reversal) of character and plot that marks this novel resonates with implication in terms of that national crisis of direction.

Late in the novel, Molkho sits naked in an armchair in a Vienna hotel room, gazing at himself in the mirror. Not only has he gained weight, but he notices breasts sprouting on himself (1987, p. 282; 1989, p. 301). This comic feminization can be read as something of a counterpart to Yehoshua's choice of a protagonist who is of Sephardi origin, a reflection of Yehoshua's own cultural heritage to which he had not before devoted major focus. Feminization extends the exploration of otherness that this choice of ethnicity initiates. Issues of ethnicity and gender coincide in this novel to produce a text that challenges some Israeli stereotypes concerning the role of the Ashkenazi population in the development of the State and the dominance of that group in its political structure, along with the more general association of masculine with active and feminine with passive.

We know that Yehoshua wrote *Five Seasons* in intervals, as he was working on *Mr. Mani* (published in 1990; English trans. 1992), but if we read one text alongside the other, what is the result? Framed on a broader historical scale, *Mr. Mani* takes a counter-direction, as it moves backward in time through five sections, each of which is located at a historically significant moment. Thus, the second section of the novel, set in Crete in 1944, brings us the discourse of Egon Bruner, a young German soldier, who offers a theory of the purifying womb of culture in a letter to his grandmother (and to us as readers). Egon's discourse evokes powerful resonances, as we think about his theory of the "womb of civilization" in light of the history of ideologies of race and nationality.

With his plunge from the airplane into the "blue womb" of the Mediterranean (1990, p. 95; 1992, p. 88), "from the belly of the plane to the void of the world" (1990, p. 107; 1992, p. 101), Egon Bruner restages the encounter of German with ancient Greek, the scene of an appropriation of a "landscape" in service of a narrative of national identity. For Egon, that landscape is "the place from which our Europe was born" and he recounts his plunge into the *reheim*, the "womb" of culture, of which his teacher, the old classicist Koch, taught him. As Egon stumbles into the "legendary labyrinth" of Knossos (1990, p. 100; 1992, p. 94), he feels close to the Führer and to his old teacher Koch in understanding their common search for the "ancient origin" from which they construct the possibility of the birth of a "new man" (1990, p. 101; 1992, p. 95). It becomes evident that, despite his claim to correcting an old error – the move of German culture toward the east, as opposed to south and "back into the bluish womb of the Mediterranean" (1990, p. 119; 1992, p. 115) – Egon's effort to purify German barbarism through immersion in classical culture merely repeats the error in another idiosyncratic variant.

Egon's theorizing uses images of the body that are intelligible in terms of infantile sexuality, as well as in the context of large-scale political movements. Thus, Egon describes his effort to "go out once and for all outside of history whether from the front or from the rear" (1990, p. 99; 1992, p. 93). His vocabulary – "belly," "womb," "from the front or from the rear" – suggests a primitive map of the body that verges on the cloacal. Through this vocabulary of the body, Egon's discourse mixes elements of infantile sexuality into his vision of national redemption. He speaks of recovering the "culture that is before culture" (1990, p. 120; 1992, p. 116), which is really his own appropriation of a female ground in service of a narrative of

national salvation.

Mr. Mani suggests a fable, or more precisely perhaps, an anti-fable of gender and nationalism. To explain what I mean by anti-fable, let me call to mind Freud's speculative tale, his fable as it were, of the tyrannical father and the primal horde, as related in *Totem and Taboo*, *Moses and Monotheism*, and elsewhere. This psychoanalytic myth provides an account of the origins of human society whose narrative elements – father, sons, hatred, aggression, and love – are those that comprise the conceptual universe of classical psychoanalytic theory. Freud's tale of origins establishes an Oedipal scenario in which masculinity takes shape. *Mr. Mani* can be read as a reformulation or a disruption of a myth of the male hero. The *kivun negdi* or “counter-direction” of the Manis is to go against the consolidation of sexual, religious, or national identities and against the aggressive defense of those identities. This counter-direction finds its roots deep in the family, in layers of experience and relationships that are prior to the establishment of boundaries and definitions of sexuality and gender. *Mr. Mani* is thus a historical novel in that it engages the errors that are an inevitable component in the construction of historical narrative. Not only does it reformulate or disrupt a myth of the male hero, it extends its subversive critique to the large-scale consolidations of nationality that took place in Europe toward the end of the 19th century. The whole thrust of Yehoshua's fiction is to work against totalizing concepts, which form the basis for fictions of identity that claim absolute difference between self and other.

David Grossman's *The Book of Intimate Grammar* (1991; trans. 1994) shares with Yehoshua's fiction the quality of intimate absorption in the textures of family life. Working within the domain of the family, from the perspective of a child, this novel offers images of the body so grotesque that they suggest a conscious move away from the ideologically constructed “body,” the idealized virility of 20th century Zionism. In fact, the novel ends with its adolescent protagonist locking himself in a refrigerator on the eve of the Six-Day War, a move suggestive of a futile yet valiant effort to avoid the demands of participation in the defense of the State. By valorizing the private world of the child's experience of the body and resisting puberty as the point of access to the public stage of masculinity, Grossman's comic grotesque works to reject the construction of masculinity that brings with it a call to action and to identification with the collective.

Grossman's most recent novel, *Isha borakhat mebesorah* (2008, *A Woman Runs from News*, as yet untranslated), is, if anything, a post-Zionist novel. (I mean this to suggest that the novel interrogates earlier stages of the Zionist mythos, in an effort to reconceptualize the concept of the nation, without, however, repudiating it.) Grossman traces the historical scarring that marks individuals, families, and relationships, the scarring that is specific to life in Israel, to the experience of successive wars and the losses they bring. Long a writer drawn to the imaginative lives of children, Grossman opens this novel with 70-some pages of dialogue in the dark among three children hospitalized at the start of the 1967 war, imposing on the reader their blindness and utter inability to fathom what is going on around them. Reading that opening section is like waking up in the middle of the night and not knowing where you are.

Shifting abruptly to the adult lives of these childhood friends, Grossman leaves the reader to figure out who's who and to piece together the traumatic events of their early adult years. We

gradually assemble the evidence of Avram's suffering as a prisoner of war, subject to the sadism of his Egyptian captors. Late in the novel, we learn why it is that he is continually brushing the fingertips of one hand with the fingers of the other, and it is a horrifying glimpse into the "chambers" of a mind occupied in appeasing, begging, and bartering with sadistic torturers. The five chambers, memorialized by each of his five fingers, are five rooms of his memory that he cannot enter, but that he must sustain; his obsessive ritual pays obeisance to each sadistic interrogator in turn. His companion, Ora, engages in a child's magical thinking to endure the unbearable anxieties of a mother whose son is in the army. Having convinced herself that if there is no one at home to answer the door, it will be impossible for the army to deliver news of her son's death, she is determined to stay away from home until her son is released from the extended tour of military service for which he volunteered right after his official discharge. Grossman takes these childlike defenses seriously, demonstrating both their emotional necessity and their fragility.

Much of the novel is devoted to the extended hike that Avram and Ora undertake, as if in order to repossess the land in its pre-political existence, or to depoliticize the ground simply by walking on it. Here, too, Grossman demonstrates the greatest respect for the desire that motivates this impossible undertaking. In the last line of the novel, Ora wonders at her sense of the land as something like the delicate outer layer (*klipah*) of a living being, articulating the connection of body to land that subtends the fictional universe. Reading this novel, one feels Grossman is both the youthful (pre-war) Avram, spinning tales in the dark, infatuated with his own imagination, and Ora, who holds everything – family history and secrets – in her body, on the model of pregnancy. (In a poignant afterword, Grossman describes the weekly phone conversations in which his younger son would ask about developments in the lives of the novel's characters; this son was to die before the novel was finished, in a tank incident during Israel's second Lebanon war.)

The political project of the novels I have discussed involves destabilizing fixed conceptions of identity, in part by exposing the roots of their formation and development. From this perspective, modern Jewish history yields a series of shifting positions – identities – occupied by the figure of the Jew, insofar as the Zionist concept of the "new Jew" can be read as a reformulation of the feminized Jewish male who was, in turn, the abjected counterpart to the idealized virility of European nationalisms. Recent Israeli writers interrogate without dislodging the relation of Zion as homeland to Golah, in the sense of exile or Diaspora, that has shaped the Jewish imagination over time. These writers have not repudiated the conception of Israel as a nation, choosing instead to challenge conceptions of national identity that are built on firm borders in a manner that is allied with a unitary conception of the male body.

In these literary acts of exposure, the Jewish body becomes something more or different than a vehicle for unmaning or a means to feminization. It becomes rather a reminder of the child's body, as it is experienced in fantasy. For writers, as well as for readers, conscious or unconscious memories of early bodily experience constitute a resource that makes literary experience possible. The body is an inexhaustible source of vitality for writing, in both its intimacy and its strangeness (Brooks 1993). In this sense, the works of the writers I have discussed restore the intimate exchange between body and text that underlies literary experience. Transforming a troubled history of ideological conflict, without leaving that history behind, the

works of these writers remind us of embodiment as a precious resource for the imagination.

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La Sonnambula:
Psychoanalytic Insights from Bellini, via Arlow, Brenner and Kohut

Luba Kessler, MD

At first glance, the plot of Bellini's *La Sonnambula* is as silly as they come in opera. The production at the Metropolitan Opera house in the spring of 2009 seemingly conceded as much: It was staged as if in quotation marks, as a production within the production. Bellini's beautiful music and the bel canto singing transcend the improbable plot and the production's self-conscious bit of distancing from it. However, an analyst, while charmed by the music, will nevertheless understand that the frothy story is itself a powerful contributor to the enthrallment, because of the oedipal fantasy at its core.

The plot goes like this: A betrothal between two young people is thrown into crisis when the fiancée is found sleeping in the bed of a Count, who has returned after a prolonged absence to survey the surrounding lands. Her fiancé abandons her at this seeming evidence of betrayal and lapsed virtue. In fact, she was sleepwalking. Another episode of sleepwalking, together with the Count's attestations to her innocence and his producing a dictionary entry on somnambulism, dispel the accusations against her. The relationship between the young people is repaired.

An analyst might trace the unfolding of the oedipal fantasy within the libretto as follows: The disturbing day residue of the (re)appearance of the Count in the context of the betrothal of a young couple sets the fantasy in motion. The girl (day)dreams. The dream is interrupted/enacted by her sleepwalking to his bed. As the lovely sleepwalker sings in the aisle of the opera house, the audience is co-opted into participation in the plot. The composer, perhaps himself under the influence of the oedipal story, ushers and lulls all into its forbidden landscape with beautiful music and singing. Anxiety is largely limited to the disturbed fiancé. The Count serves up secondary revision through the means of the dictionary entry on somnambulism. No longer a forbidden incestuous object, he is now a benign superego presence restoring calm and intergenerational order.

With such formulations, an experience of a work of art gains further resonance through the psychoanalytic medium of perennial and universal themes. The fact that the very next morning after seeing this opera I was due to discuss Jacob Arlow's 1969 paper, "Unconscious Fantasy and Disturbances of Conscious Experience," with candidates at the institute amplified the psychoanalytic resonance.

In this paper, Arlow describes a patient who, though awake, unlike Bellini's sleepwalker, is understood by her analyst to be under the disturbing influence of an unconscious fantasy when, arriving for her Monday session, she says she "felt as if she had not seen me for a hundred years." As she proceeds to associate to Sleeping Beauty, the theme of sleeping connects her further to Bellini's protagonist. *La Sonnambula* does not say or sing "It feels as though I haven't seen you for a hundred years," but if the Count represents a missing father to her, she could have very well sung such words in an opening stanza of an aria of loss and longing for him. The entrance to a session, the production of a dream, the beginning of an aria – these are all moments

of transport: We travel from here and now to another time and location. Arlow comments on the disturbance further: "The distortion of time expressed ... the fulfillment of oedipal wishes ... in a fantasy which made it possible to undo the death of her father" (p. 20). The disturbance is caused by an existing unconscious oedipal fantasy in the context of a father who had been lost. Arlow's patient's father died in her adolescence. Bellini's somnambulist mentions no father – had he been dead to her? – making the returning Count the presumed father representation.

Arlow tells us that an unconscious oedipal fantasy has the power to create disturbances of consciousness. However, he does not say explicitly what might account for it: Is his patient's poignant story of longing for her father a particular derivative of the ubiquitous oedipal fantasy, or is the father's absence a significant traumatic constituent of its formation and persistence? Is the fantasy's power to disturb (the consciousness in Arlow's patient; sleep and dreaming in our sleepwalker) derived from the young girl's primary incestuous desire to join her father in bed, or from her being sealed into such perennial oedipal wishing by the father's physical/emotional absence?

This question appears to remain unresolved by Arlow (1984) as he develops his insights in a later paper "Disturbance of the Sense of Time, With Special Reference to the Experience of Timelessness." He writes: "... the barrier interposed by realistic time is a special form and derivative of the barrier interposed by the incest taboo ... with the passing of the oedipal phase, with the crushing awareness that time stands in the way of the realization of their dreams" (p. 35). The meaning of time is deeply implicated here: It upholds the reality principle against the ubiquitous pressure of the incestuous oedipal drive. However, in the face of this posited "crushing" universality of oedipal disappointment, he observes that there are "patients" for whom the incestuous "theme" of making "possible loving union between members of different generations" is particularly significant. In other words, some patients, such as perhaps the one in the previously quoted paper, apparently are more susceptible to incestuous oedipal pressures than others. This means that something other than the universal oedipal wish itself is the cause for disturbances in these patients. Are the oedipal disturbances in Arlow's patient and Bellini's sleepwalker caused by the absence of a father, and of the vital parental functions he needs to provide at this stage of his daughter's development? Arlow does not draw such conclusions. In this regard, his views will stand in meaningful contrast to those of Kohut.

The oedipal period is a central tenet of the psychoanalytic understanding of the human psyche. Each generation of analysts grapples with its particular significance as a psychosexual time marker of development. Brenner (2002) has been the most emphatic about the crucial significance of the period of age between 3 and 6 years as a veritable stopwatch moment for the re-setting of developmental time. When *La Sonnambula* sleepwalks, time stops and travels back, but it also finds a new opportunity of resuming its forward ticking when the Count/father returns. The oedipal father is the keeper of time. Whether and how he manages this function may have a great influence on the outcome of the unconscious oedipal drama and its potential for disturbing the psychic functions.

The absent fathers in the Arlow and Bellini masterpieces are key figures: They are needed to restore the reality principle and the superego functions so that the progression of time inherent in the process of development may resume. The oedipal moment contains the ingenious

Freudian clock mechanism: The father is needed to jump start it. Never mind that earliest childhood is fully regulated by the maternal ministrations to the diurnal biological rhythms. The entry of the paternally embodied dimension of the reality principle coaxes the dyad into another mode of time-keeping. The paternally endowed non-incestuous superego marks the end to the presumptive pre-oedipal luxury of not having to keep time. When available, these fatherly representations allow the oedipal girl to effect a transition into post-oedipal development, making her capable of becoming a wife and a mother.

