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Boundaries, Boundary Crossings, and Boundary Violations

Boundaries, Boundary Crossings and Boundary Violations

Howard B. Levine

From its start, psychoanalysis has been enmeshed in the uncertainties and problematics of boundaries, boundary crossings and boundary violations. From a socio-cultural perspective, the very introduction of psychoanalysis as a theory and therapeutic practice, one that attempts to uncover truths that we all try so hard to hide from ourselves and that speaks openly about and calls attention to sexuality, especially infantile sexuality, can be seen as crossing a line of 'propriety' marked by denial that had existed in upper middle class, bourgeois society and the Viennese medical establishment of Freud's time. Despite the changes brought about by the sexual revolution in the West, I would insist that we are still a culture prone to the avoidance of truth, deeply and habitually steeped in the practice of denial.[1] Add to that the possibilities—often the inevitability—of transference love (Freud 1915) and the impulses to action mobilized by the treatment in both analyst and patient (Freud 1914), coupled with the many instances of analyst-patient romantic involvement that entangled so many of the early pioneers and have continued to confound our profession through the years, and it is difficult not to wonder if psychoanalysis isn't inherently tied to the mobilization of something transgressive that exists within us all.

Unfortunately, the list of prominent analysts, leaders of our field, that have been involved in boundary problems has been far too long and disheartening. There are great opportunities in the potential therapeutic gains of analysis to change lives and alleviate suffering, but also terrible risks. Freud (1915) acknowledged this early on, when he said that there was a

> "serious danger of this therapeutic method. The psycho-analyst knows that he is working with highly explosive forces and that he

[1]Bion (1970, 2005) has written extensively about the ubiquity of the tendency to avoid, distort and deny unpleasant truths, sexual and otherwise.

> needs to proceed with as much caution and conscientiousness as a chemist. But when have chemists ever been forbidden, because of the danger, from handling explosive substances, which are indispensable, on account of their effects?" (pp. 170–171)

As with so many things pertaining to the emotions and psychic life, it is sometimes difficult to find a language that properly takes all cases and nuances into consideration. Writing from the perspective that a sexual relationship between analyst/therapist and patient is an ethical *boundary violation*, I will use this designation of boundary violation as a shorthand to refer to analyst/therapist pairs who become physically, romantically and/or sexually involved. In doing so, I wish to emphasize that I am fully aware that each participant is driven by their own unconscious wishes and needs; that the circumstances of each couple are unique and different; that there are many different kinds and levels of feelings that can be involved in either member of the pair; and that there are different degrees of 'abuse', 'complicity,' and 'damage' that can be present in the situation for either party.

Through chance and circumstance, over the past years I have had many opportunities to join with colleagues nationally and internationally to study the impact of various types of boundary crossings and boundary violations. Some of the most significant and sometimes violently destructive of these have been sexual boundary violations of patients by analysts and therapists. In the company of such outstanding colleagues such as Marvin Margolis, Glen Gabbard, and Malkah Notman, I have participated in study groups where we not only attempted to understand the psychology of different couples, but also examined the impact of these events on the analytic Society, its candidates and members, and the general public's opinion of and relation to psychoanalysis as a whole. An important component of this work was assessing the possibilities of, and possible mechanisms towards, remediation and repair, not only in regard to the involved patient and analyst, but collaterally throughout the Society and its training components and within the public's attitude to our profession.

Some of my own questions, and the hypotheses and conclusions I have come to, have been expressed elsewhere.[2] Three issues that I would like to reiterate are these:

- Looked at from the psychological perspective of the boundary violating analyst/therapist, the physical/sexual contact with the patient is also—sometimes predominantly—a narcissistic appropriation of the object, often in the service of the unconscious need to stabilize a damaged or fragmenting sense of self.

- Although it must remain a speculation, because few boundary violating analysts/therapists labelled as predators have been encountered in my studies, I suspect that what drives their actions is a primitive form of narcissistic object use in the service of unconscious preservation of their psychic sense of self.[3] That they, too, are 'emotionally needy,' like the 'love sick' analyst/therapist, whose unconscious aim is the rescue of a depressive object needed to be shored up for the sake of their own psychic survival. The difference is that the predatory boundary violators are looking more for enlivening sensation sources than psychic objects. They may be more unconsciously interested in the vampire-like self-sustaining *appropriation* of the object as sensation source for their own survival needs, than in acting out a more unconscious, object relational scenario of self-preservation through object reparation.

- Although it is not clear that there is a causal connection or, if there is one, in which direction the arrow of causality flows, there seems to be an unexpectedly high correlation between sexual boundary violations and pre-existing organizational difficulties within the analytic Society in which they occur. So much so, that I would caution any colleagues, who are investigating or dealing with a sexual boundary violation in a psychoanalytic Society or Institute, to also consider and examine the institutional culture in which it has taken place. I am not suggesting that there is always a clear connection, but narcissistic appropriation, convoying, denial of problematic behavior, nepotism, favoritism, callous power politics, and other irregularities have often been uncovered in the on-going life of the affected Society or Institute.

[2]Levine 2010a, 2010b, Levine and Yanoff 2004.

[3]To consider an analogous metaphor, Winnicott (1954-55) spoke of an early stage of infancy, before the sense of a separate object was available to the infant, as 'cupboard love' and 'ruthless pre-concern.'

In assembling this issue, I attempted to go beyond the more obvious and immediate problem of sexual boundary violations and to include a wide international cast of authors. I gave each author contacted *carte blanche* to write about boundaries, boundary crossings, boundary violations and their vicissitudes in the clinical or educational situation, in our institutions and organizations and in the culture at large. I thought that the latter might especially strike European and Latin American colleagues as relevant, given the recent problems of mass migration and cultural immigration/diversity. Not surprisingly, however, most chose to focus on topics closely related to the analytic consulting room.

We begin with an historical review of sexual boundary violations written by Jeffrey Berman and the late Paul Mosher. It covers a good deal of ground and offers readers access to many of the key references on the subject of sexual boundary violations. Next is an essay by Andrea Celenza, who is one of the more knowledgeable contributors to the subject of sexual boundary violations in the North American context. She examines the problem in the light of the #MeToo movement in Western culture, offering an historical perspective on North American psychoanalysis' coming to terms with the reality of sexual boundary violations. Among her conclusions is the view that "most male therapist/transgressors are one-time offenders who exploit one patient, usually over a period of time, where the … conscious experience is one of a mutual rescue fantasy and an idealized romantic love." She adds, "the tragic truth is that these victim/patients usually do represent an *unconscious meaningful other* to the therapist/analyst in very particular ways… These women are not objectified and interchangeable (as they are with psychopathic predation) but are very specific transference objects to the therapist, harkening back to unresolved childhood internalized imagoes."

Celenza also notes that "Institutional group-related contributions from various areas of institutional life and its culture can unwittingly encourage enactments of sexual boundary violations… [G]roup effects and political dynamics (corruption, systemic abuses of power, cover-ups, harsh training experiences, etc.) … can affect individuals and play a part in the motivational configuration eventuating in sexual boundary violations."

Guillermo Bodner examines transgressions from the perspective of the metapsychology of the frame, noting that although "it is impossible for

an analysis to pass without some alterations of the setting (schedule, payments, etc.)… it is important to differentiate the necessary flexibility from the transgressions that make analysis impossible." It is a matter of how we build contact with the patient and develop intersubjective, unconscious to unconscious, capacities for the creation of "thirdness," a point of reference outside of the dyad that allows us to view psychic reality and internal mental space and functioning. "The paradox of psychoanalysis is that it mobilizes *real forces*, impulses, desires, inhibitions, to be treated as fantasies, as psychic productions… this paradox always exists and, furthermore, without it there would be no analysis. But … the fact that real impulses or feelings are treated as psychic products implies a permanent risk of confusion or frustration for both the patient and the analyst." In the face of this, "it is necessary to underline [to ourselves and sometimes to our patients] that the only help we can offer to our patients is through the analysis of the conflicts and not through the gratification of the impulses, much less in collusion with ours…[S]ome analysts distort the notion of aid, when they do not clearly limit it to the rigorous application of *analytic* resources."

Readers who are not familiar with Viviane Chetrit-Vatine's (2014) writing about ethical seduction and matricial space are in for a special treat when they encounter her essay. Drawing on the writings of Laplanche and the philosopher Levinas, she proposes that analysis is built on the foundation of the analyst's ethics, "*an ethics of emotionally loaded asymmetric responsibility towards the other … an ethics of truth.*" This emerges in her formulation of the matricial space transference, which is a core element in what makes us human and is the source of the caretaking impulses evoked in each of us at the sight of the newborn baby. This transference is an expected pre-conception of every patient and should be met with a sublimated response of "ethical passion [as the analyst] is the one able to be responsible for the other, the one who is or has in themself a matricial space for the other." How to do this in a way that maintains a symbolic, analytic position rather than becoming caught up in concrete attempts of provision at the level of the actual or the Real is the challenge and often the problem.

Heribert Blass, current President of the European Psychoanalytic Federation, closely focuses on the confusion and disorders of thinking that may accompany and lead to boundary crossings and boundary

violations, suggesting that when seen from this perspective, individual and institutional boundary problems may manifest themselves differently but arise from a common core of disturbance. Referencing Ogden and Bion, he reminds us of the "careful handling of psychoanalytic thinking [needed] to preserve the 'waking dream thought' and dreaming dimension of experience … [as a guide to] the clinical situation." He cautions that "Abandonment and negation of the fantasy character of the analytic relationship" can lead to "a serious, usually destructive, misconception of the psychoanalytic process with considerably damaging effects for the [patient]." Blass applies this caution to claims of needing to go outside of the analytic process in the name of introducing the analyst's 'authenticity,' noting that this may lead to actions that are apt to be confusing or misguided for both analyst and patient.

As an editorial aside, I always wonder what can be more 'authentic' than an analyst trying to make analytic sense of what is happening in a session? To my mind, any feeling of inauthenticity should be examined from the perspectives of possible communication via unconscious projective communication from the patient, the analyst's own unconscious countertransference propensities and dynamics, and a limitation of the analyst's preferred conscious and unconscious theories to be broad enough to make analytic sense and meaning of whatever is going on in the process and within the unconscious minds of each participant.

Charles Levin examines the potential contribution to boundary problems that may stem from the social organization of our profession, suggesting that "*we fail to recognize that transgressors continue to be psychological members of our community,* even in their ghostly absence, after we have ostracized them; [and] *we resist creating a justice process that includes the whole community;* one that establishes a space for the analytic group to assume more direct responsibility and accountability."

Readers will no doubt debate whether Levin's plea is too idealistic, but his call to reconsider the social structures of our organizations and the nature and direction of their responses should be of great interest: "Psychoanalysis needs to develop a process in which transgressors have a realistic opportunity to account for themselves, not only to the affected patient and family, but also to colleagues."

One of the most important boundaries in psychoanalysis, although not often thought of in those terms, are the boundaries that surround and help define the analytic setting. It has often been remarked that, if it goes well, psychoanalysis, with its processes of free association, use of the couch, focus on the unconscious, psychic reality and the internal world, etc., is unlike anything else that a patient is likely to encounter or experience in their life. The discourse and dialogue that takes place within the analytic space is truly unique. How might it be affected by modifications in the traditional setting? While the latter has evolved and undergone changes in recent years—shuttle analysis, concentrated sessions, tele-analysis—none were as unexpected, precipitous, and potentially tumultuous as the move to a virtual setting imposed upon us by the Covid pandemic.

Anna Migliozzi reflects upon the impact of this change in her child analytic practice from a perspective drawn from the work of Ferrari (2004) and Lombardi (2015, 2017), asking us to consider: Where is psychoanalysis at home? She writes that "the body exists in space, as Freud pointed out, and as a result its spatiality can function as a sort of house where the subject lives, which can help in learning to bear the loss of the customary context of the analyst's office and the physical presence of the analyst, when the pandemic has swept away these familiar qualities."

Migliozzi's in-presence clinical work with Sara, a young child with significant difficulties in separation (inability to sleep alone) and bodily control (bed-wetting, anal masturbation), was interrupted by the pandemic. She describes how she was able, despite the change in setting, to focus on the patient's internal mind-body relationship and her own.[4] "[T]he physical distance imposed by tele-analysis can stimulate the patient to recognize and develop the internal link with their own bodily reality, enhancing the working through of realistic space-time parameters and of the separation from the analyst."

Migliozzi offers us the further thought that perhaps "the current emphasis on object-relationship theories and intersubjectivity has contributed

[4]For further discussions and descriptions of the impact of the change in setting necessitated by the Covid pandemic crisis, see de Staal A., and Levine, H.B., eds. 2021.

to a disproportionate shift in the axis of reference of the analytic working through onto the plane of external relationships, thus causing the loss of the original emphasis of psychoanalysis on the internal working through and the relationship of the patient with herself." And adds, "It might be worth asking if we aren't in danger of throwing out the baby with the bathwater by disparaging a priori the internal relationship as old-fashioned one-person psychology."

Marina Altmann shifts our focus to the boundaries between intrapsychic and relational conflicts, employing the concept of *vinculo* (link). In doing so, she brings forward and enlivens metapsychological differences such as presentation vs. representation, subjectivity vs. intersubjectivity and argues that "the internal world, the world of others, and the social world are three distinct entities that are alien to each other." Each makes its own contribution to what we call 'subjectivity.' In her clinical illustration and discussion of infant development and research, she carefully elucidates the difference between internal conflicts and attachment/bonding conflicts and the contributions made to these by intrapsychic, intrasubjective, and intersubjective areas.

Our final contributor, Jorge Ahumda, examines boundaries, truth and the problems that arise living in these post-modern, 'post-truth times' of relativism and social constructionism taken to their extremes. His essay begins with the world views of the ancient Greeks, touches upon evolution and ethology, the age of Media in western civilization and the impact of Romanticism, the stated goal of which, Ahumada argues, is "an overall dismissal of all boundaries and all continuities, a spiteful rejection of the received and the given." He connects this with our own Culture of Narcissism, and the fetish capitalism that encourages the search for—and the 'realistic' (sic!) possibility of—the recovery of a lost Eden. This insistence on Utopia "fosters blind protagonisms, be they domestic, intellectual or political, readily exploitable by populisms of all brands. Utopia abolishes the ties to everyday common sense, and then boundaries are up for grabs, in a pervasive feeling that … anarchism will be an 'eternal springtime."

As a final thought, I would like to close with an observation by Bion (1970), who wrote extensively of the inherent human tendency, common to analysts as well as analysands, to turn away from and subvert, even

hate, the truths that may emerge to challenge and confront us in the course of a psychoanalysis. Although Bion was not talking specifically about boundary crossings and boundary violations here, what he has to say should serve as a caution to all of us and give us pause:

> "I have rarely failed to experience hatred of psycho-analysis and its reciprocal sexualization of psycho-analysis. These are part of a constant conjunction… [T]he human animal has not ceased to be persecuted by his mind and the thoughts usually associated with it—whatever their origin may be. Therefore I do not expect any psycho-analysis properly done to escape the odium inseparable from the mind. Refuge is sure to be sought in mindlessness, sexualization, acting-out, and degrees of stupor." (p. 126)

Caveat emptor!

References

Bion, W.R. (1970). *Attention and Interpretation.* New York: Basic Books.

Bion, W.R. (2005). *Tavistock Seminars.* London: Karnac.

Chetrit-Vatine, V. (2014). *The Ethical Seduction of the Analytic Situation*. London: Karnac/IPA.

Ferrari, A. B. (2004). *From the Eclipse of the Body to the Dawn of Thought*. London: Free Association.

Freud, S. (1914). Remembering, repeating and working through. S.E. 12: 145–156.

Freud, S. (1915). Observations on Transference Love. S.E. 12: 157–171.

Levine, H. B. (2010a). The Sins of the Fathers. Freud, Narcissistic Boundary Violations and Their Effects on the Politics of Psychoanalysis. *Int'l Forum of Psychoanalysis* 19: 43–50.

Levine, H.B. (2010b). Boundary violations. A psychoanalytic perspective. *British J. Psychother.* 26: 50–64.

Levine, H. and Yanoff, J. (2004). Boundaries and postanalytic contacts in Institutes. *JAPA* 52: 873–902.

Lombardi, R. (2015). *Formless infinity: Clinical explorations of Matte Blanco and Bion*. London, UK: Routledge.

Lombardi, R. (2017). *Body-mind dissociation in psychoanalysis. Development after Bion*. London, UK: Routledge.

De Staal, A. and Levine, H.B., eds. (2021). *Covidian Life*. London: Phoenix.

Winnicott, D.W. (1954-55). The depressive position in normal development. In: *D.W. Winnicott. Collected Papers. Through Paediatrics to Psycho-Analysis*. 1958, London: Tavistock, pp.262–277.

A Brief History Of Sexual Boundary Violations[1]

Jeffrey Berman and Paul Mosher

In the film *Lovesick,* a 1983 romantic comedy made shortly past the end of the so-called "Golden Age" of psychoanalysis in the United States, Dudley Moore portrays a typical Manhattan psychoanalyst, Saul Benjamin, who falls in love with a patient, Chloe Allen, a young, talented, magically appealing but not overtly seductive playwright portrayed by Elizabeth McGovern at an early stage of her career. They become involved in a romantic and sexual relationship. Despite its relative obscurity, the film is notable for its spot on portrayal of New York psychoanalysts of that era, including the appearance of their offices, their decor, dress and pretentiousness, the officious behavior of their "committees" and their flirtations with the arts. The ghost of Sigmund Freud, played by Alec Guinness, appears now and then to offer wise and sarcastic comments about Dr. Benjamin's behavior. In his February 18, 1983 review of *Lovesick* in the *New York Times*, Vincent Canby wrote that the film "may be the most indigenously New York comedy since Woody Allen's *Manhattan*."

Lovesick is at its best in portraying and parodying a patient's infatuation with her analyst and the latter's reciprocal if guilty passion. "I had the weirdest dream last night," Chloe confesses to Dr. Benjamin, "It's kind of intimate—a sex dream." The analyst can hardly restrain his curiosity, and when she hesitates to elaborate on the details of the dream, he invites her to lie on his couch. "I was in a strange new place," she continues, "with a strange man who was very wise and gentle and kind." In the dream, the stranger is making love to her, giving her great pleasure. "His name was Herzog," Chloe recalls, adding, "I don't know anyone of that name." Dr. Benjamin asks her to free associate on the name, and she suddenly remembers a novel called *Herzog* written by Bellow, whose first

[1]This chapter was excerpted from the book, *Off the Tracks. Cautionary Tales About the Derailing of Mental health Care, Volume 1. Sexual and Non-Sexual boundary Violations* by Jeffrey Berman and Paul W. Mosher, NY: IPBooks, 2019, an excellent sourcebook for readings about this subject.

name she has forgotten. "The author's first name is Saul, Saul Bellow," Dr. Saul Benjamin replies with a straight face, to which she exclaims, "Oh boy!"

As entertaining to some as *Lovesick* might have been, however, the story is illustrative, if not typical, of a serious problem that has haunted the psychotherapy professions from the earliest era of Freud himself down to the present day. Sexual involvement between therapists and patients is sufficiently common that modern day psychotherapists are no longer surprised by reports of colleagues who have taken the misstep of crossing the line in what is primly called in the profession a "sexual boundary violation," but what has been more recently called in the law and by regulatory authorities "sexual misconduct," "professional misconduct," "assault," "malpractice," "unethical behavior," or even "rape." Because of *Lovesick*'s depiction of a romantic relationship with a happy ending, the film was criticized by many mental health professionals. "It can be argued," Krin Gabbard and Glen O. Gabbard observe in *Psychiatry and the Cinema*, "that *Lovesick* is the most insidious depiction of a psychiatrist acting on erotic countertransference feelings that has ever appeared on film" (149). In *Hollywood on the Couch,* Stephen Farber and Marc Green characterize *Lovesick* as "one of the most incendiary of all cinematic treatments of psychiatry" (197).

Space does not permit us to review the extensive studies that have illuminated sex in the patient-therapist relationship, but a few statistics suggest the dimensions of the problem. Citing a dozen different studies from 1973 to 2001, Andrea Celenza states in *Sexual Boundary Violations* (2007) that the number of therapists who admitted to sexual contact with one or more patients in the United States ranged from 7–12% (6). Most of these studies involve psychotherapists who responded to questionnaires asking whether they had erotic contact with patients. Several self-reporting surveys reveal—according to Linda Jorgenson, Steven B. Bisbing, and Pamela K. Sutherland in a 1992 study—that the incidence of therapists who engaged in some form of erotic contact with one or more patients was nearly 14% (596). According to Celenza, "male practitioners account for over 80% of the incidences [i.e., perpetrators]" (7). One might wonder if sexual boundary violations are unique to psychotherapists, since instances of such misconduct have been reported in a number of professions and medical specialties. However, a 1998 review

of state disciplinary actions makes clear that of all the medical specialties, psychiatrists had been involved in such misconduct in numbers grossly out of proportion to their representation among the specialties, comprising about 28% of such cases from a pool of medical practitioners in which psychiatrists were 6.3% of the overall medical profession (Dehlendorf and Wolfe). This is a 4.4 fold overrepresentation and is statistically a highly significant finding. At the time of the 1998 review, there was some evidence that the rate of such misconduct among psychiatrists was slowly decreasing, partly because many psychiatrists were abandoning psychotherapy as a treatment modality and turning to psychopharmaceuticals and other somatic treatments, and partly because a gradually increasing number of psychiatrists are women.

The extent of this problem comes to light in the compilations of documented cases assembled by some seemingly or even admittedly "antipsychiatry" websites that devote much energy to—and seem to take glee in—assembling their depressing lists. Some of these websites serve a more positive role, however, in allowing victims to locate help and support from experts in the profession, feel validated, find therapists, receive educational materials and learn about their legal rights. The website "Psychiatric & Mental Health Rape Reporter" has assembled 330 documented examples since 2009 (psychrapereporter.wordpress.com). Furthermore, growing public awareness of this issue is shown in N. M. Gharaibeh's 2005 study of American films about psychiatrists. Of 106 such films, a highly disproportionate 45% showed boundary violations of one sort or another; approximately half of these, a total of 26, were sexual violations.

Transference

To understand the phenomenon of "lovesickness" in psychotherapy and how it might lead to sexual boundary violations, we must first understand the related phenomena of transference, transference-love and countertransference. Freud's most complete discussion of transference appears in *An Autobiographical Study* (1925), where he vividly captures its fraught complexity and significance:

> In every analytic treatment there arises, without the physician's agency, an intense emotional relationship between the patient and the analyst which is not to be accounted for by the actual situation.

> It can be of a positive or of a negative character and can vary between the extremes of a passionate, completely sensual love and the unbridled expression of an embittered defiance and hatred. This *transference*—to give it its short name—soon replaces in the patient's mind the desire to be cured, and, so long as it is affectionate and moderate, becomes the agent of the physician's influence and neither more nor less than the mainspring of the joint work of analysis. Later on, when it has become passionate or has been converted into hostility, it becomes the principal tool of the resistance. It may then happen that it will paralyse the patient's powers of associating and endanger the success of the treatment. Yet it would be senseless to try to evade it; for an analysis without transference is an impossibility. (*SE*, vol. 20, 42)

One of Freud's greatest discoveries, transference involves a person's largely unconscious projective tendencies, a phenomenon intensified through psychoanalysis. The patient sees in the analyst, Freud remarks in *An Outline of Psycho-Analysis* (1940), "the return, the reincarnation, of some important figure out of his childhood or past, and consequently transfers on to him feelings and reactions which undoubtedly applied to this prototype. This fact of transference soon proves to be a factor of undreamt-of importance, on the one hand an instrument of irreplaceable value and on the other hand a source of serious dangers" (*SE*, vol. 23, 174–175).

Transference-Love

> We could make believe I love you
> Only make believe that you love me
> Others find peace of mind in pretending
> Couldn't you? Couldn't I? Couldn't we?
>
> Make believe, our lips are blending
> In a phantom kiss or two or three
> Might as well, make believe I love you
> For to tell the truth, I do.
>
> —Oscar Hammerstein, "Make Believe," from the musical *Show Boat*

One of the most serious dangers of transference, as Freud reveals in

"Observations on Transference-Love" (1915), occurs when patients fall in love with their analysts. "This situation has its distressing and comical aspects, as well as its serious ones. It is also determined by so many and such complicated factors, it is so unavoidable and so difficult to clear up, that a discussion of it to meet a vital need of analytic technique has long been overdue. But since we who laugh at other people's failings are not always free from them ourselves, we have not so far been precisely in a hurry to fulfil this task" (*SE,* vol. 12, 159).

Freud was the first to acknowledge the many ambiguities of transference-love. After noting in "Observations on Transference-Love" that it is created by the analytic situation and that the "outbreak of a passionate demand for love is largely the work of resistance" (162), he concedes that transference–love "consists of new editions of old traits and that it repeats infantile reactions. But this is the essential character of every state of being in love" (168). Nevertheless, Freud concludes, an element of unreality surrounds transference-love that distinguishes it from "normal" love.

In one of his first letters to Jung, written in December 6, 1906 at the beginning of their seven-year friendship, Freud emphasized the importance of transference in the therapeutic process. "Essentially, one might say, the cure is effected by love. And actually transference provides the most cogent, indeed, the only unassailable proof that neuroses are determined by the individual's love life" (McGuire, 12–13). This passage has been widely quoted and sometimes misleadingly translated as "Psychoanalysis is in essence a cure through love." There is no ambiguity, however, over the meaning of Freud's words: he was referring to the patient's transference-love, not the analyst's countertransference.

What should analysts do when patients fall in love with them? It seems to a "layman," Freud points out in "Observations on Transference-Love," that there are only two options. "One, which happens comparatively rarely, is that all the circumstances allow of a permanent legal union between them; the other, which is more frequent, is that the doctor and the patient part and give up the work they have begun which was to have led to her recovery, as though it had been interrupted by some elemental phenomenon." There is, he concedes, a third choice, for analyst and

therapist to enter into an illicit and temporary union. This is impossible, Freud emphatically asserts, because of "conventional morality and professional standards" (160).

How, then, should analysts respond to transference-love? To begin with, the phenomenon "signifies a valuable piece of enlightenment and a useful warning against any tendency to a counter-transference which may be present in his own mind" (160). Freud was reluctant to write about countertransference, the analyst's projective tendencies, because he feared opponents of psychoanalysis would use the concept to call attention to the analyst's subjectivity. He first referred to countertransference in "The Future Prospects of Psycho-Analytic Therapy" (1910), where he makes the noteworthy statement that "no psycho-analyst goes further than his own complexes and internal resistances permit" (*SE*, vol. 11, 145). Psychoanalytic organizations were so reluctant to call attention to countertransference that it was not until 1984 that the American Psychoanalytic Association was willing to discuss this troubling concept during one of its annual meetings.

Countertransference remains one of the most vexing issues in psychoanalytic training. Analysts must undergo a long training analysis to become aware of their own projective tendencies, the inclination to project onto a patient the feelings and desires they have toward the key people in their own lives. Analysts must recognize—Freud adds with wry, self-deprecating humor—that the "patient's falling in love is induced by the analytic situation and is not to be attributed to the charms of his own person; so that he has no grounds whatever for being proud of such a 'conquest,' as it would be called outside analysis" (160–161).

Transference-love is one of the most bedeviling clinical phenomena, and it is "just as disastrous for the analysis if the patient's craving for love is gratified as if it is suppressed." The situation is perilous because analysts have no model in life to help them. They must steer a course between the Scylla of gratification and the Charybdis of suppression of their patients' transference-love. "He must keep firm hold of the transference-love, but treat it as something unreal, as a situation which has to be gone through in the treatment and traced back to its unconscious origins and which must assist in bringing all that is most deeply hidden in the patient's erotic life into her consciousness and therefore under her control" (166).

Freud never underestimated the potential danger of transference-love. "The psycho-analyst knows that he is working with highly explosive forces and that he needs to proceed with as much caution and conscientiousness as a chemist" (170).

Freud's technical papers on the dynamics of transference emphasize the ease with which positive and negative transference dissolve into each other and the extent to which both may represent resistance to cure. As James Strachey, the general editor of the *Standard Edition*, points out, the first time Freud mentions the word *ambivalence*, coined by the Swiss psychiatrist Eugen Bleuler, is in "The Dynamics of Transference" (*SE*, vol. 12, 106, n.1).

Freud concludes "Observations on Transference-Love" with one of the most prescient paragraphs found anywhere in his writings. "The analytic psychotherapist thus has a threefold battle to wage in his own mind against the forces which seek to drag him down from the analytic level; outside the analysis, against opponents who dispute the importance he attaches to the sexual instinctual forces and hinder him from making use of them in his scientific technique; and inside the analysis, against his patients, who at first behave like opponents but later on reveal the overvaluation of sexual life which dominates them, and who try to make him captive to their socially untamed passion" (170).

Transference is one of Freud's greatest discoveries, but it is also enveloped with great ambiguities, as Thomas Szasz observed in 1963:

> Transference is the pivot upon which the entire structure of psycho-analytic treatment rests. It is an inspired and indispensable concept; yet it also harbours the seeds, not only of its own destruction, but of the destruction of psycho-analysis itself. Why? Because it tends to place the person of the analyst beyond the reality testing of patients, colleagues, and self. This hazard must be frankly recognized. Neither professionalization, nor the "raising of standards," nor coerced training analyses can protect us from this danger. Only the integrity of the analyst and of the analytic situation can safeguard from extinction the unique dialogue between analysand and analyst. (443)

Early Sexual Involvements Between Analysts and Patients

From the earliest days of psychoanalysis, sexual involvements between psychoanalysts and their patients, either during the analysis or after the treatment ended, were reported. As Glen O. Gabbard and Eva P. Lester point out, Carl Jung became involved in "a tempestuous love affair" with a former analysand (his first analytic patient), Sabina Spielrein, in 1906. "The relationship between Jung and Spielrein is a cogent illustration of why so many "post-termination" romantic relationships present the same difficulties as those that are concurrent with analysis. Although the treatment had officially ended, the transference and countertransference dimensions of the relationship continued with a life of their own outside the formal confines of treatment" (72).

The Freud-Jung correspondence over the Spielrein "affair" doesn't prove conclusively that Jung had a sexual relationship with his former patient—he remains evasive over what actually happened between them—but it reveals his ambiguous guilt, a "piece of knavery" that he felt he had to "confess" to Freud "as my father" (236). The correspondence also shows the male analysts' anxiety over "seductive" women. "She has kicked up a vile scandal solely because I denied myself the pleasure of giving her a child," Jung wrote to Freud on March 7, 1909. Claiming that he has always "acted the gentleman towards her," Jung nevertheless admits that he doesn't "feel clean," adding, "you know how it is—the devil can use even the best of things for the fabrication of filth." Jung learned a painful lesson: "until now I had a totally inadequate idea of my polygamous components despite my self-analysis" (McGuire, 207).

Freud, to whom Spielrein had earlier written a letter sharing some details about her relationship with Jung, sent off a reassuring note to Jung two days later, implying that her accusations were probably without merit. "To be slandered and scorched by the love with which we operate such are the perils of our trade, which we are certainly not going to abandon on their account" (210). Jung followed with a letter written two months later, declaring he had to end his friendship with Spielrein because she was "systematically planning my seduction, which I considered inopportune. Now she is seeking revenge" (228). Jung then discussed the rumor he believed she was spreading about his decision to divorce his wife to marry a student, a rumor, he later ruefully admitted, that did

not originate with her. Three days later Freud wrote a commiseration letter acknowledging that he himself had come "very close" a "number of times" to being in Jung's situation and had had "*a narrow* escape," the last three words in English. Freud adds, in a comment that reflects the convention of blaming the female victim, symptomatic of the masculinist bias of the age, "The way these women manage to charm us with every conceivable psychic perfection until they have attained their purpose is one of nature's greatest spectacles" (230–231).

Gabbard and Lester observe that the affair nearly destroyed Jung's career and brought Spielrein to the edge of despair. Her reaction to Jung's efforts to end the relationship reveals what has been called "cessation trauma" (72), a common reaction to the end of therapy as a result of a sexual boundary violation. As Aldo Carotenuto, the editor of Spielrein's published diaries, remarks, "what we are witnessing is a sick young girl's struggle against Jung and Freud, and it is gratifying to acknowledge that it was the girl who, with shrewdness and perseverance, would win the battle, since both Freud and Jung later claimed her as a pupil!" (175).

Sabina Spielrein later became an analyst and made an important contribution to the early history of psychoanalysis. She was murdered (along with her two daughters) by the Nazis in the Soviet Union in 1942 at the age of 56. In an article published in the *Journal of the American Psychoanalytic Association* in 2015, Adrienne Harris raises a provocative question. "Do Spielrein's work and reputation continue to be filtered through the anxieties about her relationship with Jung, the hovering suspicions around boundary violations that so often impugn the reputation of the victim?" (732). By showing the significance of Spielrein's many noteworthy publications, Harris succeeds in "turning a ghost into an ancestor" (733).

Otto Rank, one of Freud's closest colleagues before their falling out in 1926, had a sexual affair with his patient Anaïs Nin in the early 1930s. Nin later became an analyst (as well as a celebrated diarist) to whom Rank sent patients. In her 1995 biography, Deirdre Bair quotes a letter that Nin wrote to another paramour, Henry Miller, in which she described her relationship with Rank as "sometimes friends, other times lovers, and fellow professionals in still others" (188). Nin implied in one of her confessional diaries that her father, a notorious Don Juan and

pedophile, sexually abused her when she was nine years old. He resexualized their relationship when they met again after an absence of 20 years, an experience that may have influenced her symbolic incest with Rank. E. James Lieberman remarks in his 1985 biography of Rank that as a sign of his esteem for her, Rank wrote two prefaces, one for her early *Diary*, the other for her *House of Incest*, which he encouraged her to complete (348). Both Rank and Nin authored books about incest, and their bond with each other recalls Hamlet's sullenly bitter opening words "a little more than kin, and less than kind" to describe his paradoxical relationship with Claudius.

Another prominent psychoanalyst involved in a sexual scandal was Ernest Jones, perhaps Sigmund Freud's most trusted "lieutenant." Jones eventually became President of the International Psychoanalytical Association and the author of a famous three-volume biography of Freud. Prior to his becoming one of the earliest practitioners of psychoanalysis in London, Jones, a physician, was charged in 1906 with two counts of sexually assaulting two young "mentally defective girls" at a special school in London and was jailed overnight as a result of those charges. Jones was later found innocent, but Philip Kuhn's 2002 investigation of the evidence raises new questions about his culpability. In 1903, Jones had been forced to resign another hospital post because of a similar accusation, and after the 1906 events, he concluded that his career in London was finished and moved to Canada.

In both London and in Canada, Jones lived for about seven years as the common-law spouse of his former patient Loe Kann, a fact that he casually disclosed to Freud in a letter dated June 28, 1910 (Paskauskas, 62–64). Kann was a wealthy heiress and a morphine addict. Jones and Kann claimed to have been legally married, but a scandal ensued when the truth came out during their period of residence in the hyper-Victorian Canada of that era. While in Canada, Jones was again accused of sexual misconduct, as Brenda Maddox observes (97), and eventually he returned to Europe where he entered analysis with Sandor Ferenczi at Freud's suggestion, while at the same time Freud undertook an analysis of Kann. Later, during the course of that analysis with Freud, about which he regularly corresponded with Jones, Kann fell in love with the son of another of Freud's patients, whom she eventually married and who also happened to be named "Jones." Ernest Jones, possibly with

some bitterness, referred to his successor as "Jones II" (Maddox, 112).

A number of psychoanalytic scholars have pointed out—most recently, Andrea Celenza—that Freud wrote his papers on technique while he was corresponding with and implicitly criticizing Jones for his seductive behavior with patients. "There is an implication that Freud's development of abstinence, neutrality, and anonymity, as the hallmark components of a proper analytic stance, derived from his concern about Jones and the boundary transgressions of other analysts during this time" (193).

The legendary psychoanalyst Frieda Fromm-Reichmann at age 36 began an affair with her ten-year-younger patient, Erich Fromm, one year after her father's death and eight months after the marriage of her younger sister. At the time, according to her biographer, Gail A. Hornstein, she "was dangerously close to passing marriageable age and becoming a permanent embarrassment to her family" (58). Later Frieda said to friends, "I began to analyze him and then we fell in love. We stopped the analysis. That much sense we had!" (Hornstein, 60). Both had had Orthodox Jewish upbringings. Frieda, a physician, opened a treatment facility based on Orthodox Jewish principles for people with mental disorders, and she and Fromm worked there together. Unable to free themselves through psychoanalysis from the strictures of their religious upbringings, they finally decided to take direct action. As Hornstein relates it, "One Passover afternoon in 1928, Frieda and Erich went out alone leaving behind a house filled with Jews fervently enacting the ancient practices forbidding the consumption of leavened foods." They walked to a park, in a neighborhood where they wouldn't be recognized, sat down on a bench, and then "with great ceremony" unwrapped and slowly ate a loaf of bread they had secretly purchased. "Neither said a word. For all their sophistication, at some primitive level, they both expected to be struck by lightning or otherwise punished by God at that moment" (66). To their astonishment, nothing happened.

It's not entirely clear what this act of rebellion referred to, since Frieda Fromm-Reichmann and Erich Fromm had married two years earlier, on May 14, 1926. They separated in 1930, around the time Erich began an affair with Karen Horney, one of his teachers at the Berlin Institute. When Frieda and Erich emigrated to the United States, they came separately, but they continued to be friends thereafter. Both became well

known personalities in the psychiatric and U.S. cultural world following their arrival. Frieda and Erich waited until 1942 before they formally divorced. Commenting on the marriage between Frieda, the analyst, and her patient, Hornstein points out, "Of course, things were a lot looser in the analytic world of the 1920s, where people were constantly having affairs with their patients or marrying them" (401).

Karen Horney's affairs with her supervisees and analysands at the psychoanalytic institutes with which she was associated were also well known at the time. According to the biographer Bernard J. Paris, Horney was described by a colleague, Roy Grinker, as a "very seductive woman" who had sexual relationships with younger analysts at the Chicago Psychoanalytic Institute; one of these analysts, Leon Saul, was "traumatized" by the experience (142). There were similar stories about Horney's disruptive behavior at the New York Psychoanalytic Institute, where she had the reputation of emotionally damaging the younger analysts-in-training with whom she slept. Horney's secretary at the New York Psychoanalytic Institute suggested that one of the reasons the sexually aggressive psychoanalyst had affairs with younger men was her need for disciples. Like Hornstein, Paris points out that the rules against analysts having sex with candidates in a training analysis or under their supervision are far stricter nowadays than in the past. Descriptions of these and other notable early examples can be found in Glen O. Gabbard's "The Early History Of Boundary Violations In Psychoanalysis."

Masud Khan

Of all the best-known psychoanalysts of the second half of the twentieth century, the one whose behavior was probably the most egregious was Masud Khan (1924–1989). He was born in the district of British India that later became Pakistan; his mother was a 17-year-old dancer when she became the fourth wife of his 76-year-old wealthy landowner father. A graduate of the British Psychoanalytic Association, he authored several highly regarded books. Anna Freud greatly admired the charismatic Khan, and his most recent biographer, Linda Hopkins, observes in *False Self: The Life of Masud Khan* (2006) that in 1976 Erik Erikson exclaimed, "The future of analysis belongs to Khan!" (xxii). But that was before Khan's career self-destructed. Hopkins documents how Khan slept with his patients, patients' wives, and daughters of friends

and acquaintances. Hopkins shows how Khan's life spiraled out of control as a result of alcoholism, grandiosity, and mental disease, which she speculates was bipolar disorder.

Can Sexual Relations Be a Form of "Therapy"?

Some of the most appalling examples of sexual boundary violations have taken place under the guise that erotic contact between the psychotherapist and the patient is a form of treatment. The idea of sex (acknowledged as that or not) as a form of treatment has its own history.

In her controversial *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction* (2001), Rachel P. Maines describes the use of "massage" and eventually the 19th century introduction of medical instruments (vibrators) by physicians to treat "hysteria," a condition that existed for possibly as long as thousands of years. According to Maines, physicians had been treating, with varying degrees of awareness of what they were doing, female hysterical patients by inducing orgasms in such patients through "massage" of the patients' genitals. The sexual nature of this "treatment" was seemingly unacknowledged or denied by both patients and doctors. Instead, this widely used procedure was said to produce an "hysterical paroxysm" (actually an orgasm) leading to temporary resolution of the symptoms. Although the origin of this practice in antiquity is uncertain, Maines' evidence for its having been used in more recent times is quite convincing.

In her book's opening chapter, "The Job Nobody Wanted," Maines describes the replacement by physicians of manual massage with medical vibrators and the mixed awareness among physicians as to what they were doing. A fictionalized story of the invention of the vibrator, based on Maines' book, was told in the play *In the Next Room (or The Vibrator Play*), described by Charles Isherwood in his February 18, 2009 review in the *New York Times* as a "fanciful but compassionate consideration of the treatment, and the mistreatment, of women in the late 19th century." The invention of the vibrator also appears in the 2008 documentary film *Passion & Power*, written and directed by Emiko Omori and Wendy Blair Slick, and in the 2011 British film comedy *Hysteria*, directed by Tanya Wexler. Historians have been largely unaware of this practice in the early history of the psychoanalytic movement.