La Sonnambula's libretto may serve as a charming illustration of such paternal functions as it ushers the audience into contemplation of the psychological effects of the father's absence and his (re)appearance. Its breeziness notwithstanding, it provides a covert oedipal drama in which the father's physical/psychological presence appears to play a pivotal role. Because of that, it lends itself to psychoanalytic reflections that are enriched by the contemplation of the theoretical divergences such as exist between Arlow/Brenner's classical view of the oedipal conflict and Kohut's views on the oedipal phase of development. For Arlow, the empathic feel for the poignant meaning of the father's absence to his patient does not move him to wonder about the unquestioned authority of classical analysis's claim of the universality of oedipal conflict (a point related to Donald Moss's 2008 commentary on Arlow's "Unconscious Fantasy and Disturbances of Conscious Experience"). For Kohut, however, the significance of the father's (parental) presence or absence in the oedipal phase is fundamental to the oedipal conflict. This view finds its most direct articulation in his last paper, "Introspection, Empathy, and the Semi-Circle of Mental Health" (1982).

Whereas for Arlow the oedipal conflict is a ubiquitous developmental occurrence necessary to stem the intergenerational sexual drive to incest, for Kohut (1977) the intergenerational divide ushered in by the oedipal drive does not have to result in oedipal conflict. For him, this divide is bridgeable by the paternal (parental) investment and joy in the child's exhilarated oedipal movement towards a "newly constituted degree of assertiveness, generosity, and affection" (Kohut 1982, p. 404). The semi-circle of his paper refers to the myth of Odysseus's protectiveness towards his infant son Telemachus, which he contrasts with the myth of Laius, who abandoned his infant son Oedipus for his own self-protection. As Kohut retells it in the paper, when facing conscription to go to Troy, the young husband and father Odysseus feigned insanity. Finding him ploughing his fields, the Greek emissaries tested him by throwing his infant into the path of the plough. He immediately made a semi-circle to make sure to avoid harming the baby. To Kohut, this sign of mental health:

... is a fitting symbol of that joyful awareness of the human self of being temporal, of having an unrolling destiny: a preparatory beginning, a flourishing middle, and a retrospective end; a fitting symbol of the fact that a healthy man experiences, and with deepest joy, the next generation as an extension of his own self. It is the primacy of the support for the succeeding generation, therefore, which is normal and human, and not intergenerational strife to kill and to destroy – however frequently and perhaps even ubiquitously, we may be able to find traces of those pathological disintegration products of which traditional analysis has made us think as a normal developmental phase, a normal experience of

the child. It is only when the self of the parent is not a normal, healthy self, cohesive, vigorous, and harmonious, that it will react with competitiveness and seductiveness rather than pride and affection ...
(1982, p. 404)

For Kohut, acceptance of the intergenerational temporality nurtures oedipal development; joy in that development soothes the inevitability of the parent's mortality.

When a father walks his daughter in her bridal procession, he participates in this generational timetable. This ritual is a sublimated remnant of those described by Freud (1918) in "The Taboo of Virginity," a modern day reminder that transferring from an infantile to a mature libidinal object is a developmental challenge, in need of surmounting. In that little gem of a paper, Freud examined this challenge in relation to frightening sexual fantasies surrounding the act of defloration in primitive societies. To protect the newlywed couple from its dangers, "an elder, priest or holy man, that is, ... a substitute for the father" (p. 204) is often called upon to perform the ritualistic act. Bellini's Count does not exercise such *droit du seigneur* or *jus primae noctis*, but the girl's sleepwalk into his bed certainly courts this potentiality. The oedipal task of surrendering the infantile libidinal attachment drives her to the brink of enactment of an atavistic incestuous ritual.

In *La Sonnambula*, when the girl sleepwalks into father's bed, an analyst understands that the generational sequence has gone awry, swept up along with the circadian time rhythms of day and night into incestuous oedipal wishfulness. We are witness here to the powerful insights into the existence of unconscious oedipal fantasies, as taught by Arlow. Much is at stake. The bed she sleepwalks into may portend a susceptibility to seduction by a longed-for oedipal father figure, or pre-oedipal seeking of a return to mother's bed, or a hysteric's consignment to enfeebled, somatizing femininity in the face of such conflicted longings. Occurring as it does at the time of betrothal, it may be foretelling a future of neurotic problems, in marriage and parenting, in need of psychoanalysis.

The Count/father's pronouncement of the dictionary definition of somnambulism has a quality of *deus ex machina* intervening to resolve an impossibly knotted plot. An analyst might see it as the arrival on the scene of the superego, the Freudian heir to the Oedipus complex, and a generational transmitter of moral values. However, to transmit them in the shape that will secure their enduring utility, the father himself needs to have a superego devoted to the well-being of his child. He needs to give up his own lustful wishes to seduce, his vengeful identifications with a competitive father of his own childhood, his self-absorbed measures for bolstering his own self-esteem. He needs to be capable of reconciling himself with, and embracing, the Father Time function of the superego, to bridge the challenging intergenerational temporality, as envisioned by Kohut. His daughter then might sleep more restfully in the knowledge of his caretaking presence, and weave more safely the residues of her day into her dreams. With these paternal functions in place, an oedipal girl has a better chance at a fulfilling marriage and parenthood. Her own parental superego will be similarly caretaking of her child's psychological needs at the crucial oedipal period of its development. In this way, the future tense of time is released from the repetition compulsion of the intergenerational transmission of the traumas of the past.

A Coda

The story of *La Sonnambula* is presented as a parable of the oedipal conflict. The beautiful music and singing allow for its emotional reverberation. An analyst may be moved by this musically unfolding story as she might be by a young woman in the consultation room. She may find evidence in it of Arlow's ubiquitous unconscious oedipal fantasy. Contemplating its power to disturb, she may turn to Kohut's reflections on the intergenerational procession of the perennial oedipal drama, and the contributing factors to its perils and opportunities. As the curtain falls, she will return to the realities of time. There will be a class to teach next morning. She may very well come to it enriched by the work of art and its power to deepen the engagement with life.

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Hamm's Dreams: An Essay on Beckett's *Endgame*

Jason A. Wheeler Vega, PhD

In *Endgame*, we observe, as if returning to Earth to study them (Beckett 1986, p. 108), four people upon a grey, barren stage. Some calamity has befallen the world and these may be the last people alive, left behind to feed on one another. Hamm sits upon a tattered throne on casters in center stage, preens, and torments his servant, Clov, who torments him in return. Hamm teases and tortures his father and mother, Nagg and Nell, legless, confined to ash cans; during the course of the play, it is possible they both die. There are two small high windows, one opening onto a view of the earth and one to the sea. At the end of the play, another person may have been seen. The closing tableau matches the opening.

I offer in this essay an appreciation of one of the many aspects of this remarkable play, its dreams, and also try to think therapeutically about one of its main characters, Hamm.

Part One

Hamm dreams. Although his waking life is grey and unnatural, his dream life retains some fragments of color and life and the natural world. Clov, late in the play, laments, "I say to myself that the earth is extinguished, though I never saw it lit" (p. 132). Hamm saw it lit. In his dreams, a few small pieces of which he recounts during the play, may be memories of life. Here are Hamm's dreams:

1. What dreams! Those forests! (p. 93)
2. If I could sleep I might make love. I'd go into the woods. My eyes would see ... the sky, the earth. I'd run, run, they wouldn't catch me. Nature! (p. 100)
3. Last night I saw inside my breast. There was a big sore. (p. 107)

The first two dreams refer us to someone's past. This might be the past of one who lived in nature, that is, on the Earth before it burned out. In particular, this person wishes for woods – bristly and erect – where he could run and make love. The first dream fragment points emphatically to forests. It is ambiguous whether the second dream is recent or recollected or wished for. In the third dream, Hamm looks inside himself and sees a wound. The breast is so frequently a metonym for the heart, and the heart a metaphor for Eros, that it is not a great leap to wonder if the dreamer is exclaiming, "There is something wrong with my love."

Interpreting Hamm's dreams in *Endgame* raises questions: first, about the value of interpreting fictional characters, and second, about the method of interpretation. I think it can be useful to interpret characters if the understanding developed through doing so can be made relevant to understanding people. It may be argued that this is what literature is for (Rorty 1989). As to the second question, of method, one must consider: Where does the dream begin and end?

We might say, "Tell me the dream," and "Is that all?," and we may decide that the answers to those questions delimit the dream: "I was in a large, empty house with grey floors and walls and two small windows ... That's all I can remember." We also know that in practice these limits are not definitive. For example, the first statement or action of an analytic session may be the first association to a succeeding dream, or later words or actions may add to its contents. Interpreting the dreams in *Endgame*, it is an open question where to begin and end, or even to quote the dreams to be analyzed. Hamm does not say: "I had a dream, in it this and this happened." The closest he comes is the first ejaculation quoted above: "What dreams!" We cannot ask for Hamm's associations to his dream fragments, either. Dreams are on the surface or just below the surface of the dialogue in the play, and we must be prepared to make some inferences if we are to follow their threads. The whole play is a more complete context for the dream, and Beckett's life and times and culture, a fuller context still. Yet, we must select within plays and lives because of our limitations as readers, analysts, and people.

The selections above are already arbitrary. Calling example 2 a dream at all is admittedly doubtful – it is perhaps the expression of a wish to dream again things dreamed on previous occasions, or an attempt to summon feelings and images never even known firsthand. I include it because it is evocative and moving (perhaps a more significant factor in clinical interpretation than usually acknowledged), and the longest of the possible dreams in the play. Also, we may sometimes treat other things as if they were dreams. We might interrupt a patient's associations to ask what comes to mind about a word, a color, a number, or anything else particularly evocative, as if breaking up a dream into its manifest elements; and then we might treat the associations as latent themes within the session. The methods of dream interpretation are only arbitrarily reserved for reported dreams.

Part Two

I will try to extend these initial interpretations. As with a dream in an analytic session, we might begin an outward spiral with the material immediately preceding and following the dream as first identified.

1. *What dreams! Those forests! (p. 93)*

These ejaculations come in the first few moments of the play, in Hamm's first speech. Clov has just pantomimed a painful ritual of starting another forlorn day, then says, "Grain upon grain, one by one, and one day, suddenly, there's a heap, a little heap, the impossible heap" (p. 93). Clov asks a question of us and himself, referring to the ancient paradox (the Sorites paradox) – how can you tell exactly when a number of individual things become a whole thing: a quantity of grains a heap of grain, a number of whiskers a beard? How is it that they are transformed from one thing into another, which has the air of alchemy? He asks us to consider, as the very first idea of the play, *Does all this add up to a life?* Later in the play, Hamm poses Clov's question more explicitly: "Moment by moment, pattering down, like the millet grains of ... that old Greek, and all life long you wait for that to mount up to a life" (p. 126).

Hamm begins his first speech in the play with a disquisition on suffering. Just before his

first dream, he says, “The bigger a man is the fuller he is And the emptier” (p. 93). Immediately after the dream, he ponders, in a moment of honesty, “Enough, it’s time it ended, in the refuge too. And yet I hesitate, I hesitate to ... to end” (p. 93). Was he once much fuller than his current, barren self – was he once bigger, livelier? Life has been extinguished on the earth. Were the contents of this refuge sick at the start, or have they mutated under terrible conditions into something beyond return? Hamm prays for death and dreams of life. Are there enough grains to resow this territory?

Hamm: Did your seeds come up?

Clov: No.

H: Did you scratch around them to see if they had sprouted?

C: They haven’t sprouted.

H: Perhaps it’s still too early.

C: If they were going to sprout they would have sprouted. [Violently.] They’ll never sprout. (p. 98)

Clov’s life never emerged. Hamm asks Clov naïvely if he has looked closely, and suggests there might be still time for life, but Clov rejects this false hope. Later, at the very end of the play, we see that Clov tries to go out into the world, but does not, cannot, has not enough life in him. Hamm’s hope that it may just be too early sounds hollow.

One of the best and bitterest audience-laughes in the play indicates what is most absent from the lives of its characters. Nagg knocks on Nells’s lid; she emerges and inquires, with exquisite comedy and pathos, “What is it my pet? Time for love?” (p. 99). Her naïveté (in contrast to Hamm’s) primes and flows through the little fountains of the heart, yet the laugh allows us to push away the horror of their loveless world exposed in three words. There is no time for love.

2. If I could sleep I might make love. I’d go into the woods. My eyes would see ... the sky, the earth. I’d run, run, they wouldn’t catch me. Nature! (p. 100)

With whom might Hamm make love? As we meet him in the play, Hamm is a loveless man. Is it possible that someone once able to make love could become so loveless? From whom is he running, and in what mood? Given his limited life as we see it in the play, it is hard to imagine a lively youth. So perhaps he wishes for a life, a liveliness that in fact he lacked? There was some terrible “they,” for the earth is scorched, and this is more than one man’s work. But the “they” of this dream evokes children playing more than riders of the apocalypse.

The play is shot through with death. So the cry from “Hamm” – “If I could sleep ...” – will make us think of Hamlet’s great monologue: “To die, to sleep; To sleep, perchance to dream. Ay, there’s the rub; For in that sleep of death what dreams may come” (Hamlet III.i.64-

66). Hamm and Clov ponder suicide and murder in the play many times (pp. 96, 105, 110, 122, 130), but besides these occasions, it is always present as one possible-impossible final move. At the end of the play, it feels as though something had finally happened. Hamm's last hope is in that sleep of death. But, like Hamlet, Hamm is given pause by what dreams may come: "And yet I hesitate, I hesitate to ... to end" (p. 93). Though he fears to see inside himself, to see the sores in his breast (dream 3), perhaps it is his last chance.

Hamm has been listening and pretending not to listen to his parents waxing nostalgic about their youths, before they were crippled. This sequence begins with Nell's heartbreakingly funny question, "Time for love?" (p. 99). Hamm chides them: "Quiet, quiet, you're keeping me awake. Talk softer" (p. 100), then recounts what he wishes he might dream. He pauses, then notices something is wrong inside him: "There's something dripping in my head ... A heart, a heart in my head" (p. 100). Nagg laughs at Hamm for this moment of fear. The "blood-stained handkerchief" of the stage directions indicates there is some present reality: Hamm bleeds. There is no heart in his chest, but there is one in his head, weakening. Hamm would like to dream dreams of the heart, but even this satisfaction is fearful.

Nagg and Nell banter, then Hamm speaks again, his thoughts advancing slowly on the same track: "Perhaps it's a little vein" (p. 101). In the blood-stained, decomposing present, there may be some weak little vein that bloodies Hamm's handkerchief, or, more malign, some cancer desanguinating his life, grain by grain. There is also the pun and understatement of vein/vain. It is more than a little vain; the existence of this game is utterly vain. Hamm scorns the hope of his audience: "You're on earth, there's no cure for that!" (p. 118). *Vanitas vanitatum, omnia vanitas*. Is this an existential or a personal diagnosis, though? Is all life, his life, Clov's life, futile and beyond repair?

Hamm: Nature has forgotten us.

Clov: There's no more nature.

H: No more nature! You exaggerate.

C: In the vicinity.

H: But we breathe, we change! We lose our hair, our teeth! Our bloom! Our ideals!

C: Then she hasn't forgotten us.

H: But you say there is none.

C: [Sadly.] No one that ever lived ever thought so crooked as we.

H: We do what we can.

C: We shouldn't. (p. 97)

Nature is railed at as Life, and praised as Death. Hamm begins with a lament for the positive power of nature, and corrects Clov's nihilism, reminding him that nature's negative power endures. Made of nature, we can wield negative power at will, which Hamm has refined in his vanity. Hamm clings to his negative power – he does what he can. Clov, though, seeing the perversion of their existence, asserts it may be better to do nothing than that.

3. *Last night I saw inside my breast. There was a big sore. (p. 107)*

Hamm's third dream is perhaps no dream, as such, but a representation of Hamm's internal state as he is in *Endgame*. Inside his breast, where there should be a heart, there is a sore. Hamm had been asking Clov to look out onto the world – the earth and the sea – for some sign of life, of nature's positive power, but all was grey. Clov reflects on the barrenness of the external world and the corresponding barrenness of their so-called refuge: "Why this farce, day after day?" To which Hamm replies: "Routine. One never knows" (p. 107). He then reports his dream. Clov mocks him. Then Hamm mocks himself:

Clov: Pah! You saw your heart.

Hamm: No, it was living. (p. 107)

Hamm looks inside himself for the hope that there might be something yet living, something verdant. There is something driving him, powerful, "living." It is nature's negative power: "No!" Hamm has nothing to recognize as a living heart, and it seems increasingly doubtful, the more we get to know him, that there was ever such a thing. Hamm sees his life and wonders at it. Wishes and fears overlap.

Hamm: What's happening?

Clov: Something is taking its course.

H: Clov!

C: What is it?

H: We're not beginning to ... to ... mean something?

C: Mean something! You and I, mean something! Ah, that's a good one! (pp. 107-108)

Are they mounting up, these fragments, these moments of existence, to something like a life? How terrible for all these moments to mean nothing; and how terrible for them all to mean something – to form something a rational person might look over at a glance and see what has piled up as one's life.

This is a recurrent fear. It arises again later in the play, nagging at Hamm, a water-torture of the heart: "Something dripping in my head, ever since the fontanelles ... Splash, splash, always on the same spot ... Perhaps it's a little vein. A little artery" (p. 116). In his association

to “the fontanelles” (from Old French, “little fountain”), Hamm refers to, among other possibilities, the soft spots of an infant’s skull. We may hear him complain that he was never whole, always hurt, vulnerable and uncontained since infancy. It is impossible to forget the heart, the possibility of the heart, the impossibility of a living heart in a dead body. It is vain now to think of it, a torture. It would be better were it an artery that could empty out the nagging reminder of the end of living – a sore in the place of a heart.

Hamm turns away again from the heart to the head, to his narrative of omnipotence: “Enough of that, it’s story time, where was I?” (p. 116). The story that follows, with false starts and stops throughout the play, remembers or imagines a poor man who came to Hamm to beg him to succor him and his young boy, whom Hamm eventually adopts/enslaves: Clov. (This interpretation is supported by scenes from the earlier two-act version of the play, in which Clov play-acts his upbringing/enslavement by Hamm as a young boy. See Chevigny 1969, p. 10). Memory, recalled dream, or waking fantasy (Hamm’s narrative is characteristically unreliable, even about the weather, p. 117), this narrative is lacking any element of caring. We do not imagine Hamm taking pity on the little boy, but merely thrilling in his vanity, his power to give or refuse life on a whim. Near the end, Hamm begs Clov to say something to him.

Clov: There is nothing to say.

Hamm: A few words ... to ponder ... in my heart.

C: Your heart!

...

H: Something ... from your heart.

C: My heart!

H: A few words ... from your heart. (p. 131)

Clov speaks of “love” and “friendship” and “beauty,” first without apparent feeling, then with growing bitterness.

C: They said to me, That’s love, yes yes, not a doubt, now you see how –

H: Articulate!

C: How easy it is. They said to me, That’s friendship, yes yes, no question, you’ve found it. (pp. 131-132)

But these ideas of love and friendship were never lived. He was offered these ideas as tricks for his master. Love is a word. As he says movingly in his final, long, speech of the play, “I say to myself that the earth is extinguished, though I never saw it lit.” (p. 132). Never given love or friendship – the living things, not merely the words – he cannot give them now to Hamm.

Part Three

Continuing outwards, a fuller context for an analysis of Hamm's dreams would, naturally, be the rest of Beckett's works and life. Such a project reminds me of Daniel Dennett's remark about things that are "possible in principle." Building a stainless-steel ladder to the moon is possible, in principle (Dennett 1991, p. 4). It is more practical, though, to comment briefly on some scholarship that comes close to the subjects of this essay.

A collection of essays on *Endgame* (Chevigny 1969), including contributions by his friend and renowned Beckett director Alan Schneider, and the philosopher Theodor Adorno, raise many interesting themes, but none near to dreaming and its neighboring processes. Chevigny's introduction (p. 3) to the collection comes nearest, referring to a review of the first New York production of 1958, a review that offers images of stillbirth, womb, and skull as emotional locations for the play. Chevigny goes on to connect these with the notion of dreaming of the pre-birth state. But this theme is merely touched on, not developed, and Hamm's dreams in the play are not mentioned. Knowlson (1996) notes that Beckett claimed intrauterine memories during his period of psychotherapy/psychoanalysis in the early 1930s.

Beckett scholarship in the psychoanalytic literature has tended to focus, understandably, on his short, friendly analysis with the 37-year-old Wilfred Bion from 1933-1935, twenty years before he worked on *Endgame* (Knowlson 1996), and on controversies about the extent to which Beckett's character was manifest in his literary works (e.g., Schneiderman 1987; Simon 1988a, 1988b; Anzieu 1989; Oppenheim 2001). Anzieu's (1992) book-length exploration of Beckett's relationship to psychoanalysis devotes several pages to *Endgame* – focusing particularly on the roles in the play of the death instinct and self-destructive attacks on the body – but does not examine Hamm's dreams. There is some additional interest in how much Beckett drew for inspiration on psychoanalytic theory (O'Hara 1997). Speculations about the effects of his mother's "savage loving" (Knowlson 1996, p. 40), and the intense ambivalence of his feelings for her (p. 172), can only be minimally illuminating. Though the notes Beckett made about his therapy sessions unfortunately are lost, it is evident from letters and unpublished writings that he took the work he did with Bion, and particularly their work with dreams and fantasies, very seriously (Knowlson 1996, pp. 168-175).

Two of Hamm's dreams refer to woods and nature. These perhaps recall the beloved woods and hills where Beckett walked with his father as a boy, and to which Beckett returned as a young man of 27 to mourn him when his father died young (Knowlson 1996). Likewise, Beckett's problem with recurrent cysts and abscesses in various parts of his body is a manifest parallel to Hamm's "sore," witnessed in the third dream. Beckett suffered with panic attacks and palpitations, and his father died from a true heart attack. But these surface associations are limited as explanations of Hamm. What writer does not put a little blood into his or her creations? One striking contrast, though, is how much life, how much Nature in her positive power, how much Eros, there was in Beckett the man – even though depressive, obsessive and brooding – compared to his character Hamm: Hamm, we might say, is Beckett's worst fears of himself.

Part Four

Hamm: We do what we can.

Clov: We shouldn't. (p. 97)

What if someone resembling Hamm were to come to us for treatment? Suspend for a moment the obvious objections. Ponder anyway this question, for there are degrees. Are there indications in Hamm's dreams, and the rest of the play, that he wishes for another chance to live? Was there ever enough life in Hamm to nurture it now? If we were to try, how long should we try for? I think, after listening to him, we might offer him help in a question: Do you think we can try to turn these scraps, these grains, into a whole human life?

What reply might persuade us to try to do what we could for him? Some memory, some dream of life, perhaps? The dream fragments in the play, and associations to them that we might derive from the text, are thin evidence of a real human life once lived, on which one might build anew. They suggest rather a life never really human, never loving or loved. Hamm's memories of the world before the endgame are bitter, envious: "When it wasn't bread, they wanted crumpets. [Pause. Violently.] Out of my sight and back to your petting parties" (p. 125). Clov suggests to Hamm that if he finishes his current story, he might make up another. Hamm responds hopelessly: "I don't know. [Pause.] I feel rather drained. [Pause.] The prolonged creative effort. [Pause.] If I could drag myself down to the sea! I'd make a pillow of sand for my head and the tide would come" (p. 122). Maybe all those grains add up only to a pillow on which to wait for the tide to come and drown him. And again, in soliloquy: "The end is in the beginning and yet you go on. [Pause.] Perhaps I could go on with my story, end it and begin another. [Pause.] Perhaps I could throw myself out on the floor" (p. 126). Did the beginning of his life lack so much that the end can only reflect it in decomposition? Though Nagg seems quite as vicious as his son, and scorns him with memories of neglect, he is tender with Nell; and Nell, too, may be open to loving even in the last ashes of her life. We do not know enough to say if Hamm was ever fueled and lit. He and we wonder, is there only in the sleep of dreams another life for Hamm?

Imagine hearing about such a life, proposing a treatment to such a person, and hearing such replies. One might despair: "Old endgame, lost of old, play and lose and have done with losing" (p. 132). But the play *Endgame* does not make us despair – actually, it mostly makes us laugh – though there seems to be nothing joyful in it. Perhaps it is the life lovingly given to the play and its characters by Beckett that adds up for us. Might this persuade us to do what we can for Hamm? While there is creativity in *us*, should we try to grow a heart from stones?

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Book Review

Envy, Not Gratitude: Reflections on a Classic Revisited

Envy and Gratitude Revisited. Edited by Priscilla Roth and Alessandra Lemma. London: The International Psychoanalytical Association, 2008, 252 pp., \$51.95

By Lynne Zeavin, PsyD

As a first year candidate, I was in a class on child development. The instructor posed what seemed like a neutral enough question: Who can define projective identification? Tentatively – because it is a difficult concept – I raised my hand. With my arm mid-air, he said, “You fail the course.”

That moment hovered over my candidacy, a reminder that there were approved and non-approved ways of conceptualizing our work. What the instructor implied was that there was a body of knowledge best avoided; if you were inquisitive about it, or open-minded, not to mention a “believer,” you were squarely in the wrong, a “failure.” This was not true of all courses, and certainly not all instructors. Some teachers modeled openness to theory and the possibility of debating different schools and techniques. Nevertheless, with respect to Melanie Klein’s work, an attitude of dismissiveness obtained, as if the theory were too crude, too ridiculous to warrant either their or our serious attention.

It has been many years since that incident, and the climate in our institutes surrounding Kleinian theory and practice has certainly changed. At The Psychoanalytic Institute affiliated with NYU School of Medicine, we offer courses now on Kleinian theory and technique. There is a greater openness toward the thinking that informs Kleinian analysis; there is a respect for many of the analysts practicing in this tradition. But even now, if you listen closely, there is discomfort with Klein and a tendency to scoff at Kleinian ideas. Rather than teach and critique the theory, part concepts – for instance, bad breasts and good breasts – are decontextualized and derided. It is an unfortunate phenomenon – because the theory is not as wild as it is made to sound.

Similarly, Kleinian technique is more complex and varied than the stereotype suggests. One gets the feeling that Kleinian interpretations are considered both premature and too deeply packed with material of which the patient could not possibly be aware. One hears the opinion that projective identification merely serves the analyst’s need to “blame the patient.” And yet, properly understood, there is a rich tradition of theory and clinical work that has a great deal to teach psychoanalysts irrespective of theoretical orientation. Fundamentally, Kleinian theory has to do with the building up of an internal object world, with an early object present in the infant’s mind from birth. From birth onward, Klein posits both an object and an ego – with this nascent ego capable of early, rudimentary defense mechanisms, such as splitting, projection and introjection.

From the very beginning of its life, the infant turns towards its primary object, the breast, which is endowed with boundless goodness, patience and generosity. Klein does not think that

this primary object is idealized – it is not defensively constructed and maintained. It is ideal because it is the embodiment – by projection – of all the infant's life-embracing impulses, as well as the object's own care of and tenderness towards the infant. It is the incorporation of this ideal object into the infant's own sense of himself that becomes the very core of the infant ego.

Object relations theory, which holds that early relationships are revived in the transference and communicated to the analyst via early mechanisms such as projection and introjection, has enormous implications for treatment. The analyst and patient are in a unique position to understand and to clarify the nature of these early objects in the patient's mind, and to see how the patient uses, controls, loves, hates, hides from or wishes to possess his objects. The analyst's countertransference is an important part of the process – not that the analyst "discloses" it. Neutrality is actually as important to Kleinian analysis as it is to classical Freudian treatment. But the countertransference is thought to be a crucial tool in deciphering the traces of how the patient relates, in particular, to his/her objects.

Although Klein had described the internalization of the good breast as the core of the ego before, in *Envy and Gratitude* (1957), her sense of the passion with which the infant approaches and identifies with this first loved object is unequivocal. Klein's emphasis on the importance of this relationship is the cornerstone of her argument about the threat of envy. Envy was a stunning finding – and it continues to be a fascinating aspect of Kleinian theory and technique.

In her clinical work, Klein noticed the presence of envy and its limiting impact on the development of the capacity for gratitude. She believes that envy arises in the earliest phase of development, which, in her theorization of development, is the paranoid-schizoid phase. Envy complicates the building up of a good object and interferes with splitting, which is thought to be requisite for healthy ego development. Envy is a primal force, on a par with the drives. It is directed against the mother and always has a spoiling dimension. The mother is felt first to *be* goodness and then, as separateness develops, she is seen as *having* goodness – goodness that she potentially keeps for herself or for others (siblings, father/spouse). The infant's envious response is to attack and undermine this goodness. This is conceived of as a response to an object that one is dependent upon and which necessarily is outside of one's control. Derived from the death instinct, as posited by Freud, envy was a contested issue.

Now, a recent book, *Envy and Gratitude Revisited* (2008), takes up many of the debates surrounding envy and brings them into a contemporary context. Fourteen papers by analysts working in the Kleinian and Independent traditions invite us to question the nature of therapeutic action and the relative contributions of innate and environmental factors in psychic life, as well as to examine the interplay of transference and countertransference when envy is at work. This book, carefully compiled and edited by Priscilla Roth and Alexandra Lemma, serves as an important corrective to much of the polarizing, stereotyping rhetoric that typically surrounds discussions of Melanie Klein. As such, this book is an invaluable resource for those wanting to get a clearer picture of contemporary analysts working in a Kleinian model and tradition.

In her thoughtful introduction, Priscilla Roth, an American Kleinian analyst living and working in London, defines the terms envy and gratitude. Roth reminds us that, for Klein, all psychological development evolves from the experience of the first relationship with the mother.

This relationship is internalized. She further reminds us that envy is never envy of something, like a possession or an item. It is envy of a quality, or a state of mind. Envy involves an omnipotent state of mind wherein it is possible to spoil what the other is felt to have. Roth quotes Klein as saying: "Throughout my work, I have attributed fundamental importance to the infant's first object relation – the relation to the mother's breast and to the mother – and have drawn the conclusion that if this primal object, which is introjected, takes root in the ego with relative security, the basis for a satisfactory development is laid. Innate factors contribute to this bond" (Klein 1957, p. 178).

Roth tells us that, in Klein's view, envy's singular perniciousness arises from its capacity to interfere with the building up of a good, stable, loving object within the ego. For Klein, this has serious implications for healthy ego development. Now here is a stereotype with which Roth dispenses. Klein is often portrayed as being indifferent to the actual mother and the real external world. Far from renouncing the importance of the actual mother, Klein believes that the mother offers the "foundation for hope, trust and belief in goodness" (Klein 1957, p. 180). Klein is clear that the degree to which an infant is endowed with the capacity for love and/or destructiveness is in part constitutional, that these capacities "vary individually in strength and interact from the beginning with external conditions" (Klein 1957, p. 180).

The infant, Roth states, is capable of "'mini-moments' of a recognition of otherness – moments of an awareness of a gap" between self and object (p. 4). This insight helps negotiate the debate about primary unity and primary separateness, a debate that is described in this volume. The infant is capable of a rudimentary capacity to fantasize, and these fantasies are part of what gives rise to the building up of an internal object world. According to Roth, "The infant begins internalizing, incorporating, identifying with good experiences from the first: 'they take root in his ego,' and gradually his ego coheres around these expectable and repeatable experiences of his good object" (p. 4). The external world also matters, as does the infant's innate constitutional predisposition toward aggression and love.