Yet Sigmund Freud was well aware of the role that therapeutic "massage" was playing in the treatment of hysterics in his day. Commenting on the treatment of "anxiety neurosis," he writes in his little-read 1895 essay "On the Grounds for Detaching A Particular Syndrome from Neurasthenia Under the Description 'Anxiety Neurosis'":

> So long as an anxiety neurosis in young married women is not yet established, but only appears in bouts and disappears again spontaneously, it is possible to demonstrate that each such bout of the neurosis is traceable to a coitus which was deficient in satisfaction. Two days after this experience or, in the case of people with little resistance, the day after the attack of anxiety or vertigo regularly appears, bringing in its train other symptoms of the neurosis. All this vanishes once more, provided that marital intercourse is comparatively rare. A chance absence of the husband from home, or a holiday in the mountains, which necessitates a separation of the couple, has a good effect. *The gynaecological treatment which is usually resorted to in the first instance is beneficial because, while it lasts, marital intercourse is stopped. Curiously enough the success of local treatment is only transitory:* the neurosis sets in again in the mountains, as soon as the husband begins his holiday too; and so on. If, as a physician who understands this aetiology, one arranges, in a case in which the neurosis has not yet been established, for coitus interruptus to be replaced by normal intercourse, one obtains a *therapeutic* [emphasis in original] proof of the assertion I have made. The anxiety is removed, and unless there is fresh cause for it of the same sort it does not return. (*SE,* vol. 3, 103–104; emphases added; Fink 38–44)

Treatment of sexual dysfunction using actual sexual encounters became an established practice following the pioneering work of Masters and Johnson in the 1960s. The two world-famous sex researchers described in their book *Human Sexual Inadequacy* a therapeutic technique involving the employment of "sexual surrogates" whose assigned task was to work with the partnerless patients to resolve their sexual inhibitions or other problems by engaging in sexual relations. The "treatment" by the surrogate was prescribed by the patient's psychotherapist or "sex therapist" who made the referral and typically communicated on a regular basis with the surrogate. Cheryl T. Cohen-Greene became well known for her work as a sexual surrogate; she wrote about her experiences in her

2012 memoir *An Intimate Life: Sex, Love, and My Journey as a Surrogate Partner*. The film *The Sessions* depicts her work with a severely disabled client.

Although they popularized the use of sexual surrogates, Masters and Johnson eventually set forward the view in "Principles of the New Sex Therapy" (1976) that it was inappropriate for a therapist or surrogate to engage in sex as part of the treatment of a patient's sexual dysfunction. Using unusually strong language, Masters and Johnson went out of their way to condemn such behavior. "We feel that when sexual seduction of patients can be firmly established by due legal process, regardless of whether the seduction was initiated by the patient or the therapist, the therapist should initially be sued for rape rather than for malpractice, i.e., the legal process should be criminal rather than civil" (553). Masters and Johnson asserted that patients who are emotionally dependent on a therapist cannot make an "objective" decision to have sex in therapy. Nor did the two researchers believe that therapists would be willing to appear in court on behalf of colleagues who have had sex with their patients. Contrary to Masters and Johnson's recommendation, most patients who sue their therapists for sexualizing treatment do so in civil rather than in criminal court, mainly because the lack of corroborative proof generally associated with these cases requires only a "preponderance of evidence," a legal standard lower than that of "beyond a reasonable doubt."

The researchers' public statements, however, were duplicitous. According to Thomas Maier's account of their work in *Masters of Sex*, Masters and Johnson continued to employ sexual surrogates in their therapeutic practices but believed they needed to do so in secret after a lawsuit by a husband of a surrogate threatened to destroy their clinic (201). Masters "never wavered" in his belief that surrogates were essential in the treatment of certain disorders (309). In the operation of their clinic, however, they took steps to keep financial dealings with the surrogates off the books (314).

Although nearly all contemporary psychotherapists believe that sexual relations with patients are unhelpful and even dangerous, there were dissenting voices on this subject in past decades. In the midst of the "sexual revolution" during the 1960s and 1970s, at least two psychotherapists

published their views along with anecdotal examples from their own practices that having sex with certain patients was an important contribution to their recovery. One of these therapists, Martin Shepard, we describe in a later chapter; the other, James L. McCartney, we describe below. Even those opposed to any such interaction, based on subsequent survey evidence that 90% of patients who have had sex in therapy have found the experience harmful, would have to admit that for the remaining 10% of patients, the experience might have been benign or even helpful (Bouhoutsos et al.). Most health care experts would say, however, that a procedure with such a dismal risk/benefit ratio should not be considered except in major life threatening illnesses for which there is no alternative.

We will have much to say in a later chapter about Carolyn M. Bates and Annette M. Brodsky's *Sex in the Therapy Hour*, a book that was a catalyst behind the American Psychological Association's decision to reject sex between a therapist and patient, but for now we'll quote the authors' observation that several studies conducted in the 1970s and 1980s indicate a "persistent minority belief that there may be a positive value to sexual intimacy between patients and therapists" (130). Part of this minority belief may arise over the ambiguities of defining sexual intimacy: "kissing, hugging, affectionate touching, or stroking could easily have more than one meaning for either of the parties involved" (130–131). Bates and Brodsky cite a 1977 study conducted by Brodsky and Holroyd that asked mental health professionals who admitted having sex with patients to explain why they believed sex could help themselves or their patients. "Among the few respondents who reported believing that sexual intimacy could be beneficial, various contradictory circumstances were mentioned: The patient was particularly inexperienced and therefore needy of sex, or, conversely, the patient was very experienced and therefore needy of sex. Some believed sex might be appropriate only if it was related to the patient's problems or, conversely, only if it had nothing to do with the patient's problems. There was no consensus as to situations under which a patient might benefit" (151–152).

Andrea Celenza refers to a 1992 study by Gutheil and Gabbard indicating that slightly more than one-third of the patients who initiated sexual contact in therapy reported that they were "not adversely affected." Celenza rightly notes, however, that it's unclear if they would feel the

same way over time. She then cites another study indicating that female victims who initially reported experiencing pleasurable feelings during sexualized therapy saw the experience as "hurtful or exploitative in retrospect" (132).

Current Professional Viewpoints and Legal Status

Writing in 1995, Glen O. Gabbard, an expert on the subject, pointed out in "The Early History of Boundary Violations in Psychoanalysis" that the problem of sexual violations is not only widespread but also a continuing abuse that must be faced by every practitioner:

> Every psychoanalytic institute and society has seen the ravages of severe boundary violations. It would be tempting for us to attribute these transgressions to a small handful of corrupt colleagues who suffer from severe character pathology and a propensity to act rather than reflect. This point of view allows all of us to projectively disavow our own vulnerability to boundary violations and see them as the province of a few who have nothing in common with the rest of us. The facts are otherwise. In my experience both of evaluating and treating individuals charged with sexual misconduct and consulting with psychoanalytic groups about problems in their midst, it has become increasingly clear that all of us are potentially vulnerable. (116)

By the year 2000, professional organizations, regulatory bodies, and the courts had come to view patient-therapist sexual contact as strictly forbidden, as Kenneth S. Pope wrote in 2001:

> The therapeutic relationship is a special one, characterized by exceptional vulnerability and trust. People may talk to their therapists about thoughts, feelings, events, and behaviors that they would never disclose to anyone else. Every state in the United States has recognized the special nature of the therapeutic relationship and the special responsibilities that therapists have in relation to their clients by requiring special training and licensure for therapists, and by recognizing a therapist-patient privilege which safeguards the privacy of what patients talk about to their therapist.
>
> A relatively small minority of therapists take[s] advantage of the client's trust and vulnerability and of the power inherent in the

> therapist's role by sexually exploiting the client. Each state has prohibited this abuse of trust, vulnerability, and power through licensing regulations. Therapist-patient sex is also subject to civil law as a tort (i.e., offenders may be sued for malpractice), and some states have criminalized the offense. The ethics codes of all major mental health professionals prohibit the offense. ("Sex Between Therapists and Clients" 955–956)

Sexual contact with patients is illegal in about half of the states. Beginning with Wisconsin's criminalization of sex between a therapist and a patient in 1984, a number of states began to consider how they could do more than rely on organizational codes of ethics and disciplinary proceedings to address the problem. As Colman M. Herman noted in 2012, although the laws vary widely, at least 23 states now make sexual abuse of patients by clinicians a criminal act." Herman adds that in in the early 1990s, "there was an effort to criminalize sexual misconduct by clinicians with patients in Massachusetts, but the legislation failed to pass."

Jay S. Kwawer, the Director of the William Alanson White Institute of Psychiatry, Psychoanalysis & Psychology, pointed out to us the important difference between the American Psychiatric Association and the American Psychological Association regarding the ethics of romantic relationships with patients. The American Psychiatric Association insists that "once a patient, always a patient": the prohibition on therapist-patient sex exists for life. That's also true of the American Psychoanalytic Association. "Sexual relations between a psychoanalyst and patient or family member, current or former, are potentially harmful to both parties, and unethical." The American Psychological Association states that in rare cases it may be acceptable for a therapist to become romantically involved after two years. One of the reasons for this is that most of the 135,000 members of the American Psychological Association do not see patients in long-term, intensive psychotherapy or psychoanalysis. The combined memberships of Divisions 12 (Clinical), 29 (Psychotherapy), and 39 (Psychoanalysis) represent a minority of the membership of the American Psychological Association. Since most members of the American Psychological Association do little or no psychotherapy, a psychologist might meet with a patient only a few times. Consequently, there is no assumption in brief treatment, as there is in psychoanalysis, that an intense transference develops.

Arguing for an absolute and permanent ban on post-termination sexual relationships, Gabbard and Lester observe that termination is a "particularly high-risk time for the enactment of sexual longings between analyst and analysand. It is the bane of the analytic profession that practitioners must become extraordinarily close to their patients, only to lose them. Termination is a real loss for both participants. It represents the finiteness of the relationship and even the unbearable impermanence of life itself" (154).

According to Andrea Celenza, prevalence studies indicate that psychiatrists and psychologists have equivalent rates of erotic contacts with patients, with a lower incidence among psychodynamic therapists and those who provide long-term intensive psychotherapy. The explanation, Celenza speculates, is that there is a greater awareness among the latter of the "importance of clear, non-exploitative, and therapeutically oriented roles, boundaries, and responsibilities, such as maintaining the frame, the holding environment, and appreciation for transference" (*Sexual Boundary Violations,* 8). On the other hand, Margolis, admittedly using anecdotal evidence, estimated that the incidence of erotic contact with patients among psychoanalysts does not differ significantly from the incidence among other psychotherapists. Several of the following prominent therapists implicated in sexual boundary violations were psychoanalytically oriented:

1965: Victor Rosen

Victor Rosen, who had been elected as president of the American Psychoanalytic Association, and who was at that time married, met with a former patient at her request for a follow up consultation because of a disturbing nightmare. The ex-patient, Elise Snyder, was at the time an early career psychiatrist and psychoanalyst. She was married to a physician whom she met while in medical school prior to her graduation in 1958. Snyder stated to Evan Osnos, in his article "Meet Dr. Freud," published in *The New Yorker* on January 10, 2011, that during a consultation interview, Rosen, appearing not to be listening to her, suddenly blurted out, "I'm in love with you. I've been in love with you for the past two years" (54).

An earlier alternative version of the story of how the relationship changed from psychoanalyst and ex-patient to lovers appears in *Hollywood*

on the Couch, based on an account from Rosen's daughter, Winifred Rosen. According to Farber and Green, Rosen hired Snyder, after her analysis with him ended, to edit a paper he had written; "within a few months their relationship had turned into a full-fledged romance" (207). Believing that her father was "completely blind" to his own breach of ethics, Winifred Rosen reveals perhaps the strangest detail of the situation. When she told her father after she graduated college that she wanted to enter analysis to explore the issues raised by her parents' separation, he recommended that she seek treatment from Elise Snyder. "My dad didn't want me talking about the situation to an outsider," she stated to Farber and Green. "He didn't want any of this to be known. So he sent me to Elise, which was completely weird." Winifred Rosen said that her sessions with Snyder were "indescribable," adding, "My father was in love, so he was insane by definition" (Farber and Green 207). Finally, to illustrate the weird entanglements that can occur in the small world of psychoanalysis, Snyder's husband was, at the time she left him, a psychoanalytic patient of David Rubinfine (see below), who himself later married a high profile patient (Personal communication, Judith Schachter, September 25, 2014).

After leaving their respective spouses, Victor Rosen and Elise Snyder were married in 1965. The news of the marriage created a major scandal in the profession augmented by the high status Rosen held at the time. He consequently left his position at the New York Psychoanalytic Institute. The marriage turned out to be unhappy and ultimately tragic. Snyder discovered that Rosen was addicted to narcotics, and after seven years she decided to leave him. He was found dead in his car the next day from an overdose of narcotics and sedatives (Osnos, 54).

Snyder herself gained recognition in her career as a psychoanalyst and eventually was nationally elected to the board of directors of the American Psychoanalytic Association. When she ran for president of the Association, however, her political opponent's supporters attempted to cast aspersions on *her* character, claiming that she had committed a "boundary violation" by marrying her analyst, seemingly oblivious to the fact that it is the *analyst's* responsibility, not the patient's, to avoid such entanglements.

The Victor Rosen case occurred in the mid 1960s, two decades before

Kenneth S. Pope and Jacqueline C. Bouhoutsos authored *Sexual Intimacy Between Therapists and Patients* (1986). The book's publication, Martin H. Williams remarked in his 2011 online article "Therapist-Patient Sex Twenty Years Later: A View from the Courtroom," marked the end of an era: "an era during which famous and respected psychotherapists married their patients, during which a surprisingly large number of psychotherapists became sexually involved with their patients, and an era during which this could be done without adverse repercussions to the therapists' careers." Williams, a forensic psychologist who has testified as an expert witness in many sexual boundary violation malpractice cases, believes that beginning in the 1980s, the decade which brought with it a new climate of zero tolerance for sex with patients, all psychotherapists have been exposed and re-exposed to educational messages that sex with a patient is "indefensible, inexcusable and is professional suicide." Perhaps, yet the following four high-profile cases occurred *after* the 1980s:

1992: Edward M. Daniels

Edward M. Daniels, a one-time president of the Boston Psychoanalytic Society and Institute, and a faculty member at Harvard Medical School, was accused in 1992 by four female patients of having engaged in sexual relations with them during their treatment in the 1960s and '70s. A hearing officer wrote in his decision that all four women were "believable, credible and truthful." The charges led to revocation of his medical license (Daniels vs. Board). Daniels seemed to be intent on putting his patient/victims in a subservient position. One testified: "Dr. Daniels used condoms. And he insisted that I buy those condoms . . . that was one of the most humiliating parts of the whole thing for me . . . because I was very embarrassed and very terrified to walk into drugstores to have to buy condoms." The same patient testified that Daniels would put the condoms into a Kleenex, wad them up, and then give them to her so that she would go into his bathroom and flush them down the toilet. "And he stood there to watch to make sure I did it, but he never walked out with them himself" (Wohlberg, 337, Pinsky, 360).

Alison Bass reported in the *Boston Globe* on May 15, 1992 that some Boston mental health professionals criticized the state's regulatory agencies for taking more than 20 months to discipline Daniels. "'I'm delighted

the board is getting around to doing something about a situation that to us was pretty clear two years ago,' said Dr. Elizabeth Reid, past president of the [Boston] Psychoanalytic Society. 'What this shows is that the board needs better funding, so it can deal with these important situations in a timely manner.'" What makes the story so ironic and disturbing is that Edward Daniels had chaired the committee that wrote the ethics code for the American Psychoanalytic Association (Fall Meeting, 1972, 423). Judith Schachter, who was president of the American Psychoanalytic Association from 1994–1996, told us that Daniels had threatened to sue the organization if he was expelled. The threat did not prevent his expulsion (Personal communication, September 25, 2014). After the revocation of his medical license, Daniels continued to practice psychotherapy in Massachusetts, a state that did not require at the time a license to practice psychotherapy. Daniels died in 2004.

2001: William A. Kadish

William A. Kadish, a graduate of the University of Chicago and the Yale University School of Medicine, and the medical director of psychiatry at Marlborough Hospital in Massachusetts, had his medical license revoked in 2001 after being accused of having sex with a patient he had been treating for multiple personality disorder. According to the accuser, Kadish slept with two of her 20 different personalities on the theory that he could help her by recreating a childhood trauma (Lasalandra). In addition, Kadish "took nude photographs of a female patient and had her snap one of him as he lay sprawled beneath his framed degree from the Yale University School of Medicine wearing nothing but a black condom that read "lollipop," as Gretchen Voss reported in *Boston Magazine* in July 2005.

2005: Ralph Engle

Ralph Engle, a former chair of board on professional standards of the American Psychoanalytic Association, and at the time, chair of the Association's ethics committee, surrendered his medical license after admitting to an undisclosed "boundary violation" with a female patient. He was also a training and supervising analyst at the Boston Psychoanalytic Institute, a training facility approved by the American Psychoanalytic Association (Voss).

How do we explain the hypocrisy of those, such as Daniels and Engle, who serve on a professional ethics board while at the same time or at a later date engage in their profession's most abhorrent ethical violations? Are they, to begin with, aware of their hypocrisy? Do they decide to serve on ethics boards as a protection against later violations, a way to transgress with impunity? Are they so narcissistic that they believe they are entitled to break the rules? Are they masochistic, engaging in reckless, self-destructive behavior because of the unconscious wish to be punished? Celenza notes in *Sexual Boundary Violations* that the "one-time offender (usually narcissistically needy, lovesick, or from the masochistic-surrender category) is the most prevalent type of sexual boundary offender" (10). She also observes, however, that the "psychopathic predator probably accounts for the largest number of victim/patients" (135). Some psychopathic predators, as we shall see, were among the leaders in their fields, and their transgressions damaged not only their patients but also their professions. As Pope wrote in "Therapist-Patient Sex as Sex Abuse" in 1990,

> Sexually abusive psychotherapists cannot be dismissed as the most marginal members of the profession. They are well represented among the most prominent and respected mental health professionals. Cases involving therapists publicly reported to have engaged in sexual behaviors with their patients have included those who have served as faculty at the most prestigious universities (including those with APA-approved training programs), psychology licensing board chair, state psychological association ethics committee chair, psychoanalytic training institute director, state psychiatric association president, state association of marriage and family therapists president, prominent media psychologist, chief psychiatrist at a prominent psychiatric hospital, and chief psychiatrist at a state correctional facility. (233)

2012: Henry Smith

Henry Smith, another Boston psychoanalyst, was sued in 2010 by a patient he had seen from 2005 through 2009 and by her husband, both of whom claimed that starting in 2006, Smith had sexual relations with her multiple times. Smith surrendered his medical license in 2010 to avoid professional discipline. In his defense, he claimed that the sexual

relationship, which he admitted had taken place, had done "no harm" to the patient. He also implied that his actions were acceptable because the patient was not "mentally ill" and that she was a "nationally respected psychologist" who was "well versed in the issues of transference," a rationalization that all the professional psychoanalytic, psychiatric and psychological associations, which categorically ban sex between a therapist and patient, would reject. At the time, Smith was the editor of the prestigious journal *Psychoanalytic Quarterly*, had served as associate editor of the *Journal of the American Psychoanalytic Association*, and had served on the editorial boards of at least three other publications in the field. He was a training and supervising psychoanalyst at the Psychoanalytic Institute of New England, East, another training facility approved by the American Psychoanalytic Association (C. Herman).

Sex with Celebrity Patients: David Rubinfine and Elaine May

David Rubinfine was a rising star in the New York Psychoanalytic establishment in the early 1960s. As a psychoanalyst he involved himself personally and professionally with a wide array of personalities from the arts. He was appointed as a training analyst at the conservative New York Psychoanalytic Institute at the unusually young age of 40. At the time that the famous comedienne Elaine May began analysis with him, Rubinfine was married with three children and was 11 years older than May. Losing her father at age 11, May dropped out of high school at age 14 and married for the first time at 16. Ironically, at the time Elise Snyder had left her husband to marry Victor Rosen, her husband, Art Snyder, was in analysis with Rubinfine. As Rubinfine's analysis of May went on, a mutual love relationship developed between them. After presumably informing his wife, Rosa, of the situation, he moved out of their home. Shortly thereafter, on April 30, 1963, Rosa committed suicide. Rubinfine married Elaine May on June 8, 1963. The marriage lasted for 17 years until Rubinfine's death due to a heart attack (Farber and Green, 201 ff.).

Janet Malcolm doesn't mention Victor Rosen or David Rubinfine by name in *Psychoanalysis: The Impossible Profession* (1981), but there's little doubt, as Farber and Green suggest, that she had them in mind when she referred to Analyst X and Analyst Y, the former a past president of the American Psychoanalytic Association who married a patient, the

latter a man who became involved in a "messy triangle during the analysis." "The transgressions were instantly disciplined," notes Malcolm, summarizing the sharp disapproval of "Aaron Green," the New York analyst whose life and work she features in her book. "[T]hey were removed from the roster of training analysts, they were divested of their various functions in the ruling structure, they were dismissed from their teaching posts. Their careers in the higher reaches of establishment psychoanalysis [were] over" (92). In her next book, *In the Freud Archives*, Malcolm quotes Elise Snyder about the difference between the Western New England Institute in New Haven, of which she is a member, and the various New York institutes: "It is very gentle and sweet up here. It's incredibly different from the New York group, which suffers from paranoia of a high degree" (56).

Frederick J. Duhl and Anne Sexton

The psychiatrist Martin Orne treated the poet Anne Sexton from 1956–1964, but when he announced he was leaving Boston, she saw a new psychiatrist and began having sex with him almost immediately. "My therapy is degenerating to SEX," Sexton wrote to a friend in early 1964 (231). Under pressure from his wife, he ended therapy with Sexton in 1969, when she underwent the trauma of changing psychiatrists again. The Pulitzer Prize-winning poet committed suicide in 1974 at the age of 45, an event long foreshadowed in her poetry. Sexton's biographer, Diane Wood Middlebrook, refers to the psychiatrist in question as "Dr. Zweizung," a wry pseudonym that means "forked tongue" in German. Sexton saw the psychiatrist, who had completed his psychoanalytic training, twice a week. She called him her "doctor-daddy" (258), a possible recognition that her affair was forbidden and transgressive, symbolic incest, a repetition of her relationship with her father, who, according to Middlebrook and others, may have sexually abused his daughter when she was a child. Maxine Kumin, Sexton's close friend and fellow poet, was indignant over the affair with the therapist. "Imagine paying to get laid twice a week!" (259).

Alessandra Stanley's review of Middlebrook's biography in the *New York Times* on July 15, 1991, was the first to reveal the identity of Sexton's psychiatrist, Frederick J. Duhl. He refused to comment in a telephone interview with Stanley on the biography's revelations other than to say,

"You are dealing with an explosive subject; basically any doctor who has an affair with a patient loses his license in Massachusetts." Barbara Schwartz, a psychiatric social worker who treated Sexton during the last months of her life, told Stanley that Sexton had asked her in 1973 to attend a conference with her at which Duhl was speaking. "She wanted to stand up there and say, 'J'accuse!'… . I felt I could not go to that meeting and let her expose herself that way." Sexton's on-and-off-again sexual relationship with Duhl continued for years. After spending an evening with him in Washington in 1969, Sexton wrote an anguished letter to Orne in which she contrasted her trust in her former psychiatrist, who had never sexualized therapy, with her mistrust in Duhl, who had. "He promised he'd never leave me but now he tells me it depends on how he works things out with his wife. I told him if we worked together we could keep it just therapy (after all we'd had our fling in Washington)… . I pled with him. But he just said he'd see" (Middlebrook, 316).

"Anne Sexton was a very difficult person to treat," Orne told Samuel M. Hughes in an interview published in the *Pennsylvania Gazette* in December 1991. "She was very seductive. But you know, if you can't deal with that, you should not be a psychiatrist." Orne knew how to respond to her provocative behavior. Duhl didn't. He alone was responsible for her therapy degenerating to sex. He should have recognized her transference-love for him and his own countertransference-love for her, which ultimately destroyed their therapeutic relationship.

Alan A. Stone does not discuss Duhl in *Law, Psychiatry, and Morality,* but in his typology of therapists who have sex with their patients, Duhl falls into the category of those psychotherapists who exploit a patient's positive transference by telling her about their own problems. "Often there is talk of divorce and of marrying the patient. It is a scenario not confined to the psychotherapist's office" (211). The worst part of the sexual boundary violation for Sexton was that it was inevitably responsible for the end of therapy, which she experienced as another form of rejection and abandonment.

Frederick Duhl died in 2011 at the age of 81. An obituary published in the San Antonio *Express-News* on January 4, 2011 described him as a native New Yorker and a graduate of Columbia University College of Physicians and Surgeons. The obituary briefly mentions Duhl's sexual

relationship with Sexton that "blemished" his career. "He never forgave himself," his second wife, Verne Lee Cooper admitted. "He said he betrayed his own honor."

Khristine Eroshevich and Anna Nicole Smith

Khristine Eroshevich, a California psychiatrist who was prescribing medication for Anna Nicole Smith, was accused of having been sexually involved with the well-known sex star. The *Los Angeles Times* reported that photographs found on Smith's computer after her suicide in 2007 showed her nude in a hot tub with the psychiatrist. The full nature of the relationship between Smith and Eroshevich is unclear because despite the prescriptions, written using several pseudonyms for the patient, Eroshevich kept no medical records regarding Smith. In October 2012, a California appellate court ruled that a judge erred when he overturned the convictions against Smith's lawyer and psychiatrist in a trial arising from the actress's death from prescription drugs.

There are relatively few examples of "celebrities" having been sexually abused by therapists, although there is no reason to assume such cases are rare. One legal scholar, Patricia M.L. Illingworth, argues against criminalizing therapist-patient sex, wondering whether the cost of using the criminal law as a way to support private remedies may be too high. "At some point, especially with respect to celebrities and other well-off members of society (like doctors), it will just be too costly for them to have their day in court and exercise their right to a trial. If the threat of criminal sanctions means more to those who have more to lose, then they—although innocent—may be forced to settle and forfeit their right to a trial" (1995, p. 414).

Society's response to these transgressions has been relatively weak. In many instances, although the perpetrator gave up his medical license to practice psychotherapy as a physician, he continued to practice as a "psychotherapist," as Edward Daniels did. Medical licensing bodies have no control over such practitioners in most states. Many of those accused, including practitioners who actually admit to their misconduct, are not forced to close their offices, as William F. Hammond, Jr., observes. One of the practitioners we describe in the following chapters lost his physician's license but continued to practice as a "hypnotist"; one lost his license but continued to practice as a therapist; one surrendered his

license and retired; and another, a Canadian, was sentenced to a substantial jail term, but an appeals court overturned the guilty verdict, and in a second trial, the psychiatrist was acquitted of all charges. As an article published in the *Frederick News-Post* on April 7, 2013 suggests, only 23 states have criminalized patient-therapist sex. The practice of psychotherapy has been regulated in the State of New York only since 2001.

Legal Issues

Legal scholars have raised constitutional questions about therapist sexual misconduct regulations, particularly prohibitions after the end of therapy. In a 2009 article published in the *UCLA Law Review*, S. Wesley Gorman remarks that many state constitutions recognize rights of sexual autonomy that are burdened by categorical bans on sexual relationships in therapy. Gorman, a Senior Editor at the *UCLA Law Review*, proposes a standard of sexual conduct that is based on the psychotherapist's fiduciary responsibility, which obligates the therapist to advance a patient's welfare on all matters related to professional treatment. Gorman admits that his proposed model has two shortcomings: "It's more ambiguous than a categorical ban, and it has a narrower scope" (1008).

Some mental health professionals have debated lawyers about sexual misconduct regulations. The psychologist S. Michael Plaut, a member of the University of Maryland School of Medicine, wrote a tongue-in-cheek "Statement of Informed Consent for a Sexual Relationship Between a Health Professional and a Client or Patient." Initially reluctant to share the document with victim/survivors, Plaut was persuaded to disseminate it to both therapists and patients. Anyone who reads the two-page document will recognize the harm of therapist-patient sex. "I understand that a sexual relationship with this Provider may ultimately have extremely damaging consequences for me including, but not necessarily limited to, feelings of betrayal, helplessness, anger, confusion, guilt, and depression, that these feelings could result in a need for psychiatric care beyond that which may have been necessary in the past, and that these feelings could possibly result in my suicide" (Plaut).

Svengali

Therapists who are psychopathic predators and have sex with many

patients over a prolonged period of time have been called Don Juans, but they are also Svengalis. To appreciate the extent to which transgressive therapists are Svengali-like, one must be familiar with George du Maurier's *Trilby*, which became an immediate bestseller when it was published in the United States in 1894. The novel's heroine, Trilby O'Ferrell, is a poor young laundress in Paris who aspires to become a singer, a dream that the conductor Svengali promises to transform into a reality.

Svengali hypnotizes the tone-deaf Trilby, who is magically transformed into a diva with a golden voice, La Svengali. But her success depends upon hypnotic suggestion, akin to mesmerism, as a friend futilely attempts to warn her. "He mesmerized you; that's what it is, mesmerism! I've often heard of it, but never seen it done before. They get you into their power, and just make you do any blessed thing they please lie, murder, steal anything! and kill yourself into the bargain when they've done with you!" (52). The spell is broken when Trilby performs under a substitute conductor during her debut London concert. Losing her angelic voice, the audience jeers her, and Svengali unexpectedly dies of heart failure. Later, Trilby can hardly believe her behavior while under his evil spell, and she dies at the end of the novel, purified of guilt and shame.

Svengali's ability to exploit and dominate Trilby derives in part from her traumatic childhood. The daughter of alcoholic parents whose deaths have left her bereft, she was sexually abused by one of her mother's friends. Trilby is forced to model in the nude to support her illegitimate younger brother, whose death from scarlet fever shatters her. These losses heighten Trilby's vulnerability, enabling Svengali to take advantage of her. Svengali is himself self-abasing, hypersensitive, intensely jealous. Svengali is a musician, not a therapist, but he has the power to heal Trilby's psychic wounds both by convincing her she is "special," a word that is almost always used in sexual boundary violations stories, and by promising to marry her—though he was married to another woman with whom he had three children, all four of whom he deserted. Trilby becomes Svengali's imagined wife, slave, pupil and disciple. His sinister love for her represents a source of endless torment.

Elaine Showalter observes, in her introduction to the 1998 Oxford edition of *Trilby*, that Svengali, whom du Maurier describes as an "Oriental

Israelite Hebrew Jew" (244), "stands alongside Shylock and Fagin in the annals of anti-Semitic literature" (ix). Writers who use the expression "Svengali-like" to characterize an analyst's hypnotic and seductive influence on a patient are not necessarily referring to a Jewish analyst, though as Edward Shorter notes in *A History of Psychiatry*, by the late 1950s, 80% of American psychoanalysts were Jewish (186). As we shall see later, several people used the expression to describe the Jewish analyst Gregory Zilboorg, who upon his entry to the United States became a Quaker and then later in life converted for a second and final time to Catholicism.

The term "Svengali-like" is particularly apt with respect to analysts who use hypnosis, suggestion and charisma as part of their treatment. Showalter reminds us that in the same year that *Trilby* was published, Freud was writing about his hypnotized patient Emmy von N., one of several case studies appearing in *Studies on Hysteria* (1895). Trilby is a fictional character, but she could easily exist within the pages of *Studies on Hysteria*. She mysteriously loses the will to live at the end of the novel, and her English physicians are baffled by her illness.

Du Maurier's novel has become a lightning rod for those who believe that psychotherapy is a cult and a hoax, and that Freud was a manipulative Svengali whose patients were in the position of a helpless Trilby. Without endorsing this caricature, Daniel Pick remarks in *Svengali's Web: The Alien Enchanter in Modern Culture* (2000) that the "predicament, real or imagined, of the gullible client influenced by the devious 'Svengalian' therapist persists as a stock talking point in much current media conversation of the 'healing arts.' Of course, manipulation, suggestion and interference may well operate in fact, rather than just in paranoid cultural fantasies" (218). The word "Svengali-like" appears in many sexual boundary violation stories to describe an analyst's seductive power over a patient. The reader's challenge in these stories is to determine whether the patient's predicament is real or imagined and whether the therapist is indeed a Svengali.

Seductive Patients

Elissa Benedek recommended, in her capacity as president of the American Psychiatric Association, that therapists who find themselves sexually attracted to a patient should seek help themselves or refer

their patient to another therapist (Slovenko, *Psychiatry in Law/Law in Psychiatry,* 609). This sounds like good advice, but if psychotherapists followed that recommendation strictly, there would be a dire shortage of clinicians to treat their sexually aroused colleagues. How can one expect "purity" in a profession charged with erotic fantasies and desires?

Moreover, psychoanalysis has a long history of interpreting claims of seduction as originating from fantasies rather than reality. In the chapter on "Female Masochism" in her two-volume study *The Psychology of Women* (1944), Helene Deutsch asserts that both seduction and rape fantasies "often have such irresistible verisimilitude that even the most experienced judges are misled in trials of innocent men accused of rape by hysterical women" (vol. 1, 256). These fantasies, Deutsch adds, are often produced by women's "masochistic yearnings." In *The Assault on Truth*, Jeffrey Moussaieff Masson argued misleadingly that Freud abandoned the seduction theory because of his intellectual fear in acknowledging the truth of his patients' statements that they were sexually abused. Contrary to Masson's claim, psychoanalysis has always tried to be attentive to the often-ambiguous intersections of reality and fantasy. It remains true, however, that some analysts may be misled into believing that a patient's report of seduction by a relative, friend, or therapist is nothing more than a wishful fantasy.

Cautionary Notes

The psychotherapy community has generally remained silent about boundary violations, embarrassed by the negative publicity, particularly when the transgressive therapist is prominent. Phyllis Greenacre's comments in a 1954 article published in the *Journal of the American Psychoanalytic Association* are worth recalling. "I cannot in the least agree with the remark of a quite eminent analyst, repeated to me several times, that so many analysts overstep the boundaries of the transference even in grossly sexual ways that therefore the best thing to do is to say nothing about these incidents. It is only by discussing these possibilities (rather than by punishing the offenders) and by emphasizing their dangers to students and among ourselves that we can really develop our science to the research precision which must be aimed at in each clinical case" (681). Greenacre's recommendation that transgressive therapists should be free from professional discipline or the loss of their licenses

may surprise us; yet we must remember that few if any mid-20th century psychiatrists or psychoanalysts were censured as a result of a sexual or nonsexual boundary violation. But if part of Greenacre's observation now seems dated, the essence of her remark about the extent to which transference-love reproduces the parent-child relationship remains as timely as ever. "For this very reason, the carrying through into a relationship in life of the incestuous fantasy of the patient may be more grave in its subsequent distortion of the patient's life than any actual incestuous seduction in childhood has been." Psychoanalysis is a "hard taskmaster," Greenacre continues. "The power of the unconscious is such that it 'gets back' at those who work with it and treat it too lightly" (684).

In considering the complex and painful subject of sexual boundary violations, the following caution should be kept in mind. Although the authorities we have cited, from Freud onward, have been inclined to attribute the sexual peccadilloes of psychotherapists in general and psychoanalysts in particular to the complex and intense transferential relationship that the psychoanalytic situation engenders, there is another way of viewing this history and ongoing problem. As we mentioned, surveys of psychotherapists have placed the number of therapists who have admitted to sexual relations with patients in the 7–12% range, mostly due to male therapists becoming involved with female patients. However, a survey of attorneys using a similar technique found the number of attorneys who admitted to sexual involvement with clients at about the same percentage (Murrell). Most of these cases involved a male attorney with a female client who was going through a divorce (Livingston). Sexual involvement with clients, even with the client's consent, is an absolute violation of the ethics of the legal profession with the single exception of a sexual relationship that was in existence before the attorney-client relationship was initiated.

Greenacre's observation that transference, based on a primitive "mother-child relationship," promotes in the patient "an attitude of expectant dependent receptiveness toward the physician" (672), leads immediately to a consideration of the worldwide scandal among Roman Catholic clergy. Catholic priests' widespread sexual abuse of children reached a peak in the 1970s, an era in which many of the examples of sexual misconduct by psychotherapists also took place. Since the sexual abuse of children seems to trigger a higher degree of outrage than therapists'

sexual interaction with (supposedly) consenting adults, it might seem odd to compare these two phenomena. However, when one considers that many adult patients slip into a dependent child-like state with their therapist, a development which therapy is structured to promote as a necessary element in the process, it becomes clear that the comparison is apt. The priest scandal grew so large that the Roman Catholic Church was eventually compelled to pay out about one half *billion* dollars in worldwide settlements, leading to the bankruptcy of several Church institutions.

As to the magnitude of these two phenomena, comparison is difficult because the data-gathering methods in the two instances are not comparable. As we have seen in the case of psychotherapists, estimates of the prevalence of sexual misconduct with patients have been based on anonymous surveys of psychotherapists. By contrast, estimates of sexual abuse of children among the priesthood are based on comprehensive surveys of the number of priests against whom complaints were made as the Church's intent to take this problem seriously crystallized in the early 2000s. The United States Conference of Catholic Bishops commissioned the John Jay College of Criminal Justice of the City University of New York to study the question. The college produced two reports, the first to document the *Nature and Scope* of the abuse problem (2004), the second to document the *Causes and Context* of the problem (2011). Findings from these studies indicate that the percentage of priests involved is such misconduct appears to be about the same order of magnitude as analogous misconduct by male psychotherapists during the same era. Of the priests ordained in a given year, the statistics vary from a high of about 10% in 1970, to 8% in 1980, to a low of about 4% in 1990 (*Nature and Scope of Sexual Abuse,* 27). These results are reasonably consistent with the earlier results reached by A.W. Richard Sipe, a psychotherapist and retired (and married) ordained Roman Catholic Priest. Sipe concluded that the incidence of sexual abuse of minors was approximately 6% based on data available to him at that time (27).

Contrary to what many might believe, fewer than 5% of the accused priest-offenders were pedophiles. The priest-offenders were in their psychological characteristics not distinguishable from others in the priesthood. The majority of accused priests in treatment also reported sexual behavior with adult partners. "Sexual behavior in violation of the

commitment to celibacy was reported by 80 percent" of such priests, "but most sexual behavior was with adults." It appears that the sexual abuse of children by priests was for the most part because the youngsters involved were "targets of opportunity" for a group of individuals inclined to engage in sexually deviant behavior in general and who encountered children in their roles as teachers, coaches, and counselors (*Causes and Context of Sexual Abuse,* 3).

It is therefore reasonable to wonder whether the particularities of psychotherapy are responsible for the number of boundary violations that are thought to occur, or whether the more important factor, present in the psychotherapy profession, the legal profession and the priesthood, should be mainly attributed to character deficits among the involved practitioners in combination with intense transferences that can exist in all these relationships.

Writing in 1997, M. Margolis wondered why the incidence of sexual boundary violations by psychoanalysts appeared similar to the incidence among other psychotherapists, despite the additional training and personal analysis required by psychoanalysts. (Celenza, we recall, believed that the incidence of sexual boundary violations by psychodynamic therapists is lower than that of other therapists, but she was writing a decade later, when the prevalence studies might have changed.) Margolis implied that the analyst's additional training and personal analysis are cancelled out, as it were, by the more intensive relationship:

> We pride ourselves on our stringent admission policies for training, longer periods of professional education and commitment to personal treatment as a safeguard against sexual exploitation of patients. Some of us therefore conclude that we are not so troubled by this phenomenon as other mental health professions. With all due respect to the importance of such selection and training standards, we should not overvalue the role of such factors. Perhaps our deeper involvement and immersion in the dark depths of patients' psychic lives expose us to greater temptation. We are therefore vulnerable in a special way, as well as sharing the vulnerabilities of therapists from other less intensive therapies. (Margolis, 352)

Additionally, such transgressions are thought to have a different meaning

when they take place within the context of a psychotherapy in which the understanding and management of transference are core components of the therapist's work. In such a treatment, a sexual interaction between the therapist and the patient becomes more than unethical, as it would be considered in all forms of psychological treatment nowadays. It also constitutes a technical failure in management of the transference, a major requirement of the therapist and the therapy, and therefore is both more serious a violation and, arguably, an act of negligent malpractice (Bates and Brodsky, 133; Stone, *Law, Psychiatry and Morality,* 203).

Preventing Boundary Violations: An Optimistic or Pessimistic Outlook for the Future?

No one has written more incisively about boundary violations in psychoanalysis than Glen O. Gabbard, and it is instructive to compare his two editions of *Boundaries and Boundary Violations in Psychoanalysis*. In the first edition, co-authored with Eva P. Lester and published in 1995, Gabbard refers hopefully to the "sea change" (xii) that has occurred in recognizing the seriousness and prevalence of sexualized therapy. He remains cautiously optimistic throughout the book that the problem of sexual transgressions can be effectively addressed. In the second edition published in 2016, however, he has become more pessimistic. The problem of sexualized therapy remains despite greater institutional awareness and improved reporting. Sexual transgressions with patients continue to occur on a regular basis, Gabbard notes gloomily, "often among analysts and therapists who are well regarded and thoroughly familiar with the risks and dynamics of boundary issues. As a result, I have become increasingly pessimistic about our capacity to prevent the occurrences of sexual relations between individuals who practice psychoanalysis and their patients. I am even more pessimistic about preventing nonsexual boundary violations, which are nevertheless destructive and exploitative in light of their capacity for rationalization." The reason for Gabbard's pessimism? "The capacity for self-deception is extraordinary" (151).

To solve a problem, one must first acknowledge the magnitude of its seriousness, and Glen Gabbard and others continue to call attention to the sexually transgressive psychoanalyst. In "Rotten Apples and Ambivalence: Sexual Boundary Violations Through a Psychocultural Lens" (*Journal of the American Psychoanalytic Association*, 2016),

Muriel Dimen captures the ways in which the problem threatens the entire institution of psychoanalysis. Writing as a trained psychoanalyst, anthropologist and self-admitted "whistle-blower," Dimen—who died as her paper was being prepared for publication—shows how sexual transgressions "generate a great and contagious anxiety prompted by how they pollute and stigmatize anyone and anything in their vicinity" (362). Sexual boundary violations are a social as well as a psychological problem, she suggests, and they result in the group's "muteness." In his commentary on Dimen's paper, Gabbard notes that sexual boundary violations are the "Achilles' heel of the psychoanalytic profession" ("The Group as Complicit in Boundary Violations," 379), a statement that applies to the entire mental health profession.

Behind the Couch

To return to the image of the lovesick analyst with which we began this chapter, few therapists have not been sexually or romantically attracted to a patient, "seductive" or not, during their careers. How should ethical therapists behave in this situation? Herbert S. Strean discusses this question in *Behind the Couch: Revelations of a Psychoanalyst*, co-authored with Lucy Freeman (1988). "Rarely does an analyst talk about his erotic fantasies when an attractive woman on the couch tells him he is the most desirable man in the world," Strean confesses early in the book (23). Strean is one of the few men—there are even fewer women—to write about an analyst's attraction to a seductive patient. In the chapter "Sometimes I Feel Like a Dirty Old Man: The Woman Who Tried to Seduce Me," he discusses "Susan Brown," a woman who had sexual affairs with three different therapists. Her wish to turn her therapy sessions into a torrid if fleeting love affair, a "coup on the couch" (72), proves to be a challenge to Strean, who struggles with his own desire for her. "I felt I must be something of a Romeo if a woman as beautiful as Susan wanted me sexually. But as stimulated as I felt, I constantly reminded myself of how she used sexuality as a means of manipulation, a way of buttressing her shaky self-image and precarious self-esteem" (81).

Strean recounts, with self-lacerating humor, Susan Brown's rage when he refuses her various ploys to seduce him. At one point she threatens to leave him to find a "more potent" therapist. He describes his own retaliatory anger when she misses three sessions in a row, leaving a message on

his answering machine, "You no-good son of a bitch. You have an icy personality. You sure are a cold potato" (75). By refusing to gratify her sexual wishes, Strean helps her to understand how she was projecting onto him her ambivalent feelings toward her father, whom she felt had stimulated her but then withdrew from her life. Sex on the analyst's couch, Strean concludes, leads inevitably to betrayal, a statement with which no 21st century psychotherapist would disagree. Not all of Strean's statements are factually accurate. He cites D.H. Lawrence's erotic novel *Lady Chatterley's Lover,* rather than Philip Roth's psychoanalytic monologue *Portnoy's Complaint,* as an example of a patient's outpouring of comments that has the effect of silencing an analyst. Despite this mistake, *Behind the Couch* reminds readers that ethical mental health professionals do not use sex as a guise of therapy.

Psychoanalysis and #MeToo: Where Are We in this Movement?

Andrea Celenza

Abstract

This paper discusses the impact of the #MeToo Movement on the field of psychoanalysis and the problem of sexual boundary violations in particular. A careful delineation of the past 4 decades within psychoanalysis is presented and aims to highlight how this vexing problem has been and continues to be addressed. I use the metaphor of the complex nature of light—constituted by both particles and waves—in order to envision a close, detailed examination of sexual boundary violations at the individual, psychoanalytic level and at a macro, group level. I contend that we have already had our #MeToo Movement, occurring in the late 1980s and 1990s, constituting a first wave of addressing this problem. I then describe a second and third wave through the examination of the various particles that make up each new wave. Case illustrations are used to exemplify typical cases that characterize the third (current) wave. The concern is raised that important insights on prevention and modes of redress are threatened to be lost if the history of what we have already accomplished, at both particle (individual) and wave (group) levels, is overlooked or forgotten.

Introduction

As psychoanalysts, we are as dedicated to finding truth as we are to cure. Sometimes these two, truth and cure, are set up in opposition: Do we relieve distress or help our patients understand themselves? This is a false dichotomy—truth is foundational in the process of growth and cure. We are also best suited to do both, given the excellence of our training, our ability to discriminate well-designed studies from those that are methodologically flawed, and especially our ability to think deeply, make subtle distinctions and fine discriminations. This is relevant for the #MeToo movement. We always denounce the exploitation of others, but with careful examination at the individual level (a different register

of meaning construction from the group level), we can see that not every exploitation is predation, nor every flirtation an assault.

The #MeToo movement is usually spoken of in universals—sometimes stereotypes, even—male vs. female, us vs. them, female victimology, toxic masculinity. These ways of categorizing phenomena reside at the group level, in the sociocultural register and level of discourse. It would be a category error to adopt this level of discourse and apply psychoanalytic principles to the group, especially in the absence of knowledge of or exposure to individual meanings and unconscious psychic construction. At the same time, the sociocultural register is not divorced from the individual level of discourse or study; they stand in dialectical tension and there are ways 'one becomes the other' in the sense that we internalize social reality, societal principles becoming part of our social unconscious. But again, this is done in very particular ways. We have to reckon with our sociocultural context, which in turn influences the way we phenomenally and unconsciously experience our lives. In turn, the sociocultural register impacts the way we unconsciously translate and constitute our unconscious. This is not a one-to-one correspondence, the individual is implicated in the way this sociocultural surround is translated, especially unconsciously, and these translations will vary.

What is happening outside our field, coinciding with and in some cases instigating the #MeToo movement, from my perspective as someone who has been addressing these concerns from within our field, harkens back to a time long past for us. The list of predators is long (at least in America) in Hollywood, corporate America, and the political arena. All of these are examples of abuses of institutionalized power—an imbalance that confers greater agency to the (usually) male figure over a disempowered woman. There is sometimes physical force involved, and possibly accomplices. In April, 2017, a list of accused 'powerful' people was compiled with a variety of allegations, some involving force, others including simply harassment.[1] Here is a partial list of the accused:

Bill Cosby, Harvey Weinstein, Matt Lauer, Kevin Spacey, Bill O'Reilly, Tom Brokaw, Tom Ashbrook, Brett Kavanaugh, Clarence Thomas, Avitall Ronell (a female professor of Comparative Literature at NYU),

[1]See Vox: https://www.vox.com/a/sexual-harassment-assault-allegations-list

Al Franken, Louis C.K., Mario Batali, Cristiano Ronaldo, Bill Clinton, and Donald Trump. As can be seen, the accused span the range on the political spectrum. Some have received a due process investigation and hearing, some have been found guilty, others have had accusations recanted, all have had their reputations marred if not ruined.

Within our field,[2] physical force is rarely involved. But we have had our list of predators. These include psychopathically organized practitioners who perversely exploit their patients premeditatively, sometimes multiple times with multiple women. Bizarre sexual practices are often involved and the harm these perpetrators impart is horrific, perhaps most importantly because of the ways in which it closes the door to support and treatment for the patient/victims. Further, I believe (based on my clinical experience but absent systematic, empirical evidence), that the prevalence of psychopathic predation *within our field* has markedly declined. This is a direct result of our zero tolerance for this kind of behavior and the fact that we are no longer naïve to it.

Derived from this, and honing in on each individual's relation to the sociocultural surround, is the psychoanalytic project: to expose and reconstruct, *après coup*, unconscious re-constituters, that is to re-elaborate and foster the evolution of an individual's unconscious and transferential propensities. Mechanisms will emerge in the here and now and be reconstituted, transformed and will retranscribe the ways the past is understood and held anew, in the present as well as encompassing a gaze toward the future. All of this occurs at a very particular, individualized level.

Here we can use a metaphor of the dual nature of light—both particle and wave. As the theory explicates, when light is refracted through a triangular prism, there is a dispersion of distinct wave frequencies associated with a diversity of colors, a rainbow, as it were. Using the nature of light and its properties as a metaphor, I suggest that *we must be attuned to the particles as well as the waves* and be curious about the dispersion

[2]Throughout this paper, the designations 'analyst' and 'therapist' are used interchangeably, (with the exception of one instance when making comparisons between the two), in order to aid in the preservation of anonymity of any particular case.

of frequencies in both. We must not be carried away with the wave itself, in its non-particularized form. Such is the challenge and complexity of the #MeToo movement in multiple registers. I will be noting the impact of the wave while focusing in on the particles and vice versa.

In my view, a psychoanalytic perspective articulates and differentiates the particles, thereby deepening the perception and experience of the waves. I intend to demonstrate the ways in which the #MeToo movement, through a psychoanalytic lens, may help to shed light on these very complicated problems if we hone our perceptual abilities and commit ourselves to grapple with the complexity of the moment in multiple registers. I also intend to demonstrate how we have had our own #MeToo movement beginning decades ago—in my view, this moment in time represents our third wave and I am concerned that the first wave in other industries (Hollywood, corporate America, the political arena—from where the so-called #MeToo Movement derives) *is threatening to sweep us backwards*. I further suggest that we, as psychoanalysts, are in a more complicated era that presents more difficult challenges, requires finer discriminations, and sometimes brings forth uncomfortable nuance. Finally, I will be suggesting that our second and third wave carry with them particles that have at times unsettled us and threaten to do so again. We must not shy away from examining these particulars with their cautionary themes. We must avoid simple reversals that are, in themselves, mere repetitions and do not advance our field.

Psychoanalysis and the #MeToo movement: The first wave

I would have thought that there would not be anything in the arena of sexual boundary violations that might garner pride. The prevalence statistics are unacceptably high—12% of all mental health caregivers[3] is a conservative estimate. We have had to learn some hard truths—that this is a problem that is not going away and likely never will.

Yet, we do have some aspects to be proud of, and that is that we, at least in America and within psychoanalysis, have addressed the problem of sexual boundary violations within our industry, that is psychoanalysis, better than this problem has been addressed elsewhere. Though the

[3]See Celenza (2007) for an overview of prevalence studies.

problem in general will never be fully eradicated (and I will speak of why this is likely to be the case), I contend that we are now *in our third wave and have virtually eliminated psychopathic predation within our institutes*, one type of sexual boundary violation and the most egregious of the profiles. This is no minor fact and comes from the gradual awareness of the nature of the profiles of sexual boundary violators in their particularities. The history of this growing awareness bears this out.

The #MeToo movement for us—our first wave—began in the early 80s, when the occurrence of sexual boundary violations surfaced as a problem we could no longer ignore (Schoener, et al., 1989). Many courageous women came forward and we will be forever grateful to them. This was an era characterized by victims and perpetrators, the latter mostly psychopathic predators. At this time, our focus went first to the patient/victims. We examined the particular post-traumatic stress syndrome that is associated with sexual boundary violations and found among the cluster of PTSD symptoms an additional symptom—mistrust of mental health caregivers and, consequently, a great difficulty seeking help in subsequent treatments. Though this makes exquisite psychological sense given that their abusers were mental health caregivers, it closes the door, sometimes permanently, to receiving much needed help and reparation. This is a tragic feature that is particular to our industry in the aftermath of this kind of abuse.

Another feature of this first wave is the unavoidable, indeed starkly obvious, finding that the victims/survivors/patients of sexual boundary violations are predominantly women—somewhere in the area of 80%. (Schoener, et al., 1989). This finding became obvious in press releases about sexual boundary violations but has also been well researched in prevalence studies.[4] The violators in these cases are the so-called 'multiple offenders' who premeditatively exploit numerous women (similar to Harvey Weinstein and Matt Lauer). Given the high number of women who are exploited by transgressors in this category, it appears, from the transgressor's perspective, that the women are psychologically interchangeable and objectified, i.e., they do not carry particularized psychological meanings (tied to their perceived attributes) besides being a

[4]See, for examples of prevalence studies Gartrell et al. (1986), and Borys and Pope (1989), or Celenza (2007, 2011) for a detailed overview.

female object of exploitation.[5] (This is despite that they often profess being 'in love' with one or many of their victims.) Though these predators exploit multiple women and account for a large number of the victims, we have also learned that they actually represent a minority of sexual boundary violators, at least in our profession.

What can be said about the victims of sexual boundary violations outside of the transgressor's perspective, especially in relation to the question of whether there is a characteristic profile or cluster of qualities that are typically found? There is one characteristic (actually a positive and healthy quality) that most, if not all, victims possess and that is the tendency to care for others, to empathically perceive the other's point of view and to provide the care they sense is needed. Sadly, this can play a part in reversing roles. As for other characteristics that may play a meaningful role in the dyadic enactment, these are particularized and do not fall into neat groupings.

I have stated that the particularities of these women are not consequential in the understanding of psychopathic predation, i.e., in the selection by the transgressor of any one woman at any one time. As noted, the women are characteristically diverse, and appear to be objectified and interchangeable in the transgressor's mind, i.e., there is little recognition by the transgressor of the other as a separate subject. This is not to suggest that the psychopathic predator or 'multiple offender' (a behavioral description) does not have an intrapsychic personality organization that might be identified and described. However, we simply do not know (from a first-hand evaluative position) what the personality organization tends to look like in terms of internal motivating conscious and unconscious dynamics. These offenders usually refuse to be evaluated, they lie about their involvement with the victims, blame the victims and, because they typically lose their license and are expelled from professional communities, are lost to follow up. For these reasons, we remain unfamiliar with their underlying personality organization at a dynamic level.

Some speculation is unavoidable, however it is derived from behavioral observations and should be held lightly since it is not based on careful,

[5]Being a female object of exploitation does, of course, have a particularized psychological meaning within the psyche of the predator, however these are not tied to meaningful characteristics of the victim beyond the most general sense.

comprehensive and in-depth evaluations aided by first-person accounts or information derived from in-depth treatments. (This is in direct contrast to the incisive knowledge we have derived from the intensive evaluations and in-depth treatments of the one-time offenders, summarized below.) As noted with regard to psychopathic predators, the behavior manifested in their relationships with the victims reflects the experience of the other as de-particularized and objectified. We can presume that this refers to a primitive level of intrapsychic organization, i.e., relating to others as part-objects, absent of subjectivity and used for (sexual) sensation rather than a more meaningful intersubjective involvement. Given the absence of, or hope for, some kind of unconscious repair, these relationships lead to a seemingly endless repetition of similar engagements. Hence the tendency toward multiple victims.

In some cases, it can be discerned that the exploitation is driven primarily by the predator's desire to degrade the industry/profession. As I have noted elsewhere (Celenza, 2021),

> "Other sexual boundary transgressions, especially the most notorious, predatory type, can make use of a displacement object, [the dynamics of which] are more accurately formulated as a *displaced perverse scenario.* In these cases of sexual boundary transgressions, the effort to degrade is often not primarily directed at the [victim] but is directed at the profession, the body or figure that, in fantasy, oversees the dyad. Hence the frequent use of the symbol of the couch, the icon of psychoanalysis, as a place to enact this scenario."[6]

In this sense, the couch can be viewed as a third[7] symbolically representative of psychoanalysis. *The patient is a displacement object*, a stand-in,

[6]For one clergy transgressor, the iconic symbol of his profession was the altar whereupon he was able to "fuck God and fuck the church at the same time" (Celenza, 2007, p. 44).

[7]The term, third object, as used here, is differentiated from some of the ways in which the concept of the third is used in contemporary theory (see Benjamin, 2004; Britton, 2004; Hanly, 2004 for helpful reviews). In the present discussion, the use of the third object is to be rigorously distinguished from the intersubjective third or symbolic third in that there is no recognition of a separate subjectivity in the mind of the transgressor. Rather, the third is used as in Benjamin's (2004) 'negative third' in complementarity or doer/done to relations, as Ogden's subjugating third (1994), or the way in which Aron (1999), Greenberg (1999) and Spezzano (1998) use the concept, as representative of the analytic community.

so to speak, for an aspect of the setting or context. In displaced perverse scenarios, the primary motivation is the erasure or degradation of the third.[8]

But we must resist the temptation, again a category error, of importing what we know at a group level and apply it to the particular individual. This may be especially tempting in the case of multiple offenders because of the number of victims involved and due to the absence of particularized information at the individual level. Such importation can occur from other industries where group-based stereotypes abound. For example, cases of exploitation in Hollywood, academia, and politics lead us to 'toxic masculinity,' a damning sociocultural stereotype, however prevalence studies have (again) consistently shown (and this is still at the group level) that though the great majority of sexual boundary violations are male/therapist-female/patient pairs, psychopathic predation does not satisfactorily describe the majority of the cases in our industry nor do justice to the dynamic scenarios at the level of particulars required in psychoanalytic discourse. Also, female/therapist-female/patient dyads account for the next most prevalent dyad and there are finer discriminations to be made within these dyads as well. It was the examination of different types of dyads, specifically one-time offenses by both male and female transgressors, that eventuated in the development of our second wave.

From another vertex, the sparseness in the literature on psychopathic predators may reflect a more clinically meaningful phenomenon. It is possible that this 'negative space' is a dynamically meaningful absence, that is, a *present absence* reflecting unrepresented, nonverbal areas in the psyche of these persons. On the surface, as has been noted, the psychopathic predators refuse to be evaluated, tend to staunchly deny responsibility for their actions and worse, blame the patient for the violations. While these behaviors are disturbing externalizations, they also indicate defensive processes likely borne from trauma and reflective of deficits in the capacity to mentalize and internalize conflicts manifested in their acting-out. Perhaps we can look beyond these behavioral observations and speculate, not that they *refuse* to be evaluated but that

[8]See Celenza (2021) for a detailed discussion of the different modalities of defense associated with this and other profiles.

they *cannot* be evaluated or feel/take responsibility due to the inability to self-reflect, mentalize and thereby be known at a meaningful level. Again, speculatively, we could wonder whether the externalizing and projective defenses are those more familiarly associated with deficits at a structural level, i.e., the turbulence of the unstructured unconscious, rather than conflicts representative of structured, albeit repressed fantasies and wishes.

Psychoanalysis and #MeToo: The second wave

In the early 90s, and in what I contend constitutes our second wave, the violators themselves began to be examined at the individual level. I became interested in this particle during this time, in part because I was the Director of Training for Psychology at a Harvard-affiliated teaching hospital and was interested in the gaps in our training for mental health practitioners. By then, I had seen more than a few therapists from a variety of disciplines (no psychoanalysts yet) who had engaged in sexual boundary violations with a patient, and I was intrigued by the similarities among these therapists at the psychodynamic level. I collected data on these individuals at a deep level, data deriving from psychoanalytic treatments or detailed multi-dimensional evaluation processes I was conducting. My focus started at the particle and my findings, which dovetailed with the findings of Gary Schoener et al. (1989) and Glen Gabbard (1991; 1994; Gabbard and Lester, 1995—the only other researchers in this area), played a part in forming the next, our second wave. (Recently, a colleague noted that our focus has predominantly been on the practitioners and violators, while not enough on the victims of sexual boundary violations—she was apparently noticing the features of the second wave and was unaware of the first, when the victims were, in fact, and rightly so, our first order of business.)

I suggest that the second wave was formed when we learned that most male therapist/transgressors are not psychopathic predators. In the mental health field, and I suggest especially among psychoanalytic therapists and psychoanalysts, research consistently shows that the great majority of sexual boundary violators are one-time offenders who exploit one patient, usually over a period of time where the phenomenal, that is conscious experience is one of a mutual rescue fantasy and an idealized, romantic love. Though the truth is more complicated and revealed over

time (perhaps only with subsequent treatment), the idealized love affair is inarguably exploitative and thereby unhealthy from the beginning. Still, it is most often phenomenally experienced as a 'true' love affair by both victim and transgressor.

Though the patients may ultimately feel objectified and used (as in psychopathic predation), the tragic truth is that these victim/patients usually do represent an *unconsciously meaningful other* to the therapist/analyst in very particularized ways. By and large, the relationship, from the therapist/analyst's point of view, engages a grandiose attempt to provide a cure through the purity of their (incestuous) love. I insert the word incestuous here because of the power imbalance, inevitably conjuring the mother-child generational difference and also evoking, for these transgressors, a transferential opportunity to reinstate an unresolved, fantasied omnipotent position of the son (now therapist/analyst) in relation to a depressed and unreachable maternal figure. Not coincidentally, the paternal figure or third is nowhere to be found in this psychic scenario. These women are not objectified and interchangeable (as they are with psychopathic predation) but are very specific transference objects to the therapist, harkening back to unresolved childhood internalized imagoes.[9]

My work has primarily focused on this group of transgressors. The variety of individuals in this profile span the range of disciplines and are associated with no one modality of therapeutic intervention. Among analysts, there is no difference in prevalence among theoretical orientations. In examining this aspect, it has become clear to me that *our theories fail us differently*. Our theories, and derivations of technique from theoretical stance, all fail us, but in different ways, so there actually may be some differentiations to be made in type of sexual boundary transgression and profile (correlated with theoretical orientation), but not in quantity or frequency of occurrence (see Celenza [in press] for more detail on this subject).

Another part of the second wave involved the examination of female transgressors and the dynamic underpinnings of this therapist-patient

[9]Needless to say, the therapist/transgressors retain full responsibility for the exploitation, and yet, despite this, the dynamics reveal significant characteristics of the other that play a part in the unconscious scenario.

dyad. For female transgressions, the great majority of victim/patients are female (roughly two thirds). Interestingly, these therapists are not necessarily previously self-identified as gay. The typical dynamic scenario in these cases is also not characterized by psychopathic predation (where the other is interchangeable object) but rather comprises a very particularized reenactment than is unconsciously meaningful to both individuals. The exploitation is again a mutual rescue fantasy, however from the point of view of the female therapist/transgressor, it is an *over-identification with the patient in a highly idealized fashion.* One female therapist said to me, "She was the child I was. I couldn't stand the pain she was in. I had to help her out of this pain." This experience reflects the subjective, phenomenal experience and unconscious psychic meaning that the relationship typically has for the therapist. The relationship is also characterized by a stark disregard for differences between the therapist and patient, including an almost total neglect of the patient's aggression.

I have not found any differences between therapists and analysts with regard to the characteristics discussed above. This has been surprising, given the amount of training and the depths of treatment(s) analysts presumably have undergone. I would have imagined greater insulation among analysts against masochistic surrender as well as less vulnerability on the whole to engaging in sexual boundary violations. Barring both of these, I expected at least a greater understanding of their dynamics and intrapsychic (perhaps even unconscious) vulnerabilities to certain kinds of enactments, dependent on their personal histories. This is sadly not the case. On the contrary, I have been surprised at the lack of insight into their involvement with the victim and their 'love' for her. Instead, what I have discovered is a specific kind of unidimensional understanding of the transgression, even somewhat concretized and unsymbolized. Only upon subsequent treatment and in-depth reflection do these transgressions become explicated. Many analyst-transgressors have noted deficits in their prior analysis (sometimes analys*es*) while others have regarded the transgression as inevitable given life circumstances and the like.

Given that the analyst embodies multiple self-states in relation to the patient, we know that the multiplicity of roles can collapse under the pressure of undue desire or need. The perplexity we often feel when a previously competent, even revered analyst comes to describe his role in relation to his patient in an oversimplified, justifying manner is stunning

both in its distortion of the process, but especially for its *unidimensionality*. The retreat from role or disciplined commitment involves the truncating of self-states, the erasure of other potential modes of being and a psychic shift from analyst-as-multiple to (solely) lover. Here, the boundaries have become impermeable and define a unidimensional mode of relating that is constricted by the retreat from (walling off or erasure of) other potentialities.

One fallibility of such boundary collapse is the emphasis of one particular relational modality to the exclusion of others, as if this mode of relating is discontinuous with other self-experiences. For example, to speak to the baby while discounting, ignoring or otherwise neglecting the adult can be regressive and humiliating. This is a good description of the pressured ways in which transgressing analysts refer to their former analysand/now lover as if the lover mode is the real (and only) mode of relating conceivable (Celenza, 2016, 2021, in press).

This is the primary reason I have come to believe that the vulnerability to sexual boundary violations is a universal vulnerability. Along with this, I will state unequivocally that there is absolutely no responsibility to be borne by the victims of sexual boundary violations. The responsibility to maintain an asymmetrical stance rests solely on the shoulders of the therapist/analyst. Indeed, many of the characteristics of the victims identified as playing a part in the unconscious enactment culminating in sexual boundary violations form the basis of the reason the victim came to treatment in the first place. This only serves to emphasize the responsibility of the therapist/analyst to maintain the frame.

These are the findings that represent the particles of the second wave and characterize the therapists and analysts who engage in sexual boundary violations as they are immersed in various dyads. I group them together along the dimensions of their commonalities, but these findings are not sociocultural, they are psychodynamic, that is, derived from the individual, unconscious meanings of each person and can vary still further upon finer examination of each particular case.[10]

[10]As always, the analyst retains full and complete responsibility for the exploitation—the understanding of the dynamics presented here resides in a different register and level of discourse than whose ethical responsibility it is to maintain the asymmetry and integrity of the treatment.

One salutary finding, in my clinical experience and that of others,[11] is that as awareness of these characteristics has spread, *there has been a marked diminution of psychopathic predation in our field.* I do not mean to suggest that the multiple offenders, i.e., the psychopathic predators, are totally eradicated from our midst, but the occurrence of these types of cases has clearly decreased, at least within American psychoanalytic institutes, to the point where it is rare. I believe our sensitivity and attention to the persistent problem of sexual boundary violations has resulted in this decline due to our zero tolerance for this behavior. But this is only within *our* field – in the domains of Hollywood, corporate America, academia, and politics, these industries are just getting started and would do well to follow our lead. As I have been noting, I believe these industries are in their first wave and just beginning to address the problem of exploitation of power.

Psychoanalysis and #MeToo: The third wave

I believe we are now at the cusp of a third wave. Our attention is turning to the psychodynamics at the level of group and institutional motivating factors and effects—both in terms of fallout (so-called collateral damage) as well as institutional phenomena and cultural factors that may play a part in the instigation of sexual boundary violations. Institutional group-related contributions from various areas of institutional life and its culture can unwittingly encourage enactments of sexual boundary violations. Institutional life involves group effects and political dynamics (corruption, systemic abuses of power, cover-ups, harsh training experiences, etc.) that can affect individuals and play a part in the motivational configuration eventuating in sexual boundary violations. For example, the clergy person cited above (who sexually abused a parishioner on the altar in order to "fuck the church") had a longstanding, unresolved hostility toward his bishop (along with underlying unresolved childhood resentments with abusive paternal figures). These intersected with ways in which the diocese had been known to exploit their priests along with culturally sanctioned ethics endorsing certain kinds of self-deprivation among its priests. These appeared to have culminated in an unconscious enactment that was aimed to degrade the church. In this way, the sociocultural surround and group membership can represent various types of

[11]Glen Gabbard, personal communication, 2019.

thirds that become incorporated into an individual's psyche and motivate unconscious fantasies of revenge.

This implicates the sociocultural milieu of the setting, especially its cultural life. One example in the psychoanalytic ethos is its tendency toward overwork and the neglect of self-care (Celenza, 2010), a feature of our grandiosity that is facilitated at the cultural level but (always) instantiated differently at the individual level. This cultural trend sorely needs to be examined and addressed. Many colleagues have written or are writing about phenomena at this level: Glen Gabbard (2016), Adrienne Harris (2008), Muriel Dimen (2021), Avgi Saketopoulou (2017; 2021), Katie Gentile (2021), Julie Leavitt (2017), Jane Burka (2014), and multiple colleagues at the Psychoanalytic Institute of Northern California (Burka et al., 2019). Perhaps it is fitting that the beginning of a *third* wave is characterized by our attention to the sociocultural surround in our field—the functional third of the setting, as it were.

These authors have identified circulating particles in our sociocultural surround, especially in psychoanalytic institutes, that serve to contribute to, if not instigate, sexual boundary violations among its members. In my view, these problematic particles include the pathologization of erotic countertransference (Celenza, 2014, in press; Saketopoulou, 2017), intergenerational transmission of unrepresented, uncontained sexuality (Leavitt, 2017), the persistent desexualization of psychoanalytic theorizing (Celenza, 2014), the resistance to recognizing sexual boundary violations as a universal fallibility (Celenza, 2007), the tendency to polarize, vilify, and ultimately expel the universal vulnerability to sexual boundary violations (Celenza and Gabbard, 2003; Celenza, 2007; Gabbard, 2016), and the lack of containment of such vulnerabilities extant in the psychoanalytic institutional milieu (Gabbard et al., 2001; Celenza, 2007; Gabbard, 2016). Indeed, Leavitt (2017) sees the sociocultural surround of our psychoanalytic institutes as already collaterally damaged and thereby unable to provide a holding function.

There are also recent findings comprising the third wave with which we must reckon and these may further unsettle. Still, they must be grasped because they are part of the truth. The unsettling findings to which I refer are twofold: the first is an apparent rise in female transgression. This should not be surprising given the feminization of our field in general.

The second finding that may unsettle is the rise in false complaints.

Illustrative cases of the third wave

In the following, I will mention a few cases that represent typical dynamics and scenarios that are emerging in recent years. These are all recent cases in which I have consulted in one form or another and which I believe constitute our third wave.

First, there is a continuation of the one-time transgression for both male and female therapists and analysts. In America, the typical scenario, as noted above, are cases that involve an idealized, incestuous love affair in a grandiose attempt to love the patient back to health. Interestingly, these cases often involve active suicidality in the patient (Celenza and Gabbard, 2003; Celenza, 2007; Gabbard, 2016) and the seduction occurs at a moment when the therapist believes the treatment is at an impasse—the seduction is used to move the patient away from her suicidality and threat of self-harm. These are the types of cases that involve deep-seated unconscious transferential repetitions on the part of the therapist. Glen Gabbard[12] and I believe these types of cases will always be with us, since we are always, at some level, opaque to ourselves and capable of self-deception. Self-care and support through our analytic communities are key to maintaining our balance, especially as we age and face illness, the waning years of our careers, and the challenges of mortality in general.

These scenarios are increasingly engaged in by female therapists and analysts. I mention these cases because they exemplify the kinds of cases that are emerging in recent times in America and not solely within psychoanalysis. I do not mean to imply that the one-time transgressor scenario with a male therapist and female patient has disappeared—this is not true and not likely to ever happen. But as our industry becomes increasingly populated by female therapists and analysts, it makes sense that the prevalence of sexual boundary violations among this population will rise.

Case #1: Female/Female dyad

A 23-year-old college graduate entered therapy for anxiety and depression revolving around her difficulty finding a job after graduation. After

[12]Glen Gabbard, personal communication, 2019.

a few months of treatment where the patient did not seem to be making progress, the therapist suggested she become a control case for her training to become a psychoanalyst. The patient readily agreed, feeling honored and eager to have more contact with the therapist. Soon they recognized a special bond between them and increasingly looked forward to the sessions. There was a striking similarity in their histories (e.g., both had been sexually molested by a neighbor growing up). The slide down the slippery slope was comprised of the therapist's self-disclosures whenever she found an uncanny similarity between the two of them. The therapist also was in the midst of a divorce and found comfort in the solidarity of 'two women trying to make it on their own.' The patient welcomed the therapist's disclosures and began to request, even demand them if the therapist was notably silent on a particular day.

The analysis slid irreparably down the slope when the patient requested to put her head on her analyst's lap. This led to fondling and kissing. They had sexual relations soon thereafter. The treatment was terminated but they continued to see each other during the patient's usual hours, each feeling they had finally found their soulmate.

Case #2: False allegation[13]

A group of women knew of a male counselor who had recently passed away by suicide. They decided to compose a false complaint against his estate alleging sexual misconduct with one of them, in the hopes of procuring a financial award. Since he was deceased, they knew he would not be able to defend himself and thought this was a way to easily win the case. Unbeknownst to them, a third person overheard their plot and informed the licensing board. (The case was dismissed.)

Case #3: False allegation

Another case involves an elaborate scheme to vilify a psychiatrist in retribution for his refusal to continue treatment with a bipolar patient after she had refused to comply with her medication regimen. (The termination was part of an explicit contract between him and his patient, agreed upon after multiple hospitalizations, each precipitated by medication noncompliance.) When the patient was informed of the termination,

[13]Unfortunately, I know of no systematic information about the psychology of an individual who submits a false allegation of sexual misconduct.

the patient accused her psychiatrist of sexual misconduct. He was found not guilty of the alleged sexual misconduct but was put on a multi-year probation for inadequate record-keeping. His reputation was badly tarnished given that the complaint was posted on-line.

It is disconcerting but also makes psychological sense that as sexual boundary violations are increasingly adjudicated in the public arena, there will be a rise in false complaints. Unfortunately, as sexual misconduct (and sexual harassment) receive more press (and here is where the #MeToo Movement plays a central role as other industries take up the challenge of exploitation of power), there will be cases where false allegations are used vindictively or as a means to acquire monetary awards. It is now well known that therapists in particular are vulnerable to lawsuits of this kind, but any professional relationship where there is an institutionalized imbalance of power and where the mode of service delivery is essentially or wholly private is subject to this kind of abuse of process.

Case #4: Predatory psychiatrist practicing outside the U.S.

I was contacted by a female psychoanalyst in another country who was trying to find support, reparation and some measure of justice for an egregious sexual molestation that occurred within her training analysis. She was understandably distressed, confused, and was being treated for intense anxiety, depression and episodes of psychotic dissociation. When speaking with me, she repeated herself often, her thoughts were circuitous and she was obviously frightened. At times, I worried that she was mildly thought disordered and worried about her credibility, however her story never wavered despite her obvious difficulty in putting her thoughts together. In addition to helping her find a local therapist, I met with her via skype over a period of two years, playing the role of consultant to her case as I helped her file a complaint and obtain justice for the many ways in which her analyst had violated her: there was sexual exploitation, but he also manipulated her, using her to procure medications for himself (he would write the prescriptions) and coerced her into sadomasochistic rituals in their sexual practice. (This is an example of how some movements may begin, much like the 80s in the psychoanalytic institutes in America and the #MeToo movement around the world. The process usually begins by adjudicating the most egregious and horrific cases.)

A salutary effect of this journey for the woman in the above case was revealed to me by the way in which she grew over time, especially evident at the end, when her analyst was expelled from their institute and had his license revoked. Where she was frightened, confused and prone to psychotic dissociation initially, she is now cognitively clear, her depression has lifted and there is little sign of distress. This case is a good illustration of how seeking truth is healing and depicts how an internal process is strengthened with public acknowledgment and social justice. This is the core of the #MeToo movement and highlights the necessary process of seeking support, reparation and justice.

Conclusion

As psychoanalysts, we should vigorously eschew political correctness and groupthink. At the same time, we are not averse to the subversion of cultural convention. This is a time in our cultural history when we can use our power to influence and create change. We can seize this moment as an opportunity, as exploitations in other industries come under scrutiny. We, as psychoanalysts and psychoanalytic practitioners, have the tools to understand this crisis more deeply and take leadership in accord with these understandings. In this effort, it is important that we not lose our ability to think. We should avoid the temptation to let politics determine our differentiations. We should remain steadfast in the commitment to finding truth by asking more questions and not shy away from complexity. The truth may be uncomfortable and we can bear that as well.

If anecdotal accounts are to be believed, the #MeToo Movement has affected the ways in which men and women converse, do or do not find comfort with each other, and the ease with which they negotiate sexual relations. I have heard that some companies are reacting to the threat of lawsuits associated with alleged sexual harassment by *hiring fewer women*, a change that is attributed to the #MeToo Movement. Of course, I do not want to be misunderstood as implying that the #MeToo Movement is harmful or bad – my point is to stress that we, in the psychoanalytic industry, should not lose the ground we have worked so hard to cover and progress beyond.

The idea of a universal vulnerability toward sexual boundary violations (especially in later stages of one's career), is derived from the fact that our

work revolves around the experience of love and understanding, indeed that sexual boundary violations are an occupational hazard. This was a hard-won realization subsequent to the examination of the particulars of sexual boundary violations at an individual level. This acceptance came only with the careful examination of the different forms of sexual boundary violations, the elucidation of particular dynamics (from which none of us are immune) and with the sad realization that our work requires a sustained commitment to the asymmetric distribution of attention and gratification (in the sense of understanding) in the analytic relationship. This asymmetry can feel self-depriving under stressful circumstances and especially later in life, becoming more difficult to sustain. Further, it is only with this level of understanding that we can make sense of the disappointing and seemingly continuous reality of the downfall of some of the best or at least most revered analysts among us.

Licensing boards in the United States, in the absence of deeper understanding, remain sometimes harsh and erratic. Psychoanalysts rarely (if ever) have their voices heard in these adjudicatory processes. The #MeToo Movement has exacerbated this problem and, unfortunately, made the allowance for rehabilitation programs far less available. This is a major step backward, but our institutes do not have to follow in their footsteps.

What does this have to do with our everyday practice of psychoanalysis? Sexuality is implicated in everything we do, every moment we experience the world and others. It is the way in which we gaze into the world, grasp it and the way the world receives us. It structures our unconscious (Green, 1995; Laplanche, 1989, 1997). We must not be afraid to let our bodies experience the analytic process, to be present to our patients in our totality, including allowing sexual desire to be present in our countertransference. If we accept the universal vulnerability to sexual boundary violations, we might be tempted to retreat, thereby constraining our analytic stance. But this would mean a retreat from our patients who often need to speak frankly about their sexuality and to re-experience this aspect of their being with us, as the object that cannot be had. If we constrain ourselves, desexualize our being in relation to our patients and desexualize our theorizing as well, our patients will have nowhere else to go. Our work is threatening and difficult, precisely because the psychoanalytic setting is one where the analyst, as the forbidden incestuous

object, is at once titillated and overstimulated while also constantly frustrated through our abiding disciplined stance. This is a set-up for us as well as our patients that requires the utmost ethical responsivity.

Aggression is a force, a form of potency. In this way, unbinding, a form of destruction, is necessary for every creative act. We need to have the full range of potent affectivity at our disposal.

To hold in mind the ubiquity of the erotic in our psychoanalytic project, indeed within the erotic field, is to remind us of the magnitude of our ethical stance and required discipline. This asymmetry is not a given but is comprised of moment-to-moment choices that require constant monitoring against a background of self-care (Celenza, 2016, 2017, *in press*). There is a universal vulnerability to sexual boundary violations—of this I am convinced—and therefore, we must not pathologize erotic countertransference or view the absence of erotic feeling as a relief or an easy route to neutrality and abstinence. Rather, the absence of erotic arousal in our countertransference should be viewed as *a present absence* and in this way, problematized. The project of psychoanalysis is to strengthen subjectivity, heal divisions and splits, and construct subjectivities. This is a creative journey that requires both sexuality and aggression.

The analyst is desire that cannot be had, but *could be had*. The analyst is the object that holds open the space for desire and containment, in the context of full potentialities. We, as analysts are the object that doesn't give itself, and in that, we fertilize the ground in which desire is nurtured. The oedipal defeat is life-giving—the parent that maintains the incest taboo gives the child her life.

Power is an individual challenge, as well as one that may be institutionally or hierarchically conferred. It does not translate into the 'powers that be' or 'received wisdom' but rather true power that has many registers. There is subjective power, that is the power that one owns and authorizes as a feature of one's personality. This is an aspect of one's subjectivity that we can (usually) phenomenally experience. Then there is another register in which power resides—this is the power that is structuralized. It is a kind of institutional power that is conferred (by both parties) by virtue of one's role in a particular context.

The difference between subjective power and structuralized power is an

important one because practitioners of all mental health disciplines are often confused by the so-called power imbalance inherent in the therapeutic setting. An analyst or therapist does not necessarily experience, on conscious, phenomenal levels, structuralized power. In fact, in the midst of the perfect storm conditions of sexual boundary violations, the therapist/analyst often feels, on a phenomenal, i.e., conscious level, that they have no power. This is a typical example of the experience of structuralized power, inherent in the fabric of the role of being a therapist or analyst, and existing whether or not the therapist/analyst can feel it.

Though the great majority of the accused are men abusing women, there are women represented among the alleged perpetrators and there are instances of same-gendered dyads as well. In the case of men accused by women, we have the dynamic of sociologically conferred power coinciding with institutionalized or structuralized power as well.

Thus, the #MeToo Movement is not for women only. We all need to find our voice, our backbone, and speak truth to power. We could say this is where subjective power challenges institutionalized power. This is the challenge of the #MeToo movement in whatever wave we choose to examine.

Researchers in this area (Gabbard, Schoener, and myself) have exerted enormous efforts toward making the understanding of this problem more sensible and more humane. Our efforts have been as dedicated to helping the victim/patients and therapist/violators as they have been toward enhancing the understanding of this problem for all of us. There are also efforts at prevention by addressing institutionalized problems and those at the level of individual self-care. Let's not forget all we have learned—let's not mistake particulars for the waves.

References

Aron, L. (1999). Clinical choices and the relational matrix. *Psychoanalytic Dialogues* 9: 1–30.

Benjamin, J. (2004). Beyond doer and done-to: An intersubjective view of thirdness. *Psychoanalytic Quarterly* 73: 5–46.

Borys, D.S. and Pope, K.S. (1989). Dual relationships between therapist ad client: A national study of psychologists, psychiatrists, and social workers. *Professional Psychology: Research and Practice*, 20:283–293.

Britton, R. (2004). Subjectivity, objectivity, and triangular space. *Psychoanalytic Quarterly* 73: 47–61.

Burka, J. (2014). A chorus of difference: Evolving from moral outrage to complexity and pluralism. In *Traumatic Ruptures: Abandonment and Betrayal in the Analytic Relationship,* ed. R.A. Deutsche. New York: Routledge, pp. 126–143.

Burka, J., Sowa, A., Baer, B., Brandes, C., Gallup, J., Karp-Lewis, S., Leavitt, J. and Rosbrow, P. (2019). From the talking cure to a disease of silence: Effects of ethical violations in a psychoanalytic institute. *International Journal Psychoanalysis* 100(2): 247–271.

Celenza, A. (2007). *Sexual Boundary Violations: Therapeutic, Academic, and Supervisory Contexts.* New York: Jason Aronson.

Celenza, A. (2010). The analyst's need and desire. *Psychoanalytic Dialogues*, 20, 60–69.

Celenza, A. (2011). *Sexual Boundary Violations: Therapeutic, Academic and Supervisory Contexts (2nd Edition).* New York: Jason Aronson.

Celenza, A. (2014). *Erotic Revelations: Clinical Applications and Perverse Scenarios*. London: Routledge.

Celenza, A. (2016). Different strokes in boundary artistry. Commentary on Cooper's Blurring boundaries or Why do we refer to sexual misconduct with patients as "Boundary Violation." *Psychoanalytic Dialogues*, 2016, 26:215–222.

Celenza, A. (2017). Lessons learned on or about the couch. *Psychoanalytic Psychology*, 34(2):157–162.

Celenza, A. (2021). Shadows that corrupt: Present absences in psychoanalytic process. In Charles Levin and Muriel Dimen (Eds.) *Boundary Trouble: Psychosexual Violations and Intimacy in Psychoanalysis.* New York: Routledge.

Celenza, A. (in press). Paradox in the Psychoanalytic Setting. In *Transference, Love, Being: Essential Essays from the Field.* London: Routledge.

Celenza, A. and Gabbard, G.O. (2003). Analysts who commit sexual boundary violations: A lost cause? Journal American Psychoanalytic Association, 51(2):617–636.

Dimen, M. (2021). Rotten apples and ambivalence: Sexual boundary violations through a psychocultural lens. In *Sexual Boundary Trouble in Psychoanalysis: Clinical Perspectives on Muriel Dimen's Concept of the "Primal Crime,"* ed. Charles Levin.

Gabbard, G.O. (1991). Psychodynamics of sexual boundary violations. *Psychiatric Annals* 21: 651-655.

Gabbard, G.O. (1994). Psychotherapists who transgress sexual boundaries with patients. *Bulletin Menninger Clinic* 58(1): 124–135.