All of the authors in *Envy and Gratitude Revisited* find the notion of envy essential, but they differ in regard to their thinking about the death instinct. John Steiner, for example, believes in the concept of a death instinct, which he sees as "anti-life," that is, it is "hostile to the fundamental realities of life—the goodness of the feeding breast, the creativity and exclusivity of the parental couple, the painful and immutable facts of dependence, separateness, limitation, and difference" (p. 138). Michael Feldman acknowledges the death instinct, but sees envy not so much as a direct expression of the death instinct, as much as something provoking "its sadistic impulses" (p. 10). Further, Ronald Britton writes, "In the ensuing contentious debate, the clinical phenomenology of envy was not adequately addressed. It became, together with the death/destructive instinct, a partisan issue. The part of Freud, his emphasis on innate destructiveness, was now located in Klein's theorizing. Envy became anathema for some and talismanic for others" (p. 125).

The authors in this volume lend credence to the idea that the real qualities of the analyst will affect the patient, much as the real qualities of the mother affect the infant. Whether the analyst is open or closed, critical or receptive, tolerant or intolerant, will affect the working through of envy. Simultaneously, the patient's own inner world, the nature of his internal objects

and his love and hate, will affect the perception of the analyst.

Experiences of envy and of gratitude hinge on the capacity to tolerate separateness. The analyst's mind (similar to the mother's mind and body early on), felt to be the analyst's own, can stir up envy. Envy, as Roth reminds us, cannot take place in the context where analyst and patient, mother and baby, are one. When there is a fantasy of fusion, envy is unnecessary since what is mine is yours and what is yours is mine. Envy has no place. I think of a male patient of mine whose dreams often include him in my house, lap, chair. He dreams dreams that undo our separateness. When he experiences me as separate, he has a different conscious reaction, and a different sort of dream. He dreams of "snapping turtles." "I am swimming in a sea, like at a place in Florida, far away from home. I am surrounded by beautiful fish and turtles, but they are snapping at me." When my patient experiences me as separate, which can include having an ability that separates me from him, it cuts into his sense of himself and something snaps. This is the bite of envy. At such moments, he is inclined to want to "tear down the treatment," because unconsciously he experiences me both as having something outside his control and having something of which he feels dispossessed.

Envy is a complex expression of the destructive instinct. Envy appears when the breast ceases simply to *be* goodness and becomes something that *has* goodness. The impulse is then to possess what is felt to be "not-me." In analysis, the activity of envy can lead to a need to possess and take over the analyst's mind, to negative therapeutic reaction, to repetition compulsion and to what can prove to be an intractable inability to feel gratitude. If one cannot "take in" the object as good and generous, it is not so possible then to feel gratitude. Gratitude is at the heart of being able to take in good experience.

Several of the papers in this volume are truly excellent and reveal, I think, the very great contributions of the contemporary Kleinians working now in London. I will dwell on a few of them only.

Ignês Sodré's arresting chapter is called "Even Now, Now, Very Now...: On Envy and the Hatred of Love." In this chapter, destructive envy is depicted as a triangular construct – that is, envy is in relation to a couple from whom the envious one feels excluded. The paradigmatic example in this paper is Iago in Shakespeare's *Othello*. The envious self is the tormented outsider, and the aim of envy is to attack the relation from which one is excluded – in other words, to attack love itself.

The notion that envy is, specifically, envy of the ability to love is a useful and clarifying proposition. It brings to mind a patient of mine, a woman whom many might have construed to have "intractable penis envy." There was envy, yes, but a much more widespread and pernicious envy than of the penis, even though much of her conscious derision was focused on the gap between her privileges and those of men. In fact, she had an older brother who had occupied her mother's mind. But her envy had more to do with the capacity to arouse love and be loved – to get inside the mother – than the phallic properties in her brother's possession. My patient was unable to take in what she perceived as the goodness (or love) of the other. The very fact that the other was in possession of goodness meant that she felt diminished, in comparison. She could not, therefore, benefit from help, because her envy of the capacity to help was so immense. She

derived satisfaction from defeating her object and diminishing the object's pleasure in her capacity to love. She spoke insightfully about her wish to "nurse at the bitter breast." She nursed grievance, rather than being able to latch onto something good. It was difficult for her to allow analysis to be constructive, insofar as she felt herself to be on the outside of me and work that I felt to be gratifying and involving. To the extent that I was involved with my work and experienced the gratification it afforded me, she felt excluded.

This is the sort of constellation discussed by Sodr . Unlike Klein, Sodr  imagines an early phase where mother and infant and breast and baby are experienced as the same. Sodr  quotes Petot (1993), a scholar of Kleinian theory, who states: "[for Klein], 'envy is born of the gap between greedy expectation accompanying the fantasy of the inexhaustible breast, and reality, which inevitably brings deprivation'" (p. 21). Envy, therefore, has as its aim the need to attack "the intolerable goodness of the frustrating breast" (p. 21). For Sodr , as for Priscilla Roth, the appearance of envy coincides with an awareness of separateness: Prior to that, breast and baby are one and no envy need be present. Love is no longer endless bliss, but "love (like milk) is always something fluid. It flows from one person to the next, forming a live link between the two..." (p. 23). But this link is what must be enviously attacked or denied. The separated baby in an envious state of mind (either through faulty introjection or through an inordinate degree of frustration/ deprivation) cannot maintain the link, and instead experiences a rupture in time of the good feeding experience (p. 23). This rupture creates a state of mind in which the "self as the loved baby-at-the-breast is perceived as *another baby*, so the link between mother and baby needs to be attacked, as it provokes unbearable envy and jealousy" (p. 26). Loving situations, therefore, even when they are in a patient's interest, such as a constructive analytic feed, need to be undone, "bitten" into, or nullified, representing as they do a couplet from which the patient imagines herself excluded. As Sodr  says, this produces a vicious cycle, because the more the infant/patient in analysis attacks the loving couple, the more unlovable he or she feels. This state produces, as it did with my patient, an underlying despair about the possibility of love.

What mitigates this despair, to some extent, is the capacity for gratitude. Gratitude creates generosity, and generosity (as opposed to omnipotence) is key in being able to hold onto a good and stable internal object. In the only essay in this volume to deal explicitly with gratitude, Edna O'Shaughnessy discusses the roles of envy and gratitude, respectively, as they arise in the treatment of a young boy and, subsequently, two adult patients in analysis. In her beautiful essay, O'Shaughnessy writes of the distinction between envy and gratitude: Envy, she says, interferes with the secure building up of a good relation to both internal and external objects, and, quoting Klein, gratitude "is essential in building up the relation to the good object and ... underlies the appreciation of the goodness of others as well as oneself" (p. 79).

O'Shaughnessy's moving story of Leon, age eleven, commences with his returning to the consulting room after his session to thank his analyst. O'Shaughnessy writes, "What was he thanking me for?" She believes he was thanking her for acknowledging his psychic reality, a reality that seemed to elude both parents. O'Shaughnessy describes her own way of addressing the complicated, split-off aspects of her patient's experience – both his depression and anguish, as well as his wish to make others feel sorry for him and to know that they have caused him that anguish. She is able to address all sides of his suffering, or in her words, she is able to "do her

job” (p. 81).

As O’Shaughnessy puts it, split-off envy can affect analysis by its negation of the treatment, but split-off gratitude supports an analysis with an affirmation that is for some reason kept outside. She notes that we all probably have patients who utter a split-off thank you, not during the session, but after it. The gratitude also can contain other emotions, like the need to control the object, for example. In that connection, O’Shaughnessy cites the work of Hanna Segal, who makes the claim that Freud (in consequence of the theory of primary narcissism) sees hate of the object as pre-existing love for it, while for Klein love and hate are extant from the beginning.

In Klein’s own description, gratitude arises from a feeling of satisfaction at the breast, where the infant feels he has received “a gift ... he wants to keep” (p. 82). This is the basis of gratitude. O’Shaughnessy goes on to write about an adult patient, a man whose own experience of his objects contained a feeling of their bounteousness. This patient leads her to discuss the patient’s scrutiny of the analyst – and in so doing, she describes an important attribute of treatment in general: “Most patients scrutinize us and target our minds ... to find out how we attend and listen, whether we join in or refrain from acting in, what we neglect and select for interpretation, and in what manner we bestow our interpretation” (p. 85). She further discusses what she calls the “no go” areas in the analyst (the analyst’s withholding or coldness), properly observed by the patient, that may interfere with gratitude (p. 85).

The paper closes with the case of a woman who, upon ending her analysis, is faced with the painful task of holding on to the good object in the face of loss and mourning. The question of “an everlasting” good object is raised, and again the tensions and forces at work that militate against the presence of the good object are explored. O’Shaughnessy is one of our very best and most sensitive clinical writers and this paper is no exception.

In his paper, “The Repetition Compulsion, Envy and the Death Instinct,” John Steiner offers a formulation of the concept of the repetition compulsion that extends Freud’s original conceptualization. The repetition compulsion presents analysts with a formidable resistance, one that Steiner seeks to understand in this paper. He believes that by identifying several of the factors underlying the compulsion to repeat, it becomes possible to move it into the realm of the transference repetition, where it stands a chance of yielding to therapeutic work. Steiner’s view is that Freud gives up when he locates the repetition compulsion in the domain of the death instinct – this was as good as saying it is “beyond the reach of understanding.” Even still, Steiner reminds us that, for Freud, the repetition compulsion concerns a “mysterious force” that aims at destroying the meaning and structure that humans create.

For Steiner, it becomes possible to sharpen the role of the death instinct in the repetition compulsion by thinking of it primarily as an anti-life instinct representing hatred of all things that are on the side of life, creativity chief among them. Steiner then conceives the repetition compulsion as a particularly difficult resistance that arises from the patient’s “hatred and intolerance of anything new, and particularly anything creative of which he is the beneficiary” (p. 140). He relates this to the working of envy and to the manifestation of the death instinct. Envy, Steiner reminds us, threatens to stand in the way of the development of healthy character

and relationships, inasmuch as it interferes with the good internal object relation stemming from the relation with the mother.

Goodness, Steiner says, cannot exist in isolation and envy arises in response to the link between mother and infant, which it seeks to undermine, as Sodr  discusses in her essay as well. Steiner writes: “The patient with a repetition compulsion cannot tolerate to be the recipient of goodness, which he experiences as a humiliation, and he repeatedly turns instead to possess the goodness through identification so that he is in a position to give rather than receive” (p. 139). The dynamics of humiliation are not to be underestimated in patients’ envy of their analysts’ capacities to give and to offer understanding. Neither is the dread of being dependent on the object, which Steiner links with Freud’s bedrock notion of the “repudiation of femininity.” Steiner re-interprets this notion to mean a dread of receptivity and infantile dependence, which is true for both sexes. The relationship to the good object, therefore, does not only lead to pleasure and satisfaction, growth and gratitude, but also to dependency, which itself can be embarrassing and humiliating. For Steiner, what is repudiated is not femininity but a creative linking in which giving and receiving are complementary – capacities for which femininity might stand. He quotes Betty Joseph, who believes that the repetition compulsion often arises in response to the anxieties linked with dependence.

Michael Feldman’s paper, “Envy and the Negative Therapeutic Reaction,” extends the implications of the concept of the negative therapeutic reaction as Freud wrote of it in 1923. Feldman tells the story of a patient whose envy exerts a clearly destructive impact on a psychoanalytic treatment. For Feldman, envy is not an *expression* of the destructive impulses; it *evokes* the destructive impulses. Departing from Klein’s own view that destructive spoiling and devaluing are central features of envy, Feldman’s focus is on the gratification derived from the destructive spoiling of the goodness of the object – a primary defense against the experience of envy.

The paper exemplifies Feldman’s unique way of capturing beautifully observed clinical moments, as he works to develop an understanding of the intractable and paradoxical problem of the negative therapeutic reaction. Feldman’s patient experiences moments of hopefulness and constructive analytic work that oscillate with periods of paralysis and a feeling of deadness. He can respond to interpretations, but then becomes disturbed at the feelings he encounters, e.g., is his analyst able to understand something he does not? This painful awareness of a gap (always present in envy) between himself and his analyst leads the patient to become the analyst, as it were, to undermine the analyst’s unique function; Feldman describes this as triumphing over the analyst. Feldman describes very vividly the patient’s envy at work in his sadistic mockery of the analyst and analysis. Drawing from Klein, Riviere and Horney, Feldman theorizes a cycle of unconscious envy leading to manic triumph, the result of which is an identification with weakened, damaged objects that leaves the patient alternating between guilt and persecutory anxiety. He also describes very clearly the countertransference pitfalls of working with such a patient. Such countertransference is seen as both inevitable and crucial to working with the envy.

The articles I have reviewed here are a small sampling of a very rich body of work that deepens our understanding and appreciation of both Melanie Klein and the uniquely gifted

analysts represented in this volume. Many of these papers are gems to be savored, worked at and re-read. Work such as this provides a much-needed corrective to the imprecise and faulty conjuring that Kleinian theory and practice have too often tended to provoke.

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Conferences

A Report and Some Reflections on "Orthodoxy Is Unconsciousness: Examining Gatekeeping Practices at Our Psychoanalytic Institutes"

**The New York Psychoanalytic Society & Institute
September 26, 2008**

Richard Brief Grose, PhD

On the evening of September 26, 2008, when most of the city was focused on the first presidential debate, something unprecedented in the history of New York psychoanalysis occurred. Seven senior analysts, one from each of seven major psychoanalytic institutes, met on the stage of The New York Psychoanalytic Society & Institute to discuss training issues, under the questioning of candidate moderators. The event had been organized by candidates from many of those same institutes and was the fruit of a year's planning. The event itself, the candidate organizing group, and the aim of the entire venture – to bring candidates and members together from the various institutes – were all unprecedented. What follows is, first, a report on how the event was planned, second, an account of the event itself on September 26, and, third, some reflections on this endeavor.

Each of the three sections of this paper is written from a slightly different vantage point. In the first, to describe the planning of the event, I write as one of the ten candidates responsible for the evening, a group that made most of its decisions by consensus. In this section, I simply have tried to summarize the phases of our work. In the second section, the report of the actual event, I have tried to summarize the discussion objectively. Finally, in the third section, I offer some of my own reflections on the evening. I take sole responsibility for this report.

I. Candidates Come Together and Planning Begins

In September 2007, representatives from many of the major psychoanalytic institutes in New York City met in an Upper West Side apartment. We had been invited to meet by a representative of *The Candidate*. Candidates there, all from The Psychoanalytic Institute affiliated with NYU School of Medicine, had had the experience of working with candidates from other institutes and wanted to explore whether the idea of some organized, inter-institute candidate activity could be arranged, perhaps some type of event. Psychoanalytic institutes being the insular institutions that they generally are, most of us meeting that first time had not interacted much, if at all, with candidates from other institutes. As soon as we met each other, however, we realized how much we were missing. Interested in overcoming our institutional isolation, we began by trying to devise an event that would attract candidates from all of our institutes. In this way, we hoped to open a dialogue that might eventually lead to the formation of an inter-institute organization and ultimately to better communication. For some weeks, we cast about for an idea that might attract significant numbers of candidates, who, as we all knew, did not like attending extra meetings. Nevertheless, we felt excitement at the possibilities, and we enjoyed our own meetings, themselves a first step in overcoming institutional isolation.

Eventually, a core group of ten candidates¹ from six institutes formed, and by November, we had agreed on an idea for an event.