Gabbard, G.O. (2016). *Boundaries and Boundary Violations in Psychoanalysis (Second Edition).* New York: American Psychiatric Association.

Gabbard, G.O. and Lester, E. (1995). *Boundaries and Boundary Violations in Psychoanalysis.* New York: Basic Books.

Gabbard, G.O., Peltz, M.L and COPE Study Group on Boundary Violations. (2001). Committee on Psychoanalytic Education: Speaking the unspeakable: Institutional reactions to boundary violations by training analysts. *Journal American Psychoanalytic Association* 49(2): 659–673.

Gartrell, N., Herman, J., Olarte, S., Feldstein, M., and Localio, R. (1986). Psychiatrist-patient sexual contact: Results of a national survey, I: Prevalence. *American Journal of Psychiatry*, 143(9):1126–1131.

Gentile, K. (2021). When the cat guards the canary: Using bystander intervention towards community-based response. In *Sexual Boundary Trouble in Psychoanalysis: Clinical Perspectives on Muriel Dimen's Concept of the "Primal Crime,"* ed. Charles Levin.

Green, A. (1995). Has sexuality anything to do with psychoanalysis? *International Journal Psychoanalysis* 76: 871–883.

Greenberg, J. (1999). Analytic authority and analytic restraint. *Contemporary Psychoanalysis* 35: 25–41.

Hanly, C.M.T. (2004). The third: A brief historical analysis of an idea. *Psychoanalytic Quarterly* 73: 267–290.

Harris, A. (2008). The analyst's melancholy and the analyst's omnipotence. Paper presented at the *Boston Psychoanalytic Society and Institute*, Boston, MA.

Laplanche, J. (1989). *New Foundations for Psychoanalysis*. London: Blackwell.

Laplanche, J. (1997). The theory of seduction and the problem of the other. *International Journal of Psychoanalysis* 78: 53–666.

Leavitt, J. (2017). From group-ethic to group-erotic. Paper presented at the *International Psychoanalytic Association,* Buenos Aires, Argentina.

Ogden, T. (1994). *Subjects of Analysis*. Northvale, NJ: Jason Aronson.

Saketopoulou, A. (2017). The infantile erotic countertransference and the work of renunciation. Paper presented at the *International Psychoanalytic Association*, Buenos Aires, Argentina.

Saketopoulou, A. (2021). Does sexuality have anything to do with sexual boundary violations? In *Sexual Boundary Trouble in Psychoanalysis: Clinical Perspectives on Muriel Dimen's Concept of the "Primal Crime,"* ed. Charles Levin.

Schoener, G.R., Milgrom, J.H., Gnsiorek, J.C., Luepker, E.T., and Conroe, R.M. (Eds.) (1989). *Psychotherapists' sexual involvement with clients*. Minneapolis, MN: Walk-In Counseling Center.

Spezzano, C. (1998). The triangle of clinical judgment. *Journal American Psychoanalytic Association* 46: 365–388.

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Transgressions in Psychoanalysis

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The violation of the boundaries[2] in the psychoanalytic process refers to the rupture of the framework that makes the operation of the analysis feasible. The framing provides the conditions for the analyst and the patient to establish a helpful relation for the exploration, understanding and treatment of the conditions for which the patient consults.

But at the same time we must keep in mind what Gabbard wrote:

> The psychoanalytic frame is another term that has long bothered me since it conjures up an image of a rigid picture frame. The boundaries of the frame are anything but rigid in an analytic process, where the analyst is repeatedly negotiating and adjusting the frame to the unique needs and characteristics of the patient. (Gabbard, 2016)

The analytical process and the setting in which it develops, mobilizes defences and anxieties in the patient, but also in the analyst. A careful handling of these processes is essential to protect the favourable course of the treatment and to avoid situations that interfere with the analytical process and in some cases make it impossible, provoking its interruption.

In order not to focus on a merely phenomenological description, I consider it necessary to recall some concepts, developed by psychoanalysts from different schools, in order to think through on a metapsychological basis the question of the limits and their violation.

The agreement between the patient and the analyst regarding the setting does not end with the formulation of the rules and their acceptance. This agreement is made not only prior to the beginning of the analysis; it is part of the analysis itself, because the external rules (schedules, frequency, use or not of the couch, fees) influence and are influenced

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[2]For a detailed revision of both terms (boundaries and violations), see Gabbard (2016)

by unconscious "internal" configurations. So I consider establishing the frame as a continuing process, an essential and ongoing part of the analytic process.

Once the setting is accepted and the analysis begins, some crossings of boundaries are unavoidable for both patient and analyst. But these situations must be understood and, if possible, interpreted and worked through. At this point it is important to differentiate between this kind of crossing and clear transgressions or violations of boundaries, which allow no space for analytic inquiry.

An important part of the relationship between patient and analyst is to find a way to apply the typical model in each case, respecting the fundamental rules; the patient's agreement should not be an act of submission. On the contrary, it requires time and elaboration for the patient to incorporate, through his/her experience, the need to have this framework, both in its role as a facilitator of unconscious communications, and as a protector against ruptures that can lead to breakdown. The agreements reached in the initial interviews must be re-analyzed so that the patient can be an active subject in the constitution and maintenance of the framework.

The classical frame was established over time and by the critical review of complex situations that arose at the beginning of psychoanalytic practice. The analytical technique was developed at the same time as the knowledge of its object of study: the unconscious and its manifestations.

In the early days, the knowledge that was acquired later about the strength of the drives and anxieties that are mobilized in the treatment was not known. The dynamics of transference and countertransference were a relatively late finding, products of the critical analysis of the treatments, their successes, and their failures. The frame is not, therefore, an abstract starting point.

Some examples, because they were published, are well known, such as Breuer with Anna O, or Freud with Dora; but there are many others, unpublished because psychoanalysis developed in fairly narrow social groups, which favoured interference between the analytic relationship and other links, which facilitated confusion or therapeutic failure.

In my opinion, it is not a "dark history of psychoanalysis," but rather a time of learning, unavoidable and necessary, which provided the empirical basis from which to reflect and theorize about what happened and learn from criticism.

Psychoanalysis is a practice that analyzes its failures and tries to build a way of approach that favours the free association of the patient and the floating attention of the analyst. It is a way to approach Freud's postulate of an "unconscious to unconscious" communication (which constitutes another "ideal model").

The idea of limit is related to a space, and this concept was coined from Freud's formulations in his letters to Fliess, his essay on dreams, and developed further throughout his work. Some spatial sketches were already drawn in his Project.

These spatial schemes became increasingly complex, when Freud described the incorporation of external objects in mourning processes (Freud, 1917) to configure an "internal world," occupied by objects and their dynamics, and developed further with the so-called "second topography" (Structural Theory). This conception of the unconscious psyche was expanded in the elaborations of Melanie Klein and other authors.

Internal space results from the more or less distorted introjection of external real objects and their reciprocal relationships. Each individual unconsciously builds up their basic structure of personality. The characteristics of each subject arise both from constitutional influences and from other environmental factors, such as identifications, object relations, and so on.

Internal space has its roots in the real, external space that the child experiences with his earliest objects, such as the mother's breast. This real space can be unconsciously recognized or denied, according to the conscious and unconscious features of the mother-baby relationship. From the real and fantasized aspects of this experience, the child will introject an internal space, which favours its development or leads to various forms of disturbances.

The formation of internal space is a challenging evolutionary process that is sometimes successful, but sometimes fails. In a development of

the Kleinian theory, Britton (1998) describes how in "normal development the perception by the child of the parents' coming together independently of him unites his psychic world. It creates one world in which different object relationships can occur, rather than monadic serial worlds each with its own object relationship" (p. 41). In other words, the integration of the internal world depends on the adequate resolution of previous phases, which allow the subject to tolerate the experience of a primal scene in which he/she does not participate; tolerance of this exclusion opens the way to a separate development.

With some modifications, this space parallels that described by Winnicott (1971) who called it a "potential" or "transitional" space in his experiences with children's play. These ideas are related to the potential space recounted by Ogden (1985). Ogden writes: "Perhaps the most important and at the same time most elusive of the ideas introduced by Donald Winnicott is the concept of potential space. Potential space is the general term Winnicott used to refer to an intermediate area of experiencing that lies between fantasy and reality. Specific forms of potential space include the play space, the area of the transitional object and phenomena, the analytic space, the area of cultural experience, and the area of creativity." Of course, these notions also apply to the analytic relationship.

For Winnicott, "Potential space… is the hypothetical area that exists (but cannot exist) between the baby and the object (mother or part of mother) during the phase of the repudiation of the object as not-me, that is, at the end of being merged in with the object (Winnicott, 1971b, p. 107). This kind of link in the potential space favours the appearance of paradoxes (me-not me, internal reality/external reality) that the analyst tolerates without trying to resolve.

Just as the structure of the internal world is partially conditioned by the links with objects, the real links will also be influenced by unconscious structures and dynamics. Our mode of relationship with others is marked by the unconscious in combination and conflict with rational thinking.

The organization of the analytical setting must offer a framework of the greatest possible neutrality in which the patient can project his internal world, in close but asymmetric relationship with that of the analyst. In

this framework, the patterns of the analysand's internal world are channelled onto the analyst through transference and can be observed and, when possible, interpreted. The analyst's interventions are marked by his countertransference, which makes the analysis exposed to unconscious tensions on both sides.

The relative stability of the frame is a helpful means for observing the oscillations in the transference and countertransference relationship, and provides a means of containment, understanding, and interpretation. Respect for limits does not mean a rigid frame. But it is only from a clear definition of the limits that deviations can be observed and given meaning. It is impossible for an analysis to pass without some alterations of the setting (schedule, payments, etc.). But it is important to differentiate the necessary flexibility from the transgressions that make the analysis impossible.

These limits are intended to protect the analysis. Therefore, the analyst and the patient must strictly limit their relationship to analysis: no ties of any other kind should be allowed. Obviously, these limits rule out any physical contact or sexual relationship. These considerations are not obvious because analysis, by its very nature, mobilizes unconscious libidinal or aggressive impulses that powerfully influence the field of transference and countertransference. These impulses may go unnoticed by the analyst who might, only after they have occurred, become aware of them.

A different situation would be if the patient or analyst indulges in the conscious performance of these impulses due to unmanageable demands for satisfaction or with rational justifications that can be argued. The spontaneous expression of fantasies, their containment, and their working through, is made possible as long as analytical limits are maintained. Within this space, impulses can be represented and achieve symbolization and thought. This process facilitates overcoming pathological defences and creating new and more satisfying ways to manage and contain anxieties.

This potential space is not rigid or constant but is subject to changes that expand or reduce its operation. At this point it may be interesting to recall Britton's contribution of a "post-depressive position." On the one hand, he no longer considers the classic depressive position as the final

goal of development. On the other, he warns that each new experience may imply a movement from D to Ps, which implies minor disruptions inherent to normal functioning. The move to Ps stimulates a recovery of D, but it is a new D, incorporating the new experience and fuelling mental growth. This movement can facilitate or impede either the capacity for symbolization or the tendency to concretization. An oscillation between these extremes is inevitably present in all analysis and therefore distinguishing necessary oscillations from violation of the limits is not easy.

Bion paid special attention to the processes that underlie thought formation. He started from clinical experience with patients unable to think; personalities whose psychic structure leads them to use other means of communication, which go with or replace verbalization and symbolization. The analyst would have to grasp the meanings of this 'other' communication in the session if he or she has the appropriate sensitivity, experience, theoretical and countertransference knowledge, and containment capacity. However, there are frequent situations in which only after the session or during supervision can one become aware of these processes.

In short, there are patients who cannot use their minds to think, but evacuate their impulses onto the object, that is, onto the analyst in the session. Bion observed seriously ill patients, who may feel that the analyst's interpretation stands for a rejection of their projections, leading to a vicious cycle of malignant misunderstandings. These observations are important because they mark moments in all analyses during which the difference between fantasy and reality is reduced or collapsed. They may imply a permanent or transitory inability of the analyst to recognize the only forms of communication available to a patient at a critical moment during the analysis. This inability can lead the analyst to confuse the meaning of the patient's projections, which transfers to the analyst his inability to discern reality from fantasy. In those moments, the analyst can take these projections as concrete elements that drive "action."

Bion described a function of primary objects, by which the infant's projections are transformed into alpha elements, suitable for storing, dreaming, and symbolizing. But he also described that, under the effect of some drives such as envy, an anti-alpha function is set in motion, which

produces beta elements not suitable for symbolization and thought, but rather promotes their expulsion, by mechanisms such as projective identification.

Ogden (1985) describes how the discourse of some patients may reflect "imitative deeds, words, behaviours and actions tainted with ego and superego traces with the interference of secondary process, especially rational thinking that may be regarded as originating from anti alpha-function…" (p. 49). "Clinically, a lack of resonance, depth, associations, being stuck with manifest content, are good pointers to a move from the symbolic to concretization (beta activity)." (Abel-Hirsch, N. 2016)

The boundaries of the psychoanalytic framework represent distinct zones of the unconscious that protect us from psychotic intrusion or other serious disturbances. Therefore, the notion of limit in the analytic frame implies the border that prevents the uncontrolled irruption of primitive anxieties in the form of psychotic manifestations. The notion of "uncontrolled" must be underscored because the irruption of the psychotic functioning can be unavoidable at certain moments of an analysis. But it is crucial to differentiate the primitive or psychotic manifestations, which occur under the protective restrictions of the frame, from those that are triggered by the systematic violation of the frame.

These lengthy considerations are intended to suggest that the setting is not a protective shield against possible violations. But a careful scrutiny of the frame and its oscillations during the session offers us important signals that must be examined in order not to act instead of analyse.

It is important to bear in mind that the responsibilities of the patient and the analyst are not the same. It is part of the asymmetric relationship. We can understand the unconscious dynamics that underlie these violations, but the analyst must manage his conflicts in such a way that they do not affect the analysand or the transference field. While the patient can freely express his/her impulses and fantasies, the analyst is obliged to protect the frame through interpretations and a careful inquiry of his countertransference.

The violation of the frame tolerated or encouraged by the analyst (giving in to the patient's fantasies and projections or to his own impulses) is

traumatic for the patient (and often also for the psychoanalyst) despite the immediate gratifications obtained. The breakdown of the protective framework and its outcome in harmful actions has the meaning of incest when a parental figure from whom protection and help is expected becomes the agent of abuse. The transgressions trigger a disturbance in which the patient, like the child, must bear the burden of "containing" the analyst/parent, inverting the normal organization, or colluding with the inevitable catastrophic consequences.

In the models that have been developed from better attention to the role of the analyst, his countertransference and the effects of his interpretations, the concept of 'the third' stands out among others. It is a common point to many theoretical and technical developments.

J. Benjamin states: "The concept of the third means a wide variety of things to different thinkers, and has been used to refer to the profession, the community, the theory one works with—anything one holds in mind that creates another point of reference outside the dyad (Aron 1999; Britton 1988; Crastnopol 1999). My interest is not in which "thing" we use, but in the process of creating thirdness—that is, in how we build relational systems and how we develop the intersubjective capacities for such co-creation. I think in terms of thirdness as a quality or experience of intersubjective relatedness that has as its correlate a certain kind of internal mental space; it is closely related to Winnicott's idea of potential or transitional space. (Benjamin, 2004).

In the present discussion, the use of the third object is to be distinguished rigorously from the intersubjective third or symbolic third for there is no recognition of a separate subjectivity in the mind of the transgressor. Rather, the third is used, as in Benjamin's (2004) "negative third," in complementarity or doer-done to relations, as Ogden's (1994) subjugating third, or the way Aron (1999), and Greenberg (1999) use the concept, as representative of the analytic community.

Considering the causes and remedies for the breakdown of recognition (Benjamin 1988), and the way in which breakdown and renewal alternate in the psychoanalytic process (Benjamin 1988), led me to formulate the contrast between the twoness of complementarity and the potential space of thirdness. In the complementary structure, dependency

becomes coercive; and indeed, coercive dependence that draws each into the orbit of the other's scaling reactivity is a salient characteristic of the impasse. Conflict cannot be processed, observed, held, mediated, or played with. Instead, it emerges at the procedural level as an unresolved opposition between us, even tit for tat, based on each partner's use of splitting (Benjamin, 2004).

The paradoxical aspect of the frame is well expressed by Celenza (2006): "In these ways, the treatment setting is a complex structure that uniquely instantiates several contradictions. Especially interesting is the way the treatment setting combines these two contradictory axes: the axis of equality and mutuality (a "we're in this together" type of experience) along with the contradictory and imbalanced focus on the analysand (a "you are in this alone" type of experience)." This is reminiscent of Winnicott's idea of the transitional space paradoxes, mentioned above.

With what has been said so far, it seems clear that neither personal analysis, nor theoretical and clinical training, offer a guarantee of safety against possible violations of the limits. As Gabbard points out, "Anyone who has studied this phenomenon in any detail soon learns the disconcerting truth: We are all potentially vulnerable to various kinds of boundary transgressions, including sexual ones, with our patients" (Celenza, 2007; Gabbard, 1994).

It is frequent and understandable that the desire to "help the patient" is at the basis of our choice of psychoanalysis as a profession. But it is necessary to underline that the only help we can offer to our patients is through the analysis of the conflicts and not through the gratification of the impulses, much less in collusion with ours. In my opinion, some analysts distort the notion of aid, when they do not clearly limit it to the rigorous application of *analytic* resources.

Containment of the patient's demands is a difficult aspect to handle. There are regressive demands that reject interpretations or analytical intervention and demand satisfaction from the real. This can lead the analyst to "act in aid of the patient" by colluding with such demands, which may be sexual or have strong erotic components.

The loss of the analytic function in the psychoanalyst

It would be a mistake to think that the analyst acquires the analytic function in his training and retains it forever. Analytical work with many patients, while reinforcing our experience and knowledge, also produces "wear and tear." This fact affects our willingness to start each session as a new experience, open to recognize what we are living, in this singular moment, without just applying what we know that may not even be relevant to this specific moment.

The confidence in the psychoanalytic method is necessary to handle the vicissitudes of the transference relationship. It is not an uncritical submission to classical technique, but a deep-seated introjection of theory and technique, which allows us to adapt to each singular case that we take in treatment. The alternative would be to condemn our professional practice to a sterilizing dogmatism.

At the same time, this framing strives to protect the analyst and the patient from dangerous acts that seriously interfere with the analysis, causing situations in which action replaces analytical reflection or thwarts its continuation. The transgression of the psychoanalytic framework during a treatment can be a serious situation, leading to severe consequences for the patient, for his family and also for the psychoanalyst; it also affects the institution and the profession in general.

The transgression of limits is something that occurs in social life, usually associated with power relations, work hierarchy, physical, or "spiritual" power, as in the religious sphere, and other environments of dependency. The paradox of psychoanalysis is that it mobilizes *real forces*, impulses, desires, inhibitions, to be treated as fantasies, as psychic productions and to hypothesize their meaning as psychic, their unconscious motivations and aims. This paradox always exists and, furthermore, without it there would be no analysis. But at the same time, the fact that real impulses or feelings are treated as psychic products implies a permanent risk of confusion or frustration for both the patient and the analyst.

The analyst's role implies not ignoring the patient's objective and subjective realities, but at the same time not staying trapped in them. It is a permanent movement in every analysis. On the patient's side, it means accepting the frustration that their realities are transferred to another

stage (their internal world, the transference relationship) instead of being satisfied, as they demand, in the real world. On the side of the analyst, it means assuming this role of analyzing without satisfying the instinctual demands, as already suggested by Freud: psychoanalysis can only be carried out in a climate of deprivation.

Transgression within the frame of a psychoanalytic treatment has special connotations because the setting and the dynamics of the treatment stimulate deep and real impulses, both in the patient and in the analyst, of such intensity that they lead to actions instead of analysis and mental growth. What is specific about transgressions in psychoanalysis is that not only both subjectivities are mobilized, but that these movements involve the deepest layers of the unconscious that are repressed or split off.

For many years, analysts of different tendencies have questioned the value of concepts such as neutrality, objectivity, the attitude of the analyst with his countertransference, self-disclosure, and so on. These theoretical questions have been widely debated. Some formulations from the theory of technique have been seen differently in the light of more than a century of clinical experience. These debates arose as more attention was paid to the role of the analyst in the treatment, his subjective involvement, his psychic organization, or the unresolved points of his personality.

But they also have a practical or clinical aspect, to the extent that their modifications may imply changes in the setting that facilitate, beyond the analyst's intentions, actions that distort the analytic process and transform the transference link into a painful repetition of pathological relationships in the patient's history. And the analyst could be encouraged to play a role in the scenario of the countertransference transference, in which the patient and the analyst put into action primitive objects of their respective internal worlds.

Besides major boundary violations we can also consider it a rupture if analyst and analysand only think in terms of the real world, letting aside the apprehension of unconscious phantasies, defences and other mechanisms.

The role of the third object, already pointed out above, is also a dynamic process, exposed to the vicissitudes of unconscious dynamics. J.

Benjamin (2004) points out: "Thus, I consider it crucial not to reify the third, but to consider it primarily as a principle, function, or relationship, rather than as a "thing" in the way that theory or rules of technique are things. My aim is to distinguish it from superego maxims or ideals that the analyst holds onto with her ego, often clutching them as a drowning person clutches a straw. For in the space of thirdness, we are not holding onto a third; we are, in Ghent's (1990) felicitous usage, surrendering to it. " The question remains from my point of view, that both the transgressions and the submission can be the object of analysis and not of actions that distort the work. At this point is important to recall what we wrote before about concretization processes.

A particularly serious transgression is the involvement of the analysand and the analyst in a sexual relationship. These events occur in clinical practice and we have elements to reflect on, among other things, because these actions and their consequences alter the lives of both. On the one hand, it stops the analytical process, but on the other it can produce serious disturbances in the mental state of both. In the case of the patient, it may be that they resume the treatment with another analyst and that they can examine what happened. In the case of analysts, there are many who after these episodes have been analysed again, which provides a deeper understanding of the dynamics that are put into play in such actions. Great suffering appears when analysing these violations is possible. But there are other cases in which the analytic method is devalued and the traumatized individual no longer seeks for this kind of psychological help.

Some remarks about training analysis

In principle, a training analysis has no difference from any other analysis. However, it is possible that taking a patient for analysis who intends to train as an analyst awakens in us quite different reactions: from sympathy and the desire to help a possible future colleague, to rejection or rivalry against traits that we consider inappropriate to carry out their wishes. Even though we know that our analytic function is disconnected from the admission committee or other organizational structures of each training institute, a confusion of roles is possible. Confusing our roles in such cases results in another variant of violation of the limits, perhaps less serious in appearance, but equally damaging to the analytical process.

Sometimes the idea that 'helping' can only be managed through analysis is not stressed enough. Interpretation, working together on occasions to make sense of obscure or inaccessible manifestations of interpretation, containment, also understood psychoanalytically, which means avoiding any act of collusion and even in extreme cases in which a certain collusion is unavoidable, attempting to analyse it as deeply as possible.

On many occasions, the patient's communications invite us to play the role of "good object"; without censuring this possibility at all, we must examine the unconscious motivations that may lead the patient to claim real or fantasized gratifications and the analyst to play that gratifying role. It is possible to discover that, in some cases, these roles do not depend only on the current situation of the session, but also express the actualization of primary conflicts of the patient, and also of the analyst.

Summary

The analytical setting is an essential resource for the development of the therapeutic process. This frame must not be rigid but can be traversed during treatment. This happens because these movements are influenced by the unconscious structures that are mobilized in the analysis; a brief revision of these structures and movements are described. It is also necessary to differentiate between unavoidable border crossings and violations that prevent further treatment.

References

Abel-Hirsch, N. (2016) Bion, Alpha-Function and the Unconscious Mind, *British Journal of Psychotherapy*, 32(2):215–225.

Aron, L. (1999) Toward a Triadic Relational Theory: An Introduction *Psychoanalytic Dialogues*, 9(4):441–443.

Benjamin, J. (2004). Beyond Doer and Done to: An Intersubjective View of Thirdness, *Psychoanalytic Quarterly,* 73(1):5–46.

Britton, R. (1998) *Belief and Imagination*, Routledge, London.

Celenza, A. (2007) Analytic Love and Power: Responsiveness and Responsibility. *Psychoanal. Inq.,* 27(3):287–301.

Crastnopol (1999) The Analyst's Professional Self as a "Third" Influence on the Dyad: When the Analyst Writes About the Treatment. *Psychoanal. Dial.,* 9(4):445–470.

Freud, S. (1917) *Mourning and Melancholia*. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV.

Gabbard, G. (1994) On Love and Lust in Erotic Transference. *J. Amer. Psychoanal. Assn*., 42:385–403.

Gabbard, G. (2016). Commentary on Steven H. Cooper's Paper "Blurring Boundaries or Why Do We Refer to Sexual Misconduct With Patients as 'Boundary Violation'". *Psychoanal. Dial*., 26(2):223–228.

Ghent, E. (1990) Masochism, Submission, Surrender—Masochism as a Perversion of Surrender. *Contemp. Psychoanal.,* 26:108–136.

Greenberg, J. (1999) Analytic Authority and Analytic Restraint. *Contemp. Psychoanal*., 35(1):25–41.

Ogden, T. (1985) On Potential Space. *Int. J. Psycho-Anal.,* 66:129–141.

Ogden, T. (1994) The Analytic Third: Working with Intersubjective Clinical Facts. *Int. J. Psycho-Anal*., 75:3–19.

Winnicott, D. (1971) *Playing and Reality*. London: Tavistock Publications.

When the Ethical Seduction Has Been Forgotten… Boundary Violations in Our Institutes

Viviane Chetrit-Vatine[1]

On July 25th, 2019 Jane Burka and Angela Sowa gave me the opportunity to share with them some of my ideas on the question of boundary violations while we were on a panel at the IPA conference, held then in London.[2] They had had a paper published in the International Journal of Psychoanalysis a year before, "From the talking cure to a disease of silence: Effects of ethical violations in a psychoanalytic institute,"[3] and they asked me to discuss their ideas with them during our panel. We had an important meeting with productive exchanges. And I am grateful to Howard Levine who invited me to share in this journal my own thoughts around the large question of boundary violations. I thought it could be of interest to relate here to this specific issue touching upon ethical violations in our institutes while their sources as well as their implications remind us of those found in families where sexual abuses between adults or sexually matured youngsters and children are occurring, in other words: The forgetting of the ethical seduction, in life, in analysis, and in teaching psychoanalysis.

I will begin with the text of my panel abstract and, following it, I will articulate some of the ideas that I have developed before and have continued to develop up till now. These ideas relate precisely to the ethical seduction of the analytic situation. I argue that these ideas may be relevant to the issue of boundary violations or, better said, of ethical violations in any human situation but especially during an analytic process

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[2]The title of the panel was: *An ethical violation of one is a violation of many: The disruptive impact on individuals and the group.*

[3]https://www.tandfonline.com/doi/abs/10.1080/00207578.2019.1570218

or, as it is topic here, in the context of a psychoanalytic institute. These ideas may be of help in understanding the iatrogenic effects of any ethical violation.

Here is the abstract and I will underline the points that I will later insist upon:

This article presents an in-depth study of ***one institute's efforts to recover from effects of ethical violations by two senior members.*** *Qualitative data analysis from voluntary member interviews details the damage that spread throughout the institute, demonstrating that a violation of one is a violation of many. Members at all levels reported* ***feeling disturbed*** *in ways* ***that affected their emotional equilibrium, their thinking processes, and their social and professional relationships.*** *The aggregated interview data were reported to the institute community in large and small group meetings designed* **to reverse the "disease of silence"** *and to allow members to talk with each other.* ***Outside consultation helped*** *with this emotionally arduous process. The authors offer hypotheses concerning the nature of group anxieties during ethics crises. We assert that* ***both sexual and non-sexual boundary violations break the incest taboo,*** *as they* ***breach the generational protection*** *required of professional interactions. Ethical violations attack the group's foundational ethos of care, unleashing* ***primitive anxieties and defenses that interfere with capacities for thinking, containment, collaboration, and integration.*** *Since the full reality of what happened is unknowable, hybrid truths emerge, causing conflict and disturbances that inhibit thoughtful group discourse.*

As I prepared this discussion, thinking about my institute, knowing that boundary violations may occur in any institute or in any society, it appeared to me, while remembering crisis moments that took place in our society, that probably iatrogenic effects, that were not dealt with properly at the appropriate time, remained as *strange bodies* in the society's

[4]I am here following Laplanche's suggestion (2007) while enlarging it into a collective dimension; he spoke of an enclaved unconscious in the human psyche resulting from intromitted messages from the part of the parental environment that the child's psyche was unable to metabolize. He saw these at the origins of, at best, splitting and denial, remaining throughout life as "strange bodies," ready to be enacted in the analytic situation or in life. I propose here to think of a collective enclaved unconscious.

enclaved unconscious,[4] playing eventually their unrecognized lethal role at the origin of unclear internal conflicts. It may be appropriate to speak here of *"A disease of silence."* The task is obviously very complex as ethical violations are dealt with by the ethics committee which is by definition a non-reporting committee. The issue is to realize that a distinction has to be made between privacy and secrecy and I will come back to this point later on. Burka's and Sowa's paper is precise in its dealing with this complexity and showing that it is possible to give the membership a way to express feelings and thoughts while keeping private what has to be kept private. It has been very crucial that in this case the society presidential committee agreed to get the help of an external consultant to facilitate this task. By making such an agreement, this committee has in my view functioned as a *matricial third* for the whole society and institute. I will explain myself further in the following.

Coming back to the question of the "saying" instead of succumbing to the "disease of silence," I have spoken lately of an "ethics of saying well" in the context of contemporary parenting arrangements and new modes of procreation (2018). I try to take into consideration the timing, the tone, and the style parents use when they finally have to let their children know about the way they have been conceived. But I have stressed earlier, inspired by the French philosopher Emmanuel Levinas, that the *saying* is often even more important than *the said*. While I speak of 'saying' I insist upon my address to the other person, that is, my approaching them as a human subject (Levinas 1974,1982).

Let's think of our analytic practice. We know well today how any intervention on the part of the analyst always has a sensory part that is, in Laurence Khan's words, "a semantico-phonic part," and in Julia Kristeva's words, "a semiotic part." I will say that the tone, the rhythm, the length of the sentences, as well as of the silences, participate in the eventual transformations that will hopefully take place in our patient's psychic space. But are we attentively aware that while we are intervening, or when we are finding ourselves in a significant silence, we are addressing our patients as subjects? How much are we realizing that this address is crucial? As a matter of fact, it meets a fundamental need existing, in my view, in any human being from birth, a need for an ethical environment, what I refer to as: an environment in a position of matricial space able to function as a matricial third.

What do I mean by ethics and why these terms: *matricial space*[5] and *matricial third?*

Levinas has defined ethics as *asymmetrical responsibility towards the other* (1961). He sees it not as part of philosophy but as being primary to any philosophy. He was able to reach this understanding after considering and taking to heart the meaning of the Shoah, the eradication of humans by humans. This helped me to formulate how an ethics of asymmetrical responsibility is primary to psychoanalysis; better said, it is intrinsic to contemporary psychoanalytic practice. I have proposed that the analyst's ethics is *an ethics of emotionally loaded asymmetric responsibility towards the other as much as an ethics of truth* (2014 a). As Cecilia Taiana, who chaired our panel, has suggested in her introduction, my proposition is more radical than what is called *an ethics of care*. We may remind ourselves that the word *radical* comes from *radix,* which means root. Levinas has suggested that one of the best metaphors of ethics, understood as asymmetric responsibility, is "maternity" (1974) and he notes that in Hebrew and Arabic the womb is Rechem; and from this word, we get *Rahamim*, which means compassion. It is noteworthy that, at the molecular level, the *matrice* is a place in which elements are rooted, where a development may occur.

By using the term *matricial space position* I wished to point toward this ethical space, once originated by the parent or expected by the new born to be there at the very beginning of human life. I have proposed that in life, the parents' matricial space position, their position of radical responsibility towards the other, born out of the transformation of their recurring ethical shock (paradigmatically the mother's or the father's) while they meet with the neonate and then the child. This shock results

[5]The term: 'matricial' (in: matricial space, matricial position, or matricial third) is derived from the French 'matrice' (uterus). As noted above, a long time ago I drew inspiration for this expression "matricial space" *(espace matriciel)* from Levinas' conception of ethics (1972, p. 122, n. 6; 1974). Later, I became acquainted with Bracha Lichtenberg-Ettinger's research, in which she coined the term 'matrixial' and, from it: matrixial gaze, matrixial transubjectivity, etc. Lichtenberg-Ettinger is a film theorist, a psychoanalyst, and a visual artist whose work is informed by Lacanian and object relations psychoanalysis. She developed a theory around the notion of the "matrixial" (1997).

from the violence related to the encounter with the alterity of the neonate, with the uncanniness of this encounter; with the recurrent realization of the grandeur of the phenomenon of bringing into the world and encountering a new living being who is in a total dependency, faced with this impossible task of raising a child in a good enough way. Included within this shock is the injunction coming from the benevolent super ego: *Thou shall not kill*. I allude here to the unavoidable hate that comes out together with love and curiosity in this so special encounter. As an implication of these recurrent shocks, there will be a release by the parents of enigm-ethical messages. What do I mean by enigm-ethical messages? These messages are a combination of the parental messages compromised by the repressed unconscious derivatives of their sexual drives of death, and of the parental ethical messages, derivatives of their sexual drives of life (Chetrit-Vatine 2015). In other words, they are emanating from the parents in an ethical seduction that is unavoidably present from the beginning of life and throughout the child's development. I have proposed that traces of these enigm-ethical messages will get inscribed in the infinite zone (Vermote 2013) of the child's psyche and will remain at the very origin of each human subject's ethical capability as they will facilitate, later on, the transformation of the child's, and then the adult's, sexual death drives into the sexual life drives (2014b, 2017).

When in analysis, as in life, I speak of an *emotionally loaded* asymmetric responsibility, I am referring to the analyst's passion, as Bion (1963) defined it: Love, Hate, Knowledge "without any suggestion of violence." We know better today the role of affects in development. With our contemporary cases, we have to deal with identity, narcissistic, and post traumatic problematics, often expressed through perverse acting out combining reality denial and unknowing of the other. We do know that too often these problematics are linked with an inadequate parenting, violently influenced by a world of incessant technological transformation. We are dealing with patients who have often suffered either from too great emotional abandonment or from disqualified spontaneous subjective experience, or both. As a result, we meet people with impeded ability to symbolize and to transform their sexual death drives into sexual life drives or, in other words, unable to find ways towards sublimation. We know that on the contrary, an adequate emotional parental environment, able to cathect positively their children, is essential for allowing a healthy

development of the symbolizing ability (Roussillon 2006). While we have to keep in mind that practicing analysis is very often about helping our patients, at least as first, to reach such a good enough level of symbolizing capacity, we may already realize how the analyst's task becomes a complex one. I will come back to this point as it is important to connect this emotionally loaded responsibility with the Sexual (Laplanche 2007), that is, the seductive aspect of the analytic situation.

When I speak of the *ethical seduction of the analytic situation*, I am referring in part to the asymmetrical primal seduction transference Laplanche spoke about (1987), transference incited by the enigmatic position of the analyst—combined, in my view, with their passion and re-actualizing the primal seduction inherent in the "anthropologic fundamental situation" and, from the other part, the analyst's *matricial space position*.

I am convinced that the supervisory situation, as well as the teaching situation, is functioning following the same givens: the analyst, the supervisor or the teacher will have to be, throughout the analytic process, the supervisory process, and the educating process, in a *matricial space position*, a position that will allow them to function as a *matricial third*.[6] During each of these processes, when the analyst, supervisor, or educator meets again and again with their patient/supervisee/candidate, an ethical shock is occurring over and over again. It is, hopefully, transformed into a matricial space position, provoking in the patient/supervisee/

[6]While rereading Totem and Taboo, as well as Moses and Monotheism, I noted that Freud set aside and omitted a missing trace: that of the human feminine maternal/dimension, in my terms: the matricial dimension. I argued (2013) that for a so-called inhibitory and symbolizing paternal function to take place in the human psyche, it has to be linked with a matricial third. When no place is given in life to the expression of a matricial third, the forbidding messages will be experienced as intromitted messages, impossible to be metabolized or, in Kleinian terms, the superego will be just persecutory while authority will be felt as arbitrary. Then, the sexual death drives will be acting as a kind of unconscious justified revolt. Unconscious culpability will be invasive and no place will be left for responsibility and concern for the other. I am again alluding to the perverse quality of our contemporary world as it is propagated through the media. All that makes our task as analysts, supervisors, and teachers still more difficult.

candidate a non-linear *matricial space transference.*[7] In other words, the matricial space transference is evoked from the beginning of the analysis and up to its end by the very existence of the person of the analyst, defined as the ethical subject, locus of ethical passion, that is, the one able to be responsible for the other, the one who is or has in themself a matricial space for the other.

I insist upon the *asymmetry of this responsibility* as well as of the *asymmetry of the primal seduction,* that is, of the *asymmetry of the ethical seduction*. Like in the child/parent situation, in the analytic, supervisory or teaching situation, we are dealing with the same necessary *respect for the difference between generations*. This respect requires that the analyst or the supervisor realizes that their matricial space position is linked from the start with the active presence of the infantile sexuality in their unconscious and pre-conscious, a sexuality which does not know limits, a polymorphous sexuality that Freud defined in the Three Essays on Sexuality (1905) and that Laplanche called *Sexual*. In other words, respect by the analyst for the differences between generations, assumes they are aware that at the heart of the analytic situation, as well as in the supervising situation, they may be the prey of their infantile sexuality. I see this realization as remaining at the basis of the respect for the so-called *incest barrier*, a barrier that it is their responsibility to respect.

Masochistic, sadistic, exhibitionistic, or voyeuristic fantasies, conscious, as well as pre-conscious, all related to our death narcissism, are solicited by our encounter with the other. We have to realize that there is a violence inbuilt in the analytic encounter. Consequently, practicing analysis, supervising analysis, teaching analysis are risk taking. But even though this sexual, this violence, and this risk do exist in the patient, in the supervisee, or in the student, as well as in the analyst or in the supervisor, the one who is offering analysis is the analyst, the one who is offering supervision is the supervisor, and I see them as having all the responsibility for it.

[7]I speak of an a-linear or non-linear matricial space transference, as too often our patients have not found a place where their need of ethics has been appropriately met. In these cases the transference will be called non-linear, as it will not be a question of repetition but a question of finding a place for experiencing what has not occurred but what has to occur and this has to be recognized as such by the analyst.

I am reminded that there is this injunction "coming from the face of the other," in Levinas's terms, coming from our own unconscious, in our terms: *Thou shall not kill*. I am pointing here to the possible hate in the countertransference that Winnicott spoke so well about. He proposed that the analyst function with an "objective love" as well as with an "objective hate." And I argue that our matricial position is what allows us to deal with our love and hate, as well as with our curiosity, in an "objective way" and not in a "subjective" one. I spoke of an ethical shock, because it relates to the difficulties and the risks linked to the fact that the analytic situation—like the supervising one or the teaching one—is by definition a seductive situation.

In the child/parent situation we are dealing with two kinds of seduction: a *precocious seduction* characterized by necessary and important physical expressions of love, and a *primal seduction*, related to the messages necessarily compromised by the parents' unconscious. In the analytic situation, *a talking cure by definition*, the only seduction will be the primal seduction, a seduction provoked by the enigma inherent in this so strange situation, in which the patient is invited to tell all that is occurring in their mind, while the analyst will be here for them, emotionally available, in a *proximity* born of *vulnerability*, respecting their internal and external limits, listening and intervening while in a sustained, attuned, and active receptivity. Again, I have spoken of the ethical seduction of the analytic situation. Any other kind of seduction would be a perversion of the analytic practice.

As such, it will be possible to speak about the analytic situation itself not only as the incitement of a matricial space transference but also of a primal seduction transference. While assuming the inherent seductive dimension of the analytic and the supervision situations, analysts and supervisors will have to respond to the basic *ethical essential need*, this "trusting expectation" (attente croyante), Freud spoke about (Coblence 2000), with which any patient comes to the analysis, any candidate comes to their supervision, and with which any neonate comes into this world. Taking this phenomenon into account will help us to understand why ethical violations are so deeply traumatic.

In their paper Burka, Sowa and their collaborators show what happens when there has been an ethical violation on the part of senior analysts

and, in my terms, when the ethical seduction of the analytic situation has been confused with a narcissistic one and, even worse, with a sexually traumatic one. They wrote: *We assert that both sexual and non-sexual boundary violations break the incest taboo, as they breach the generational protection required of professional interactions*. So, disorders were generated in the whole institute and not only in the direct victim. *Members at all levels reported feeling disturbed in ways that affected their emotional equilibrium, their thinking processes, and their social and professional relationships.* And we know how this is precisely the case when ethical violations have been perpetrated in a family.

I think that any ethical violation, including a breach of confidentiality, has a sexual component. In family life, as in our Institutes, there is the need to respect the differences between generations, related both to the reality of it and to what it is as the product of transferences. In our institutes, as in our regular analytic practices, there is an analyst who, by his very presence, has incited a situation which is, by definition, seductive. In cases of ethical violations, they have misused this situation, they have abused it, for their own sake, that is, for their own interests. As such, there has been, as in proper sexual violation, a subversion of the 'awaiting trust.' In my view, any boundary violations, from the part of a parent, an analyst, a supervisor, a teacher or, in general, any boss, are related to the sexual and are specifically the expression of their sexual death drives.

As I mentioned before, in cases of child sexual abuse, the whole family, not only the direct victim, is necessarily concerned. In such situations, we know how too often, a policy of silence is adopted which strengthens still more the traumatic effect of the abuse upon the victim. As a result, we meet in the victim that comes for treatment, as much as in the larger family, splitting, denial, dissociations, and very primitive defenses. Coming back to what is happening in an institute following an ethical violation, it is deeply moving to realize that Burka's and Sowa's colleagues found in their memberships precisely the same type of defenses, following such a policy of silence. In the interviews, that took place after the ethical investigations had been completed, it appeared that during the whole period of silence which followed the ethical violation, people seemed, in Yolanda Gampel's words (2005), to have been contaminated by a kind of radio-activity. Like the victims of social violence, like the victims of sexual abuse, they were the locus of psychotic-level anxieties, anxieties that

have generated psychotic-level defenses. These defenses had interfered with the capacity to think and to contain each other, in other words, they had interfered with the entire institute's collective functioning from a matricial space position. The data have clearly shown the nature and extent of a great emotional disturbance within the institute while, at the same time as, on the surface, it was operating smoothly.

In our panel, Sowa raised the question of the collective responsibility for the abusive analyst, and she referred to the guilt that may be produced in the collective after an ethical violation by a senior analyst has occurred. She described the case of a teacher who was too much idealized. We know that this need for idealization comes from a very infantile part of ourselves. A collectivity or an individual, either in search of its identity or destabilized by survival difficulties, will tend to search for a leader, an analyst, a supervisor, with a longing to idealize them. This idealization will give the collectivity or the individual some sense of security, as I have tried to show in a recent paper revisiting Freud's exchange with Einstein relating to the motivations for war (2016). A question remains unanswered: Why this teacher and not another one?

In any institute there may be several very gifted analysts, but one might provoke more idealization than another, or than all of the others. People will speak of a particularly charismatic teacher/analyst. This kind of charismatic personality is often correlated with a childhood experience of mistreatment by the parental environment: this very gifted child might have been, in one way or another, the object of a perverse narcissistic seduction that they were unable to metabolize. Automatically using splitting, and eventually dissociating, as a way to defend themselves from annihilation anxiety, they would have incorporated this seductive stance while denying in their self the traumatic effect of it. Becoming then a senior teacher, in an atmosphere where there is searching for idealization, the temptation is great to reenact, particularly with patients that have been suffered the same kind of ill treatment, what was not sufficiently transformed during the analyst's personal analysis.

Is not the guilt, resulting from unconscious and preconscious transmission of poisoned messages (this order of guilt eventually being shared by the collective and, obviously, by the direct victim), the product of the denied guilt in the abuser himself, as Ferenczi has rightly shown in his

paper on the *Confusion of tongues between adults and child*?

Having taken all that into consideration, the senior teacher's responsibility is radical, and I see it as absolutely asymmetric. The fact of having provided the possibility, authorized by the board for the membership as well as for the other senior teachers, and for the candidates, to be interviewed even years after the ethical violation has taken place, allowed for some form of reparative experience. This was mandated by the authorities that had recovered in the meantime their matricial leadership. The interviewers had functioned as witnesses, while they took on themselves the emotional experience of each interviewee, their *agonizing sadness, loss, discouragement , disillusionment, anger, confusion, and their being silenced*. The interviewers, listening from a matricial space position, have functioned precisely as matricial thirds.

In an atmosphere of *non-saying* there is a possible confusion between confidentiality, privacy, and secrecy, a confusion enhancing an experience of distress and impotency. As Sowa put it: *serious violations are rarely performed in public, they are unrelated to intimacy or to privacy, quite on the contrary, it is here a question of the denial of the other and of the larger group he/she belongs to, it is most often related to secrecy*. We could say that, in this context, while privacy is related to the respect for limits, that is, to responsibility, secrecy belongs to a perverse order, having to do with reality denial and with the arbitrary.

When we agree to consider ethics as intrinsic to psychoanalysis, while defined as asymmetric responsibility towards the other, we are not dealing only with deontology. We are not dealing either with Law. Here, I would say as I mentioned in footnote 4, precisely what I mean by matricial third, that for the Law not to be arbitrary, it has to first take into consideration the responsibility towards the other. As Levinas put it: The question of justice will arise when the ones towards whom I am responsible will hurt each other. This is precisely the case when such ethical violations occur in the heart of the same Institute. It will be the responsibility of those in charge of justice, after the ethical committee has completed its job, to judge and decide the price to be paid.

So I will end by agreeing with Jane Burka when she proposed, referring specifically to ethical violations in any of our institutes: *Talking*

together… being transparent when confidentiality is not professionally required… arriving at nuanced, difficult, imperfect conclusions about how to proceed, what to communicate and how to care for those who are affected most… In other words for the persons in charge to realize that dealing with psychoanalytic matters is dealing with ethical seduction, being able to contain the dilemma, to assume a matricial space position and to function as matricial thirds, *that is what is demanded from an ethical community*.

Bibliography

Bion W.R. (1963). *Elements of psychoanalysis.* London: Karnac Books, 1993.

Chetrit-Vatine V. (2013). La trace manquante: le tiers matriciel. *Le Paternel, Revue française de psychanalyse,* 2013 (5) 77, pp.1606–1612.

Chetrit-Vatine V. (2014a). *The Ethical Seduction of the Analytic Situation,* Andrew Weller (Trans.) London: Karnac/Ipa Pub. Books.

Chetrit-Vatine V. (2014b). L'Actuel de l'éthique en psychanalyse, *L'actuel en psychanalyse*, *Revue française de psychanalyse*, 78(5) : 1481–1485.

Chetrit-Vatine V. (2015). Peut-on parler d'un Sexual de vie ? *Le sexuel infantile et ses destins*, *Revue française de psychanalyse* 79–5, pp.1675–1680.

Chetrit-Vatine.V. (2016). L'aspiration à la paix ou éveil inlassable … , *Pourquoi la guerre ?,* RFP, 80–1, pp.185–197.

Chetrit-Vatine. (2017). De l'attente croyante au transfert d'espace matriciel, l'exigence d'éthique à la source de la croyance et …de ses avatars, *Croyances et Religions dans le monde actuel*, in Press.

Chetrit-Vatine. (2018). When the parents' Sexual, ethical dimension and narcissism of life meet the child's psyche zone of infinity: its ethical exigency (Panel on sexuality, procreation and ethics in time of biotechnology), *The origins of life*, Epf Bulletin.

Coblence F. (2000). *Sigmund Freud 1886–1897*, *Psychanalystes*

d'aujourd'hui, Puf.

Gampel Y. (2005). *Ces parents qui vivent à travers moi, les enfants des guerres*. Paris: Fayard.

Laplanche J. (1987). *Nouveaux fondements pour la psychanalyse* Paris, PUF. « Quadrige », 1994.

Laplanche J. (2007). Freud and the *Sexual*, Essays 2000-2006, J. Fletcher (Ed.). J. Fletcher, N. Ray, J. House (Transl.). New York: International psychoanalytic Books.

Levinas E. (1961). *Totality and Infinity*. Martinus Nijhoff: La Hague.

Lévinas, E. (1972). *Humanisme de l'autre homme*. Paris: Fata Morgana.

Levinas E. (1974). *Otherwise than being or beyond essence,* Nuhoff, London(1981).

Levinas E. (1982). *Ethique comme philosophie première*. Paris: Rivages poche.

Lichtenberg-Ettinger B. (1997). The feminine/prenatal weaving in matrixial subjectivity–as-encounter, *Psychoanal. Dial.,*17, p.367–405.

Freud S. (1905). *Three essays on the theory of sexuality*, S.E. vol. VII (Ed. 53).

Roussillon R. (2006) Pluralité de l'appropriation subjective, in : Richard, F. & Wainrib, S. (Eds.), *La subjectivation*. Paris: Dunod.

Vermote R. (2013). La zone indifférenciée du fonctionnement psychique: une approche intégrative et les implications cliniques. *L'informe Psychanalyse en Europe*, Bulletin 67, année 2013.

Winnicott, D.W. (1994). Hate in the counter-transference.

The Capacity to Think and Disorders of Thinking in Psychoanalytic Treatments and Institutions: from Mistakes and Failures to Boundary Violations

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Introduction

In connection with the fact that psychoanalysis has left its pioneering years behind and can now be regarded as a *normal science* (Thomä 1977), there has been a growing recognition that, comparable to other sciences, mistakes can, or inevitably do, occur in practice. Mistakes can occur in psychoanalytic treatments as well as in psychoanalytic institutions, and as such they can, in principle, be investigated, provided they are discovered and acknowledged. Under this condition, open examination and discussion of any mistakes are possible, which in the favorable case can lead to constructive change in the psychoanalytic process or in institutional interactions. In contrast, a defensive attitude that denies the occurrence of mistakes prevents learning from experience (Bion 1962a).

The potential spectrum of mistakes ranges from the pole of a *single, unavoidable mistake within a treatment* (Thomä/Kächele 1988, p. 413) to *failures in the sense of strategic treatment mistakes* in the overall conception of a psychoanalysis to serious ethical boundary violations, which Schneider (2014) calls criminal misconduct (Vergehen) in a criminal law sense. Schneider also cites Chused and Raphling (1992, p. 89) in their distinction between mistakes and failures when they write, "An analyst is bound to make mistakes during his work." In light of this inevitability of mistakes, Schneider uses a play on words with the German language by also referring to a *Fehlleistung (parapraxis) as Fehler-Leistung (achievement or benefit of the mistake)* which, if understood, can lead to a constructive turn in the analytic process. Casement (2002) has used a courageous account of his own cases to describe how he, and all of us as psychoanalysts, can learn from mistakes in our treatments. In a similar vein, Zwiebel (2014) argues for a *psychoanalytic theory of error* and for a *culture of error.*

Thesis on the relationship between boundary violations and a disorder of thinking

From my point of view, the development of a theory of error and error culture must be connected with this *constructive paradox:* for as much as we need *"the incorporation of the non-ideal in the conscience of the analyst" ("die Inkorporation des Nicht-Idealen im Gewissen des Analytikers",* Treurniet 1996, 28, emphasis in original, quoted from Schneider 2014), we also cannot give up our efforts to maintain an attitude in the psychoanalytic process that is as appropriate and "correct" as possible. The balancing act of working within this paradoxical situation requires accepting the tensions it produces or, rather, having a sufficient tolerance for them, which must always be found anew.

If this paradox and tension tolerance cannot be mustered by the analyst, there is a danger of soon approaching the serious malpractice pole of the error spectrum, leaving no room for the "benefit of mistakes" (Fehler-Leistung). Acts of malpractice are not one-off and short-lived, but persistent boundary violations of a sexual and non-sexual nature. When they take on the magnitude of criminal acts, Schneider's use of the term *criminal misconduct* seems to me very appropriate. In their seminal and highly meritorious book, which can be considered the standard work on the subject, Gabbard and Lester (1995) deal extensively with various forms of boundary violations in psychoanalysis. They describe both sexual and non-sexual boundary violations in analyses, supervisions, and institutions. A number of structural measures and practices now established in many psychoanalytic societies—such as the establishment of ethics guidelines, ethics committees, and mediation bodies, up to and including rehabilitation or expulsion of analysts from the society—can be traced back in no small measure to their suggestions. In contrast to the early, "ahistorical" (Eckstein 1960) or "prehistorical" (Balint 1954, both quoted from Gabbard and Lester, op. cit., p. 167) period of psychoanalytic training, we now have—in addition to the personal analysis of each analyst—more clearly regulated forms of supervision, and the institutions just mentioned have also become more the standard. Nevertheless, in one of his more recent articles, as well as 30 years after the publication of his standard work written with Lester, and after treating, evaluating, and consulting on over 300 cases of boundary violations, Gabbard (2017) has been rather pessimistic about the effectiveness of the established

prophylaxis. However, he does not completely give up hope and sees a continuing responsibility on the part of the psychoanalytic institution and the training committee to always keep in mind the "Achilles´ heel" of our profession, which is stretched between fantasy and desire.

However, it is also no secret that there can be aberrations within the institution or on the part of the institution itself. In addition to Gabbard and Lester, other authors have addressed boundary violations in psychoanalytic institutions. For example, Casement (2005) has problematized the power within a training committee in light of its abusive potential; Sandler and Goodley (2004) have described the institution's massive denials of Masud Khan's disastrous boundary violations, involving Winnicott as Khan's training analyst; and Zwettler-Otte (2007) has emphasized the importance of internationality as a triangulating counterforce in local distortions in perceptions of institutional boundary violations.

In view of these and other significant publications on the topic of boundary violations (e.g., Margolis 1997, Celenza & Gabbard 2003, Celenza 2006, Levine 2010, and others), the question arises whether anything new can be said on the topic. I am indeed of the opinion that there are already many important and differentiated contributions to the delineation of errors, mistakes, and benefits of mistakes on the one hand, versus offenses and destructive boundary violations on the other, for which we can all be grateful from a scientific and professional perspective. Nevertheless, I would like to venture an attempt to look in particular at the relationship between individual and institutional boundary violations from the perspective of disorders of thinking that arise from a common core of disturbance but then manifest themselves differently. I would also like to point out a dimension that is less described in view of the significance of sexual assault and abuse of power, but which should not be missing in the perception of the psychoanalytic community: it is boundary violation in the form of political betrayal.

Disorders of Thinking and the Paradoxical Reality Character of the Psychoanalytic Situation

It will not be surprising if I locate the origin of the disorders of thinking I am referring to in the specifically paradoxical character of the reality of the psychoanalytic situation and the psychoanalytic relationship, which,

however, precisely no longer applies to the psychoanalytic institution. These disorders of thinking occur when, first, in the treatment situation the fantasy character of the psychoanalytic situation can no longer be thought, and so cannot be recognized; and when, second, in contrast to this, the reality of the psychoanalytic institution is perceived as continuous with the psychoanalytic situation, and so under the same fantasy aspect. Indeed, it belongs to the careful handling of psychoanalytic thinking to preserve the "waking dream thought" (Bion 1962a, 1962b) and the dreaming dimension of experience, in the sense of Ogden (2005), as guiding the clinical situation while making sure this attitude is not extended to the conditions of the psychoanalytic institution. Otherwise, there will be a realization of symmetrical unconscious thinking and a loss of the necessary bi-logic between asymmetrical and symmetrical thinking in the sense of Matte-Blanco (1988), so that a clear distinction between dreaming and waking reality can no longer be made. The persistent structural confusion between the two dimensions leads to confusion and ultimately to the destruction of the respective frameworks that are so important for the maintenance of both situations.

It was already Freud (1915) who pointed out the paradox of the psychoanalytic clinic by noting how transference love is "induced by the analytic situation," leaving no reason for the analyst's taking personal pride in his "conquest" (p. 161), but on the other hand he saw no right "to deny the character of 'real' love to the infatuation that emerges in the analytic treatment" (p. 168). Canestri (1993), in his discussion of Freud's comparison of transference love to a theatrical performance in which there is a sudden cry of fire, emphasized the dimensions of the imaginary and the real. He italicizes the concepts of play and reality in Freud's picture of the occurrence of transference love by quoting Freud as follows: "There is a complete change of scene; it is as though some piece of *make-believe [Spiel,* in German, HB] had been stopped by the sudden irruption of *reality [Wirklichkeit,* in German, HB]—as when, for instance, a cry of fire is raised during a theatrical performance" (1915, p. 162). Canestri concludes: "The Freudian phrase that likens the analytic situation to 'a piece of make-believe' proves once again that certain ambiguities and oscillations are present in the concept of transference. On the one hand, the invasion of passion in the analytic situation is compared with the invasion of reality; on the other hand, the theatrical terminology—'change

of scene,' 'piece of make-believe', 'theatrical performance'—suggests an 'as if' " (1993, p. 155).

In his knowledgeable and profound work, Canestri engages with various post-Freudian concepts of transference, including: extensions within the Kleinian tradition with its improved understanding of psychotic transference and the meaning of aggression, Lacan's (1973) theory of "transference as being not the shadow of preceding experience, of ancient deceits or trickeries of love, but instead an encounter between the patient's desires and those of the analyst" (p. 158), which leads—in connection with the "function of fantasy *(fantasme)* and, more specifically, on the function of the object of the fantasy" (p. 159)—to a model of transference and transference love (and love in general) as "a model of trickery" (p. 158). Nevertheless, he fully follows the Freudian conception of a "structural tie between ethics and technique in analytic experience" and at the same time a concept of truth "that must derive from clinical experience and not on some transcendental idea of truth, pre-existent to the analytic experience" (p. 158).

The Freudian technical norm is "the refusal *(Versagung)* to satisfy the patient's request—that is, the imposition of privation (abstinence)—[which] favors the nonfulfillment of the wishes that keep the search in motion. ... The analyst's desire for truth, together with his exercise of denial, permits the emergence of the patient's genuine desire and its analysis"(p. 158). Canestri favors the term "indifference" instead of "abstinence", in connection with the adequate control of the analyst's countertransference, in order to be able to use the "cry of fire" as an analytic instrument for solving burning passions in difficult analytic relationships. Even if he acknowledges "that in some cases the problem continues to be extremely difficult to resolve with analytic instruments" (p. 162), he sees the responsibility lying entirely on the side of the analyst, if a psychoanalysis ends in sexual acting out with all its disastrous consequences, including its leaving patients with less prospect of profiting from a second analysis. Nevertheless, according to him, these second analyses could be a field of research into why the "cry of fire" could not be used for solving the mutual captivity in the previous destructive transference love.

Loewald (1975) has dealt with the fantasy character of the psychoanalytic

situation extensively and in a subtle way. He too draws the comparison to dramatic art by recalling Aristotle's definition of tragedy as "imitation of action in the form of action." And he continues: "Viewed as a dramatic play, the transference neurosis is a fantasy creation woven from memories and imaginative elaborations of present actuality, the present actuality being the psychoanalytic situation, the relationship of patient and analyst. But in contrast to a play conceived and composed by its author as a deliberate creation of his mind to be enjoyed by an audience, the transference neurosis is an unwitting fantasy creation which is considered or clearly recognized as such—at any rate in earlier stages of the analysis—only by the analyst" (p. 279).

I cannot reproduce all of Loewald's rich thoughts here; indeed, a re-reading of the entire brilliant essay is worthwhile. Rather, I confine myself to emphasizing that Loewald sees in the transference neurosis a shared illusion—derived from the Latin word ludere (to play)—created jointly by the patient as the playful actor and supplier of the material and plot of the fantasy creation, and by the analyst as the assembling director who articulates and, in part, revives the plot. By means of the analyst's interpretive direction, the patient gradually becomes an author who is aware of being an author.

The role of the analyst is clearly defined: "As director of the play, the analyst must relive, re-create the action of the play. This he is able to do on the basis of his own inner life experiences and their organization, which are sufficiently similar to those of the patient. While engaging in trial identifications with the patient, i.e., with the actors and actions of the play, the analyst is the one to keep an over-all view and to direct the actors—not by telling them what to do or how to act, but by bringing out in them what they often manage to express only fleetingly, defensively, haltingly, in inhibited or distorted fashions" (p. 280).

For the double character of the psychoanalytic situation, which I have described as paradoxical, Loewald finds the image of the Janus-face: "The specific impact of a play depends on its being experienced both as actuality and as a fantasy creation. This Janus-face quality is an important ingredient of the analyst's experience in the analytic situation and becomes, if things go well, an important element in the patient's experience" (p. 280). Despite the fact that the analyst does not assume the

roles assigned to him by the patient in the transference-play, he is a participant in the interaction nevertheless. This allows not only the re-activation of the past in the present but also novel experiences for both participants: similar to a modern dramatization of an 'original' Greek tragedy like Oedipus Rex or Antigone according to the *Zeitgeist,* the infantile neurosis can be reorganized and reinterpreted in the dramatic creation of the analytic transference. But, and I want to emphasize the following conditions: the analyst, even if he is an active participant in the drama created by two artists, has to preserve his role as an interpreting director. This is all the more important as, like in any good drama, the clear distinction between fantasy and actual reality can be lost. For a while, the fantasies and fantasy play can be experienced as what we call "actual, rational life." This is also how children experience their fantasies, and, for instance, oedipal wishes, as serious intentions and prospects. For the small child, fantasy, play, and actual life experience are still one and the same reality.

Here, the understanding analyst is in a similar position to understanding parents who "take these wishes seriously too, but for them they are serious fantasies not to be acted upon. They also may know, although often only intuitively, that these fantasy-wishes are necessary ingredients of the child's psychosexual development, expressions of the child's beginning love life. In other words, the adult may understand that they are fantasies which are not in opposition to reality" (p. 298/99), and that they are, in fact, necessary steps for the child's future.

I think, with Loewald's description it becomes clearer that the juxtaposition of an adult and the child inside the adult may lead to confusions in the analytic process. But Loewald chooses a helpful comparison: we must not forget the patient's life outside! We need to know: "The transition between transference neurosis and the patient's life outside of it, or the reciprocal communication between them, is similar to that between a dramatic play, a fantasy creation, and the life that people lead before seeing the play and after they come home from an evening in the theater —if the play for them is more than a pastime" (p. 282). For our topic, the significance of the theater analogy is in how it can serve as a reminder to the analyst to be awake to and observe the limits and restricted validity of his own field of action, which the emotional intensity of the analytic situation tends to blur or erase.

Illustrations of disorders of thinking in clinical context

Against the background of these considerations, I would now like to show, by means of some examples, how a lack of understanding and working through of this specific fantasy character of analysis can so easily involve a denial of an actual cry of fire in the psychoanalytic situation and lead to various forms of boundary violations. In this context, I would like to emphasize that I do not take the term 'disorder of thinking' to refer to a harmless lapse, but rather as an expression of a serious, usually destructive, misconception of the psychoanalytic process with considerably damaging effects for the person concerned. This distinguishes this order of lapse from errors, in the sense of achievements of mistakes. I have myself conducted several psychoanalytic treatments with both victims and perpetrators after sexual assault in treatments that were deformed by them, and I have also become a witness to institutional assault as a training analyst, supervisor, and mandate holder in psychoanalytic institutions. In all cases, the need for confidentiality limits the scope of my presentation, but I hope to make the basic patterns sufficiently clear.

The first form of disorder of thinking on the part of the analyst, which of course is at the same time manipulative in character, consists in the abandonment and negation of the fantasy character of the analytic relationship. This is mostly expressed in the use of language as a means of destroying fantasy, even if the analyst's language initially seems to play with fantasies. The fact is, however, that, in these cases, the language used by the analyst leaves the phantasmatic space. In all five cases known to me in detail, the sexual abuse in the analysis started with a concretistic use of language by the analyst, which at first inspired the fantasies of the analysands, but then produced fright. The analyst's language no longer left any room open for the development of further possible meanings of the analysand's associations, but aimed at the realization of the analyst's own fantasies and desires in action. At the same time, the analyst asserted his own emotional authenticity. For example, one analysand, in the course of the treatment, had been preoccupied with the question of what would happen if she approached her analyst physically. In one session, she concluded her chain of ideas with the remark, "But you wouldn't respond to that anyway!" So, she definitely had the fantasy character of her ideas in mind, even if her remark had included a slightly provocative question to the analyst. However, as she told me

later, her slightly provocative, slightly imploring, remark had ultimately been intended as a protective assurance for herself of the fantasy character of the analytic encounter. Finally, it was also an expression of her ambivalent agreement with the setting. Instead of leaving the remark open-ended, or responding to the analysand's inner conflict between her libidinous desires and her simultaneous search for safe boundaries, or finding some other analytic intervention, the analyst responded with a negation of the fantasy aspect, saying, "I can't promise you that, because you are also a beautiful woman."

In the session with me, the patient intensely recalled the fright that had run through her and how she had felt completely paralyzed. In large part on account of the ways she had established earlier in her life of relating to similar experiences with figures of authority, she did not have the power to resist becoming involved in the false game now offered by the analyst; with a mixture of fascination, disgust, and her own rescue fantasies toward the analyst, a prolonged sado-masochistic relationship developed before the contact ended, leaving her in a deeply depressed state. The patient experienced the analyst's explicit negation ("I can't promise you that") of the fantasy character of the analytic relationship as decisive for the beginning of the analytic catastrophe. The subsequent sexual abuse was for her more a necessary consequence, rather than the actual beginning, of the destruction of her analysis and her own psychic structures.

Another analysand had a similar experience of her analyst representing a misconception of the analytic relationship in the course of the analysis. He presented himself as a representative of a supposedly modern psychoanalysis, which, beyond the treatment of the neurotic basic conflicts stemming from childhood, did not ignore the recognition of her as an adult woman in their mutual relationship. Rather, it was even crucially important for the detachment from infantile patterns to make contact with each other on an adult level as well. The "adult level" then included extra-analytical meetings, which, however, were not discussed in the sessions. There was a complete split between the so-called "analytic treatment" and the "private meetings."

Again, the analysand did not succeed in freeing herself from both forms of contact for a long time. An important motive for the continuation of the heavily strained relationship was based on the patient's hope that

the analyst himself might notice his "mistake" and thus clear the way for an analysis. Tragically, the hope for the analyst's self-reflection was dashed. Instead, a sexual relationship developed, which the analyst did not problematize in the context of what he saw as an adult relationship with the patient. Rather, he gave in more and more to his need to tell the patient about his own personal conflicts outside the official sessions of analysis and in connection with the sexual intimacy, in order to retreat again largely to a pseudo-role as a neutral analyst within the "analysis." Again, it was the patient who in the end felt that she herself had to help the man from whom she had originally sought help. It is clear that a severe narcissistic pathology must have underlaid the behavior of this analyst. My sense is that he partly fulfilled characteristics of the persons Gabbard and Lester (op. cit.) have assessed as "lovesick." Of course, the question also suggests itself whether he had not wormed his way into the patient's confidence by a purposeful trick and by using a perfidious seduction. That would then have been a *deliberately* criminal act. And indeed: his behavior was a criminal act either way! However, I fear that he himself had a certain belief in the validity of the split he represented, within the framework of a probably narcissistically motivated, almost psychotic-like disorder of thinking.

Also, apparently no one from his professional environment had noticed the destruction he had caused to the basic pillars of analytic thinking, which in truth is limited to working through real effective fantasies in an artificial situation. All the more tragic, I would like to emphasize once again the self-damaging insistence of the patient on keeping open a chance for her analyst at that time to find his way (back?) to an adequate analytic thinking. It was she who, of course, also in her own interest, had repeatedly problematized the simultaneity of the analytic and extra-analytic meetings. The analyst's false reassurances that there was no cause to worry, i.e., his rejection of the actual cry of fire, camouflaged the oil he himself was pouring from inside and outside into the already burning theater. They had confused the analysand and kept her from taking the alarm seriously until she reacted—by becoming severely depressed—in the sense of an emergency braking.

I would like to note that despite the predominant pattern of male analyst/female patient in deformed analytic processes, a mix-up of fantasy and life reality can also occur in female analysts. Although they are less

frequent, they also occur in different forms. As far as I know, sexual relationships between female analyst and male patient tend to lead to longer-term partnerships, but this does not make them any less problematic. The question of how an originally fantasized relationship can become real in an everyday life also remains in these cases. As a historically known example, I would like to refer to the marriage between Frieda Fromm-Reichmann and Erich Fromm, which was formed out of an analytic relationship and failed in everyday life. In addition, there are also non-sexual forms of disturbed thinking among female analysts: for example, an aging analyst had asked a younger analysand for a photograph of her as a child, which she put up in her apartment as a substitute for a fantasized but non-existent daughter. As far as I can assess, from a distance, this search for consolation for her aching childlessness was not an expression of a general psychosis of the analyst, but it was nevertheless an expression of a serious disorder of thinking, in the sense of its being an extension of the analytic fantasy of being a wet nurse to the analyst's own life. Here, too, a reversal of neediness occurred over time, with the analysand developing the guilt-laden feeling of having to continue to stay in treatment with her analyst in order to keep her alive, both narcissistically in her self-worth and economically in her social existence, by means of her fee payments. The analysand's associated and simultaneous fantasies of her omnipotence and death wishes against her analyst could only become clearer in the second analysis.

I would like now to bring in a case that can serve as an example of not understanding and so not internalizing the paradoxical character of the psychoanalytic-psychotherapeutic process, the paradoxical coincidence and nonidentity of the external reality of the therapeutic relationship and the fantasized reality associated with it. A therapist who has not internalized an understanding of the fantasy character of the therapeutic situation and thus cannot feel it, will not be able to protect the framework of the therapeutic situation, even if he does not himself initiate a boundary violation.

A therapist working psychodynamically, though not explicitly analytically, was surprised by a female patient who, in their second session, approached him, blurting out: "I want you." His raw and helpless response was, "But you can't, that's forbidden!" His being in the midst of a personal life crisis made the incident especially disturbing for him. He

was newly living alone and suffering from having only recently separated from his wife. The patient then said, referring to the expression of her desire, "Why, there's nothing to it," apparently in an effort to reassure both him and herself. Unfortunately, after her reassuring words, followed by his apparent acceptance of them, they ended up engaging in sexual contact during the session. They had sexual relations again in each of the next two sessions. Then, in the following session, when the patient tried to touch the therapist, out of fear and guilt, he told her to get back in her seat and stay there. He said he wanted to continue "just therapy" with her now. This came, unsurprisingly, as a shock to the patient who was, as one might expect, extremely angry and hurt. And after no effort was made to address what had just happened between them, the patient finally ended the session, announcing that she would "finish him off." Shortly thereafter she made a criminal report against the therapist.

Even if I take into account the typical excuses, evasions, and attempts at guilt reversal on the part of therapeutic offenders, which are also likely to play a role in the present case, it is still clear that the therapist had not really understood the meaning of the therapeutic setting. He knew the rule of abstinence only as an external norm, but not as an internalized *law*. He could only observe therapeutic abstinence or indifference like a car driver who follows the speed limit as long as he thinks there is a police presence: when there is no police presence, he speeds. Certainly, passions are at play here as well: like the motorist who basically needs to speed, for this man his desires for narcissistic and sexual validation were so pressing, they were paired with his denying danger, aggression, and potential destruction. However, given his unsatisfied passionate needs, this therapist was not able to think or feel in depth the specific dual character of the therapeutic drama. In other words, and following the Freudian (1913) concept of the ethical progress of the company of brothers after the murder of the primal father, it could also be said: the therapist reinstated the prohibition of incest only because of castration anxiety, but not because of an inner recognition of the paternal law (cf. also Erdheim 2010). It fits in with this that he did not really want to talk about the boundary violation that had occurred with the patient or to acknowledge his transgression. Rather, he placed his hope in being able to literally sit out the serious violation of the patient and the setting. His refusal to think was likely another source of disappointment and hurt for the patient.

Illustrations of disorders of thinking in institutional context

I now come to an inverse form of disorder of thinking, which consists in dealing with each other within the psychoanalytic institution as if the specific fantasy character of the analytic treatment situation continues to apply there unchanged. To remain in the image: in this case, it is thought as if the dramatic play would not end at all, but as if it would only be continued outside the treatment room with new actors. This is always the case when, in discussions or controversies, interpretations of the possible emotional motives of the opponent or of an analyst in training take the place of factual arguments. The latter case relates to problems of psychoanalytic supervision, to which I will return later. However, an overextension of the fantasy space occurs within the institution whenever conceptual differences among analysts are unilaterally shifted to an emotional level, for example, by means of the insinuation of allegedly competitive thinking or envious attacks. This is not to say that there is no competition or envy in the analytic community. Similarly, I do not deny that competitive or envious feelings can be clothed in the garb of psychoanalytic theory. However, I think that a discussion of theoretical concepts and of treatment concepts deserve a proper examination and cannot be engaged in by switching levels and thus switching to an interpretation of possible fantasies. This includes, for example, such familiar invalidating clichés as "You want to castrate me now," or "This is now an attempt to seduce me," or "This is not psychoanalysis," when, in fact, the core issue is about conceptual differences.

Nevertheless, it remains contradictory and complicated, for there are indeed seductions and destructive attacks on democratic structures and the constitution of a work-group (Bion 1961) within a psychoanalytic institution. This becomes all the more possible when a psychoanalytic group has ceded its differentiated self-determination to a leader figure whom it follows either out of idealization or fear. Usually both are in play and interrelated, and one follows from the other: when the group loses its ability to think, idealization is usually followed by fear of the leader figure. From a variety of institutional contexts, I have noticed the pattern of a small group of analysts who are either unsettled or divided and who are then united, and to that extent "saved," by a charismatically appearing analyst who usually comes from outside. This leader connects

with the messianic expectations, familiar in the regression to the basic assumption mentality of Pairing, but mostly a fixation on the basic assumption mentality of Dependence follows. The individual analysts give up their own thinking, or no longer dare to express their independent thinking in the group. Instead, in identification with their new idol, they create an illusory sense of security, before the group finally disintegrates through its abuse of power and the fear induced by the despotism. Such a psychoanalytic group, e.g., in the form of an individual institute, needs, in cases like this, help from a third authority, either from the national society to which it belongs or from the International Psychoanalytic Association. In principle, a moderation outside the established international structures would also be conceivable, but the ethical questions that are almost invariably pending make, in my view, an intervention on the part of higher-level national or international psychoanalytic bodies indispensable.

I have already mentioned above the institutional catastrophe surrounding Masud Khan's boundary violations. In a dismaying way, group regressions have also emerged in other countries and regions of the IPA, where a basic assumption mentality prevailed for a long time and a single leader figure was given permission to operate omnipotent, preoedipal fantasies. As one, but unfortunately not the only, example of the collapse of analytic thinking in the institution, I cite the tragic development of a former European psychoanalytic institute from the end of the 1970s until the closure of the newly founded institute more than 30 years later. Here a psychoanalyst, idealized at first as a balancing savior in a group torn apart by conflict, had taken over the leadership of the institute and later of the training committee and, as became publicly known only after his death, had coerced several female candidates and probably also patients into engaging in sexual relations. Still, while he was alive a resistance did develop among some of the members of the institute against his behavior, which was increasingly perceived as irritating, sometimes charming, then again despotic and angry. Group formations and splits occurred, which also involved the candidates, who ultimately had to join a camp formed pro or contra him.

It is noteworthy that during the period of his criminal sexual acts, this man published articles problematizing the psychoanalytic framework and representing himself as a kind of fighter for freedom, and that even

after his death and the disclosure of his misconduct, he still found supporters and defenders. Equally remarkable, but also typical, was his reaction after the withdrawal of his function as a training analyst and supervisor by the central training committee of the society, in that he angrily cast himself as a victim. Unfortunately, but also not untypically, there was also considerable tension between the institute and the society to which it belonged, because the analysts of the institute sometimes felt abandoned by the society and not sufficiently consulted or listened to when difficult situations arose. Unfortunately, the society was also not consistent enough in the beginning to exclude this man completely from the society, beyond the withdrawal of his function as a training analyst—he finally took this step himself maintaining his subjective victim mentality. I cannot, here, further describe the tragic catastrophe characterized by projections and splits, but I would like to pick out an important element that even in other, less tragic and destructive courses, nevertheless represents a counterproductive factor or boundary violation within psychoanalytic training: I mean the involvement of candidates in disputes among teaching analysts or in a too strong emotional-spiritual dependence. It is quite clear that role models and intellectual guiding figures are indispensable components in the formation of one's own psychoanalytic identity. But if they are used in service of partisan interests, here too the fantasy of a personal power has taken the upper hand over a differentiated psychoanalytic thinking that promotes personal independence.

I can also only briefly mention a terrible destruction of boundaries on a completely different level: what if one's own analyst becomes a traitor in a despotic regime? According to the personal communication (2020) of my colleague and friend Jorge Canestri, who sadly passed away recently, he had visited an institute in crisis in a dictatorially ruled country as the then head of the Ethics Committee of the IPA at the time of the Latin American military dictatorships. He had been unwelcome upon arrival and encountered a wall of silence at his first meeting with institute staff. Because of the stubborn silence, he broke off the first meeting after some time, citing the group's refusal to work. However, at the same time he made it clear that he would not stop looking for what motive or fact was hidden behind the silence. Only through persistent confrontation with the obvious resistance character of the silence did it come out that the group was characterized by fear of the president of the institute, who, as

it turned out later, had even betrayed politically active candidates to the police apparatus of the military junta.

What can be said psychoanalytically about such a man? One can only speculate about the personal motives, but it is clear that this man was not acting as a psychoanalyst, but was in fact a criminal and was rightly expelled from the IPA after his unmasking. However, it was all the more important to spread this information internationally as well, so that he could not be accepted into another psychoanalytic society of the IPA. There are other examples where members expelled from their society because of boundary violations have moved to other countries and found admission because the psychoanalytic society there did not know about their history. This makes it all the more important to provide information on analysts within the IPA who have had an ethically justified sanction imposed on them. This information cannot be seen as a violation of confidentiality, and is an indispensable measure against renewed abuse in the false name of psychoanalysis.

Brief remarks on psychoanalytic supervision

I would like to talk briefly about the field of supervision. To take up the relationship between fantasy and reality once again: to me, it seems important to note that though working with fantasies does play a significant role in supervision, the supervisory situation does not have the same fantasy character as the analytical situation. There may well be a parallel process between the presented analysis and the supervision process itself but, by definition, supervision is primarily about professional development and not centered on self-awareness. I am well aware that the boundaries are fluid and that the interpretation of enactments in supervision is also part of learning. The sometimes difficult borderline between the two areas is known as the "teach or treat" question (Frawley-O'Dea 1998, Cabaniss 2001) and certainly distinguishes psychoanalytic supervision from other forms of learning. Nevertheless, it seems to me crucially important, here as well, to not stretch the fantasy level too far and to keep reminding ourselves that transference may occur in supervision, but that interpretation of transference is not the primary goal of supervision. Gabbard and Lester are therefore very much to be agreed with when they consider genetic interpretations towards supervisees in supervision to be inadmissible (op. cit. p. 171). And Cremerius' (1987)

comment that the parent-child model is ineffective in training, although it has been (and is?) often practiced, is in my view another formulation for the fact that in the prevalence of a dramatic fantasy the real supervision relationship is misconceived.

In supervision there is both the danger of the supervisor taking over the function of the supervisee's personal analyst, and of not offering any analytic interpretations of the supervisee´s words or behaviors. The latter would be a purely didactic cognitive form of supervision. The art of thinking in supervision consists rather in using actual enactments for a deeper understanding of the supervised analysis and the supervisee's handling of the transference without crossing the line into general personal statements.

Here is a brief example: in an examination before a panel of training analysts, an applicant for the training analyst position presented an analysis with a man in which the emphasis of the patient's creative abilities against the background of his life history was important to him. The examiner panel took a different approach, which would not necessarily be problematic. However, the examiner group did not question the basic theoretical concept of the applicant, but was strongly guided by the idea of having to interpret the averted aggression. Instead of entering into a more nuanced discussion of the use of aggression-centered and non-aggression-centered interpretations, the following smug comment was eventually made to the applicant, "I guess you can't think aggression at all, can you?" Such a comment constitutes a boundary violation because it impermissibly concerned the overall person of the applicant and did not remain related to a circumscribed situation. Not boundary violating, in my view, would have been less encompassing feedback, such as the following questions: "How do you see the importance of aggression in this patient?" Or: "Why have you so underweighted the role of aggressive drives compared to confirming abilities in this patient?" These or similar questions, including remarking that there were too few aggression-centered interpretations in this case, would not have denied the applicant's ability to feel, think, and conceptualize aggression at all.

Psychoanalytic supervision, unlike psychoanalytic treatment, is not about the child in the analyst-in-training. Rather, it is about reviewing and communicating where the strengths and weaknesses of a candidate

or an applicant for the training analyst position lie. Likewise, part of a respectful attitude on the part of the supervisor is to offer their own analytic concept as a learning model, but not to expect blind allegiance. An effort to empathize with the ideas and conceptions of candidates and to enter into a dialogue about them, if necessary, promotes analytic thinking and represents an important element in the prophylaxis against the disorders of thinking described here. A corresponding methodological approach was followed, for example, at working sessions of the former Working Party "End-of-Training-Evaluation-Project" (ETEP) of the EPF and is also included in the new forum "Exploring Training Process and Practice" (ETTP) of the EPF (cf. Tuckett 2005, Junkers, Tuckett, Zachrisson 2008, Blass 2014).

Conclusion

The dialectic of psychoanalytic thinking, which requires a continuous movement of discerning and positioning among levels of fantasy and levels of non-phantasmatic reality, both in the treatment situation and in the institution and supervision, can, in spite of its effectiveness, give rise to errors or boundary transgressions of varying degrees. The more we can establish a culture of error in psychoanalytic training and, persistently, at our meetings, conferences, and congresses, and at the same time grasp the various forms of destructive disorders of thinking, the more alert we might all become to those factors that pose a threat and danger to our humane psychoanalytic method, so valued and successful in the vast majority of cases.

References:

Balint, M. (1954). Analytic training and training analysis. *Int. J. Psychoanal, 35,* 157–162.

Bion, W.R. (1961). *Experiences in Groups and Other Papers,* 6:1–191. Classic Books, (PEP).

Bion, W.R. (1962 a). *Learning from Experience.* Learning from Experience 3:1–116, Classic Books, (PEP).

Bion, W.R. (1962b). The psychoanalytic study of thinking. *Int. J Psychoanal,* 43:306–310.

Blass, H. (2014). Die intersubjektive Perspektive in der psychoanalytischen Supervision. In: Potthoff, P., Wollnik, S. (Eds.): Die Begegnung der Subjekte. Giessen (Psychosozial-Verlag), 127–140.

Cabaniss, D. L., Glick, R. A. & Roose, S. P. (2001) The Columbia Supervision Project: Data from the Dyad. Journal of the American Psychoanalytic Association 49:235–267.

Canestri, J. (1993). A cry of fire: Some considerations on transference love. In: Person, E.S.,Hagelin, A., Fonagy,P.. (Ed.): Observations on Transference Love. New Haven & London (Yale University Press), 147–162.

Casement, P. (2002). Learning from our mistakes. Beyond dogma in psychoanalysis and psychotherapy. Taylor & Francis/Routledge.

Casement, P. (2005). The Emperor's clothes: Some serious problems in psychoanalytic training. *Int. J. Psychoanal,* 86, 1143–1160.

Celenza, A. & Gabbard, G.O.. (2003). Analysts Who Commit Sexual Boundary Violations: A Lost Cause? *Journal of the American Psychoanalytic Association* 51:617–636.

Celenza, A. (2006). Sexual Boundary Violations in the Office: When is a Couch just a Couch? *Psychoanalytic Dialogues* 16:113–128.

Chused, J. F. & Raphling, D. L. (1992) The Analysts's Mistakes. *Journal of the American Psychoanalytic Association* 40:89–116.

Cremerius, J. (1987). Wenn wir als Psychoanalytiker die psychoanalytische Ausbildung organisieren, müssen wir sie psychoanalytisch organisieren! .*Psyche - Z Psychoanal* 41:1067–1096.

Eckstein, R. (1960). A historical survey on the teaching of psychoanalytic technique. *Journal of the American Psychoanalytic Association,* 8, 500–516.