We decided to invite one senior member from each of our institutes to discuss the kinds of questions that we felt were too often ignored. These questions included: Why is there so little economic and ethnic diversity among our candidate and member populations? Why are rules and procedures about progression so often obscure and seemingly arbitrary? What kinds of careers, with what kinds of challenges, do graduates have these days? On what basis are training analysts made? Why are psychoanalytic institutes so isolated from each other? The idea of this event appealed to our imaginations for several reasons. Candidates would raise questions to which senior members would respond. In addition, senior members from major institutes would be on the same stage at the same time, interacting with one another as well as with candidates. Thus, lines of communication would potentially be opened both vertically and horizontally. Who knew what transformational energies might emerge from such encounters?

Having imagined the event, we now needed to decide who would preside over it. Our first idea was to put the moderating in the hands of a senior analyst who might represent our concerns and ask our questions but do so with more gravitas than perhaps we could muster. However, upon reflection, we concluded that would cede too much control to someone who might have his or her own agenda, and so we decided that the event would be moderated by two of our number. We held an election – one of the very few times we made a decision by a means other than consensus – and chose our two moderators. From that point, the responsibility was solely ours to structure the event.

Having decided not to place the conduct of the event in others' hands, we debated how to structure it. We knew there was a lot we wanted to cover. To our knowledge, our questions had never before been asked in a public meeting with so many analysts from major institutes, and we felt a certain pressure to raise them all, even at the risk of overloading our panelists. To try to give us some assurance that all our questions would be discussed, we divided them into three topic areas: Admissions, Readiness for Control, and Graduation and Beyond. Most of us knew only the panelist coming from our own institute, which increased our sense of the imponderable in imagining how the discussion would go. To get an idea of what they thought, we asked each of our speakers to write 500-word responses to the prompt-type questions (see Appendix) in two of the three topic areas, giving them a choice. For our discussion of each topic area, we would choose those responses that were most promising to be read out loud by the writer, and would then invite the others to comment. Eventually, we realized that there would only be time for two topic areas, and we settled on Admissions and Progression (renamed from Readiness for Control when we discovered that not all institutes use this term).

To convey our hope that the event would lead to serious challenge of unquestioned

¹ Core Organizing Committee: Carlos Almeida, MD, The Psychoanalytic Institute affiliated with NYU School of Medicine; C.J. Churchill, PhD, New York Freudian Society; Hilli Dagon-Clark, PsyD, New York Psychoanalytic Institute; Kim Gelé, PhD, Institute for Psychoanalytic Training and Research; Richard B. Grose, PhD, Institute for Psychoanalytic Training and Research; Hilary Rubenstein Hatch, PhD, The Psychoanalytic Institute affiliated with NYU School of Medicine; Abby Herzig, PsyD, The Psychoanalytic Institute affiliated with NYU School of Medicine; Margery Kalb, PsyD, NYU Postdoctoral Program in Psychotherapy and Psychoanalysis; Greg Lowder, PhD, New York Psychoanalytic Institute; and Victoria Malkin, PhD, William Alanson White Institute.

assumptions, we chose for its title a phrase from George Orwell's *1984*, "Orthodoxy Is Unconsciousness." We were aiming at a discussion that would address new questions, even at the risk of discomfort for us or our participants. We wanted the Orwell quote to signify that we thought that orthodoxy – all those usually unasked questions – was currently a problem in psychoanalytic institutes. In addition, so that the speakers would not feel that they were expected to represent only their own institutes and practices, we decided to ask panelists to respond to our questions as if they were designing their ideal institute.

II. The Event: "Orthodoxy Is Unconsciousness: Examining Gatekeeping Practices at Our Psychoanalytic Institutes"

The weather was rainy, and the date we had chosen months before unluckily turned out to be that of the first presidential debate. Nevertheless, about 80 people attended and, under the circumstances, we were pleased with the turnout. The panelists were: Elizabeth Auchincloss, MD, from the Columbia University Center for Psychoanalytic Training and Research; Mark Blechner, PhD, from the William Alanson White Institute; Steven Ellman, PhD, from the Institute for Psychoanalytic Training and Research; Samuel Herschkowitz, MD, from The Psychoanalytic Institute affiliated with NYU School of Medicine; Robert Lupi, MD, from the New York Psychoanalytic Institute; Spyros Orfanos, PhD, from the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis; and Phee Rosnick, PhD, from the New York Freudian Society.

Our candidate moderators were C.J. Churchill, PhD (New York Freudian Society) and Hilary Rubenstein Hatch, PhD (The Psychoanalytic Institute affiliated with NYU School of Medicine), who introduced the event by expressing our hope that the discussions about to begin might lead to ongoing communication among people who had never engaged each other publicly on these issues.

Part One, Admissions

To open Part One, we chose statements written by Elizabeth Auchincloss, Robert Lupi, and Mark Blechner. Before reading her response, Auchincloss expressed her delight in participating in "what I consider to be a highly subversive event." She praised the organizers for accomplishing what the "adults" had not been able to do, namely, to bring candidates and members together from different institutes. She went on to say that "inter-institute competition is the most serious problem we have in psychoanalytic training in New York, and psychoanalysis should be run as a federation," optimally with many more opportunities for working and studying in other institutes.

Having begun by expressing a desire to tear down barriers, she then staked out what she herself called a "conservative position" regarding admissions policies. She argued that psychoanalytic institutes should not admit people from outside the mental health professions because, in her view, psychoanalysis was not a "stand-alone" profession but was embedded in the larger structure of helping professions. In her view, psychoanalysis did not have its own theory of professionalism, but depended and built upon the professional ethics and basic practices of the mental health professions generally. Drawing on the history of psychoanalysis to

support her concern, she cited the treatment of homosexuality and of severe pathologies as areas in which psychoanalysis had created "disasters" because of being too much on its own. She also said that lay candidates would be less able to resist the "brainwashing" of psychoanalysis since they did not come in already trained as mental health professionals.

The next speaker was Lupi, who began by arguing against Auchincloss's policy recommendation. He acknowledged that candidates without prior mental health training could face problems in their work, but said that these weaknesses would be addressed in his ideal institute. He asked, though, how psychoanalysis could imagine forgoing the contributions that it had received from analysts coming from outside the mental health professions. Reading from his written response, Lupi argued for flexible, inclusive admissions policies, under which people would be admitted from all fields if they possessed the necessary personal qualities for analytic work.

The final speaker to read his written response in Part One was Blechner. He began by challenging the very word "gatekeeping" as unnecessarily exclusionary, preferring to ask the question, "Who can we invite in?" He then cited his own experiences of learning from colleagues from other cultures, classes, and orientations. An African-American fellow candidate, an Iraqi clinician, and a former gang member, now clinician, were among the examples he cited of colleagues who had greatly aided his own personal growth by helping him see the world through their eyes. He also cited the documented significance to psychoanalysis of the contributions of women and gays as clear evidence of the vital importance of further opening up the profession.

Hatch then polled the audience as to its policy preferences regarding admissions. After assenting to such non-controversial applicant categories as psychiatrists, clinical psychologists, and social workers, a large majority of the audience kept their hands in the air when she asked who would admit PhDs from non-mental health disciplines. The only category that did not gain such a majority was that of non-PhD candidates from non-mental health disciplines. The audience, therefore, was on the side of inclusion.

The responses of the next three speakers, for the most part, stayed with the theme of diversity and why there was so little of it in psychoanalysis. Samuel Herschkowitz suggested that one reason so few non-white persons applied to institutes might lie in psychoanalytic theory itself, which may have a bias in favor of the norms of Western European culture and thus not speak to persons of other cultures. Steven Ellman cited his experience of actively recruiting minorities while at City College's doctoral program in clinical psychology; he said that outreach had been highly successful – achieving 30-40% minority candidates – but he cautioned that a strong, unified program was required in order to arrive at such results. Spyros Orfanos agreed that outreach was vital, but suggested that the important question was what kind of analysts we wanted to graduate. Diversity should be seen in this context, he said. He also cited the extreme shortage of applicants experienced by most institutes.

Phee Rosnick began by also arguing against Auchincloss's "conservative" admissions position. She considered that any problems non-mental health candidates encountered were best understood as failures of the institute to help struggling candidates and to weed out those who

were not making it. Implicitly conceding that a more inclusive admissions policy meant more administrative work for the institute, she concluded by stating that she had seen many such candidates "just take off" once they were provided with the necessary supplemental training experiences, and she also cited the great contributions of analysts who began outside the mental health professions. Lupi, too, indicated his disagreement with Auchincloss's stance on non-mental health candidates. Opposing positions had been articulated, but a real debate did not emerge. Our packed agenda was certainly one reason.

At this point, Hatch posed the case example of a candidate who could only afford \$15 for analysis and wondered what the panelists thought of candidates with financial difficulties. Blechner mentioned financial aid as being available at most institutes. Orfanos said that, with regard to training analysts, candidates both at his actual institute and at his ideal institute were permitted to go to any analyst, and he also mentioned the availability of financial aid. Lupi also cited his institute's program for financial assistance. Finally, Ellman cited his institute's requirement for candidates to see a training analyst within the institute, although he said he would prefer a more relaxed policy.

Part One of the program thus came to an end. Contrasting positions had been articulated, and a real debate seemed about to begin, which might have addressed the following questions: What risks does the profession run by opening psychoanalytic training to non-clinicians? What training and administrative issues become easier to resolve when non-clinicians are excluded? Are such benefits worth the cost to the profession of maintaining such an exclusionary policy?

Part Two, Progression

Herschkowitz was the first speaker to read his statement in Part Two. He began by describing the "senior candidate abyss," a state of limbo between classes and control work into which senior candidates at his institute – The Psychoanalytic Institute affiliated with NYU School of Medicine – often disappeared for long periods of time. Their situation raised the question for Herschkowitz: What was the institute trying to accomplish? And this, for him, led to the further question: What was a psychoanalytic institute? Was it a trade school, teaching a clearly defined set of skills, or was it a place for scholarly and creative inquiry that promoted alternate viewpoints and required a suspension of ultimate judgment? Herschkowitz left these questions unanswered and went on to say that, in many cases, applicants did not know what they were getting into when they applied to an institute, and the institutes knew just as little of what they were taking on when they admitted an applicant. For this reason, in Herschkowitz's ideal institute, the first year would be considered provisional for all candidates, to allow both parties to assess their relationship going forward.

The second speaker, Rosnick, addressed the questions of evaluation and progression on the basis of a detailed explication of the system at the New York Freudian Society, which she called "our good-enough system." She emphasized the flexible nature of progression at the Freudian Society, where readiness to begin control work was decided by the Progression Committee, allowing well-trained clinicians to begin control work in their first year while encouraging non-mental health professionals to wait as late as their fourth year. Rosnick described the multiple layers of consultation and appeal surrounding each decision during

training, the process for a "graceful exit," and the opportunities for candidates to get back on track. The Freudian Society seemingly offered for her an optimal, perhaps ideal, model.

The next speaker was Ellman. He began by decrying the loss of the "revolutionary spirit" of psychoanalysis. He went on to express doubt as to whether institutes knew enough to predict who would and who would not be a good analyst – noting that one might think that they did, judging from the proliferation of gates that they had set up for candidates to pass through. Of all the speakers in this section, he spoke in greatest detail about his ideal institute. He said that, in his ideal institute, each candidate would have a trusted advisor, and that readiness to begin control work would emerge in a flexible, individual manner from discussions with the advisor and teachers. Ellman emphasized the importance of the spirit in which the institute monitored progression. He preferred an attitude of nurturing all candidates under the assumption that all can finish, in contrast to an attitude of weeding out the unfit. A facilitative, not a punitive atmosphere was needed, he said.

Orfanos, the final speaker reading his statement in Part Two, extolled his institute, the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, especially as it existed circa 1961. At that time, it "did it all," thus representing his ideal institute in terms of pluralism and diversity. The current version of the institute, he said, was just now again approaching the level of 1961. He emphasized the representation of candidates in all administrative and policymaking bodies at his institute. Orfanos said that judgments about a candidate's readiness to begin control work should not hinge on external criteria, but on evidence of an analytic attitude. In order to be freed up to concentrate on such a non-objective criterion, his institute relied on having a good admissions committee, which, if it did its selection job well, allowed the training to take place in a spirit of openness. He discussed the term "control case," including his often futile attempts to abolish its use at his institute. Finally, he said that while it was not hard to be a good candidate, it was hard to be a good analyst – arguably one of the most subversive statements made during the evening, for he was challenging one assumption of the entire event, namely, that the institutional difficulties we organizers had collectively designated as "orthodoxy" made the life of candidates in some sense "hard."

Interestingly, of the four speakers who read their statements in Part Two, two spoke mainly about the ideal institute, and two mainly about their own actual institutes. Indeed, characteristics that Ellman sought in his ideal institute were exactly what Rosnick and Orfanos lauded in their real ones, namely, the flexibility that arises when a small number of people get to know a candidate well and are able to structure his or her training program in accordance with this knowledge. Herschkowitz also addressed his ideal institute, seeking, like Ellman, the flexibility for both institute and candidate to reassess each other after one year.

The charge to panelists to think about their ideal institute left it unclear what it meant when speakers spoke instead about their actual institutes. And if other speakers talked about their ideal institute, did that mean that they found their own institutes lacking, or were they simply adhering more closely to the charge? With some panelists energetically lauding their own institutes and others not, these questions suggested themselves – and as the discussion unfolded from here, the panelists, for the first time, began to reveal a competitive edge. Now and then undercurrents of defensiveness and aggression could be detected.

At this juncture, Churchill put forward a case example, an imaginary candidate, Barry, who in five years had been unable to carry any training case for longer than one year, and asked what the panelists' ideal or real institutes would do about him.

In the course of responding, each of the next three speakers criticized the positions of other speakers. Auchincloss initiated the mood when, in a tone that seemed meant as playful, she said that her institute was more subversive than the others. She said that the purpose of an institute organized along the lines she recommended – no non-mental health applicants accepted – was not to train "great analysts," a goal which she regarded as "scary," but rather to take already-graduated mental health professionals and work to improve their clinical skills. She thus was explicitly raising an issue that had only been implicit previously, namely, that a more exclusive admissions policy makes for more realistic training goals.

Ellman also couched competitive comments in a playful tone. He ribbed Columbia, Auchincloss's institute, for "taking some of my ideas." He also hinted, almost as an aside, that he was tempted to critique Orfanos's glowing account of his own institute, but would abstain. Without following up on those ripostes, however, he went on to suggest that Barry should be asked what he wanted to do to improve his clinical skills. This was in keeping with Ellman's idea of nurturing, not weeding out, candidates.

Lupi touched on Auchincloss's issue, launching a shaft in Orfanos's direction in the process. Lupi interpreted Orfanos's recommendation that a good admissions committee screen out bad applicants as a way to have others do his "dirty work," a formulation that Orfanos vigorously rejected. Lupi went on to discuss the challenges of a candidate such as Barry, initially for an admissions committee, then later for those responsible for his training.

Interestingly, both Part One and Part Two moved, in different ways, towards a sense of competition among panelists. Part One did so in setting out the terms for a debate that was then avoided, and Part Two through a tendency – usually contained by a tone of playfulness – to critique each other's positions and institutes. In general, the more people spoke, the more competitive they became.

In the final part of the event, the panel responded to questions posed by Hatch or by audience members. Many training issues were raised briefly. Should candidates be allowed to take courses for credit or receive their training analysis at other institutes? When should candidates be asked to leave an institute? Why are many institutes short on analysts for control cases? Why is the revolutionary spirit of psychoanalysis waning? Many "unorthodox" responses were made, but no topic received more than a moment's discussion. Positions were articulated – often quite "liberal" ones – but none of these vital questions seized the attention of the group.

III. Reflections

As clinicians, we are trained to pay particular attention to first words spoken as often containing the most unmediated expression of feeling in a session. In that spirit, let us begin by

listening closely to the first words spoken by a panelist during the evening. They were spoken by Auchincloss, and were as follows:

I want to begin by really thanking those of you who put together this panel and also this organization, because it's a great delight to be participating in what I consider to be a highly subversive event. I think that perhaps we might agree that, at its best, psychoanalysis is a subversive sport. It undermines categories. It should challenge assumptions. It certainly should undo manifest content. I think that what our candidates have achieved with modern technology is something the adults have never achieved, to be able to bring all candidates together and all persons of different institutes. I can't find a way to work this viewpoint into any of the questions that you asked, but I have long felt that inter-institute competition is the most serious problem that we have in psychoanalytic training in New York City, and that psychoanalysis should be run as a federation in this city, and there should be much more opportunity for cross-registration and for institutes to work together. That's not the way it works, as you know, and competition is seriously at odds with psychoanalytic values, so I'm totally delighted that you subversives have brought us together.

In citing competition as the "most serious problem that we have in psychoanalytic training in New York City," Auchincloss was indicating the course of much of the evening's discussion. As we have seen, the competition among panelists evolved into a significant feature of the discussion, although it was mostly concealed – either by avoiding a serious debate or by couching sniping comments in a playful tone. Indeed, Auchincloss herself in these opening remarks tried to strike a playful, ironic tone, in phrases such as "subversive sport," "adults," and "highly subversive event."

In one sense, therefore, the evening as it unfolded confirmed Auchincloss's statement. A good example of the way in which competition asserted itself can be seen in how the idea of having panelists discuss their ideal institute actually played out. As we saw, while intended to create a neutral area in which the panelists could imagine an ideal institute together, the exercise actually prepared the ground for rivalry. This occurred because some panelists adhered to the assigned task and spoke mainly about their ideal institute, while other panelists chose to talk about their own institutes in more or less ideal terms. Now, this is not to criticize the latter panelists for speaking as they did – we organizers wanted the discussion to be as free as possible, and the moderators acted in that spirit. Rather, it is to notice how subtly rivalry arose even from a structure designed to foster a collegial atmosphere. This outcome suggests that even with senior analysts, such as those who volunteered to participate in the panel and who were thus by definition interested in forging inter-institute bonds, the forces of identification with one's own institute were strong and the forces of identifying with a supra-institute idea were weak.

Yet, the longing for such a supra-institute idea, what Auchincloss called a "federation," was also palpable, beginning with Auchincloss's own articulation of such a desire in her statement above. She spoke of her "gratitude" and "great delight" in participating in the evening,

and if her comments about competition are to be taken as representative of something important in the room, so probably these should be as well. Indeed, her words on this subject sounded almost a portentous note: "What our candidates have achieved with modern technology is something the adults have never achieved, to be able to bring all candidates together and all persons of different institutes." In this statement, Auchincloss seemed to be saying that something very significant was occurring during this panel, and that this was the achievement of candidates, to whom she was expressing her gratitude. Her attempt at irony in using the word "adults" to mean members, i.e., non-candidates, undermined this otherwise highly laudatory thought, thereby giving simultaneous expression to some underlying discomfort with the statement itself.

Another theme that Auchincloss sounded here resonated throughout the evening, namely, the wish for a return to the revolutionary spirit of psychoanalysis, forecast in her multiple use of the word "subversive." Her very first spoken sentence ended with the words, "... it's a great delight to be participating in what I consider to be a highly subversive event," and these words were greeted with loud laughter in the hall, in my estimation the most vigorous audience response of the entire evening. Those words, "highly subversive event," placed at the end of her very first spoken sentence, and the enthusiastic audience response, indicated the salience of the sentiment for everyone present. In the course of the evening, several panelists regretted the waning of the revolutionary spirit in psychoanalysis, and competing explanations were suggested.

In conclusion, the evening can perhaps best be summarized, or interpreted, as emerging from the collision of two opposing emotional trends – the longing for a greater wholeness in the world of New York City psychoanalysis, and deeply entrenched identifications with institutes, bringing with them inevitable rivalry. Auchincloss sounded both themes in her resonant opening comment, and the entire evening played itself out within them.

IV. Epilogue

On the one hand, it might be said that the evening was a great success in that it occurred at all, with analysts and candidates from seven institutes coming together to talk for the first time; the disclosure of a deep-seated desire for more contact and cooperation between institutes was one result of the evening. On the other hand, it might be said that the evening was a sobering experience in being itself a demonstration of the competitive feelings that make such discussions difficult and rare.

So what would a psychoanalytic response to such a conflictual assessment be?

One response might be to convene an inter-institute working group, comprising analysts and candidates from all these institutes, to explore ways in which institutes might respond to the desire for greater cooperation among them. In other words, to keep on talking.

Appendix

These are the prompts that were supplied to the panelists:

Topic Area 1, Admissions.

Who would you admit to your ideal institution? What would your admissions criteria be? What personal qualities would be considered in prospective candidates? Would you admit non-mental health professionals, social workers, psychologists, physicians, others? How would you like to see the admissions policies of your existing institute changed? Psychoanalysis has historically excluded groups from training. Who might we be unwittingly excluding now? What, if anything, would you like to do to address that?

Topic Area 2, Readiness for Control.

How would progress be evaluated in your ideal institute? What criteria – if any – would you employ to decide that a candidate was ready to begin seeing a control analytic case? What aspects of the existing criteria at your or other institutes would you like to see changed? How would you handle problems in progression? What would you do if a candidate were unable to get or maintain cases?

Topic Area 3, Graduation and Beyond.

What qualities would you like to see in the graduates of your ideal institution? What would the ideal training provide to the graduate? What are your impressions of the graduates of your and other actual institutions? How would you integrate graduates into your institute? What post-graduation gates would there be, if any? What would the difference be, if any, between a graduate analyst and a supervisor?

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A Report on “The Future of Psychoanalytic Education: Preservation and Innovation”

**Farkas Auditorium, NYU School of Medicine
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Arthur A. Lynch, DSW

Introduction and Overview

The future of psychoanalytic education requires a greater clarity of its boundaries. Where is psychoanalysis in its evolution? What is psychoanalysis, and what is not psychoanalysis? How do new and old paradigms fit together, and how do they conflict? What should be kept, and what else is needed (i.e., preservation and innovation)? These were just some of the questions addressed at the third annual Future of Psychoanalytic Education Conference. This highly interactive event was a partnership of over 18 psychoanalytic institutes that focused on long-standing and contemporary challenges confronting psychoanalytic training. Needless to say, this diverse group came up with a variety of opinions and solutions. If one chooses to define the success of an event as an individual's expressed wish for more, then the conference met the criterion, as many participants vocalized the desire, even urgency, to take the conference findings to the next level. Some steps have already been taken, both with the posting of the conference audio tapes on www.internationalpsychoanalysis.net and with this summary report of the meeting. Most important, however, is the content of the discussion that took place. This dialogue included concerns from the different points of view represented, as well as from the many stakeholders involved (e.g., the public, candidates, faculty); all focused on the need to enhance the profession.

The conference was structured with a morning session of three keynote speakers (Henry J. Friedman, MD, Theodore J. Jacobs, MD, and Paola Mieli, PhD) and a discussant (Kenneth Eisold, PhD). Jane S. Hall, LCSW, FIPA, welcomed the attendees, highlighting the mission of the Future of Psychoanalytic Education series, namely, to help rescue the “dysfunctional psychoanalytic family” from the “hubris” to which it frequently succumbs. Friedman and Jacobs critically assessed the training system, outlining dilemmas common to most institute training (e.g., required compliance, loss of ingenuity). Meanwhile, Mieli critiqued the broader political compromises in the U.S., which continue to impinge negatively on offering competent psychoanalytic training.

The two afternoon roundtables engaged the panelists and the audience in a discussion around the topics of changes in theory and the clinical practice of psychoanalysis. These discussions were moderated by Jonathan House, MD, and Arlene Kramer Richards, EdD, respectively. Each panel had candidate, practitioner and faculty representation. In addition to discussion of the morning's themes, the panelists also added new and provocative questions: Is the difference between psychotherapy and psychoanalysis critical to our curricula? What is the role of research and hermeneutic traditions? How do candidates recognize their inherent power in shaping the curriculum?

The closing discussion by James L. Fosshage, PhD, PA, reflected on how extraordinarily different our perspectives are. Bringing back the morning speakers for a Q & A session with the audience, he underscored the participants' hope and resolve for change.

The final remarks by Arnold D. Richards, MD, reminded the group that change is not only necessary but possible.

Introduction: Jane Hall

Jane Hall, an analyst from New York and the meeting's principal organizer, opened the conference by reviewing its mission of ecumenicalism: to help mend the splits that provide the context for our current "dysfunctional psychoanalytic family." These splits began with Freud and the early pioneer dissenters. Among these early dissenters was A.A. Brill, who, against Freud's wishes, began a long practice of medical exclusionary practices in the U.S. After nearly 90 years of development, we see a diverse family tree that includes Horneyans, Kohutians, Lacanians, Bionians, Kleinians, and numerous Freudian branches.

She emphasized that respecting one another is the critical element in mending these splits. "Hubris," Hall noted, "is this field's biggest enemy." Recognizing each individual's complexity allows us to recognize the contributions of every theory and begin to appreciate other perspectives. She encouraged participants to attend meetings "outside his or her particular theoretical home" as a means of fostering this respect. This form of open-mindedness is what is needed to keep psychoanalysis alive and well.

Hall then introduced the keynote speakers: Henry J. Friedman from Boston, Theodore J. Jacobs from New York, and Paola Mieli from Après Coup. Kenneth Eisold from New York was the keynote panel's discussant.

Keynote Speaker: Henry J. Friedman

In addressing the broad and loosely defined task of psychoanalytic education, Friedman was hopeful about the future of psychoanalysis as a clinical entity but only with important educational reforms. He noted that while clinical psychoanalysis may be vital in practice, it is misunderstood by the media, the public, academia and the broader community of therapists, all of whom rely on outdated versions for their understanding. Ensuring the future, however, would require addressing pitfalls in the training practices common to most institutes, irrespective of theoretical orientation. Cognizant of how threatening it can be to call basic assumptions into question, Friedman warned that not examining these beliefs posed a far greater danger.

He began his assessment of these beliefs by defining the changing needs of patients, which call for technical modification. For example, as patients seek responsive and forthcoming therapists, aspects of the technical foundation, such as abstinence of transference gratification and neutrality towards all characteristics of the patient's conflicts, have proved alienating. The ideal of the warm and emotionally alive therapist, who is able to provide both effective advice and interpretations, seems less easily attainable to those who subscribe to usual training methodology. Holding onto the older practices, in the face of this conflict, has only weakened

the position of psychoanalysis in the psychotherapy marketplace.

Next, Friedman asked if all candidates should be required to be in analysis with a training analyst ("TA"). The TA system, he noted, has an inherently destructive dynamic. One characteristic of this dynamic promotes the myth that the TA is a superior analyst. This conjecture lacks evidence. Another aspect of this destructive dynamic is a selection bias that favors those analysts who "fit in" and opposes those who do not. This selection bias promotes compliance, misguided loyalty, and partisanship. It also severely limits creativity and intellectual freedom. The danger to all schools of psychoanalytic training is that a selection bias, from candidate through TA, leads to irrational certainty and dedication to theory, producing a clinical practice that has "little regard to the patient's experience of his or her own reality." Friedman noted, "The analytic stance ... has been failing with increasing numbers of patients who want something more than interpretations from an aloof-seeming interpreter of their reality."

These underlying destructive characteristics have also introduced a restrictive flaw in the broader profession's ability to change. Friedman suggested that this finding is supported by the observation that Kleinian TAs produce Kleinian analysts, contemporary conflict TAs produce conflict analysts and self psychological TAs produce self psychologists. The nature of these loyalties leaves the profession besieged by turf wars that further diminish psychoanalysis in public opinion. Some of Friedman's assertions find support from Rangell (1982, 2004, 2005), Mosher (2006) and Mosher & Richards (2005). The challenge for psychoanalytic education is to develop a curriculum that is clinically relevant and technically free of antiquated rules that constrict the role of the analyst.

In spite of these didactic problems, Friedman stated his belief that psychoanalysis will be part of the future simply because it places such a strong emphasis on the individual patient's suffering. Friedman asked if there is something in psychoanalysis that transcends its various schools. He closed with a quote that captured his message: "If ... we educate candidates who are dedicated to helping patients using a range of tools, technical, theoretical as well as non-theoretical, we will be able to continue to be, as they say on CNN, the 'best therapeutic team' in the world."

Keynote Speaker: Theodore J. Jacobs

Jacobs began his paper with a brief review of the new model for psychoanalytic education being used in Atlanta, based on the university model. This model includes a comprehensive curriculum with participation from the neurosciences, sociology, anthropology, and other related fields. The impetus for the model was the declining status of psychoanalysis, as well as the need to share with and stay connected to allied disciplines. Jacobs credited Steven T. Levy with the development of this version of the psychoanalytic university. Many other versions of this model have been presented over the years, beginning with Freud's (1926 [1959]) calling for a "college of psychoanalysis" (p. 246).

In an evaluation of the state of analytic education, Jacobs noted that most graduates are well-informed about the field of psychoanalysis and fortified with a reliable methodology. He

agreed with those who call for broadening the scope to include different modalities (e.g., applying analytic principles to couples, group, and family therapy) and a wider variety of difficulties (e.g., severe pathologies, addictions, and those whose character was formed in the grips of poverty). The problem, he noted, is that psychoanalysis has lost something vital, even essential – “We have lost a spirit of inquiry ... of the human mind.” This loss brings with it damage to “intellectual rigor, wide ranging curiosity, the desire to explore, to study, to learn and to debate one another's ideas and beliefs.” Jacobs noticed a very real difference between his teachers (e.g., Ernst and Marianne Kris, Loewenstein, Hartmann, Lewin, Jacobson, A. Reich and Stone) and too many students today. He offered, as an example, the current approach to seeking out the transference as if all therapeutic gains were totally dependent on these interpretations. Dependence on this narrow point of view not only warps the listening process, it also restricts communication to the patient and, hence, the patient's experience. This tendency for repetitive and thoughtless application of a method presents a serious problem in analytic education, limiting the creativity necessary to keep the field alive and vital.

Echoing Joyce McDougal, Jacobs noted that it takes years to grow out of our experiences as students and establish independent judgment. The personal challenge confronting every practitioner is in resolving the ongoing transferences to his or her “analysts, teachers, supervisors, and institute belief systems.” But even with this challenge met, the field remains at risk when the joy of learning or discovery is absent.

To address this deficiency, Jacobs advised a reconsideration of not only the teaching but also the attitudes, values and spirit being conveyed. He suggested that everyone who teaches should undergo one or more year's preparation in pedagogy and supervision. Likewise, students should read more broadly and write about their patients in a way that locates them and their treatment within the wide framework of psychoanalytic history. We need to return to an educational approach that is committed to conveying knowledge, i.e., toward a genuine university model.