Erdheim, M. (2010). Die psychische Dimension von Institutionen. *Forum Psychoanal* 26:211-225, COI 10.1007/s00451-010-0047-3.

Frawley-O'Dea, M. G. (1998). Revisiting the "Teach/Treat" Boundary in Psychoanalytic Supervision: When the Supervisee is Or is Not in Concurrent Treatment. *Journal of the American Academy of Psychoanalysis* 26:513–527.

Freud, S. (1913). Totem and Taboo: Some Points of Agreement between the Mental Lives of Savages and Neurotics. *S.E.* 13:vii–162.

Freud, S. (1915). Observations on Transference-Love (Further Recommendations on the Technique of Psycho-Analysis III). *S.E.* 12:157–171.

Gabbard, G.O./Lester, E.P.. (1995). Boundaries and boundary violations in psychoanalysis. New York: Basic Books.

Junkers, G., Tuckett, D. & Zachrisson, A. (2008). To be or Not to Be a Psychoanalyst—How Do We Know a Candidate is Ready to Qualify? Difficulties and Controversies in Evaluating Psychoanalytic Competence. *Psychoanalytic Inquiry* 28:288–308.

Levine, H. B. (2010). Sexual boundary violations: A psychoanalytic perspective. *British Journal of Psychotherapy* 26:50–63.

Loewald, H. W. (1975). Psychoanalysis as an Art and the Fantasy Character of the Psychoanalytic Situation. *Journal of the American Psychoanalytic Association,* 23:277–299.

Margolis, M. (1997). Analyst-patient sexual involvement: Clinical experiences and institutional responses. *Psychoanalytic Inquiry* 17:349-370.

Matte-Blanco, I. (1988). Thinking, Feeling, and Being: Clinical Reflections on the Fundamental Antinomy of Human Beings and World. Thinking, Feeling, and Being: Clinical Reflections on the Fundamental Antinomy of Human Beings and World. Taylor & Francis/Routledge.

Ogden, Th. H. (2005). This Art of Psychoanalysis. The New Library of Psychoanalysis.

Sandler, A., Goodley, W. (2004). Institutional responses to boundary violations: the case of Masud Khan. *Int. J Psychoanal* 85:27–42.

Schneider, G. (2014). Es gibt nicht das Wahre im Unwahren, wohl aber das Richtige im Falschen. Über Fehler, Probleme, die sie machen, und Fehler-Leistungen in der Psychoanalyse. In: Ebrecht - Laermann, A., Löchel, E., Nissen, B., Nicht, J. (Hg.): Jahrbuch der Psychoanalyse, Nr. 69, frommann-holzboog, 15–47.

Thomä, H. (1977). Identität und Selbstverständnis des Psychoanalytikers. *Psyche - Z Psychoanal* 31, 1–42.

Thomä, H., Kächele, H. (1988). Lehrbuch der psychoanalytischen Therapie. 2. Praxis. Berlin/Heidelberg: Springer

Treurniet, N. (1996). Über eine Ethik der psychoanalytischen Technik. In. *Psyche - Z Psychoanal* 50, 1–31.

Tuckett, D. (2005). Does anything go? Towards a framework for the more transparent assessment of psychoanalytic competence. *Int J Psychoanal* 86: 31-49.

Zwettler-Otte, S. (2007). Überlegungen zur inneren Bedeutung der Internationalität bei der Etablierung einer berufsethischen Haltung. In: Zwettler-Otte, S. (Hg.). Entgleisungen in der Psychoanalyse. Berufsethische Probleme. Göttingen: Vandenhoeck & Ruprecht, 166–177.

Zwiebel, R. (2014). Behandlungsfehler, Fehlerkultur und Verantwortung in der psychoanalytischen Praxis. Ansatz für eine psychoanalytische Irrtumstheorie. In: Ebrecht- Laermann, A., Löchel, E., Nissen, B., Nicht, J. (Hg.): Jahrbuch der Psychoanalyse, Nr. 69, frommann-holzboog, 49–76.

Our Monster: A Minority View on Boundary Trouble in Psychoanalysis[1]

Charles Levin, Ph.D

What is more subtle than this…
Which fuses me into you now, and pours my meaning into you?

–Walt Whitman, "Crossing Brooklyn Ferry"

1. Statement of the problem

There is a strong consensus within the psychoanalytic profession that analyst-patient sexual relations constitute a serious violation of professional ethics. There are three deep reasons for this: they are harmful to the psychic life of the patient, thus violating the first principle of the Hippocratic oath, do no harm; they are a breach of social trust, placing the profession in disrepute; and they do a lot of damage to the psychoanalytic community, extending to other patients, prospective patients, colleagues, students, and all their relatives and friends.

Yet there is reason to ask whether this issue is really settled. Even if we feel convinced, whether by means of moral intuition or the logic of deontology, that sexual boundaries should never be crossed (at least in the current state of our knowledge and best practice), the consensus feels stilted and perhaps even somewhat artificial in its origins. We often claim that certain ethical principles, such as confidentiality, are intrinsically psychoanalytic—even "constitutive" of psychoanalysis (Lear, 2003); and we like to include our concerns about the sexual boundary in that category. Unfortunately, the historical record suggests a different understanding of how our ethical principles get established (Kerr, 1993; Gabbard, 1995). Freud frequently flouted confidentiality, discussing

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patients with their spouses, colleagues who knew them, and other members of the family. The issue of boundaries, especially in the context of the power differential in the transference relationship, was not originally something that psychoanalysis considered foundational or "constitutive"; it was largely forced on the profession through public pressure during and after the 1980s. Prior to that reckoning, we had rarely taken seriously the need for public accountability with respect to sexual boundary violations (SBV). In fact, we were in the habit of turning a blind eye to the most egregious abuse of patients and also candidates (analyst in training). Powerful male training analysts kept harems of female candidates. Others engaged in serial relationships with patients that were known about in their professional community for decades, without consequence. The eventual decision to codify and actually enforce the sexual boundary violation rule was, therefore, less like a genuine consensus, at least at first, than a united front forged during a crisis in public confidence, in the face of public scandal. The motivation was survival in a changing cultural climate, where consumer rights and power relationships were becoming more of a political issue.

It is encouraging to see that from the closing decades of the 20C onwards, there has developed within psychoanalysis an excellent, clinically-informed tradition of ethical study and reflection. Boosted by this expansion of horizons, the "united front" of the 1980s has solidified over time into a sincere commitment, which counts as a genuine collective achievement. Nonetheless, I shall argue, if this happy result feels in many ways like a dream come true, we have yet to explore its meaning, or the underlying wish it expresses. Is it just that we are as good as we like to think we are – endowed with a special kind of knowledge and unique capacity for understanding? Or is it rather that we want to convince ourselves that the ethical problem of SBV has been settled and that it will soon go away.

In this paper I shall be referring to psychoanalysis primarily as an organized profession, its forms of collective being and modes of communication. I shall argue that psychoanalysis is trapped in a collective defense against feelings of self-doubt that inhibit our capacity to explore these forms and modes in depth. This defensiveness may or may not be evident on the surface to an interested observer; apparently it is less evident to ourselves. We seem to take our existence as a group for granted, and to view our predominant social posture as unproblematic. With regard

to SBV, we really want to believe, even though we know it is not likely to be true, that the problem is the improper behavior of certain individuals who happen to be lurking in our midst, through no fault of psychoanalysis. We naturally conclude, therefore, that the appropriate ethical response is to determine how best to distance ourselves from these bad characters. In short, we are unwilling, as predicted by Freud (but also enacted by him), to think psychoanalytically about ourselves.

Painful political experience has taught us in recent years that agreement about something, even within well-established groups, however credible the group may be, is not a reliable measure of truth or knowledge. This was already well-known in the annals of natural science (Kuhn 1970; O'Connor, C & Weatherall, J. O. 2019). The more people in a democracy realize this, the more it becomes a problem for psychoanalysis. Historically, psychoanalysis has relied for its sense of knowing something (important enough to boast about) on internal agreements or alliances, the consolidation of schools of thought, and the forging of professional consensus. The latter are, of necessity, grounded mainly in constellations of anecdotal evidence and the politics (however unintentional) of personality and influence. The institutionalization of psychoanalytic knowledge in this form is an extension of Freud's psychoanalytic movement, as expressed in the foundation of the I.P.A. (Freud 1914, p. 43). Fortunately, Freud, Klein, Ferenczi, Winnicott and many others were keen observers and hard workers; they also knew how to translate their clinical experiences into usable hypotheses and paradigms that still undergird the normal academic science of clinical and developmental psychology in our day. To Freud's credit, the depth of psychoanalytic insight into the human condition has saved the profession during hard times, as bureaucratic expediency and concrete thinking increasingly dominate the field of mental health. The pity is that we have not used this legacy to understand ourselves better. Though we may now recognize that psychoanalysis has a problem, as outlined above, we shy away from exploring its nature and causes. Psychoanalysis has only just begun to frame relevant questions about itself at the group level.

2. What is to be done?

Before delving further into these questions, it is important to get a feeling for where we stand on the question of what to do about sexual boundary

violations. Glen Gabbard (2017), an undisputed pioneer in psychoanalysis, especially in this area, strikes a pessimistic and even weary tone:

> Despite my efforts and those of others to bring sexual boundary violations into the light of day and encourage prevention through seminars, regular consultation, and institutional awareness and reporting, sexual transgressions with patients continue to occur on a regular basis, often among analysts and therapists who are well regarded, thoroughly familiar with the risks and dynamics of boundary issues, and well educated. As a result, I have become increasingly pessimistic about our capacity to prevent the occurrence of sexual relations between those who practice psychoanalysis and psychotherapy and their patients. Personal analysis, education, and the use of consultants have undoubtedly prevented *some* clinicians from transgressing sexual boundaries, and these efforts certainly must continue. However, my former optimism has waned over the years. My growing pessimism has emerged from the recognition of the numerous ways that individual clinicians can rationalize why their situation is somehow different from others … and the inability of institutions to see what is in front of their eyes. (p. 151)

Gabbard's statement is striking for a number of reasons. First, one has to note the sense of failure he expresses; perhaps in this regard he takes too much upon himself what is really a failure of the profession as a whole. Second, Gabbard does not provide us with a convincing diagnosis of our collective failure. He seems to be assuming that psychoanalysis has already been established on a basically sound ethical footing and that sexual boundary violations, what he calls "our Achilles heel," represent inevitable human failings about which even psychoanalysis can do little. In this regard, Gabbard's summation is reminiscent of Freud's (1937a) *Psychoanalysis Terminable and Interminable*, with its admission of impotence in the face of various kinds of "bedrock." Without discounting the limits of psychoanalysis, I would agree with Poland's (2018) view that assumptions about human nature may disguise failures of understanding. The point to keep in mind here is that in the case of sexual boundary violations, it is our failure to understand ourselves as a group that may be blocking further progress. But this is not just a matter of coming up with an insightful interpretation of our collective behavior; psychoanalytic institutions profoundly resist any attempt to really work

on the problem. It is just too difficult and painful and we need to understand better why this is so hard for us.

Gabbard's pessimism is focused on the issue of prevention. This can be taken as a point in our favor. Leaving aside the statistical inevitability of a few psychopathic sexual predators, we have come to understand SBV as a psychologically complex syndrome to which we are all personally vulnerable, especially during periods of narcissistic depletion or other relational distress. We are actually quite sensitive to the plight of the sexual transgressor (Gabbard & Lester, 1995; Celenza, 2007, 2014). But we still tend to ignore three crucial factors:

1. *the social conditions of the psychoanalytic profession itself may be contributing to the problem* (Levin, 2021b);

2. *we fail to recognize that transgressors continue to be psychological members of our community*, even in their ghostly absence, after we have ostracized them;

3. *we resist creating a justice process that includes the whole community;* one that establishes a space for the analytic group to assume more direct responsibility and accountability.

In summary, we have not done enough as a profession to examine the role of our own psychosocial organization in both creating the conditions for, and then dealing with, the problem of SBV. Psychoanalysis needs to develop a process in which transgressors have a realistic opportunity to account for themselves, not only to the affected patient and family, but also to colleagues. We need to find a way to make it more possible for the whole analytic community to reach out socially to those involved, especially the immediate victims, and find ways to more actively take their discourse into account.

Of course, there is no disputing that the adversarial legal system and the burden of liabilities that it imposes on psychoanalytic societies and institutes discourages efforts in the direction of restorative justice and collective accountability. But this is not a sufficient excuse for lack of action. Gabbard's (2017) "30-year retrospective" might have been less gloomy if we had begun to face these issues sooner.

A very simple analogy illustrates the potential for further growth here. We know that when socio-economic conditions are relatively benign, and there is reasonable access to education, rates of crime go down, and quality of life improves. People will still do very stupid things; this is statistically inevitable; but social conditions make a significant difference in the incidence of anomie and violence. Surely this calculation also applies to the incidence of SBV within the analytic community—both its prevention, and how to handle it when it comes to the surface. There is no reason to think that we can eliminate SBV completely. Nonetheless, we ought to consider more seriously the possibility that if the social conditions of being a psychoanalyst could be improved, there would be a reduction in psychoanalytic crimes such as SBV.

3. Narcissistic boundary violations and psychoanalytic theory

Unfortunately, the need for transformation within the psychoanalytic institution does not stop with procedures for handling sexual boundary violations. It is even more vital that the profession openly acknowledge and address the far more pervasive and insidious risk of *narcissistic boundary violations* (NBV) in the analytic relationship (Levine, 2010; Levin, 2014, 2016, 2021a, b, c, d, e). NBV can be defined essentially as the narcissistic colonization of the patient's psyche, which may be used for various kinds of perverse gratification, notably sado-masochistic; for trapping the patient in helpless dependence on the analyst; and especially for converting analysts in training into political drones programmed to act on the analyst's behalf within the institute culture (for a detailed example, see Levin, 2014).

While Freud recognized the risks and dangers of sexual misbehavior among his colleagues, he seemed to regard colonization of the mind as fair (apparently non-sexual) use of the analyst's power. He exercised it with his daughter, some of his patients, his colleagues in treatment, and enacted it in his correspondence with them about their patients, or about his treatment of their spouses and relatives. The early form of the training analysis system around which the Eitingon model was eventually built was essentially a didactic demonstration of psychoanalytic truths, or indoctrination—a form, however benign, of colonization.

The potential for so called NBV is built into the very structure of the

psychoanalytic relationship, and also our clinical theory. This does not mean that the psychoanalytic relationship is unethical, or that our theories are wrong; but it does mean that they are extraordinarily problematic, and need to be described and taught as such. This we do not do very much with our candidates. On the contrary, we celebrate this colonizing power as if it were something that could only ever be used for therapeutic benefit. And in our continuing search for ever more exotic accounts of our special psychoanalytic power to connect with the unconscious, or to deal with its absence (for obscure reasons related to the very earliest infantile experience), we boastfully expand the analyst's colonizing power in theory and practice to penetrate or otherwise fuse with the mind of the other.

When Melanie Klein (1946) offered the idea of projective identification as a primitive defense involving a violent effort to enter the object and control it from within, did anyone in the analytic community ask whether this might also be a description of what Klein herself was trying to do with her patients? It is no secret that we get many ideas about what our patients are doing by observing ourselves (whether we are aware of it or not). A question like this does not invalidate the concept of projective identification, any more than Freud's self-analysis invalidates his Oedipus. The purpose of such questioning would be to deepen psychoanalysis, not to undermine it. Learning to ask such self-probing questions regarding our clinical metaphors should be added to the prevention program Gabbard (2017) has outlined with respect to SBV.

To create a psychoanalytic culture truly apprised of narcissistic and not just sexual boundary trouble we would need to develop an entirely different approach to our own literature, the texts that we teach; one in which the author's conscious intentions (among them, to show what a good clinician or theoretician he or she is; or how wonderful psychoanalysis is) can be challenged, problematized, and deconstructed. This doesn't require that the text be intellectually destroyed, or rendered useless. It means that we learn even more from any given analytic contribution—a "more" that includes the reality of our social dynamics, and useful awareness of our rather flimsy ways of establishing clinical truth in the professional group process. If psychoanalysts want to credit their rhetoric of "negative capability," this would be one of to do so in practice.

How well do we scrutinize our own discourse for symptoms of systemic malfunction? Basic familiarity with our own literature reveals that we have a marked tendency toward hyperbole, not only in our sometimes cultish veneration of various founding fathers and mothers, from Freud to Bion, but also in our general claims about ourselves and our work. We are also inclined to underplay the risks and limitations of psychoanalytic treatment.

As I have argued elsewhere (Giesbrecht and Levin, 2012, Ch.12), psychoanalysis likes to idealize itself, sometimes in exaggerated ways, by appropriating cultural symbols and canonical aesthetic references, particularly in the realms of "creativity" and art. This tendency is pervasive. For example, Jacob Arlow (1963) compares the classical technique of psychoanalytic supervision to Wordsworth's definition of poetry (emotion recollected in tranquility). In private correspondence, he writes self-idealizing peans to the profession.

> "Psychoanalysis is … a celebration of the emergence of the self, a unique, unprecedented event in the history of the universe … . This miracle is confirmed … [it] is the dramatic element in psychoanalysis, a continuous, mutual reaffirmation of two independent but related selves, something that makes the long hours and the tremendous cost of psychoanalysis a very special and worthwhile experience. Psychoanalysis *defines* and celebrates both the changing uniqueness and the continuity of the self over time and experience" (emphasis added). (Arlow, n.d.)

It may well be that this kind of puffery is more about treating flagging self-confidence within the profession than fooling anybody else. Nonetheless, it has the effect of inhibiting development of a critical approach to psychoanalytic discourse. It rarely occurs to us that trends in psychoanalytic language might tell us as much about ourselves and the vicissitudes of the profession as about our patients. The shifting patterns of our discourse may be symptomatic of various undercurrents or deformations. Among the latter, I believe, we have long indulged a kind of institutionalized negative ("counter") transference to the patient population, which has evolved from Freud's dismissive comments about "poor wretches" (Freud 1937b) to article after article about patients who are "dead," "boring," "empty," "difficult to reach," exasperating, and so on. The

issue is not that we shouldn't have our own emotional responses, or that such metaphors are inappropriate in themselves. Unfortunately, they tend to cluster and solidify, very quickly ceasing to work like metaphors; they condense into stereotypes and caricatures that are cited in a knowing, othering way, in the course of case discussions and supervision. They become institutionalized as surefire diagnostic signs: our visceral reactions or group responses indicate the presence of a hysteric, a borderline, a narcissist, etc. (See for example Bollas, 2000, e.g., pp. 176–177). Not so long ago, it was a commonplace for analysts commenting on a case presentation to express personal dislike for the patient, because we thought this meant we were "working with our countertransference." Now we are a bit more subtle about denigrating patients, and try harder to hold the analytic couple in mind; but the underlying group function seems to be the same: to reassure ourselves in the face of insecurity, uncertainty and doubt. Of course we "know" that we analysts may also be worthy of such epithets: "dead," "boring," or "hard to reach," with a psychotic core or an autistic enclave. Learning to pay attention to ourselves when we talk and write this way would be an important part of any program designed to address SBV and its broader, deeper source in the ever-present narcissistic temptation to exploit the patient's dependent mind.

To illustrate further, let us consider Masud Khan's (1979) definition of the sexual pervert's "technique of intimacy" in his influential book, *Alienation in perversions*.

> The outstanding feature of the technique of intimacy is the attempt to establish a make-believe situation involving in most cases the willing seduced co-operation of an external object … . The capacity to create the emotional climate in which another person volunteers to participate is one of the few real talents of the pervert. This invitation to surrender to the pervert's logic … demands of the object a suspension of discrimination and resistance at all levels of guilt, shame, separateness. A make-believe situation is offered in which two individuals temporarily renounce their separate identities and boundaries and attempt to create a heightened … intimacy … There is always, however, one proviso. The pervert himself cannot surrender to the experience and retains a split-off, dissociated manipulative ego-control of the situation. This is both his achievement and failure in the intimate situation. It is this failure that supplies the compulsion to repeat the process again and again.

Cued by my theme of the narcissistic colonization of the patient's mind, the reader will easily recognize where I am going with this example. Khan's able description of the pervert's "technique of intimacy" may well have drawn from his own experience, not only of his patients, or in his private relationships, but also from self-perception of his own functioning as an analyst. Omitting his references to the body, as I have done in the citation above, and substituting the word 'analyst' for 'pervert,' one gets a picture of the analytic situation that is not far from many official descriptions: the make-believe situation, or transitional quality of the analytic space; the invitation to surrender willingly, to abandon the censorship; the analyst's skill at creating an emotional climate conducive to regression; the need for endless repetition; and finally, the tragically asymmetrical position of the analyst, who cannot personally regress, except in a highly controlled manner.

The phrase "technique of intimacy" applies neatly to psychoanalysis, whether we take it literally or figuratively; and the potential for this technique to fall under the sway of the analyst's narcissistic preoccupations is incontrovertible. Knowing what we now know about Masud Khan, we cannot help noticing these parallels. But we tell ourselves that, of course, this is not what we meant by psychoanalytic intimacy—this is not what we have in mind when we talk about transference and countertransference and reverie and intersubjectivity in the suggestive ways that we do. We rationalize all these dangers away with theories about the "third," and so on. We never really let ourselves think too carefully about the obvious fact that we are always, and admittedly so (Cooper 2021), playing around the edges of potentially exploitable narcissistic and even "perverse" conditions of relationship with our patients.

Occasionally we let the cat out of the bag. At a packed meeting of the American Psychological Association Division 39 meeting in Philadelphia, 2006, when Muriel Dimen (2011) first spoke about her analyst's boundary violation, one of the most prominent analysts in America got up in the audience and said that we should not be talking about this topic because it would only inhibit good analysts from taking the emotional risks needed to do good analytic work. On another occasion, at an equally large IARPP meeting in New York, the same analyst boasted about his therapeutic "duty" to ignore his highly disturbed anorexic patient's plea for him to be less intrusive, as he went into "combat" with the "bad internal

object" he believed was holding her hostage.

The attitude of clinical entitlement and special privilege usually appears in more modest form, but it is present in all our schools of thought. When Giuseppe Civitarese (2015) says in the *International Journal* that the analyst needs to cultivate a state of "hallucinosis" (along the lines of Bion's (1965) "transformation in hallucinosis," describing a psychotic process), we sort of understand what he is driving at in the context of the intersubjective nature of the analytic work. Like intuition, reverie is a vague and elusive concept in our literature (Busch 2019); something more forceful and experiential, like the analyst hallucinating, may be required! But Civitarese makes little effort to allay any concerns about the epistemological hubris of such a proposition. As Bion (1967, p. 164) himself had asked, "How then is one to explain the difference between an hallucination and an interpretation of an intuited psycho-analytical experience?" Evidently Civitarese wants to up the ante in this debate and assert that when an analyst hallucinates for therapeutic reasons, this can be differentiated epistemologically and diagnostically from the patient's hallucinatory process.

If one accepts Bion's debatable principle that "the central phenomena of psychoanalysis have no background in sense data" (1970, 157), then in a manner of speaking it follows that the analyst would have to "hallucinate" them, since for Bion they are not part of physical reality. On this basis it would seem reasonable to argue that hallucination "may be profitably seen as a dimension of the analytic situation" (1965, 115). But it will not do merely to say that the term hallucination is not intended here in the psychiatric sense, since the whole argument about transformation in hallucinosis is anchored in a hypothesis about clinical psychotic phenomena. Moreover, Bion judges the content of transformation in hallucinosis in pejorative terms involving the analysand's anti-analytic assumption of "superiority" and a kind of arrogant self-sufficiency (1965, 141–144).

I raise this example not because I wish to argue against the view that doing analysis requires us to open ourselves to unconventional and even extreme psychic states, and to be aware of them in oneself. The point is that we don't critically assess the implications, or the evidential basis, of this aspect of our work; we tend to idealize and romanticize it, as if

quoting Keats or Martin Buber is enough to get us by; and we do this to the point where we become the heroes of "O" in our own myths about psychoanalysis, ignoring the fact that our "technique of intimacy" can be risky and treacherous.

There is an ethical dimension to this endemic sloppiness in the literature. We don't want to look too closely at what we are claiming about our work for a variety of reasons: we know it is in large measure artifactual, conventional, formulaic, subject to waves and fashions. We know that we do a lot of hiding behind confidentiality and disguise and that much of what we say about our patients is theory-driven, on the one hand, and overdetermined by our own unconscious personalities on the other, no matter how hard we strive to do otherwise. The result is that we cut each other an enormous amount of slack, at least within the confines of our own schools of thought, to save face. We seem to be terrified that if we look too closely at what we write, we will also look too closely at what we do; that we will start to question our institutions, the only thing that protects us in a lonely profession that is out of public favor. We know that the social organization of psychoanalysis is relatively stilted and false; but we pride ourselves in the art of simulating propriety; we shun publicity, politics, freedom of expression. Those in our ranks who transgress this social code, who write openly about the contradictions of our profession, or their own ambivalence, are suspected of ethical impropriety, of misusing their privileges as inheritors of the psychoanalytic estate. We convince ourselves that psychoanalytic training gives us the right to speak with authority, but only in favor of psychoanalysis, or in order to "apply" it to some other topic, such as art or literature. We feel very deeply that we cannot afford to question our "psychoanalytic identity," or to think about ourselves psychoanalytically as a group. This places us in great ethical peril, not only because it blinds us intellectually, but because it invites destructive rebellion (Levin 2021e).

In the aftermath of a recent scandal involving a senior training analyst in Canada, there was a spike in suggestions about what to read. Colleagues were saying that in order to understand what was going on we should study Giuseppe Civitarese's (2020) reconsideration of Bion's paper "On arrogance" (1957). The Civitarese text is indeed brilliant and apt for the occasion. Civitarese claims that Bion's original paper "lays the groundwork for a cogent criticism of the ideology of psychoanalysis and an

effective ethical re-foundation of the discipline."

The selection of this paper is puzzling, however. It appears to reflect a wish on our part to recuperate the profession in its own eyes rather than to shed light on the ethics crisis itself. So far as one can make out (by coupling the original 1957 paper with Bion's later 1967 commentary on it in *Second Thoughts)*, Bion's central thesis was that the arrogant ideology of psychoanalysis has mythic roots in Oedipus' "curiosity," which was in a way "stupid," leading to an arrogant vow (*hubris*) "to lay bare the truth at any cost" (86). To summarize and paraphrase, Bion interprets this narrative to mean that in the analytic situation the fetishistic psychoanalytic idealization of verbal interpretation becomes an "obstructive object," denying patients the normal use of projective identification as a means of communication to be received and contained by the analyst. Bion notes in his later commentary (1967 p. 162) that this is a particularly dangerous problem in the training analysis, where (he claims), all candidates fear their "psychotic elements" and wish to avoid them.

> The individual seeks to deal with his fear by becoming a trainee, so that his acceptance can be taken as an authoritative declaration of immunity by those best qualified to know. He can proceed with the aid of his psycho-analyst to evade coming to grips with his fear.… . His qualification is an ability, thanks to projective identification (in which he does not believe), to preen himself on freedom from the psychosis for which he looks down upon his patients and colleagues (1967, 162).

Bion then characteristically breaks off this argument, keeping everything gnomic, without addressing its implications, explaining that he has dealt with the matter in "greater detail" elsewhere (citing only the concept of Catastrophic Change, as if the reader is well aware of it, presumably a reference to Bion 1965). As Civitarese points out, the conceptual valences of "On Arrogance" are ambiguous at best. In the commentary on this paper 10 years later, Bion was more explicit in casting the training analyst as one who at least colludes with psychotic arrogance. Still, the analyst's (or TA's) role remains passive and indirect. In the original paper (1957), it was the analyst who turned out in the end to be unconsciously arrogant, failing to understand the patient's need to use projective identification as a form of communication, and occluding the latter

with knowing words. In the commentary (1967) and in much of the discussion of hallucinosis in *Transformations* (1965), however, Bion shows little sympathy for the patient who wants to substitute psychotic "transformation in hallucinosis" for the analyst's preferred and appropriate method of "transformation in analysis," i.e., through interpretation and insight. So there is a lot of confusion and inconsistency in these texts that Civitarese is aware of but unable convincingly to entirely sort out.

Bion considers the ambitious trainee (psychoanalytic candidate) as the active, driving force behind the arrogance in the profession. This shifting of blame from the Institute and the established analytic group to the aspiring analyst is unfortunately typical. Candidates are routinely treated as anomalous liminal creatures whose status is peculiar and suspect (Levin 2014). Kernberg (1986), in his otherwise excellent critique of the training system, singled out the toxic fallout from candidates' analyses, because their transference "liberates radioactive products." There is an implicit logic of quarantine here that dovetails with Bion's disdainful attitude. Institutes and their Societies routinely project their own disappointment and hatred (fear) of psychoanalysis onto their students, suspecting them of responsibility for the real or eventual decline of psychoanalysis and its final betrayal (Levin 2014).

As Civitarese (p. 4) admits, however, Bion's paper might easily be read as itself evidence of psychoanalytic arrogance, rather than as an exposé of it. In his usual presumptive style, Bion asserts his famously mysterious triad of terms (curiosity, stupidity, arrogance) as characteristic of a "certain class of patient" in which "psychotic mechanisms are active." Very little in the way of followable clinical illustration is provided to back this up as a general formulation; the argument quickly turns into a theoretical allegory, a sort of codified and couched critique of Klein, in which the Oedipus myth and this "certain class of patients" in the analytic situation define and explain each other in circular fashion.

Civitarese nevertheless goes on to endow Bion and his early paper with a kind of a preternatural awareness of the systemic arrogance of our profession. The rhetorical strategy behind this does have surface plausibility because we know that Bion did eventually begin to articulate a serious critique of psychoanalytic institutions (1970 and after). The effect is of a kind of epistemological *nachträglichkeit*, a reinforcing loop

in which what Bion said later about the psychoanalytic establishment, but only indirectly (while still enjoying ascendancy within that establishment), permits a speculative claim about his earlier thinking, which then strengthens in turn the impression of his later work as progressive. No wonder, then, that Civitarese's bit of hagiography was recently so popular in Canada. He had managed not only to name psychoanalytic arrogance, for which he deserves credit; but to do it in a way that allows us to imagine that we had always known it: the sense of our own arrogance was just part of the inside knowledge psychoanalysts have about the way things really are, a quality that reading Bion seems especially good at helping us feel.

Though satisfying in this reassuring way, Civitarese's paper leaves us with an unresolved issue. If psychoanalysis is really a form of treatment for psychological suffering, it therefore needs to be "curious" (and presumably, unless we can find some epistemological alternative, this curiosity will always be "stupid") to learn about something, and to know something, and to claim something about the patient and also to the patient. Given this inherent need—if Bion's reasoning about these things is correct—how can psychoanalysis (even Bionian psychoanalysis) evade the trammels of institutionalized arrogance? In grappling with this question, Civitarese brilliantly teases out, from the middle period of Bion's writing, a strong sense of the oppressive "moralism" of psychoanalysis. It would seem we are fated to be stuck in the vicious circle that Bion identified: every attempt to understand or to help the analysand with words risks producing a negative therapeutic reaction (1967 p. 87).

Civitarese's solution comes to us in the form of professional scapegoating. He simply throws all of Western science under the bus. After all, he argues, it was the foolish pretention of psychoanalysis to identify with this arrogant and nature-destroying science (an aspiration Bion certainly shared in his scientific rhetoric and his attempts at pseudo-mathematical formalization) that explains the (erstwhile?) arrogance of psychoanalytic institutions and attitudes. Psychoanalytic moralism, Civitarese claims, is "mostly … disguised as science. That is why it is insidious and treacherous" (p. 18). Reading this, one has to wonder if the whole problem of arrogance was just an epistemological misunderstanding. Is one to conclude that having molted the serpent-skin of science, psychoanalysis will then be free to embrace a non-arrogant form of knowledge, one

that is cleansed of dogmatic pride? Civitarese answers in the affirmative.

The affirmative, the supposedly non-arrogant form of curiosity, learning, and knowing, turns out to be, as announced in the article's abstract, *hermeneutics*. Those of us still wondering how Civitarese's critical analysis might play out in practical terms at the institutional level can be forgiven for feeling a little let down by this, since hermeneutics is already a familiar animal, a sort of domesticated psychoanalytic pet, in the form of clinical intuition (or "guessing" [Vassali 2001], or transformation-in-hallucinosis-while-practicing-psychoanalysis [Civitarese 2015]) that has been haunting psychoanalysis since Freud's death. According to Civitarese, the hermeneutic stance has nothing to do with the evils of science and somehow absolves us of our collective guilt for scientific pretension (the totemic IPA system, our professional copyright on the exclusive technique of understanding that only psychoanalytic training can provide). To this panacea, Civitarese adds the mother-infant relationship as the "model of [psychoanalytic] care," for supplemental insurance against the stupidity of science: "It instantly immunizes us against the virus that makes us value cognition over affection" (2020 p. 16). Thus, any suspicion of professional bad faith that might have arisen while reading Bion is conjured away. "Science solves (its) riddles," Civitarese (2020 p. 6) opines, "but in fact [science] can say nothing about the most important questions of existence, which have to do with the ineffable (Bion's concept of "O"), the sense that cannot be converted into meaning." Supposedly, and apparently without risk of arrogance, psychoanalysis claims to be able, unlike science, to say something true about these ineffable things, "the most important questions of existence."

Civitarese brilliantly identifies some of the key features of the psychoanalytic "monster" referenced in the title of this paper. Among others, I note the institutionalized negative transference to the patient population, and the ideological use of sexual trouble to cover up and displace the deeper problem of narcissistic trouble in the profession. For this we can be grateful. But at the same time, Civitarese's study of Bion's concept of arrogance is blind to, and indeed exemplifies, the most "insidious and treacherous" behavior of this monster—namely, to further displace and to cover up at the self-protective institutional level. Personal responsibility and confrontation with the organized psychoanalytic group is deftly sidestepped through anachronistic ventroloquizing of fetishized masters,

such as Freud and Bion. In this regard, Civitarese is only following in many other eminent analyst's publishing practice of rewriting the analytic canon in the register of the current professional ego ideal. We need to recognize that this genre of theoretical *nachträglichkeit* is, though often useful for teaching, deeply ideological in its fundamental purposes. The underlying unconscious message is always the same, whether it concerns the faults of our professional organization, or the inadequacies of our clinical method: we have always known that we are not perfect, because somewhere it is written; so there can be no real problem, nothing that cannot be solved by further reading.

As noted in the introduction to this paper, we like to believe that certain values are intrinsic to psychoanalytic thinking, whereas in fact they are sometimes forced on us by circumstances. (Admitting that we don't know is a case in point.) We then retroactively project our discovery of them into our earlier history and literature. At the height of the same Canadian scandal that prompted the reading of Civitarese on the question of arrogance, causing many colleagues to raise questions about the Eitingon training model, it was widely recommended that we also bone up on David Tuckett's latest research (Tuckett et al. , 2020), which directly addresses widespread uneasiness with that model. This was a topical and appropriate suggestion in the circumstances; and in Canada, as elsewhere, Tuckett is a respected author. As it turns out, however, the research (surprise?) tends to exonerate the Eitingon model, blaming any dysfunction on human factors. The reasoning starts from a crucial distinction between the model itself, and how it is "applied." There is a finding, uncontroversial, that "implementations of the Eitingon architecture differ widely." This sets up the argument that the model itself is not to blame. There are "dynamics" that psychoanalytic training "must inevitably create." It follows that successful training rests not on the model itself, or its "requirements," but on the issue of "how candidates, training analysts, supervisors, committee members, etc., confront these inevitable dynamics." The sleight of hand in the argument is that the Eitingon model is equated with psychoanalytic training as such, rendering the dynamics it generates "inevitable." According to Tuckett and his team, therefore, in an impressive display of circular reasoning, the Eitingon model works just fine so long as those involved believe in the model and live up to its training standards, which include thinking

psychoanalytically about the ways in which it doesn't work very well. Of course, to some extent, this must be true, if one accepts a minimal social constructionist view like the "looping effect of human kinds" (Hacking, 1995). However, while sincerity is always an asset, it cannot serve as the independent justification for any social form, especially if the form itself tends to disable healthy skepticism, as the whole of organized psychoanalysis, and not just the Eitingon model, seems designed to do.

4. Dynamics in the psychoanalytic group: actual and potential

Psychoanalysis offers no exception to the boundless human capacity for self-deception (Gabbard, 2008). In the logic of purity and danger (Douglas 1966), we deploy the self-serving trope of the "rotten apple" (Dimen 2016), the otherness in the barrel that just needs to be tossed out. We rarely consider how we may be implicated, and when we do, we quickly turn to a Civitarese or a Tuckett, a trusted author, for reassuring bromides. We insulate ourselves both personally and structurally from the "other's" primal crime. To achieve this end, we also maintain a formal legal distance from the victim and his or her family, friends and community. We offer little if any hope for some kind of reparative or restorative justice (Harris 2021; Harris and Gentile 2019). There is no word from us about the possibility that psychoanalysis itself may have to bear some responsibility for what has happened, not only to the patient, but also to the transgressor (Levin 2021e). We don't try very hard to honor and develop, or even acknowledge, the connective tissues that inevitably linger, painfully, between the professional group, its transgressive member, and its victim.

In 2010, I was in San Francisco for the Spring meetings of the American Psychoanalytic Association when rumors began circulating about Harry Smith. He had organized the meeting but he would not be present. I had not known him personally, but I was crestfallen; I had found him helpful as an editor. In the national meetings in New York immediately following this spate of preemptive resignations, Smith's name never came up once, even at a plenary session that touched on the problem of sexual boundaries. Remember, this was a meeting that would itself have already been substantially planned by him. At some point during the audience discussion I got up and said, in so many words: "There is an elephant in this

room. His name is Smith." The meeting then went into a kind of spasm from which it never quite recovered. Some helpful discussion followed about how important it would be to create a safe place where these matters could be discussed openly and frankly, but there was also a lot of fear and confusion and denial in the room.

In my utopian fantasies about what the psychoanalytic group should be capable of, I imagine a different scenario. I imagine that Harry Smith could somehow have been persuaded to attend that meeting and to speak about what he had been through, trying, if possible, to help us understand. My fantasy also includes the possibility that the candidate in analysis with him would have felt safe enough to address that same audience with her own perspective and emotion about what had happened between them, including how she was now feeling about psychoanalysis. I imagine Harry Smith and his patient in the same room, with other concerned analysts present, not necessarily at a large meeting, but contributing to some kind of quixotic effort to reach an understanding and to forge a sense of justice being done not only for them, but for the analytic community. And they would tell us in their own words about the element of derailment in their psychoanalytic relationship, how it had crept into their work, to the point where they were willing to embark on the utter madness that has tarnished Smith's stellar career (without, apparently, ending it), and damaged his patient's soul, her marriage, and her career as an analyst.

In the fantasy, I imagine it turning out, to everyone's surprise, that the analytic community itself feels a considerable burden of guilt and a sense of responsibility for what has happened. And I imagine the analytic community would not shun this failed analytic couple for reasons of legal liability. I imagine the analytic community taking the view that it would be important to address the possibility that there exist in our profession underlying social conditions for psychosexual calamity—more important than ostracizing its wayward member; and that the analytic community would be ready to focus its attention on the major unnamed affordance that psychoanalysis inherently sets up, at both the institutional and clinical levels—the opportunity to rationalize exploitive colonization of the patient's psyche. In this scenario, Harry Smith could actually retain or regain his standing as analyst on condition he be willing and able to contribute to our ethical understanding and re-framing

of the multi-directional transference free-for-all that our method invites; moreover, that he be willing in public to review and comment upon his own writings, particularly those that directly hint at boundary trouble, such as Smith (2006a), and also (2006b, p. 716), where he wrote the following:

> …if one of the features of perversion is the secret or hidden pleasure in some activity that constitutes a disavowal of reality and entails using something for a purpose other than the one it was intended to serve, then we have to consider that analysts and patients are engaged continuously in the activity of disavowal. For in every analysis the patient embraces activity that by virtue of its actualizing a gratifying fantasy with the analyst disavows the reality of the analytic relationship and the analytic work; the activity of analysis is used for something other than that for which it was intended. At the same time this ongoing gratifying activity is itself disavowed in the apparent pursuit of understanding. The two exist side by side. I would argue, further, that the analyst cannot help but participate in these activities. In short, if we think of this sort of disavowal as perverse, we must consider the possibility that analysis itself rests on a foundation of perversion.

Note that in this argument, Smith tendentiously places the "purpose" of analysis on the side of "reality," and then defines its intentional suspension of this reality as a "disavowal" of reality, describing the patient's acceptance of the analytic invitation to actualize (or at least contemplate) a gratifying fantasy as a "perversion" of the analytic relationship. This formulation offers a rather concise example of the ethical double bind that psychoanalysis seems to impose on both its practitioners and its consumers. It would have been extremely useful—one might even say epoch-making from an epistemological perspective—if the analytic community had somehow managed to create conditions under which it would have been possible for Smith to talk about this and other parts of his published thinking in the light of his sexual relationship with his patient. He would then have been actively contributing in a powerful way to education not only about the ethical risks of psychoanalysis, but about psychoanalysis as such.

In my utopian fantasy, Smith would of course be expected to match the

analytic community's efforts, including financial, to assist his former analysand and sexual partner, the candidate, psychologically, socially and professionally, in a process of recovery and reparation. This is a scenario in which the entire community would be able and willing to take active responsibility for the screw up of one of its most distinguished members.

Is that such a pipe dream?

Perhaps it is, though surely many analysts have shared similar reparative fantasies. The reason why such thoughts may be unrealistic is that they presuppose not only a legally safe environment for all concerned, but a willingness on the part of the transgressor and the transgressed to risk emotional exposure at an extremely delicate and dangerous time in their lives. Nonetheless, we should try to continue down this track, if only because it is important that we consider all the possibilities.