Keynote Speaker: Paola Mieli

Using The Psychoanalytic Consortium's¹ "standards of psychoanalytic education" as well as its Accreditation Council for Psychoanalytic Education (ACPE) as the backdrop for her discussion, Mieli critiqued their approach as insufficient. She acknowledged the rightful concern and ethical duty that psychoanalysts share with regard to the best possible transmission of psychoanalysis to prepare candidates, treat patients and promote analytic discourse. Psychoanalysts must vouch for professional quality. This task, however, has always been provided by psychoanalytic institutions, and Mieli wondered why we would now benefit from a consortium's single set of standards, which has left its participants mostly dissatisfied. She noted: “... it appears crucial for us to join in this debate.” Her main critique was that the Consortium's standards appear not to be analytical. She wondered how a monopoly on the regulation of analytic standards of training could be beneficial when it puts at risk the principles

¹ The Psychoanalytic Consortium consists of four organizations: the American Psychoanalytic Association, the American Academy of Psychoanalysis, the National Membership Committee on Psychoanalysis in Clinical Social Work, and Division 39 of the American Psychological Association.

of both psychoanalysis and democracy.

Miele argued that psychoanalysis in the U.S. has positioned itself as a branch of medicine, adopting a traditional U.S. psychotherapy training model, which prioritizes educational eligibility (level and type of education) and personal suitability over the candidate's personal analysis. This approach is contradictory to the process of the formation of the psychoanalyst and puts the candidate in training at risk for the calamitous outcomes of the institutional re-enforcement of symptoms and personal conformity.

Further, she noted, the Consortium's definition of psychoanalysis,² in stark contrast with Freud's own notion of science, relies on a mental health ideology for understanding. Freud built upon theoretical models as temporary working models subject to refutation. Differing from Freud's view (i.e., that a symptom is a compromise formation conveying a subjective truth), the Consortium is driven by the ideas of adaptation, symptom relief, and assimilation. The Consortium considers a symptom to be the sign of a mental "disorder." Psychoanalysis distinguishes itself from other therapies in that its principal aim is not symptom relief. Through understanding and handling of the transference, psychoanalysis aims at overcoming the subject's resistances, which are grounded on a specific libidinal economy and not at "suppressing the symptoms" (Freud 1926, p. 225). She stated that analysis is a process of discovery and novelty. Every case is unique, an "exception," that cannot be reduced to the generality of a diagnostic category. The process of analysis is specifically characterized by the unfolding of events within the transference, generating subjective transformations independently from the subject's awareness. If "understanding" takes place at all, Mieli notes, it is as a result of this experience. Psychoanalysis as a process is characterized more by emotions, affects and surprises than by intellectual awareness. She noted, "The transformation of the subjective position brought about by the end of an analysis leads more to a *savoir faire*, a know-how to handle life, than to any intellectual understanding."

Mieli emphasized her point that psychoanalysis is a practice of de-identification that enhances the relationship to difference, not conformity. It is a "practice of exile," a passage from the security of the known towards the insecurity of the unknown. There is no way to cut short the process of analysis. The proposed process outlined by the Consortium not only lacks rigor, but worse, fosters group identification and excludes differences.

Mieli ended her presentation with a review of Freud's college of psychoanalysis model, which invites participants to take an active role and engage in forms of intellectual production, rather than being merely passive recipients of knowledge. She said, "The coming into being of an analyst as the result of an analysis can then be seen as only a first major step into a universe of learning that will accompany him or her throughout life."

Discussant: Kenneth Eisold

² "Psychoanalysis is a specific form of individual psychotherapy that aims to bring unconscious mental elements and processes into awareness in order to expand an individual's self-understanding, enhance adaptation in multiple spheres of functioning, alleviate symptoms of mental disorders, and facilitate character change and emotional growth" (Accreditation Council for Psychoanalytic Education at: <http://www.acpeinc.org/standards.htm>).

Eisold offered a clear and concise review of the panelists' presentations, categorizing Friedman and Jacobs as providing liberal critiques of dilemmas faced by institutes (e.g., conformity, inhibition of creativity), while Mieli represented a more radical critique that indicated that psychoanalysis has gone "way off track." Eisold found the propositions offered by Friedman and Jacobs both relevant and useful yet difficult to implement and possibly insufficient to resolve the problems. Mieli, Eisold noted, had Freud on her side when she called for a return of the profession as a "calling." Freud, through the 1920s and 1930s, warned against psychoanalysis becoming part of medicine, especially psychiatry. In the U.S., Brill led the battle against Freud's view of lay analysis, and medicine won the day but only to face a long decline. Eisold viewed Mieli's suggestion as admirable yet unsustainable, most likely alienating the public even further. Eisold ended with a series of reflections: "Might we want to reconsider our role within medicine? Would it make sense to establish parallel or separate professional organizations and training institutes: medical and non-medical?"

Following audience participation, Eisold closed the morning session by observing: "If you really invite the whole diversity of the psychoanalytic world to come, maybe they will. And there will be a lot of conflict, there will be a lot of self-promotion, there will be a lot of competition. But it will be a lot of what is really there. That is a welcomed development, I think."

Roundtable Discussion #1: Changes in Theory and Clinical Practice of Psychoanalysis

Moderator: Jonathan House

Discussants: Muriel Dimen, PhD, faculty, NYU Postdoctoral Program in Psychotherapy and Psychoanalysis; Anne Erreich, PhD, faculty, The Psychoanalytic Institute affiliated with NYU School of Medicine; Craig Solomon, MSW, candidate, Institute for the Psychoanalytic Study of Subjectivity; Matthew von Unwerth, candidate, Institute for Psychoanalytic Training and Research, Nancy Wolf, MSW, faculty, New York Freudian Society, and Arnold Zinman, PhD, faculty Westchester Center for the Study of Psychoanalysis and Psychotherapy.

Reference Quote: "Psycho-Analysis is the name of a procedure for the investigation of mental processes which are almost inaccessible in any other way, of a method (based upon that investigation) for the treatment of neurotic disorders and of a collection of psychological information obtained along those lines, which is gradually being accumulated into a new scientific discipline" (Freud 1923).

Questions for Discussants:

1st Topic: Concepts Central to Psychoanalysis

Which, if any, of the following concepts should be taught as *central to psychoanalysis*: 1. Repression, 2. Sexuality? Additionally, what other concepts should be central to teaching psychoanalytic metapsychology?

2nd Topic: Psychoanalysis & Psychoanalytic Psychotherapy

Is there a difference? If there is an important difference, is there a "natural" tendency toward "slippage, that is, toward doing psychoanalytic psychotherapy while believing oneself to be doing psychoanalysis?

3rd Topic: Free Association and Dream Interpretation

Are they central? What emphasis should be given to each in our teaching of theory of technique and clinical work?

Arnold Zinman began the discussion on the concepts thought to be central to psychoanalysis. He considered the following three concepts as central to psychoanalytic change: psychic determinism, the therapeutic relationship, and resistance. These analytic functions promote and increase integration and flexibility through making the unconscious conscious. Zinman focused his remaining discussion on the concepts of the relationship and resistance.

Each psychoanalytic school offers a rich history of ideas, valuing the relationship and its place in therapeutic change. Zinman provided brief examples from a diversity of schools to illustrate what the relationship involves.³ Some of these ideas are compatible, while others are contradictory. Zinman wondered how to introduce and teach these ideas such that the candidate could choose and experiment.

This same complexity arose with the other central concept of resistance. Some analysts, Zinman pointed out, used violations of the fundamental rule as the quintessential example of resistance. Zinman saw the concept of resistance as fundamental to all psychoanalysis, even if not explicitly defined. To specify a particular act as resistance is to lose an appreciation for the total human being and to minimize the more encompassing meaning of this concept – its ubiquity in every action, thought and feeling. Consequently, this concept needs to be taught as a fundamental feature of psychoanalytic education and must be explored from the vantage point of each theory.

Consistent with Friedman (1988), Zinman argued that all basic concepts should be explored, compared and contrasted across theories. Thus, he suggested that a series of courses could be designed to introduce each one of the major schools of thought, while another series might consider key concepts across the disparate schools. Friedman, he noted, captured this idea: "To get the real value of the comparison, all models must be drawn into one, continuous critical discussion" (1988, p. 548).

Nancy Wolf distinguished between types of pathology and one's model of pathology as yet another dimension of this question (i.e., which concepts are central to psychoanalysis). If the

³ Examples given included: *rapprochement*; *the transference itself*; *attachment*; *sympathetic understanding*; *the curative role played by the affective relationship*; *giving care or friendly hugs*; *management of regression*; *management of the earliest stages of infantile development grounded within the dyadic mother-child matrix*; *based on mature, secondary-process, logical, and consciously directed ego functioning*; *the non-transference relationship*; *the absence of condemnation or judgment*; *a new, "corrective" relationship*; *experiences of mirroring and idealizing*; *reaching higher levels of ego organization via new integrative experiences*; *the medium (the relationship) is the message (the interpreted content)*.

clinician is working with a patient who functions concretely, by "evacuating" rather than "repressing and symbolizing," he or she is working in a different clinical terrain. Psychoanalysis has broadened its scope to include treatment of patients with more primitive disorders. To have repression and sexuality as central constructs would mean that there is a whole realm of people who would not be treated or would be misunderstood by clinicians. If someone is in the process of evacuating something and it is mistaken for a form of free association, then the clinician would not be affectively connected to what the patient is talking about. In this case, free association and the concept of repression do not fit. To these concepts, Wolf added splitting and attacks on linking (Bion 1959)

Matthew von Unwerth noted that the first dilemma a candidate faces is the variety of viewpoints within curricula. Typically, candidates begin with a limited concept of psychoanalysis. Their initial task is to make sense of this complex theoretical and clinical discourse, while simultaneously trying to be helpful to their patients. Von Unwerth noted that it takes a long time for candidates to make decisions for themselves about what makes clinical sense. For von Unwerth, the basis of psychoanalytic education is aimed at getting candidates to think of concepts central to psychoanalysis, such as transference, and to explore why these issues are important, how they are clinically useful, and how they assist in creating an analytic process.

Craig Solomon recounted the case of a patient who characteristically reacted angrily whenever Solomon remembered something incorrectly. However, during one of these angry outbursts, Solomon understood something different about how "this man organized his experience, how he put his world together." He was able to communicate this new understanding to the patient, which seemed to provide relief. After presenting the case in his supervisory group he was asked, "But where did the anger go?" It occurred to Solomon that there were an inordinate number of assumptions imbedded in the question. He concluded that when concepts are taught without grounding in clinical experience, they are devoid of any meaningful content.

Jonathan House asked Solomon what theory of mind he would use to discuss the clinical phenomena. Solomon responded: "I am thinking of getting at the patient's theory of mind, or our theory of the patient's mind. This is what we are trying to pursue. This is what grounds my thinking. Two people trying to understand a single mind."

House next turned to the audience for their responses.

Irwin Z. Hoffman, PhD, noted that to teach the concepts as they had been discussed in the panel would be misleading. Repression and resistance, he felt, did not seem at all central to theory. Many approaches that emphasize the impact of defective self objects and developmental experiences, he thought, trumped the drives. Hoffman also warned that there is a danger in too narrowly defining psychoanalysis in a way that excludes important experiences coming in from clinical work.

He suggested that a better organizing principle for governing any discussion among colleagues with significant differences of opinion would highlight that "what psychoanalysis has to teach is that experience is ambiguous and open to multiple interpretations and multiple ways

of organizing it.” This experience is open to interpretation, and the meanings have to be constructed. Positivism, he noted, failed in psychoanalytic theories and has been replaced with a hermeneutic attitude that allows people to “consider how something means something other than the thing that they are fixed on.” Here the task is substituting a constructivist point of view for a positivistic one.

For Mark R. Stafford, MA, psychoanalysis has become quite narrow and complacent in the use of the word “concept,” such that everyone seems to agree upon what it means. It might be valuable, he suggested, to introduce how other disciplines, such as physics, philosophy, art and anthropology, differ in their understanding of the term “concept” and to see whether a discourse could develop that shows specifically what a concept is in the practice of psychoanalysis. We might find that some of the terms of our working vocabulary do not quite have the status of “concept” as it would be understood by many other thinkers of human experience. In *Après Coup*, the notion of the philosophical concept is delineated very differently than the notion of a psychoanalytic concept. Here, a psychoanalytic concept is a continuation of Freud’s elaboration that it is a work in progress, used to understand more fully new clinical material and to refine technique.

At this point, the moderator asked the panel participants to address the other topics they had been asked to consider. The second topic was “Psychoanalysis & Psychoanalytic Psychotherapy: Is there a difference?”

Anne Erreich began with the proposition that the answers to all of the questions presented to this panel depended entirely upon the panelists’ choice of metapsychology. Based on one’s theory of mind comes a theory of technique that determines what concepts are important to teach candidates.

She then outlined a series of her own assumptions: that “needs” from the beginning of life are sometimes met and sometimes frustrated; that from the beginning, “wishes” come up against the limitations, prohibitions and frustrations of the environment; that solutions are developed to some of the conflicts encountered in life; that the course of development has to do with finding relationships that make one feel whole, safe and secure early on; that these feelings get overlaid with more frankly sexual feelings later on; and that the mind is such that these narratives get overlaid, one on top of the other, with none lost. These narratives then help determine what is essential in a theory of technique, e.g., it defines the method of helping people discover their own relational narratives to needed, loved, and feared others in their world. Technique, then, would strive to create an awareness of how the patient uses these narratives to organize and behave in the world. Erreich noted that, within this theoretical framework, the important constructs to teach include unconscious fantasy, wish-defense configurations, and transference and countertransference enactments. She also noted that, if one sees the mind and development as operating differently, then a different set of constructs may become operable, leading to a whole set of different treatment conditions.

Von Unwerth noted that the difference between psychodynamic psychotherapy and psychoanalysis seems much less important to candidates. Candidates are much more concerned with what can be done to help the patient. The whole idea of technique, he thought, was to

transmit knowledge to the next generation. If there are meaningful differences between the technical aspects of psychotherapy versus psychoanalysis, he thought candidates could be trained in both. He believed that "no one has made a coherent case in the literature for a distinction between the two." More important, he did not think candidates cared that much about this distinction. Solomon echoed these sentiments.

Zinman responded from a different vantage point. He asked how we know what is psychoanalysis and what is psychotherapy. Recent research on long-term psychoanalytically-oriented psychotherapy had two relevant findings: 1) the more times per week someone went to the therapist, the better the outcome; and 2) the better outcome was not tied to how long the person was in treatment. It is fundamental to our understanding of psychoanalysis that we do research and build evidence-based knowledge. Every institute, he proposed, should have a research component.

Roundtable Discussion #2: Changes in Theory and Clinical Practice of Psychoanalysis

Moderator: Arlene Kramer Richards

Discussants: Pam Donleavy, JD, faculty, C.G. Jung Institute – Boston; Giselle Galdi, PhD, faculty, American Institute for Psychoanalysis; Samuel Herschkowitz, MD, faculty, The Psychoanalytic Institute affiliated with NYU School of Medicine; Michael P. O'Loughlin, MA, LP, candidate, National Psychological Association for Psychoanalysis; Lisa Samstag, PhD, candidate, William Alanson White Institute; Caryn Sherman-Myer, MSW, faculty, National Institute for the Psychotherapies; and Jane Snyder, PhD, faculty, Boston Graduate School of Psychoanalysis.

Questions Posed to the Discussants:

- How is the emergence of multiple psychoanalytic theories and developments in related fields (for example, cognitive science, neuroscience, and infant and attachment research) influencing the training and formation of a psychoanalyst?
- What are your recommendations for changing psychoanalytic education (for example, curricula, supervisory and control case requirements, and personal analysis)?

Arlene Kramer Richards opened the second panel with the following brief vignette:

Early in our careers, I and a group of psychologists who were not allowed to attend the medical American Psychoanalytic Association institutes at the time arranged for our own psychoanalytic education. We each chose our own analysts and our own supervisors, and, as a group, we hired teachers for our seminars. The most eminent analysts, supervisors, and teachers were happy to work with us. Because we had our analyses, supervision, and course work with analysts who were responsible only to us and not to any institution, we felt entitled to ask

any questions, no matter how elementary, challenge any shibboleths, no matter how sure others were of their unassailability, and disagree with any experts. I think we learned a great deal from the experience of taking responsibility for our own education. In the end, we took longer than any institution would dare to ask of its candidates, only about a third of us became IPA members and only a few of those training analysts, but we all enjoyed a collegial and empowering education. I enjoyed a sense of power over my education that I believe other people could have within the institutes now.

Today, Kramer Richards noted, candidates can consider themselves to be the future of psychoanalysis and should try to mold their teachers and supervisors to respond to their needs and their experiences in a similar way. They can ask for the freedom to choose ways of learning that fit them, such as tutorials on working with certain kinds of patients, taking courses at other institutes, organizing courses in how to involve patients in analytic work, or when to recommend other forms of treatment.

Caryn Sherman-Myer stressed the importance not only of theoretical diversity, but of creating a dialogue among those advocating the disparate theories. Students, she thought, should be encouraged to be interested in a multi-theoretical framework. They should be given the opportunity to study and debate the various beliefs about psychoanalysis. By breaking away from traditional models of psychoanalytic training (which rely on specific faculty, supervisors and training analysts), one can model an ecumenical approach to psychoanalysis consistent with different models suited to different patient populations with different needs.

Lisa Samstag, in a dissenting opinion, found real value in the more traditional training model, the Eitingon tripartite model. One of the strengths this model offered, she remarked, was the milieu in which one's thinking evolved as ideas come together in the clinical experience from classes, supervision and personal analysis. This strength, she thought, could be enhanced by taking courses at other psychoanalytic institutes and creating a dialogue on the candidate level. Another enhancement, she suggested, would be adding to the curriculum research courses that are critical at this time. Research should be aimed not necessarily at validating constructs but at enhancing the process of inquiry, looking at what patients and analysts actually do in analysis, i.e., approximating a self-study.

Jane Snyder agreed with the critical need for research. In addition, she emphasized the process of the "emotional education" of the analyst as critical. The candidate should be encouraged to experience, in treatment, the diversity of individuals with moderate to severe psychopathology who seek help. "Emotional education" goes beyond one's personal analysis and supervision. It is further explored in the classroom and goes beyond what is offered in the traditional model of training.

Pam Donleavy noted that, from a Jungian perspective, one's technique depended on who is walking into the consultation room. Some patients need the sensitivities of a different model because of their difficulties. She and her colleagues have become more interested in neuroscience and how these additional different models facilitate understanding changes in the

brain. Here she noted that methodology, which changes with the models, offers a broad and essential resource of interventions, often critical for patients with specific needs (e.g., eye contact; drawings and other activities external to the clinical hour; interaction on an emotional level).

Samuel Herschkowitz highlighted a fundamental issue that had not been addressed, namely, the endpoint of a candidate's training. He asked whether we are offering an apprenticeship-like model, or do we have a model of scholarship? Clearly, some institutes privilege or lean more heavily in one direction or the other. He wondered how institutes display all the material that is being taught. Does one take a horizontal or a vertical approach? For instance, he offered, material can be taught across the board, from early Freud through relational and intersubjective theory, which is organized around a clinical vignette. This would be an attempt at a horizontal approach. Or, the material can be taught more vertically. Here one provides a foundation, teaching historically and theoretically, building on that foundation more as the changes in psychoanalysis branch out. The emphasis has to be on the thought of how one teaches and what outcomes one is trying to achieve. Once this has been decided, the next issue is to determine who is doing the teaching. Some teachers are charismatic and possess a riveting style. Others teach exciting material in a dull and boring manner (this also applies to supervision). It is important for psychoanalytic institutes to recognize the important impact these dimensions have on their candidates and curriculum design.

Giselle Galdi emphasized how important it is to understand our particular history in order to appreciate what institutes offer. Karen Horney, for example, was an essential figure in the operations of the Berlin Psychoanalytic Institute until the Nazi takeover of power in Germany. She left there in 1939 to join Franz Alexander at the Chicago Institute, where she became the institute's Secretary. She brought these influences to the American Institute for Psychoanalysis, which, like so many other programs, is operating on the Eitington model. Like many institutes, the AIP has changed with time, progress and cultural shifts. For example, initially Horney vetoed non-medical professionals from training, which led to the loss of prominent analysts like Erik Fromm, Clara Thompson and Harry Stack Sullivan.

Galdi also spoke of the educational process as bidirectional in terms of both teaching and learning. In terms of how learning occurs, there is the notion of unconscious communication, which has bidirectionality and differs from the Eitington hierarchal model, where knowledge trickles down from the top. She wondered what the optimal conditions are for learning, and whether they change with candidates.

Michael O'Loughlin followed up on Galdi's point, noting that he was concerned about the infantilization of candidates that often leads to alienation and isolation and disrupts the sense of dyadic involvement. Coming from "academic history," there were times he felt that what he had to offer was negated. This experience led to a course of action that eventuated in his institute's developing efforts to reach out to students who appeared alienated and to bring them back into the educational progression. This process, he noted, made a radical difference in the way students experienced their training, and how, in the end, they perceived themselves as a psychoanalyst, supervisor, faculty and training analyst.

Sherman-Myer noted that this point has a greater urgency in New York State with the legislative passage of licensure requirements for a practicing psychoanalyst. Now, many individuals are involved in training with no mental health background, yet come from a wide diversity of educational and life experience. Much can be learned from these candidates. Often fueled by their own analyses, these individuals bring a certain zeal and vitality that enrich and excite the educational process. This excitement, she believed, has been dormant in our educational system.

Kramer Richards interjected that this hierarchal difficulty, which leaves students in some way less respected than the teachers, is a turning around of the original model of education. The earliest universities were groups of students who hired a professor to teach. As mentioned, she and her colleagues adopted this model for their training. It becomes imperative that students respect themselves as students and see educators as people hired to help them develop. If they can make this shift in their self-perception, they may feel more empowered about their education.

Herschkowitz advocated for an integrative approach to learning, rather than teaching reified concepts that may or may not be connected. He offered as an example that, when teaching something about character organization, one wants a technical course linked with the course on character organization, linked again to a third course on case conference. This is a much more interesting way of teaching and learning.

Samstag referred to an earlier point made by Kenneth Eisold, describing the process of change in our institutes as “calcified.” She was uncertain about the effort it would take to implement some of these very important ideas about change. Sherman-Myer, following Samstag, wondered how we could operationalize what had been outlined at the conference. She felt it was important to try to actualize the findings and generate change so we would not be faced with the same kinds of concerns and experiences in ten years. From the audience, Jane Hall noted that one inherent problem was the competition among institutes, which exists at many levels. She questioned if we could overcome this competition by sharing not only our curricula but also our ideas.

From the audience, Arnold Richards noted that the conference was recorded and would be posted on the internationalpsychoanalysis.net website. All attendees and others would be able to access the recordings. He observed, “This can lead to a dialogue between what has happened here today and what is happening at your institutes and the psychoanalytic world at large. We have to start the dialogue, define some of the issues, and get people to participate.”

During the audience question and answer period, Irwin Z. Hoffman said he had been thinking about another theme and hoped for a conversation on a broader level with respect to the nature of psychoanalysis and what kind of discipline it is. He posed the following question: Do we locate psychoanalysis as science or as a hermeneutics? He wondered how many of the attendees were familiar with the works of thinkers like Habermas, Taylor or Foucault. He believed that this line of thought would help generate discussions that interrogate the premises of the things we take for granted, such as whether it is good to do research on the psychoanalytic process or to add research courses to our curricula. It is almost politically incorrect to object to these notions but, he noted, there are a lot of substantive and important arguments against the

premise of research. He stated, "I think a lot better time would be spent studying the philosophy of science and various other aspects of the overall context of that kind of work."

Closing Discussion: James L. Fosshage

During the closing remarks, James Fosshage summed up the day with the following reflections. He noted how remarkably different we are and wondered what, if anything, was common ground in psychoanalysis. Yet, he noted, most of the panelists agreed that we are in what Balint called an "interpenetrating mix-up" from which something new emerges. This is true for psychoanalysis today and is echoed in the current conference participants' expressed hope for change as well as sense of urgency for action.

Today's conversation, he noted, can be contextualized by its recognition that the psychoanalytic world reflects a shift from a monolithic, authoritarian, objectivist outlook to a pluralistic, egalitarian, and constructivist one. What seemed essential to therapeutic action has swung from the "blank screen, neutrality, anonymity and objective interpretations to what many now speak of as constructivism, co-creation of transference and the analytic relationship, emotional engagement, collaborative exploration, and implicit as well as explicit learning."

Fosshage noted that each of the morning's speakers commented from their own particular context. Friedman and Jacobs addressed the ossification in theory and technique that profoundly affected the psychoanalytic education of candidates. Friedman described how we need to change our education of psychoanalysts to keep pace with patients' needs and changing contexts. Jacobs asserted the importance of reintroducing the excitement of exploration in the spirit of inquiry in place of codified prescriptions of technique. Mieli argued that the prescribed standards of the Consortium and ACPE are fundamentally antithetical to psychoanalysis itself. She disputed the Consortium's conclusions that the frequency of sessions be a prescribed standard for all and noted that all aspects of treatment must be tailored to the analysand's needs. Frequency affects process but it does not define it as psychoanalytic.⁴ Fosshage, who urged the group to follow Mieli and discard the whole issue of frequency as a way to define psychoanalysis, noted: "Once we work psychoanalytically, we work analytically."

These ecumenical conferences, Fosshage suggested, served as a forum where, through dialogue, we can support and challenge one another. While today's conference focused on preservation and innovation, it highlighted that, in order to remain adaptively relevant, we need to promote innovation over preservation. Organized structures change slowly and affect institutes in different ways. While some institutes belong to the American Psychoanalytic Association and others are independent, both contain a blend of those parochially fixed on a particular school of thought and those who attempt to teach comparative models. The latter institutes are less encumbered by tradition and are freer to create and implement the new, cutting-edge developments in contemporary psychoanalysis.

⁴ Quoting Gill (1984), Fosshage reminded us: "It would seem obvious one can accomplish more with greater frequency simply because there is more time to work. But if greater frequency is frightening to a particular patient, frequent sessions may impede the work despite interpretation. One cannot simply assume that more is better. Yet the frequency of sessions remains as the most tradition bound immutable criterion used to differentiate psychoanalysis in psychoanalytic psychotherapy."

Fosshage mentioned that the group had heard some very important challenges during the day's event and posed these questions: How can we continue the dialogue beyond the current conference? How do we bring about change?

He then turned for a response from the speakers. Friedman pointed out that clinicians all work out of a specific theory and often forget that suggestion plays an enormous role in treatment. He recalled a point from Jerome Frank's research on psychotherapy effectiveness and quoted that point: "It may be that the patients are accepting the interpretations from these various points of view because of something else that they get from the treatment relationship." Many analysts believe that success is due to their theory. Friedman noted that success is often because patients will comply with a great deal in order to get something else out of the treatment relationship. In his work, he attempts to focus on the "something else." What is important to Friedman is the effect of helping someone to feel whole and cohesive and to function better in his or her life and in his or her emotional experience. Friedman had no doubt that people obtain that from a variety of approaches and noted that "it may well be time that we stop the turf wars."

David Lichtenstein, PhD, (sitting in for Paola Mieli) noted that, at these kinds of conferences, we should allow ourselves the imagination of big ideas. When contrasting theories, what appears interesting is the kind of conversation that happens around the questions. What kinds of questions can we participate in, and do these questions and the ensuing conversation hold a real interest for us? What kinds of ideas get brought into play when this discussion occurs? This appears more important than whether one comes down on one side of a theory or another. Thinking about it in this way allows us to formulate positions about both points of view, which can genuinely be innovative. It is not trying to convince another that his/her ideas are wrong.

Finally, in looking at Mieli's idea slightly differently, he thought we could affirm that there is a distinct clinical field of psychoanalysis that has its own philosophical, ethical and theoretical framework. It is not unrelated to the other mental health disciplines or to philosophy, linguistics or anthropology, but it is distinct. In devising and interrogating the best pedagogical approaches to psychoanalytic formation, one ought to remain true to that distinct ethical and theoretical base and allow it to exist as its own independent voice in relation to these other disciplines.

Eisold returned to the theme of change and how to bring change about in psychoanalytic institutes. The whole landscape of psychoanalytic training has become much more competitive but candidates often do not experience their actual power. He suggested that, if candidates could give voice to what they want to learn, then change might begin. Beyond that, competitive institutes might ask their students: "What do you really want to learn? What are the really interesting questions to you?" If we could develop a training program that was responsive to those interesting questions, Eisold thought, maybe students would be more inclined to apply to those programs. Even though it may seem like a transparent attempt to exploit the market and even though it may interfere with all sorts of standards and traditions, it might be a way to facilitate change. In that sense, Eisold concluded, our candidates are our real hope.

Fosshage offered three final comments. The first was a belief that we will find the answers in research and neuroscience. He noted that, whereas psychotherapy research is extremely complex due to the uniqueness of the individuals in that intersubjective field, we need research to broaden the way we think about things. Second, we need to think about both the big ideas as well as the nuts and bolts of our training. It seemed that there was a real change in the way people participated around the discussion of the big ideas and the discussion of the nuts and bolts of training. With the latter, there seemed to be unification. Participants came together because they are all involved in the education and training of psychoanalysts. Finally, taking a suggestion from the audience, we might form one committee to work on the issue of what psychoanalysis is and another to focus on research. Perhaps, the committees could come back next year to report on their findings.

Final Remarks: Arnold D. Richards

Richards closed the conference with some playful remarks. Because of their concision, they are presented in full:

Since Ted Jacobs is not here, I can correct his Yiddish. He referred to Henry Friedman as a "kuch ladel." That's wrong. It's a "kuch leffel," and a kuch leffel is a cooking spoon. And what a kuch leffel does literally is "stir the pot." And with all due respect to Henry Friedman, I think that I am more of a pot stirrer than he is. In fact, I think I have spent the last 10 years stirring this psychoanalytic pot. This hasn't been easy. I think the reason it is so difficult relates to what is going on in the field. The way I understand our field is using Fleck's concept of "thought collective" and "thought style." The field is a large thought collective with a certain commonality of approach beginning with Freud but bifurcating rather quickly in terms of Brill and Freud: Freud's building and Brill's commitment to medical training. But then, within each institute, there is a theoretical thought collective/thought style and organizational thought style. Some institutes have a single theoretical thought style but many organizational thought styles and the other way around. For example, NPAP has many theoretical approaches but a single organizational thought style, which is democratic and inclusive. APsaA, unfortunately, is the other way around. We have a conflict between more participation and less participation. Fleck noted that any person belonging to a thought collective feels the people of all the other collectives are incompetent. I think this reflects the way it is because a thought collective develops within an organization because of shared history and affiliation and connection and dinner parties and all the other activities that bring people together. This makes it very hard to bridge the divide between organizations or thought collectives. I think this is the challenge. How do we get organizations with different thought collectives to connect with each other, to talk to each other, to disagree with each other, and most importantly to work together with each other in regard to the common challenges that face our broader thought

collective – psychoanalysis? That is the spirit of this conference and hopefully we can continue in that vein. I think it is very necessary. This is the change we need. And I would say, “Yes we can.”

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