One striking thing about the vision of restorative justice in psychoanalytic groups is that it raises a stark question: would the greater prospect of understanding and reintegration in our community strip away all the deterrent effects that a harsher climate of opinion brings, in which the default position is divestiture and banishment? I don't think so, but this is certainly worth debating. I am inclined to think that if the default position were restorative justice, the effect would be precisely the opposite, namely, to create a professional atmosphere in which all the recommended prophylactic and preventive measures would become more effective. We would be less afraid to admit to our colleagues that we might be in trouble, less reluctant to consult, more willing to speak out and educate ourselves about such matters. One would hope that any reduction in the paranoid atmosphere of shame, taboo, and stigmatisation around SBV would have a beneficial effect and lower the incidence of ethical violations. On the other side of this coin, one can well imagine that the prospect of having to give an accounting of oneself to one's colleagues might actually seem more daunting—more of a deterrent—than mere expulsion from the group.

The following anecdote is based on a pseudonymous report by an analyst who had committed an ethical boundary violation, which eventually led to sanctions, and ostracization (Davis 2021). In the published account

of these events, the analyst expressed a great deal of remorse and grief over the harm caused to the patient. The analyst also described the social dynamics within their psychoanalytic group.

The analyst had slipped into an emotional vicious circle with a patient during the end phase of their analytic work. In order to manage feelings of insecurity during the termination phase of the analysis—and fear of the patient's anger—the analyst revealed a great deal of painful personal information. This led to declarations of love which were followed by private meetings after the analysis was officially concluded. They became emotionally very intimate in an anxious way, but did not have intercourse.

The intense "transference" on both sides continued for quite some time following termination; analyst and patient dug deeper and deeper into a psychic colonization process that was clearly driving them both crazy. In an effort to try to disentangle matters, the analyst gave the former patient lengthy explanations of why the analyst's behavior had been inappropriate, which only compounded the pattern of intimate self-disclosure. Finally, the analyst went into treatment and also into supervision, preparing themself for the day when they would have to break off these discussions with the patient and risk an ethics complaint.

When the complaint finally came, all hell broke loose in the local psychoanalytic community. After many months of investigation and deliberation, which included an outside consultant from another Institute, a decision was handed down: the analyst could remain an analyst, but must undergo an extensive rehabilitation program. This decision met with a great deal of opposition within the community, with wild rumors flying around about the analyst's sexual conduct. There was an enormous amount of pressure on the analyst, who was told in confidence that "people want blood." Following advice from a friend, in the hope of quelling the uproar, the analyst resigned their position at the Institute and issued an apology to the community. Unfortunately, the tempest continued for at least another two years, with repeated attempts to reverse the decisions for rehabilitation recommended by the national organization and the licensing boards. Eventually this led to the analyst being expelled entirely from the home group. However, the analyst complied with all the requirements of the rehabilitation program and maintained his status

within the national organization and in the eyes of the licensing boards.

What can we learn from a story like this? One lesson concerns the evident failure of the analytic group to understand and contain its own emotional turmoil. The complaint against this analyst created a deep sense of narcissistic injury in the group, which led to ferocious narcissistic rage. This reaction is understandable; but the failure of a psychoanalytic group to recognize the nature of such a reaction and to work it through instead of acting it out is less forgivable.

In his summation of years of work in this tortuous area of psychoanalytic life, Gabbard (2017) described the group dynamics related to SBV in terms of Bion's "pairing group." He understands this basic assumption group as a variation on the manic defense against depressive anxieties. Individual transgressors may believe that they are "creating something new with a patient" (p. 54) in order to ward off feelings of disappointment and disillusionment about psychoanalysis. The transgressor may also be unconsciously acting out defensive fantasies that pervade in the analytic community. I think this is true but would argue that the problem in the group is of a different order and occurs on another, in some ways more primitive, level that is more paranoid in nature.

The reaction of the group to transgressions will, of course, be manifold, all of it in one way or another inevitable and in that sense "normal," including a sense of the injustice done by a powerful analyst against another more vulnerable person, who is often a colleague; a desire for revenge; hostility and suspicion toward the authorities concerning the possibility of corruption and cover up; fear that the profession will be morally discredited; and anxiety about one's own potential for transgression, together with denial in reaction formation against unconscious identifications with the transgressor and even envy of the transgressor. All of these can be summed up under the headings of narcissistic injury, threatened identity and fear of contamination. What I am suggesting is that when boundary violations occur, the analytic group will be at risk of turning into a narcissistic monster.

We have learned a great deal clinically about narcissism since Freud's 1914 essay. However, it is only when we think about narcissistic phenomena at the group, cultural and social levels that we truly come to

understand its central role as a force in our lives, a force that seems to dwarf sexuality (particularly through the organizing power of idealization and the projection of split-off "bad" parts), but also includes it (Giesbrecht & Levin, 2012). By 1914, Freud seemed to realize that when he wrote about sexual libido, he was mostly writing about narcissism, and this became clearer in *Group Psychology* (1921), though he would never state it plainly.

Narcissism in the group can be conceptualized in terms of the *submissive transformation of narcissism* (Levin 2021e). This is the underlying structure of any patriarchal group, and its primitive default position when the group finds itself under stress. The basic idea is that the group creates an avatar or a projective transference object who is imagined to embody the socially dangerous or problematic aspects of narcissism in the community and its members. These may include (as graphically illustrated in the Pentateuch) omniscience, omnipotence, a boundless sense of entitlement, delusions of uniqueness and superiority, vanity, paranoia, aggressiveness and vengefulness, envy, possessiveness, megalomania, pettiness, the denial of reality, deceit, covetousness, licentiousness, promiscuity, among many other common negative precipitates of ordinary narcissism that typically inhabit us all and threaten social solidarity, peace, and good government. By ascribing all of these proscribed qualities, or as much of them as we can, to a supreme being, or into the job description and privileges of a leader who is functionally above the law, such as a monarch or a privileged class, the group manages to hang on to them in the very act of disavowing them—a collective social process that in individuals and small groups we describe as projective identification. Through the submissive transformation of our narcissism, we find a way as a group to bind and restrict our worst impulses and most destructive states of mind, while still enjoying them vicariously through idealizing identification with the Lord or leader, and while still holding open the possibility of reinstating our grandiose narcissistic strivings, fantasies and impulses, such as murder, at the leader's command or behest.

In normal circumstances, the supreme leader is idolized in 'His' binding function (Freud 1921). He gives official state condolences, reassures victims of natural disasters, and rallies the population in the name of the State. This is the positive social function of group narcissism. But when the group is under stress, these binding functions easily take on

monstrous qualities. This is what happens in a psychoanalytic group when, for example, it is discovered that a senior and respected colleague has been engaging in a sexual affair with a patient, perhaps an analyst in training and therefore a colleague, while charging for the "sessions," and carrying on for a number of years like this while running an Institute. The analytic group's identification with its ideal of psychoanalysis as a good object is then easily transformed, at least psychically, into a rampaging mob hungry for the blood of the transgressor. The rage that may ensue empowers the 'mob' to act in the name of the leader (psychoanalysis), and to act out 'His' powers in a narcissistic manner against the violator. The chief benefit of this archaic mechanism is to preserve the sanctity of the group. If there has been an ethical violation, the causes and responsibility for this are shown, in a dramatic way, to belong only to the deviant member, and not in any way to the group as a whole.

As it stands, our consensus policies on professional ethics still reflect this form of general collective denial, not only through the scapegoat mechanism, but also, and more subtly, through displacement onto sexuality (Levin 2021 d). We largely ignore the narcissistic abuse of patients, of which sexual violations are only a sub-category. Policing sex is not in itself an ethics of the analytic relationship. Narcissistic enactments are the potentially damaging things that we may still do with patients even if, to paraphrase Adam Phillips (Bersani & Phillips, 2008), we agree not to have sex. What remains unexamined in the psychoanalytic relationship are all the traditional discretionary powers of the priest and the father. Normally, we take these for granted, as professional privileges and procedures, whether we are men or women. Under the cloak of the "trained" psychoanalyst, many forms of extraordinarily intrusive intimacy are contemplated routinely without the least sense of any boundary risk at play.

This one-sidedness in the discourse of boundaries reflects the original patriarchal conceptualization of the psychoanalytic form and its Institutions. Sex is the thing that the father controls, and reserves for himself, according to Freud's (1912) original formulation of human social origins. Thus, to equate the risk of boundary violations with sexuality per se is, in a sense, to sugar coat them. Sexuality carries the can for the whole method, effectively exempting the standardized intrusiveness of analytic technique from close scrutiny. Unlike sexual relations,

narcissistic relations are not categorized as exploiting the power differential, fostering inappropriate intimacy, or "acting out." The implication is that sexuality has nothing to do with the professionally applied and approved method; it only appears as a form of deviance. Ethical displacement onto sex, therefore—even the shock of blatant sexual transgression—is actually reassuring for the profession: it provides an opportunity to argue that the approved method is risk-free, vulnerable only to contamination by an extrinsic factor that is present in all human relations yet, paradoxically, defined out of psychoanalysis itself.

Of course, it is entirely natural that as psychoanalysts, we want to shield the profession from criticism and protect our sense of professional identity. If one of the underlying problems is really primitive narcissistic functioning in the group, we are understandably reluctant to face it; it would require a socially awkward, embarrassing, painful, and morally troubling group process that could spin out of control (we fear), and lead to even further regression, more bad behavior, and irresponsible acting out that is not sanctioned by our Institutes and other authorities. The fear on all sides of these questions is, of course, moral panic—moral panic in society, moral panic in the profession. We seem to believe that the best way to keep the whole situation under control is to one-sidedly single out sex as the problem, give the impression that it is not really part of psychoanalysis, and declare that the "boundaries" of sex are well patrolled by the profession.

Any move toward restorative justice in this regard would bring this neat public relations compromise message into jeopardy. It would be dangerous because it would require an untested degree of democracy in the profession. In the words of the IPA website (IPA n.d.) description of the Eitingon model,

> There is conflict around the dispersion of power: greater democracy is evident, but there are many questions about its effects (e.g., "pluralism and democracy have become buzz words for anything goes"; "difference between secrecy and confidentiality—democracy has certain limits in a psychoanalytic society.")

To go down the road of justice reform would lead to the unwelcome realization that psychoanalysis is nobody's perfect possession; it does not

belong to the approved analyst by right of "training" or exclusive initiation; it cannot be inherited or bestowed. Rather, it is an ambiguous collection of ideas and conjectures in the public domain—fair game for non-analysts to develop into other things: attachment theory, developmental psychology, social theory, film theory, art, what have you. The accredited members of the profession might only count as a minority among the many devoted custodians of psychoanalysis; and the established psychoanalytic group to which they belong would be at best ambivalent about itself, retaining the power to educate and train clinically, but with little real power to control, even among its most loyal members, a practice so intimately involved with something as inchoate as the unconscious and fluid as psychic life.

There is always a sense, even in a constitutional liberal democracy, or an enlightened psychoanalytic society, that the Law ultimately derives from the submissive transformation of our own narcissism. Our fantasies about the power we would like to have are invested by tacitly negotiated collective agreement in a power that will stand over all of us, and this is the power vested in some authority, sometimes violent, to enforce the Law. In a democracy, we say that no one is above the law, which of course we know is at best only a relative truth, so long as there remain serious forms of inequity, discrimination, and socio-economic injustice. But to the extent that we are able to maintain our faith in the good intentions of that bargain, we can have peace and good government at least some of the time.

There will always be a debate about how much narcissism we can tolerate in polite society, and this is a conversation that analysts still need to have. Right now we have an ethical rule that analysts shall not have sex with their patients, pretty much under any circumstances. We have a consensus in our community that this is an important rule because it relates to a sort of 'primal crime' (Dimen 2011). There is an idea that we could be doing more to prevent it from happening so often. The discussion we need to have next is about the best way to realize this idea. That discussion would lead in turn to another discussion we have never yet been able to have, namely, about the group's implication in the persistence of this primal crime. To do that, we need to think more carefully about the ways in which we organize our own professional narcissism,

as inherently narcissistic individuals in an inherently narcissistic group.

5. Concluding summary

The following is a list of some issues and themes awaiting consideration at the institutional level:

1. Our community, like that of the Christian Church, which also has a serious boundary violation problem, was constituted through identification with a primal father.

2. We gave that Father enormous power over ourselves, which made original thinking in our field controversial and problematic.

3. Many of our most original thinkers, not to mention those expressly banished, like Jung and Ferenczi, were men or women who had serious ethical boundary problems. They include Jones, Klein, Winnicott, and many others. Much original work was done based on self-analysis and self-diagnosis and inappropriate analysis of one's own children. New ideas came out of extraordinarily intimate relationships with patients, like those of Ferenczi and, I suspect, the relationship between Winnicott and Marion Milner or Masud Khan. The list goes on. In addition to this social fact of our history, we have to accept that in a real sense the very idea of psychoanalysis involves a problematic boundary violation—certainly it was perceived that way in Freud's day—and we have to admit the possibility that the profession attracts mainly those looking to cloak their wish to go where angels fear to tread.

4. The atmosphere in psychoanalytic societies was, and to some extent remains, inhibited and oppressive. This stiltedness may be an attempt at a cover up. We seem more careful than is natural not to draw attention to ourselves for fear of provoking questions about our mental stability, our propriety, and whether we have been sufficiently well-analysed. Though our governance has become less authoritarian during my lifetime, there remains a streak of puritanism in our group culture that easily transmits authoritarian impulses in unofficial and secretive ways.

5. It is easy to imagine in any of us a certain mood of potential rebellion that consumes our psychic energy as we struggle to remain

good professional citizens.

6. It is easy to imagine, from self-observation alone, that many of us develop a keen sense of the hypocrisy within our group. We can observe ourselves towing certain party lines with which we are not entirely comfortable; or agreeing with harsh judgments of others for things we know we and our friends also sometimes do or think.

7. Our sense of our own hypocrisy traps us in a vicious circle of evasion and deception that makes it difficult for us to contemplate a more therapeutic, exploratory approach when transgressions do emerge, complaints are made, and gossip overtakes. (In the Psychoanalytic Center of California, candidates refused to read or discuss important papers by Robert Caper because he had been expelled for an alleged sexual boundary violation.) It is difficult for us to say of a transgressor in our midst, "this is a member of our group, we had interesting conversations with him, he or she has supervised us, and we have used their papers in teaching, and we learned from them." Instead we say the equivalent of: "He or she must never have been a legitimate member of our group. We just didn't know it till now. They were here among us on false pretenses. Let's get rid of them." We may not always do that in practice, except in the really egregious cases; but we think it; and we act as if that is the moral bottom line.

8. Finally, I believe that the real problem that we do not want to face is the issue of narcissistic—not just sexual, but narcissistic—abuse in the psychoanalytic community. This is a subject that, remarkable as this may sound, we have only just begun to explore. We already know or at least suspect that this is a problem in the training analyst system, where the analyst just has too much power; we try to rationalize it away. But there is no doubt that in the training analysis, the risk of the analyst becoming a narcissistic monster may be comparatively greater than in an ordinary analysis. More generally, psychoanalysis is still permeated by vestiges of a submissive transformation in which our narcissism was originally invested in the fantasied omniscience and omnipotence of its primal father.

From this perspective, our consensus on sexual boundary violations remains valid ethically, but as I have been arguing, it is in some ways

superficial and defensive. We certainly need to keep the consensus, but we also need to go deeper into the matters that underlie it: 1) our phobic anxiety; 2) the tendency for any discussion of actual cases of transgression to become hysterical and punitive; 3) our feelings of narcissistic vulnerability and shame when something imperfect happens in our profession; 4) our "hatred" of psychoanalysis, which surely feeds into an atmosphere in which our own rebellious impulses are suppressed, only to fester unconsciously, and be transmitted through unconscious channels in the group; 5) our unwillingness to really acknowledge that the work we do is messy and ambiguous and risky; 6) our tendency to foster an unrealistic image of ourselves as selfless in our work, setting our own needs and passions aside; 7) our reluctance to fully embrace moral responsibility for the damage caused by our colleagues to patients and thereby the larger community.

Let us be optimistic about our ethical future. Further democratisation, with innovation of more enlightened forms of self-regulation, including a more restorative as opposed to punitive model of justice, may significantly reduce the incidence of sexual boundary violations, while helping to better manage the fallout when these tragic events occur.

REFERENCES

Arlow, J. (n.d.), "Personal Correspondence," cited in Poland (2018), p. V.

Arlow, J. A. (1963). The Supervisory Situation. *Journal of the American Psychoanalytic Association* 11:576-594.

Bersani, L, & Phillips, A. (2008). *Intimacies*. Chicago: University of Chicago Press.

Bion, W. (1957). On arrogance. In Bion (1967) *Second thoughts*.

Bion, W. (1965). *Transformations*. In Seven servants. Four works by Wilfrid R. Bion. New York: Jason Aranson.

Bion, W. (1967). *Second thoughts*. London: Tavistock.

Bion, W. (1970). *Attention and interpretation. A scientific approach to insight in psychoanalysis and groups*. London: Tavistock.

Bollas, C. (2000). *Hysteria*. London & New York: Routledge.

Busch, F. (2019). *The analyst's reveries: Explorations in Bion's concept*. London and New York: Routledge.

Celenza, A. (2007). *Sexual boundary violations: Therapeutic, supervisory, and academic contexts*. New York: Jason Aronson.

Celenza, A. (2014). *Erotic revelations: Clinical applications and perverse scenarios*. London and New York: Routledge.

Civitarese, G. (2015). "Transformations in Hallucinosis and the Receptivity of the Analyst." *International Journal of Psychoanalysis* 96: 1091–1116.

Civitarese, G. (2021). The limits of interpretation. A reading of Bion's "On Arrogance". *International Journal of Psychoanalysis* 102:236–257.

Cooper, S. (2021). Reflections on the aesthetics of the sexual boundary concept. Or, why refer to sexual misconduct with patients as boundary violation? In C. Levin (Ed.) (2021b), pp. 131–150.

Davis, T. (2021). Rehabilitation in a boundary violation from the perspective of the transgressor. In C. Levin (Ed.) (2021b).

Dimen, M. (2011). Lapsus Linguae, or a slip of the tongue? A sexual violation in an analytic treatment and its personal and theoretical aftermath. *Contemporary Psychoanalysis* 47(1): 35–79. Reprinted in C. Levin (Ed.) (2021a).

Dimen, M. (2016). Rotten apples and ambivalence: Sexual boundary violations through a psychocultural lens. *Journal of the American Psychoanalytic Association* 64(2): 361-373. Reprinted in C. Levin, (Ed.) (2021b).

Douglas, M. (1966). *Purity and danger: An analysis of concepts of pollution and taboo*. London: Penguin.

Freud, S. (1912). Totem and Taboo. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (vol. 13, pp. 1–255). London: Hogarth.

Freud, S. (1914a). On the history of the psychoanalytic movement. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (vol. 14, pp. 7–66). London: Hogarth.

Freud, S. (1914b). On narcissism: An introduction. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (vol. 14, pp. 73–102). London: Hogarth.

Freud, S. (1921). Group Psychology and the Analysis of the Ego. In J. Strachey (Ed. & Trans.), The standard edition of the complete psychological works of Sigmund Freud (vol. 18, pp. 65–144). London: Hogarth.

Freud, S. (1937a). Psychoanalysis Terminable and Interminable. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (vol. 23, pp. 216–254). London: Hogarth.

Freud, S. (1937b). Constructions in analysis. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (vol. 23, pp. 255–269). London: Hogarth.

Gabbard, G. (1995). The early history of boundary violations in psychoanalysis. *Journal of the American Psychoanalytic Association*, 43:1115–1136.

Gabbard, G. (2008). Boundaries, technique, and self-deception: A discussion of Arnold Goldberg's "Some limits of the boundary concept". *Psychoanalytic Quarterly* 77: 877–881.

Gabbard, G. (2017). Sexual Boundary Violations in Psychoanalysis: A 30-Year Perspective. *Psychoanalytic Psychology* 34, 2: 151–156.

Gabbard, G. & Lester, E. (1995). *Boundaries and boundary violations in psychoanalysis*. New York: Basic Books.

Giesbrecht, H. & Levin, C. (2012). *Art in the offertorium: narcissism, psychoanalysis and cultural metaphysics*. New York: Rodopi.

Hacking, I. (1995). *Rewriting the soul: Multiple personality and the sciences of memory*. Princeton: Princeton University Press.

Harris, A. (2021). Boundary violations as assaults on thinking. In Levin (Ed.) (2021b), pp. 61–76.

Harris, A & Gentile, K. (2019). Boundary violations, consent, the law, and the lawless. In P. Montagna & A. Harris (Eds.), Psychoanalysis, law, and society (pp.108–122). London and New York: Routledge.

I.P.A. (n.d.). The Three Training Models: The Eitingon Model: "Issues of Power, Authority, and Authorization." https://www.ipa.world/en/Training/3models.aspx

Khan, M.M.K. (1979), Intimacy, Complicity and Mutuality in Perversions. In *Alienation in Perversions*. London: Hogarth Press, pp. 18–30.

Kerr, J. (1993). *A most dangerous method*. New York, NY: Knopf.

Klein, M. (1946). Notes on some schizoid mechanisms. In *Envy and Gratitude and Other Works 1946-1963*. London: International Psychoanalytic Library, 1975, pp. 1–24.

Kuhn, T. S. (1970). *The structure of scientific revolutions*. Chicago: University of Chicago Press.

Lear, J. (2003). Confidentiality as a virtue. In Levin, C., O'Neil, M.K., Furlong, A. (Eds.). *Confidentiality: Ethical Perspectives and Clinical Dilemmas*. Hillsdale, NJ: Analytic Press.

Levin, C. (2016). Fear of breakdown in the psychoanalytic group: Commentary on Dimen. *Journal of the American Psychoanalytic Association*, 64(2): 381–388.

Levin, C. (Ed.) (2021a). *Sexual Boundary Trouble in Psychoanalysis: Clinical perspectives on Muriel Dimen's concept of the "primal crime."* New York and London: Routledge.

Levin, C. (Ed.) (2021b). Social aspects of sexual boundary trouble in psychoanalysis: Responses to the work of Muriel Dimen. London and New York: Routledge.

Levin, C. (2021c). Introduction: From 'Eew' to We: An overview of Muriel Dimen's contribution to psychoanalytic ethics. In C Levin, ed. (2021a), pp. 1–22.

Levin, C. (2021d). Introduction: Social preconditions of psycho-sexual violations in psychoanalysis: reflections on the ethics of Muriel Dimen. In C. Levin, ed. (2021b), pp. 1–26.

Levin, C. (2021e). Boundary trouble in the psychoanalytic republic: Reflections on Muriel Dimen's concept of the primal crime. In C. Levin, ed. (2021b), pp. 191–218.

Levine, H. (2010). The sins of the fathers: Freud, narcissistic boundary violations, and their effects on the politics of psychoanalysis. *International Forum of Psychoanalysis*, 19, 43–50.

O'Connor, G. & Weatherall, *The Misinformation Age: How False beliefs spread.* Cailin O'Connor, James Owen Weatherall, London & New Haven, Yale University Press, 2019).

Poland, W.S. (2018). *Intimacy and Separateness in Psychoanalysis*. New York & London: Routledge.

Smith, H. F. (2006a). Love and Other Monsters: An Introduction. Psychoanalytic Quarterly 75:685–688.

Smith, H. F. (2006b). Analyzing Disavowed Action: The Fundamental Resistance of Analysis. Journal of the American Psychoanalytic Association 54:713–737.

Tuckett, D., et al. (2020). Psychoanalytic Training in the Eitingon Model and its Controversies: A Way Forward. IJP Open—Open Peer Review and Debate 7:1–45.

Vassali, G. (2001). The birth of psychoanalysis from the spirit of technique: What have we learned? What can we apply?, *International Journal of Psychoanalysis* 82 (2001), 3–25.

Where is Psychoanalysis at Home? The Patient's Body-Mind Relationship as a Springboard for Child Analysis During the Pandemic

Anna Migliozzi[1]

This is a brief communication inspired by the recent Coronavirus pandemic, which has prompted us to update our clinical and conceptual tools so that we can continue with our patients' analytic process despite the restrictions imposed by the risk of the Covid-19 infection. As child analysts, we are used to working in a setting that offers parameters of stability and continuity, but recently we have had to change our usual setting parameters with children, in a way that was not unlike the changes we had to make with our adult patients. Our personal experiences have shown that remote sessions constitute a valid alternative to, the now unfeasible, meeting in person, even though we are aware of the inevitable limitations that the absence of actual physical presence involves.

So we would now like to show how the body-mind relationship plays an important propulsive role in remote analysis with children during the pandemic, with the help of some brief clinical sequences from two sessions of the analysis of one child. There *is* theoretical support for our approach, but we prefer to offer the reader an *intuitive* approach from our experience (Bion 1962) and to focus on the clinical material first, touching briefly upon the theory only thereafter. By way of orientation, we should not fail to consider that the body exists in space, as Freud pointed out (1923), and as a result its spatiality can function as a sort of house where the subject lives, which can help in learning to bear the loss of the customary context of the analyst's office and the physical presence of the analyst, when the pandemic has swept away these familiar qualities. This in turn can contribute to a reinforcement of the ego, thus fostering the general evolution of the analysis itself.

[1]I want to thank Riccardo Lombardi for his thoughtful suggestions.

Clinical Material

Sara came to her three-sessions-a-week analysis at the age of six and a half because of her paralyzing depression and loss of vitality, with bed-wetting and compulsive anal masturbatory behavior. According to her parents, Sara couldn't sleep in her own bed and she often was unable to stay by herself in her room, even briefly. She would spend hours by herself in the bathtub, relaxing and playing with her anus and feces. Bedtime was regularly a trigger for profound and unbearable anxiety. Sara was always eager to come to her analysis and was often reluctant to leave at the end of the session. In the analyst's office she moved around the room bumping into the wall and against the chairs and the table, apparently oblivious of where her body ended and the world around her began. Her first months of analysis made it possible for her to reduce her compulsive behavior and to become more aware of her bodily boundaries, to the extent that she could even sleep in her own bed, instead of that of her parents. In March 2020, after only eight months of her analysis, Italy declared a lockdown of indefinite duration, so we were obliged to suspend our sessions in the office. Fortunately, before the new ruling, we had talked, during a session, about the possibility of having online sessions from home and Sara was amenable. Her parents also agreed to the possibility of online sessions.

At the beginning of Sara's first remote session, she hides at the side of the screen while her father says, "I'll leave you here alone in your room with the doctor."

Sara remains hidden beyond the edge of the screen.

A: "We have a bit of suspense now. I can't see Sara yet."
[At this point she appears and waves her hand. She pushes her father out of the room, saying "Go away!" She's wearing pajamas decorated with pandas, an animal she's extremely fond of, and she's holding a small panda doll in her arms.]

S: [to me] "Can I bring her with me?"

A: "Sure. Now we're all here together." I take the dolls from the toy box in my office and hold them up to the screen.

Sara: "Show me my two favorite dolls."

A: "Here they are on the table." I place the two dolls where she can see them. "And here are your box and your folder of drawings."

Sara: "I miss you! Will we see each other…" She thinks about it for a moment. "Thursday?"

A: "I think it will be a little bit longer. Meanwhile we can continue our sessions online."

Sara: "Look, I'll show you my Little Panda." She puts the stuffed toy in front of the screen. "She's my baby." She hugs the panda on her lap. "Look, these are my pajamas just like a panda. Look, I even have a hood." She puts the hood on her head, obscuring half of her face. Then she stands up and shows me her tail. She sits back down and picks up the toy panda again. "Here she is, can you see where she sleeps? There's her bed but, as I told you, she doesn't want to stay there because she wants to sleep here with me." Then, in a motherly voice, directly to the panda: "You know you have to stay in your own bed. Come on, try to sleep a bit here, darling." She looks at me on the screen and says, "I go to bed and she wants to get into bed with me."

A: "Just like your panda, you too are trying to get used to staying in your own bed, in your own space and taking care of yourself."

Sara: "Look what I'm putting next to her bed!" I watch as she places an inflatable mattress between the panda's bed and the wall. "I put this here, so she doesn't hit the wall. I use one too, so I don't hit the wall either. I forgot to tell you, I hit my face here, and one time my leg and knee."

A: "Ouch, how awful!"

Sara: "Yes, but I don't even know how I did it."

A: "Your body isn't made of rubber, is it? Thanks to these little bumps you can feel where your own body is."

Brief Comments

Sara calls our attention to her panda pajamas, bringing to mind the importance of her bodily covering that envelops her, contains her and defines her bodily boundaries. Whereas the panda pajamas represent a possible skin that contains her, her panda toy can be regarded as an

object of her care that helps to orient her toward taking care of herself. This working through helps Sara to accept separation before sleeping and to better contain her related anxieties regarding the existence of her own body. Furthermore, the pain she felt when she bumped herself on the face, leg, and knee represents progress towards the discovery of her bodily geography, with an awareness of its distinct parts (body-mind vertical axis of elaboration).

Clinical Material

Sara: "This is my light for the night." She shows me her bedstand light. "Now I turn it on and then I turn it off." She switches the light on and off. Sara disappears from the screen and I can't tell if she's hiding or if she's just turned off the light. Then I hear a voice. "Guess where I am!"

A: "Hello!" She doesn't answer. I decide to send a message and write, *Sara, you should at least leave the microphone on so that I can guess where you are.*

Sara: After a few minutes, she reappears on the screen. "I'd put my hand over the camera."

A: "Now I can see you."

Sara: She takes the computer and rotates it to show me her room. "Here's my wardrobe. Come on, I'll put you in here." She encloses the computer in the dark wardrobe.

A: "Knock, knock, knock." I knock on my table. "Let me out!"

Sara: Sara opens the closet door. "Bye-bye." She closes the door again.

A: Even though this is virtual, I have a claustrophobic sensation, as if I were a Lilliputian at the mercy of her hands.

Sara: "Here, the door is open."

A: "On the computer, I can be with you only if you want me to."

Sara: "Now I'm tired. How many minutes do we have left?"

A: "Only a few minutes. It's natural for you to feel tired when you try to hold your strong emotions in for a meeting on the computer."

Sara: "One, two, three. We have to say goodbye."

Brief Comments

In this fragment of a session, Sara first disappears from the screen and later invents a game of putting the computer in the closet, and, by association, putting the analyst in the closet, giving us another example of the way in which she confronts separateness. This illustrates how working remotely strongly affects Sara's analytical process. The analyst, in her countertransference, experiences the same sense of paralyzing helplessness as the child.

The passage from Sara's total disappearance, when she covers her video camera, to the wardrobe game implies a step forward in her working through, since *the computer placed inside the closet spatially defines a differentiation between the child's space and the analyst's space*. The confrontation with this differentiation takes place with the significant emotional participation of the analyst, who feels diminished in size by having been controlled by the child. This brings to mind the intensity of the projective communicational identification (Bion 1962), even at a distance. Finally Sara realizes she's tired, as a result of this important emotional work and of her ability to be in contact with her depressive feelings, which have been supported by her analyst's participation. Sara's question, "How many minutes do we have left?" emphasizes a growing mental awareness of time emerging within her. Her perception of time is accompanied by her sensorial perception of being tired as a consequence of having worked through her spatial separation from her analyst. In other words, space and time are in the foreground, because of the growing spatio-temporal differentiation within the analytic couple. The analyst helps the patient to bear her exhaustion while at the same time supporting her mental perception of time.

Clinical Material

Let us now consider some passages of a subsequent session.

Sara: "Look, I have a double bed, one for Little Panda and one for me."

A: "Now each of you has her own bed and space."

Sara: "Panda doesn't sleep alone, she sleeps near me." She speaks to her

Panda. "Listen, Panda, later we'll go to the park." Sara now directs the conversation to me. "After I went to the park, look what happened!" She moves her face closer to the screen. Her chin is red and irritated. "I haven't put on any cocoa butter since Saturday!" She calls, "Papa, Papa, bring me the cocoa butter!" Without a pause, Sara continues, "Look how good I am at making my bed!" She disappears from the screen. "Don't worry, I haven't disappeared." Sara's face reappears on the screen. "I went to the other side near the wall to fix the bed so Little Panda and I don't fall out. I fall out of bed a lot, but now I can fall and climb back in." She moves in front of the screen as if she were trying to show me her body. "Here, I also have a sore spot in my mouth."

A: "Now you are discovering things about yourself and your body, your sore chin and the sore in your mouth." I pause for a moment. "Even falling, like falling off your bed, can be tolerable when you have a body of your own."

Sara: "I'm teaching Little Panda and my toy dog to do yoga. Look, here's my sister's watch!" She shows me the watch on the screen. "I have to put on my cream again." She leaves the screen to get the cream and then returns. "Ah, that's done!" She shows me her lips and mouth. "Now I'll show you how Little Panda does yoga with me." In front of the screen, she puts her head back and her feet in the air and then she puts the Panda doll in a similar position. "Now it's time to rest."

As we approach the end of the session Sara continues talking, "Did you know that in 2nd grade I got an F and I cried? Okay, enough, now I'll sing."

A: "When you sing, it may make you feel better for a while, but the sadness can still be there with you."

Sara: "Do you know I'm good at inventing songs?" Sara begins to sing. "I love you, I know you, I love you, I'm naked, I know!" Sara stops singing. "I'm tired! Ah, it's 4:58. How much time do we have left?" Sara counts the time very quickly. "4:59, 5:00, 5:01, 5:02, 5:03."

A: "By counting down the time, you are preparing yourself for the end of the session."

Sara: "Okay, we have to say goodbye for good." Sara closes the Skype and calls me again. "4:58, 4:59, 5:01, 5:02, 5:03. Hello!"

A: "Peek-a-boo! You're trying to get used to our being apart without completely disappearing when the session ends, and in this way you can feel sad and not simply throw your sadness away."

Sara: "It's 5.00, 5:01, 5:02. We have to say goodbye." She turns off Skype and she turns it on again. "Ok. Now, we really have to say goodbye."

A: "Yes, now we really have to say goodbye."

Brief Comments

In this second fragment of a subsequent session, we see how the experience of her body contributes to the ongoing working-through of relational elements. Sara has demonstrated some initial ability to deal with space-time differentiation: for example, she has separate beds for herself and her panda doll. She is also aware of her body through the sores on her chin and in her mouth, which she can now represent and think about. She tries to look after herself by taking care of her sore chin with cream in the presence of her analyst and also by caring for her panda doll. Falling out of bed seems to represent Sara's anguish. Previously, she felt unable to control herself, but now, through her new-found awareness of her body and her body-mind relationship, she has discovered that her anxiety about falling is more tolerable. Sara's attention to her relationship with her body is further confirmed by her reference to yoga, and to teaching it to her panda.

As she approaches the end of the session, her anguish at being separated from her analyst emerges, along with her fear of being nothing, which surfaces when she speaks about her failure at school. Sara attempts to make herself feel better by singing a song about love. At this point, Sara's love for herself stems from a growing recognition of her own body: as she says, "I'm naked."

Unlike previous sessions, in which the analyst had witnessed destructive movements and attacks, the end of this session is characterized by a countdown in which Sara records and contains her motor discharge (Freud 1911). This new ability to face the end of a session without complications was confirmed by her subsequent development, even after her return to the analyst's office.

A Theoretical Framework Pared Down to Essentials

Freud (1915, 1940) identified the mental link to the body as a main part of reality-testing and of the ego structure; Klein (1923, 1928) recognized in the body the roots of unconscious fantasy; and Bion (1962) saw the sensory plane as the origin of all abstract manifestations of thought, stressing the close interconnection of feelings and thoughts. The Italo-Brazilian analyst and theorist Armando Ferrari (2004) devoted himself to the study of the relationship of body and mind, considering the body as the original object of the mind. As we reflect upon the clinical material, we are especially reminded of Ferrari's double axis of processing: a body-mind 'vertical' axis and a patient-analyst 'horizontal' axis. These two 'parallel' axes of working through correspond, on the one hand, to the more traditional transference of the patient onto the analyst and, on the other hand, to the patient's internal body-mind relationship. This second body-mind axis and the patient's related *transference onto the body* (Lombardi 2017) are particularly important in approaching patients suffering from *body-mind dissociation* (Winnicott 1949; Goldberg 2020; Lombardi 2018). It is precisely this axis that can step in when the analytic couple works remotely: the physical distance imposed by tele-analysis can stimulate the patient to recognize and develop the internal link with their own bodily reality, enhancing the working through of realistic space-time parameters and of the separation from the analyst in child analysis, and facilitating the analytic development during the pandemic, not unlike what can happen with adult patients. The limited nature of this brief clinical communication keeps us from enlarging further. Hence, we refer the reader to some of our earlier publications (Lombardi 2002, 2008, 2009, 2020).

Conclusion

We find this case to be a stimulus to reflect about where psychoanalysis is actually 'at home,' as a result of living in a pandemic age, in which we have given up inhabiting our offices, so as to continue analysis at a distance. It seems to us that the current emphasis on object-relationship theories and intersubjectivity has contributed to a disproportionate shift in the axis of reference of the analytic working through onto the plane of external relationships, thus causing the loss of the original emphasis of psychoanalysis on the internal working through and the relationship of the patient with herself. It might be worth asking if we aren't in danger

of throwing out the baby with the bathwater by disparaging a priori the internal relationship as old-fashioned one-person psychology.

Our aim in this article has been to stress the utility of working through the intimate interaction between the 'horizontal' analysand-analyst axis and the patient's 'vertical' body-mind axis—when working remotely in child analysis—together with the usefulness of favoring the vertical body-mind relationship. Here we can see how the elements of the first narcissistic organization derived from the recognition of one's own body (Freud 1923), activated by the analyst's orientation to work through the patient's *transference onto her own body* (Lombardi 2017), contributed to Sara's containment of her overwhelming anxiety.

The analyst's choice of intervention helped the patient to increase her perception of her own body as a springboard toward increased awareness of herself as a separate person, permitting greater containment of her anxieties, including her anxiety at separation from the analyst. Recognizing her own body implied that Sara no longer felt unbearable desperation when she separated from her analyst, because *she now had an 'envelope' derived from her relationship with her body*. It was represented at first through the form of the panda pajamas, which contained her. Sara then represented herself as her panda toy, a first form of spatial separation between her and her perceived self, which enhanced a maternal attitude toward herself. The inflatable mattress that Sara uses to protect her panda toy and herself from bumping into the wall could be regarded as the protective role of the development of an internal space, as well as a representation of the function of the analyst's *reverie* (Bion 1962), which helped Sara to tolerate the anguish and pain of the space-time limits connected to the discovery of her separateness (see also Migliozzi, 2019). Through the development of self-representation and specific attention to space and time parameters, *time and space were no longer felt as infinite* and uncontainable by the patient (Matte Blanco 1978; Lombardi 2015).

In conclusion, the elaboration of the body-mind axis shows itself to be a driving force in the activation of the patient's mental apparatus capable of attention and notation (Freud 1911, p. 220), making it possible to work through her overwhelming anxieties of disappearance and non-existence reinforced by the shift to remote analysis. As Sara approaches

the limitations of her body, she becomes more aware of space-time parameters and this helps her to contain her deepest anxieties, making way for the development of her ego resources. When she returned to the analyst's office, Sara seemed on the whole more integrated, and decidedly more able to be separated from her parents at the start of the session, and to say good-bye to her analyst when the session was over.

References

Bion, W. R. (1962). *Learning from Experience*. London: Tavistock.

Ferrari, A. B. (2004). *From the Eclipse of the Body to the Dawn of Thought*. London: Free Association

Freud, S. (1911). Formulations on the two principles of mental functioning. *Standard Edition*, 12.

Freud, S. (1923). The Ego and the Id. *Standard Edition*, 19.

Goldberg, P. (2020). Body-Mind Dissociation, Altered States, and Alter Worlds. *Journal of the American Psychoanalytic Association* 68:769–806

Lombardi, R (2002). Primitive mental states and the body. *International Journal of Psychoanalysis* 83:363–381.

Lombardi, R. (2008). The Body in the analytic session. *International Journal of Psychoanalysis* 89:89–109.

Lombardi, R. (2009). Body, Affect, Thought: Reflections on the Work of Matte Blanco and Ferrari. *Psychoanal. Q.*, 78(1):123–160

Lombardi, R. (2015). *Formless infinity: Clinical explorations of Matte Blanco and Bion*. London, UK: Routledge.

Lombardi, R. (2017). *Body-mind dissociation in psychoanalysis. Development after Bion*. London, UK: Routledge.

Lombardi, R. (2020). Corona Virus, Social Distancing, and the Body in Psychoanalysis. *Journal of the American Psychoanalytic Association* 68:455–462

Matte Blanco, I. (1975). *Unconscious as Infinite Sets,* trans. E. Rayner. London: Karnac.

Migliozzi A. (2019). The Museum of No-Return: The Developing of Self-In-Time in a Retreated Child, *Psychoanal Q.,* 88:1, 95–109

Winnicott, D.W. (1949). Mind and its relation to the psyche-soma. In *Through Paediatrics to Psychoanalysis: Collected Papers*. New York: Basic Books, 1958, pp. 243–253.

Boundaries between intrapsychic and relational conflicts

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As expressed by the Oxford Dictionary, "a boundary is a real or imagined line that marks the limits or edges of something and separates it from other things or places, a dividing line. It is also a limit of a subject or sphere of activity" (2021).

In this paper I would like to attempt to share a look into the frontiers that we face in psychoanalytic work when we need to discriminate the intrapsychic conflicts of the patient, from relational or other conflicts.

My interest in this subject comes from different training experiences, also from research, and my clinical work as a psychoanalyst. I was trained as a social psychologist in Pichon Rivière´s perspective, working with groups and with Isidoro Berenstein and Janine Puget, working with couples and family treatments. I also worked at the university hospital on both clinical work and research on mother-infant treatments. There I had my first contact with attachment theory and the developmental research that emphasizes the interpersonal approach based on object relations theory. This subject has also interested me greatly as a researcher, when investigating the mother-baby bond and the underlying patterns of their interaction.

Another important experience in this regard was my work on the IPA Clinical Observation Committee, where we developed the Three-Level Model for Observing Patient Transformations (3-LM) (Altmann de Litvan, 2014; Bernardi, 2014). We organized multiple clinical

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observation groups with hundreds of analysts in the three regions of the IPA, analyzing clinical material from analysts around the world. This model takes into consideration not only the intrapsychic changes of the patients but also the relational ones. I agree with Bernardi (2016) that the ideas of Pichon Rivière, but also of Bleger and Baranger, are present in this initiative.

We should start by taking a look at some of the Latin American developments on the concept of *vínculo*.[2] It was Pichon Rivière (1956) who showed the way towards an inter-subjective and situational way of thinking. He introduced and developed the concept of *vínculo* at a time when interpersonal psychology (which today would be called relational) was at the center of the Río de la Plata psychoanalytic thought (in Uruguay and Argentina), while in the United States psychoanalysts were strongly committed to an individual psychology based on intrapsychic conflict (Gabbard, 2012, de León de Bernardi, et al., 2019).

Pichon Rivière underlines that the structural aspects of communication and experiential learning involve more than an individual inner fantasy, as in object relations theory; they entail a complex process, between the individual and different groups, both internal and external, that give feedback to each other. This is connected to Pichon's concept of ECRO *(esquema conceptual referencial operativo)* (Bernardi & de León de Bernardi, 2012).[3]

[2]Depending on the context, the Spanish word "vínculo" may be translated into English as "link," "bond," or "attachment." As the entire meaning of the word "vínculo" involves more aspects than these English words, I have decided to keep the original Spanish word of the mentioned authors.

[3]"Conceptual Referential and Operative Schema, known by its Spanish initials of ECRO. By 'schema,' Pichon Riviere means a joined-up body of knowledge; 'conceptual' relates to the fact that this knowledge is expressed in the form of statements with a certain level of abstraction and generalization as befits scientific discourse; 'referential' seeks to establish the territorial boundaries of the object of inquiry; while, lastly, 'operative' signifies that our efforts should not be confined to the traditional epistemological criterion of 'truth', but should include the idea of the actual production of change – hence the concept of 'praxis'. In sum, Pichon Riviere's ECRO is defined not only as an instrument for investigat ing a sector of reality, but also entails the conviction that the 'task' itself acts as a dynamic and constant process of transformation, both of the object of inquiry and of the inquiring subject." (Arbiser, 2012, p117–118)

Berenstein and Puget defined the *vínculo* as an unconscious structure joining two or more subjects, based on a relationship of presence. Although the term was used by several authors, such as Pichon Rivière (1956-57), Bion (1967), and others, Berenstein and Puget gave a different sense to it, and as Puget has noted, this term is paradigmatic, and it is characteristic of Latin America (Gabbard, 2012).

The link is more clearly seen in the perspective of intrapsychic phenomena such as, for example, Bion has developed. We can also see from the infant development research the characteristics of the intersubjective encounter and the installation of the we (Emde, 2009).

These understandings bring technical innovations that call upon the analyst to distinguish, in analytical listening in the session, that which belongs to the intrapsychic from that which corresponds to turns of everyday language that have to do with terms of the social subjectivity that is put into play.

It is of value to note that *vínculo* is developed along the process of analysis with its different affects and feeling that may be expressed in mind, body or unconscious actions, as well as on different levels of symbolization. To be worked through in analysis, we need *vínculo* to have sufficient thickness of representations (words, metaphors, etc.).

I find it interesting that with the concepts introduced by Bion in 1970, he states that there are relationships in which each subject promotes the other, with mutual growth, as well as relationships that do not promote growth. The bond can be established as love, hate, knowledge, and in turn bonding can have different forms that can be symbiotic, parasitic, and so on.

There are relationships that cause affective damage. The content is so forced that it tears the container, or the container is so strong and inflexible that it constrains by compression the contained element. This psychoanalytic discussion involves a consideration of the subject, the place of the other and its difference from the internal object projected on to an external object; internal reality and its relation to external reality; and similarity and alienness in the bond between subjects—the 'multiplicity of the subject' (Hinshelwood, 1989, p. 246).

As Werner Bohleber (2013) states, quoting Brown, "Bion's theory of transformations defines intersubjectivity as "largely an unconscious process of communication and meaning making between the two intrapsychic worlds of the patient and the analyst that results in changes between, and within, each member of the analytic pair" (Brown, 2011, p. 109). Above all, communication, which takes place unconsciously, forms the "deep wellspring of intersubjectivity" and enables creative co-construction within the analytical dyad. The communicative process takes place by means of projective identification (Bohleber, 2013, p.813).

There is a bipersonal character of this intersubjective encounter. There are two separate self-activating systems that coexist, with different unconscious phantasies, each specific to each system. Analyst and patient can both give birth to a new idea. In Bion's words, thinking becomes a relational process of mutual growth (Bohleber, 2013).

Berenstein and Puget conceptualize this kind of relationship as *vínculo*. Encounter is a relationship of presence, first experienced as fleeting immediacy, then leading to a "new inscription of the other" which has no inner precursors. Vínculo is defined as "an unconscious structure joining two or more subjects, whom it determines on the basis of a relationship of presence" (Berenstein, 2001, p. 143). For the subject the otherness of the other represents something alien, inaccessible and new and, as such, inflicts a narcissistic wound. If the encounter and the otherness, i.e., the alienness of the other as experience, are avoided, the relationship remains on the level of a represented object relationship and the specificity of the other as subject is obliterated (Puget, 2004).

Puget stated that what differentiates their theory is the fact that it was based on presentation, the effect of the present subject on the other, and not on representation.

There is a different logic between the individual and the bond with the other, with its own mechanisms. Presence is that quality of the other that impacts powerfully on me as a subject. In turn, my presence has an impact on the other, impresses a mark, and modifies both me and the other. It includes a space that originates a new signifier in the bond between the two subjects. 'New' means that the subject did not have it prior to its inclusion in this *vínculo*.

Berenstein & Puget (1998) distinguished two fields, on the one hand, the object relationship, and the *vínculo* between subjects on the other. This space has particular mechanisms and conflicts: imposition and freedom to choose. Imposition is a defensive action when the partners of the *vínculo* cannot tolerate the modification of their subjectivity by the fact of belonging to this relationship, and therefore resort to excessive imposition in order to abolish the alienness and turn it back into similarity.

Presence is distinguished from externality; it is not only what is perceived as outside rather than inside the ego (judgement as to existence) but also what will not allow itself to be transformed into absence or to be registered as an object.

The relationship with the alien establishes a new form of functioning, because it cannot be incorporated as something belonging to the ego, nor can it be rejected and accommodated outside the ego, in accordance with the pleasure-unpleasure principle (judgement of attribution).

Presence opposes the judgement of attribution. The alien is governed by the judgement of presence and decides whether the other can become absent, can disappear as alien or, if present, needs to do something in order to modify it as a subject. If that which is alien to the ego and that which is outside are identical (as *the bad*) for the primal pleasure ego (cf. Freud, 1925), we shall now say that the alien may be a source of pleasure and/or pain and that it is the engine of the bond.

Both 'wanting to be' (identification) and 'having to be' (imposition)—in the infantile as in the present-day situation—have a powerful sociocultural constitutive effect, resulting in the creation of the social subject.

The internal world, the world of others, and the social world are three distinct entities that are alien to each other. Subjectivity is produced by the three of them.

The changes in technique imply that the analyst is placed in the space of two present subjects. Puget states that "it is different to speak to an 'other' who is invested with his own or historical qualities than to speak to an 'other' who is always alien, who imposes something that exceeds the subject" (Puget, 2015, p. 21). While in one there is a subject-object

relation, the representational world is activated and in the other the representational and the presentational are activated together.

Alienness strongly characterizes the other and the presence of the other in a significant relationship. This is the intrinsic, constitutive paradox of the bond. The other, too, is unable to incorporate the alienness of the subject himself, and the failure of the attempt is suffered as a narcissistic wound. In the *vínculo*, which we may also call the subject relationship, as distinct from the object relationship, the subject not only pre-exists the relationship but is also constituted by it (Berenstein, 2001).

The three areas (intrapsychic, intrasubjective and trans-subjective) have a synchronic existence in which each one has its potential to produce a specific suffering. When the analyst produces inaccurate interpretations, it may have a confusing effect on the patient. An example of this may be when the analyst takes as an intrasubjective conflict one that corresponds to the area of the inter- or trans-subjective or vice versa, or if he dismisses any of them as not pertinent. A patient may have associations of conflicts with his father, mother, son or sister; and this may refer to different types of relationship, either intrapsychic (self object) or to a bond conflict with another subject, or it may refer to a problem with the other and with himself in regards to a space where prescriptions and prohibitions arise.

In the transubjective world, sociocultural meanings (values, laws, ethical rules, as well as the social discourse in which they are included) pervade both the internal and the relational world. They impose their significance sometimes with a traumatic quality and sometimes through the feeling of obligation to accept them, through which the self experiences its sense of belonging (Bernardi et al., 2019).

As Bernardi et al. (2019) state, the concept of bond *(vínculo)* allows us to think about the intersubjective without losing sight of the unconscious depth of the object, also giving the interpersonal and social dimension a hierarchy that is often not sufficiently recognized by the theory of object relations, as well as ensuring a greater integration between aspects that in other approaches appear separate or opposed to being unilaterally stressed.

For Pichon-Rivière "Every *vínculo,* as a mechanism of interaction, must

be defined as a Gestalt, which is two bodies but three persons (Gestalt as Gestaltung, introducing the temporal dimension into it)" (Pichon Rivière, 1988, pp. 14–15, quoted in Bernardi & de León de Bernardi, 2012).

These visions brought technical innovations that led to the discovery of the bond *(vínculo)* potentiality, as a device but not a setting. This calls upon the analyst to distinguish, in analytical listening in the session, that which belongs to the intrapsychic from that which corresponds to turns of everyday language that have to do with terms of the social subjectivity that is put into play.

The emphasis on the presence of the other was also underlined by Bowlby in his development of attachment theory, but in a different context of discovery. The English word he uses in his first papers, which are found in the International Journal of Psychoanalysis, is "tie," not "link" or "bond," when he starts working on the object relationship. Afterwards he shifts to the concrete and dramatic experiences with maladjusted boys (1944) and the maternal deprivation—and the origin of affectionate bonds—to underline the importance of the presence of the other. Later (1979, 1980, 1987) he suggests that different patterns of attachment reflect differences in the individual's degree of access to certain kinds of thoughts, feelings and memories. During the late 70's and 80's, attachment research came to be increasingly concerned with child maltreatment, and physical and sexual abuse. He emphasizes the role of external environment.

Hinshelwood (1989) points out "the ambivalent complexity of a bond between two subjectivities" and the relevance of this concept in relation to the various current attempts to understand the intersubjectivity of the analytical environment.

Gabbard (2012) mentions a difference with object relations theory that emphasized the internalization of a relationship, and not merely the internalization of an object, and the Latin American view. For the later, the internal drama had to be viewed as playing out in the external relationship with the analyst and with others. Hence the ideas of Bion (1962) and Racker (1953) came into play—namely: that there are reciprocal influences within the dyad, and a dialectic between the internal and the external. "In fact, the very essence of analytic working through is to

identify these linkages as they emerge in the transference and outside the transference in order to shed light on who we actually are in light of these linkages and in spite of them. As noted, some of these connections are unseen by us. Afterall, self-deception is an inescapable part of the human condition (Gabbard, 2012, p.584).

I would like to present an example to illustrate this. Rodrigo is a successful man of 47 years old, who is in a relationship, committed to his partner but he experiences problems with her. He describes himself as being "always alert."

I noticed different levels of problems in his different bonds. He can't manage to live together in his daily life with his partner, although they share the fantasy of "building a family together." They have a good time together, but he finds difficulty in understanding his partner's perspective.

The *vínculo* is sometimes threatened by the difficulty in understanding "the otherness" or the needs of the other. If otherness is the foundation of the *vínculo*, then curiosity has to be the engine to overcome the unknown of otherness.

In addition to his difficulties with the otherness, he has intrapsychic conflicts, such as a low tolerance for frustration.

He tells me about an episode during a weekend vacation with his partner. They went to the cinema and he was surprised when he saw that they had to wait in line. This situation made him very anxious and impatient, and he wanted to leave. Because of this she skipped the line. He didn't understand her attitude and he started shouting at her because he found her attitude intolerable. He said he couldn't tolerate her "Argentine behavior" of skipping the line.

Here it's necessary to explain that an "Argentininan behavior" or "Argentinian characteristic" when people intend to take a personal advantage in some situation. Although this is not really a general attitude, for some reason it's included as such in popular speech.

I tell him that his partner was eager to calm his uneasiness and he could not see her gesture toward him, and that he was inclined to think about himself only. This promoted an important insight in the session. Not

only had he failed to consider the presence of the other, but he had also failed to detect the care that she was providing him for him.

This dramatic moment, when I could understand the failed scene of exchanges between these two subjects, could not be understood only intrapsychically. It required a kind of intervention that showed what was going on in that *vínculo,* outside the session.

I also showed him something he does repeatedly: when he is approached, he runs away. Of course, this other intervention has more to do with the avoidant model of attachment.

Why did he introduce "Argentineness" in this exchange? In his projective outbursts, he introduces the identity, her social belonging, and the characterization of some of the social representations of identity: a tendency to take personal advantage as opposed to thinking about the community and to have an anarchic behavior, avoiding respecting the rules.

We work on what this belonging represents to him. I associate that he feels in some way proud of bringing the national features into his work, but at the same time this social belonging has some aspects he rejects. Then, we know that this is important for him, although we do not know its real significance yet. This is something related to the bond with the others.

Benjamin anchors the process of recognition in human development and understands the capacity for mutual recognition as a separate trajectory from the internalization of object relations. Her solution is the so-called 'third': an intersubjective mental space co-created by both subjects, allowing each a certain letting go of the self, and each to adopt the view of the other and perceive things from their perspective. Benjamin distinguishes this form of relationship from the complementary relationship in which the subject-object principle prevails. One acts, the other is its object, i.e., both partners are located in the "orbit of the other's escalating reactivity" (2004, p. 9).

This difference between repetitive aspects and the new aspects that the *vínculo* brings, installs a new inscription that modifies the previous field, and I believe it is key to understanding the transferential dynamics and the types of interpretations. In Rodrigo's example, that intervention

opened a new stage in the different modes of relationship of Rodrigo with his partner. All his interpersonal bonds started flowing in a different and new way. It also triggered the beginning of memories of previously unseen aspects of his story, related to his parental figures, which were hard and cold. The emergence of aspects of his mother, that he describes as "poisonous" and that he experiences himself as having been inoculated with by her since he was a child. Let us note that this enabled the opening of a possibility to work on these massive depositions, which he constantly acted out and projected in his interactions with his partner.

I believe that, in this case, an intrapsychic intervention would have shown his phobia and the fear that the fantasy of being trapped by the other represents to him, his defenses and anxieties, and the resulting projective identification denigrating the object. In contrast, an interpretation that takes the intersubjective into account includes the scene of the other as a real presence, and what happens to the patient when he is with a real other.

From my point of view, this implies changes in the position taken by the analyst and also in the way of interpreting. It demands showing that situations are not a projection but instead interpreting the real presence of the other, making sense of the actions of the other in the relationship. It implies bringing the other person as a real subject, who is in a situation of interaction. These situations often escape awareness if the analyst only works with the internal world of the patient.

Developmental research findings

Stern (2004) states that intersubjectivity is not solely an interpersonal process, but a discrete primary motivational system similar to that of attachment or sexuality. As such, it regulates the psychological feeling of belonging as well as of being alone. The human mind is, then, no longer considered independent and isolated. Likewise, we are no longer considered the sole owners, masters, and guardians of our subjectivity. Instead, we find ourselves constantly in dialogue with other subjects and their consciousnesses, and our mental life is "co-created."

Stern (1985, 2004) refers to this continuous co-creative dialogue as an "intersubjective matrix," which he defines as "the overriding crucible in which interacting minds take on their current form" (p. 78). The basic

unit of this intersubjective matrix, formed by intersubjective consciousness, is the "present moment," which stages the intrapsychic event in which two subjects encounter each other.

The interactive process has been identified by Beebe & Lachman (2002) in their model, whose aim is to reframe psychoanalysis within a system view of interaction consistent with infant and adult research (p.XV). In this model, subject and object, self and other, are no longer conceptualized as unities, but rather as "processes of relatedness per se." According to these authors, it is not the self that interacts with the other; they reconceptualize autonomy and relatedness in terms of interactive processes of regulation.

How it is co-constructed and how mutual regulation takes place is included in this intersubjective matrix that is not present in other views. These interactive processes establish different "ways of being with" or patterns of relating.

The patterns of interaction, these "ways of being with," were described by attachment theory, as "working models" (Bowlby, 1973), underlying structures of interaction (Altmann de Litvan, 2015). Their internalization occurs at a presymbolic level, prior to the ability to create images or verbal representations of the object. Thus, the first forms of representation are not of words or images; they are of relational procedures governing the "how to do" or what Stern et al. (1998) have called "relational implicit knowledge" (Lyons Ruth et al, 1998, Lyons Ruth, 2000).

This description of relational implicit knowledge seems to be anchored in what Bucci (1997) calls "subsymbolic processing"; it does not include sensory symbolizing processing. From my perspective, the "ways of being with the other" introduce unconscious aspects, sometimes difficult to access for the analyst, but which I consider essential to be able to access for a therapeutic change, since they are part of the Self of the person.

We should also consider the studies of neurobiology on intersubjectivity, a discipline that is rapidly accumulating new knowledge. These studies involve basic nonconscious functioning and have major implications for psychoanalytic work. As Gallese puts it, research shows that evolution has provided us with brain mechanisms for a "'we-centric space' … grounding our identification and connectedness to others" and that

"social identification, empathy and 'we-ness' are the basic ground of our development and being" (Gallese et al, 2007, p. 520). The self is a social self. Moreover, research indicates that from infancy, innately given brain processes support social reciprocity and the development of "we-ness" (Emde, 2009).

The analyst must then be able to grasp the patterns (ways of *being with*) from which to see the different underlying structures of the patient's relationships, which as a backdrop give us indications of the path from which the analyst can formulate interpretations, so that they are more effective. The modes of *being with* become more visible to the analyst in situations of separation or facing an important crisis.

As an example, in the case of another patient, a woman who adopted two children after many attempts to get pregnant, different conflicts arose that we based in the desire of both parents to start a family and the impossibility of getting pregnant, and the unconscious pact of the family project.

The subject of adoption came up in the analysis. What does "adopt" mean for these two people? It is a double choice. "When we finished the subject of the treatments to get pregnant and we started to talk about adoption, it was a very serious commitment. I was the most reluctant one about adoption. We wanted to build a family. I wanted him as the father of my children and he wanted me as the mother of his children. It is a double choice. As double as it is to get to adopt a child. When you adopt a child, it's not an accident, it's not an oversight, it's a child that you want very much. It is related to the most basic things of human beings, their instinct of procreation, of perpetuating themselves, of blood, atavistic things, like animals, the instincts of life".

This patient had many difficulties in making the marks of interaction her own (De Litvan, M. A., 2007) and sometimes she erased them or blurred them. In their interaction, the child explicitly shows that he finds a mother in her. However, the mother didn't acknowledge herself as a mother through her interaction with this child, because of her internal conflicts and her representations of what being a mother was. She was not able to notice the place of the other, the place of her baby, who was bringing new events.

To her, being a mother meant having a child who came out of her womb and she ignored all the other elements that constituted their mother-baby relationship.

The conflict, the psychic work that is inherent in the adoption process, is carried out in the appropriation that "day by day" the parents make of the bond and of the relationship with their child. It is important to show the mother what it is that she gives to her child, but also what it is that the child gives to her and takes from her.

Mothers who adopt usually idealize giving birth, the mark of origin implied by the myth of being born from the mother's womb. But the other marks, which are established in everyday life, are also ways of appropriation, of marking, which often appear erased or blurred in adoptive parents. Here we see that there are different ways in which the relational or the relational *vínculo* can be inscribed.

Analysts must grasp the strength of relational patterns. Infant research and neuroscience suggest that, in addition to conscious symbolic elaboration, the patient and analyst must simultaneously work at an implicit relational level to create forms of collaborative dialogue (careful attention to the other's state, acceptance of a wide range of affects, more inclusive levels of dialogue, joint struggle and intersubjective negotiation in periods when the other's mind is changing and new ways of relating are needed). In order to produce changes in the analysis, the psychoanalyst will have to capture the "way of being with" that patient, because this is the gateway that will allow them to go through different narratives, dreams and fantasies. Elaboration should take place at both symbolic and procedural levels.

The mother creates, by mirroring the baby's feelings and reactions, the possibility of a third opening up a mental space for the thought and the possibility of experiencing mutual recognition. This also happens in the analytical treatment.

Clinical research with the 3-LM

In my experience of working with patients with the 3-LM model I found that in general analysts are unaware of this unconscious relational level and the unconscious representations of belonging. Sometimes there are

changes in patients that occur more at the intrapsychic level, there are other patients we observe changing their relational patterns with different figures in their environment and, despite this, we find that they have changed dimensions such as their awareness of illness, their ability to symbolize and dream, for example, but they are still not empathic enough to understand what happens to them in some situations with people close to them. Does they manage to regulate their need of self-esteem when facing internal and external demands? To what degree are they able to achieve an adequate balance between their own interests and the interests of the other people in their lives? Is the patient able to adequately regulate their impulses, affects, and self-esteem? Do their ideals and values help them handle their emotions? These questions correspond to one of the aspects of mental functioning in the 3LM: affect regulation.

Here I present a clinical vignette that will illustrate this.

A patient entered psychoanalysis in his late 40's, "depressed" and "alienated." His parents and grandparents had immigrated to the US from Eastern Europe before World War II. "I know almost nothing about my origin providence. I know my grandparents came here from Hungary, all four of them, and I have asked my parents about the reasons for that and the circumstances surrounding that and I have gotten sketchy stories but I don´t have any sense of the past beyond that. I have no idea who my great grandparents were, what they did and so the past just ends pretty much with their arrival here in the US or it begins, however you want to look at it, there´s nothing beyond that." (Fitzpatrick Hanly, M.A., Altmann de Litvan, M. & Bernardi, R. Eds., 2021)

He grew up in a poor neighborhood and entered the Marines shortly before graduating from college, with a plan to leave as a conscientious objector, so as not to go to the Vietnam war. The cruel treatment of some enlisted men in the Marines affected him deeply. He had "drifted" around the country, after college and after getting out of the Marines, for almost thirty years, writing short pieces on sports and travel, and one story/script that was filmed. He tried, without success, to write other stories that would sell as film scripts.

His way of getting out of going to war seems to have been an act (in his

mind) that defied the conservative military ideals of his immigrant father and uncle who fought in WWII.

Three years later, the analyst interpreted his envy and hatred of those who have power and riches, which seemed to lead to some insight. This was the only direct interpretation of aggressive affects in the eight sessions.

The clinical observation groups found an "over-involvement" of the analyst and "countertransference blind spots": core conflicts which (unconsciously) neither analyst nor patient wanted to address, and were directly avoided.

The patient's metaphors of "fighting… struggle… chaos… clashing… planetary destruction" used in his descriptions of the outside world, also describe his inner world and unconscious fantasies. These images of war are mirrored in his fragmented speech, full of attacks on his own thoughts, making his speech difficult to follow and to interpret.

Countertransference blind spots to unconscious rage and aggression in the patient contributed to the impasse. The analyst told the moderator about an incident which occurred one day when the patient ran over the analyst's cat in the driveway of his home office. The analyst knew his old cat often 'got out' and 'might be run down.' So, when the patient entered the session saying, "your cat is probably dead in the driveway," the analyst went on with the session. Afterwards, he felt that this may have deepened the patient's sense that the analyst "did not care." Going to see if the cat was dead or alive, and asking the patient how he felt about running over the cat, would have been an alternative intervention.

The analyst does not include things that happen outside the session. He eliminates in the relationship the impact that the event may have on the patient and his own feelings about it.

From the contributions of research on early development, we know the weight of emotional regulation. In this sense, we bring concepts that come from the work of what was seen in the analysis of early bonding, of attachment. It is one thing to regulate emotions and it is another thing to regulate attachment and impulses. So, the work with 3-LM includes both types of conflict: intrapsychic and relational.

In this patient we can see the intrapsychic conflicts related with sadism and aggression, but also the intergenerational conflicts, related to his belonging, his place in the generational chain, his problems that arise with the immigration of his family. The otherness of these Hungarian grandparents left a mark and the patient could not elaborate what it represented for him. An issue was what society imposed on him. These impositions were linked to values and rules that passed through social discourse, with a traumatic quality. The internal struggle affected his creative process. Those intersubjective links of the transgenerational chain could not be understood only from the model of object relations. He felt that by belonging to the army he fulfilled the mandates of belonging, both belonging to the country and to his father and grandparents.

The patient brought the issue to the analysis but the analyst did not interpret in terms of social subjectivity. His social belonging has an important place, the analyst takes it only in terms of the identifications of the father and the mother but there is also an identification of social belonging. This conflict and struggle is very clear in him and it is a completely different conflict.

Final considerations

In this paper I brought up how from different situational perspectives the *vínculo* (developed by Pichon Rivière, Janine Puget and Isidoro Berenstein) is a significant contribution allowing the analyst to help patients in deeper layers of their conflicts.

In clinical work we face a great complexity of conflicts that emerge in the frontiers between the intrapsychic and relational spheres, the bond and the social bond. I believe that in order to understand it better, the concept of *vínculo* introduced by Pichon Rivière, Janine Puget and Isidoro Berenstein, which distinguish the two fields of the object relationship and the bond between subjects, is useful.

The analyst that will be most helpful to the patient will bear in mind the distinction of internal and bonding conflicts and will know which conflict is a priority in each moment. The analyst who has this clear, is able to choose the right interpretation to help the patient better at each moment of the analytical process.

When working with patients, we may address the individual as a social subject or focus on the subject and his bonds. All schools of analysis have embraced interactive concepts, each one with their specific meanings and interpretations. Examples of these concepts are: *countertransference*, *enactment*, and *projective identification*. The Latin American concept of *vínculo* differentiates projections from real relationships.

From infant development research other concepts appear (*intersubjective encounter*, *mutuality*, *moments of meeting*, *mutual recognition*, *authenticity*, and *spontaneity*, among others) that are useful to understand the patterns of interactions with relevant others. Although these concepts arise in the context of infant development, they are useful to understand the patterns of adult interactions.

In the context of the work with the 3-LM, we found out that all these concepts can be traced in clinical material. The model has a specific dimension to observe how the intersubjective aspects affect the patient, how the analyst works with them, if they constitute blind spots, and how they change during analysis.

Intrapsychic, intrasubjective, and intersubjective areas have a synchronic existence and should all be considered in our understanding of the patient and our interpretations. This way of following the patient's experience as part of a jointly constructed intersubjective field shifts the interpretation. The analyst shows the way the patient interacts with the others and with him. Consequently, the dynamics of the unconscious resistance are different.

References

Altmann de Litvan, M. (Ed) (2014) *Time for change. Tracking transformations in Psychoanalysis*. Karnac.

Altmann de Litvan, M. (2015). Encuentros clínicos madre-infante: Estructuras relacionales subyacentes en procesos psicoterapéuticos breves. Ediciones Biebel.

Arbiser, S. (2017) Enrique Pichon Riviere 's conception of reality in psychoanalysis. International Journal of Psychoanalysis, 98:115–127

Beebe, B., & Lachman, F. (2002). Co-constructing inner and relational processes: Self and interactive regulation in infant research and adult treatment. Infant Reseach and Adult Treatment. Routledge.

Benjamin J (2004). Beyond doer and done to: An intersubjective view of thirdness. Psychoanal. Quarterly, (73), 5–46.

Berenstein, I. (2001) The link and the Other, The International Journal of Psychoanalysis, (82) 1, 141–149.

Berenstein, I. (2004). Devenir otro con otro(s). Ajenidad, presencia, interferencia. Buenos Aires, Argentina: Paidos.

Berenstein, I. (2012). Vínculo as a relationship between others, trans. B. Katz & J. Filc. Psychoanal. Q., (81), 565–577.

Berenstein, I. & Puget, J. (1997). Lo vincular. Teoría y clínica psicoanalítica. Buenos Aires, Argentina: Paidós.

Bernardi, R. (2014) The Three Level Model for Observing Patients Transformations. In Altmann de Litvan, M. Time for change. Tracking transformations in Psychoanalysis. Karnac.

Bernardi, R. & De León De Bernardi, B. (2012) The Concepts of Vínculo and Dialectical Spiral: A Bridge between Intra- and Intersubjectivity. Psychoanalytic Quarterly 81: 531–564

Bernardi, R., de León de Bernardi, B., Pérez, L. & Malmierca, X. (2019). Post scriptum del trabajo: Los conceptos de vínculo y espiral dialéctico. Un puente entre la intra- y la intersubjetividad. Revista Argentina de Psicoanálisis. LXXVI, 2/3, 109–119.

Bion, W. R. (1962). The psycho-analytic study of thinking. International Journal of Psycho-analysis, 43, 306–310.

Bleger, L. (2017). José Bleger's Thinking about Psychoanalysis. Int. J. Psychoanal., (98) 1, 145–169.

Bohleber, Werner (2013). The concept of intersubjectivity in psychoanalysis: Taking critical stock, The International Journal of Psychoanalysis, (94), 4, 799–823.

Bowlby, J. (1973). Attachment and loss: Volume II: Separation, anxiety and anger. In Attachment and loss: Volume II: Separation, anxiety and anger. London: The Hogarth Press and The Institute of Psycho-analysis.

Bowlby, J. (1979). The Bowlby-Ainsworth Attachment Theory. Behavioral and Brain Sciences, 2(4), 637–638.

Bowlby, J. (1980). Attachment and loss: Volume III: Loss, sadness and depression. In Attachment and Loss: Volume III: Loss, Sadness and Depression (pp. 1–462). London: The Hogarth press and the institute of psycho-analysis.

Bowlby, J. (1987). Defensive processes in the light of attachment theory.

Bucci, W. (1997). *Psychoanalysis and cognitive science: A multiple code theory*. Guilford Press.

De Litvan, M. A. (2007) Infant observation: A range of questions and challenges for contemporary psychoanalysis1. International Journal of Psychoanalysis 88:713–733.

Emde, R. (2009). From Ego to "We-Go": Neurobiology and Questions for Psychoanalysis: Commentary on Papers by Trevarthen, Gallese, and Ammaniti & Trentini, Psychoanal. Dial., (19)(5):556–564.

Fitzpatrick Hanly, MA, Altmann de Litvan, M & Bernardi, R. (Eds.) (2021) Change Through Time in Psychoanalysis. Transformations and Interventions. The 3LM. Routledge.

Fitzpatrick Hanly, MA., Rodríguez Quiroga de Pereira, A., (2021) Change and impasse in a systematic case study: foci of the analyst's interpretations. In Change through Time in Psychoanalysis. Transformations and Interventions. The Three-level Model. Routledge, p.186–208.

Gabbard, G. (2012). Deconstructing Vínculo. Psychoanal. Q., (81)(3):579–587.

Gallese, V., Eagle, M. N. and Migone, P. 2007. Intentional attunement: Mirror neurons and the neural underpinnings of interpersonal relations. Journal of the American Psychoanalytic Association, 55: 131–176.

Hinshelwood, R. D. (1989) Dictionary of Kleinian Thought. Free Association Books.

Lyons-Ruth, K. (2000). "I sense that you sense that I sense…": Sander's recognition process and the specificity of relational moves in the psychotherapeutic setting. Infant Mental Health Journal, 21(1-2), 85–98.

Lyons-Ruth, K., Bruschweiler-Stern, N., Harrison, A. M., Morgan, A. C., Nahum, J. P., Sander, L., ... & Tronick, E. Z. (1998). Implicit relational knowing: Its role in development and psychoanalytic treatment. Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health, 19(3), 282–289.

Oxford Learners Dictionary https://www.oxfordlearnersdictionaries.com/definition/english/boundary. Retrieved on 14/10/2021

Pichon-Rivière, E. (1988). El Proceso Grupal. Del Psicoanalisis a la Psicologia Social. Buenos Aires, Argentina: Nueva Vision.

Pichon-Rivière, E. (1998). Teoría del Vínculo. Buenos Aires, Argentina: Nueva Vision.

Puget, J. & Wender, L. (1982). Analista y paciente en mundos superpuestos. Psicoanálisis, 4:503–536.

Puget, J. (2015) Subjetividad discontinua y psicoanálisis. Incertidumbres y certezas. [Discontinuous Subjectivity and Psychoanalysis] CABA. Editorial Lugar.

Racker, H. (1953). A contribution to the problem of counter-transference. International Journal of Psycho-Analysis, 34, 313–324.

Stern, D. (1985). The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology. New York: Basic Books.

Stern, D. N. (2004). The First Relationship: Infant and Mother, With a New Introduction. Harvard University Press.

Stern, D. N., Sander, L. W., Nahum, J. P., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., ... & Tronick, E. Z. (1998). Non-interpretive mechanisms in psychoanalytic therapy: The 'something more' than interpretation. International Journal of Psycho-Analysis, 79, 903–921.

Boundaries in Post-Truth Times

Jorge L. Ahumada

The notion of boundary is embracing and elusive: it points to the limits of whatever is, be it natural or social, mental or material; a boundary sets the limit between two states, some of which are sharply controverted in post-modern times. Truth is an elusive concept too: to the philosopher Donald Davidson (1999) truth is notionally so basic that it is folly to attempt to define it.

In the biblical narrative—a founding document of Western culture—man's foremost limit, his finitude, comes from the Exile, banishment from Eden: whereby a primal, joyful state of blissful innocence is displaced by toil, suffering, hostility and conflict, with their attendant guilt, sickness, aging and death. The Fall from the Garden of Eden to the Valley of Tears comes from the sin of disobedience, likely sexual; ultimately, the root of the adversarial clash with the Deity (who remains a *deus absconditus*, an unknowable, omnipotent hidden god) is in a third party, Lucifer, not man.

We get a quite different picture from another main source of Western civilization, archaic Greece: the Greek start of the human story elicits no simile to the Garden of Eden. In the beginning there was Chaos, thereafter came the Titans, later overcome in strife by the Olympian gods. The Titan Prometheus created man from clay, giving him fire which, in open defiance, he stole from the gods: Zeus sentenced him to eternal torment for his transgression.

The boundaries between the gods and men are lax in Greek mythology; its myriad gods were all-too-human, displaying human-like conflicts, attitudes, needs, wishes and foibles, often masquerading as human to carry out their plots; men and women, on their side, often sought god-like, heroic feats and powers. In Homeric times it was unclear what, in a person's life, pertained to the person, and what came from the gods: according to the historian E. R. Dodds (1951), violent fury and sudden impulses, proceeding from the gods, were not personal events.

Centuries later, in classical times, men gained through Socratic argument, by weighing evidence and delimiting the contexts, a fully personal, 'civilized' mind: a process of individuation—achieving boundaries between what is and is not self—unfolds in Greece from pre-historical to properly historical times. However, in the temptation of *hubris,* transgressing the limits set to men by the gods—mainly by self-aggrandizement in heroic actions—there was danger at the boundaries which brought deep anxieties about the gods' revenge, the myth of Icarus being exemplar of the risks of over-ambition. The Homeric hero, says Moses Hadas (1960, p. 21), does not compromise loyalty to his own being with loyalty to any other, the great model being Achilles. Hubris is relevant in everyday relationships too, because by ill-treating and shaming others men feel their own superiority: as Aristotle (c. 350 BC, p. 107) states in his Rhetoric "by injuring, they conceive themselves to be more decidedly superior." This found practical use at legal proceedings in the Sophists' —*risus sophisticus*—use of mockery to destroy, regardless of truth, their adversaries' arguments. Both themes, the biblical theme of the exile from Eden and the Greek one of the heroic combat with the gods and with each other, underlie the passage from modernity to post-modernity.

A main achievement of civilization in passing from archaic to classical Greece was, then, an individuation process, an increased discernment between man's own omnipotence and an evolving sane self. An akin process of conflation and discernment in primitive peoples was taken up by Freud in *Totem and Taboo* (1913) concerning the quasi-omnipotent god-like powers over events of nature, such as the rains required for their crops, conferred upon their kings, who were held to be sacred but put to death and replaced when their magic came to fail.

Bonds and boundaries in instinctual co-evolution

Can ethological evidence from our close biological relatives shed added light on our instinctual roots which, said Freud (1920), are the most important and the most obscure part of psychoanalysis? Having dealt with this theme elsewhere (Ahumada 1997, 2015, 2021, in press) I offer here a brief summary on status/sexual and on territorial rivalry and, importantly, on the maternal and social co-evolution of instinct in the development of our next of kin.

In the acculturation of the chimpanzee, psychic boundaries arise by

the evolution and differentiation of emotional bonds. The baby chimp spends his first year of life in skin-to-skin contact with mother, clinging or being held; she plays with him after the first weeks, and a bit later presides over his contact with peers: their close emotional attunement to each other primatologists call 'mind-reading.' Weaning, starting in the fourth or fifth year, is a highly adversarial initial part of chimp acculturation, resisted by the infant by force and by cheating. Peer play in infancy and adolescence displays a wide range of both aggressive and sexual activities, a must for both male and female chimps in order to gain social and sexual maturity; discipline is initially exerted by the mother and, later on, also by the male adults.

A crucially relevant boundary achievement is self-recognition, the acknowledgement of one's existence as a distinct object, attained by higher apes but not by monkeys. Direct evidence came from Washoe, the first chimpanzee bred in deaf-mute gestural language who, when asked in front of a mirror, Who that? promptly responded: 'me, Washoe.' (Goodall 1986, p. 35); she had long talks with herself in sign-language, and when she felt intruded upon she went up a tree to regain her privacy. Self-recognition, an indispensable requisite for self-reflective personal thinking, comes exceedingly late in evolution and is quite frail; not all chimpanzees attain it, and it tends to get lost as they grow older. Importantly, those traversing emotional deprivations in their infancy do not attain self-recognition, which closely depends upon growing up in a healthy enough affective environment. Also, females who were emotionally deprived in infancy are unable to become viable mothers.

Boundaries of the chimpanzees' social/instinctual life: status rivalry and territorial rivalry

As is well known, according to Freud (1921), psychoanalysis is both an individual and a social psychology; the same appears to be true for the instinctual life of the chimpanzees: as becomes apparent in sign-bred chimpanzee communities, most of their ongoing gestural signing refers to aspects of their relations to the other individuals. That infant learning of deaf-mute communicational signs is grounded on affect appears in the fact that the baby learns the signs his mother employs, not those used by attendants who are emotionally less relevant; also, as happens with human babies, their 'whats' and 'hows' much precede their 'whys.'

Deaf-mute sign languages, emerging in the Middle Ages, are considered by linguists as natural languages similar to the English or Latin languages; communicative actions in the wild are not syntactically structured languages, but they validly communicate nonetheless.

The most distinct characteristic of chimpanzee life is, according to Jane Goodall (1989), a strong instinct of domination. They are highly hierarchical beings, an overriding concern with hierarchy is on display in both male and a female associations: status conflicts being constant from puberty on, leading to never-ending alliances and rivalries. Sexuality and status bear on each other: the alpha-male demands privileged access to females, but can enforce this only when he is within sight; when an alpha-male runs across a couple in coitus, which often happens, the female slips away in the foliage while the male covers his erected penis with both hands, making loud vocal and ample gestural signs of submission: these signs usually satisfy the alpha-male, who then abstains from reprisals. It must be noted that status fights in the community, though quite frequent, normally do not lead to serious bodily damage.

Intercommunity rivalry and fighting is a different affair. Each chimpanzee community holds a territory that supplies its feeding needs, and in order to protect its boundaries, border patrols are routinely carried out by a small group of able-bodied males; also, as night falls, a vocal male chorus proclaims to the surrounding communities the might of the group. Awareness of dangers leads to territorial limits being incorporated as psychic boundaries: chances for strife being ever-present, males avoid going outside their territory alone, given that rival groups they come across may excitedly go for the kill: effective as a way of lessening the power of rival communities, killing is also a feast, and even remembered, the victors coming back again and again to the scene of their deed. Territorial boundaries are sustained by force and deceit. After the number of able fighting adult males in the Gombe community was starkly decreased because of an internal split and the ensuing internecine warfare, several young adolescent males joined the night-time vocal chorus convincingly enough to thoroughly deceive surrounding communities for several years, until the time came when they were fully grown up. Chimpanzee communities pay close attention to their respective balance of forces, because whenever open warfare erupts it ends with the annihilation of a whole community, infants included. Thus, intercommunity

bonds are on the brink of that thanatic Hobbesian scenario, the war of all against all. As Strachey (1961, p. 62) notes, in a 1915 addition to the *Three Essays*, Freud stated that "the impulse of cruelty arises from the instinct for mastery"—the *Bemächtigungstrieb*—, for which, as we see, there is ample ethologic evidence (see Ahumada 2015, 2021).

So, just as co-evolution in a maternal and then a social milieu are required for instinct to viably evolve in chimpanzees, thereby allowing a thinking, self-recognizing mind to be gained, status rivalries within the community are similarly constant, and territorial warfare is a permanent threat: both status rivalry and territorial rivalry are instinctual facts in chimpanzee societal life that individual chimps are always attuned to. Instincts are no doubt processes of discharge, as Darwin and Freud affirmed, but they are much more than this: as Darwin (1879, p. 96–97) held about the whole range of species evolution but is most noticeable at its top, there is no neat way to untangle instinct and reason; what is more, as shown by self-recognition, *reflective thought can evolve only as affects co-evolve in the right track.* Sustained reflective thought is manifest in the fact that in the Bissou community mothers painstakingly teach their infants to crack palm nuts using stone hammers and anvils, modifying in the process their tools as needed, which shows a grasp of their function; this ability requires years to be mastered. *Eureka* processes of discovery can be discerned in procedural matters and also, in the service of domination, in the instinct-driven power struggles for status (Goodall 1986). With the kerosene cans he had robbed from Goodall's encampment, clanging them in front of him on his charging displays at fellow males, by terrifying them in this way, Mike, a low-ranking ambitious chimpanzee, became alpha-male with no need for fighting. Still, he was thereafter nervous and irritable despite lack of subsequent defiance; relevantly to our purposes, power does not accomplish happiness: it took him fully two years to settle into his new role and turn into a self-assured, calm, able alpha-male (Goodall 1986).

Vicissitudes of individuation, from the culture of text to the Age of Media.

The process of individuation attained in the passage from archaic to classical Greece was exported to the Middle East by Alexander the Great and, in later centuries, regained and geographically expanded West and

East by the might of Roman conquests opening the wide space of the *Pax romana*; after the fall of Rome came the Dark Ages in which the spirit of literacy and civilization was barely kept alive, initially in Ireland, in the secluded realms of the monastic orders. Gradually, with the turn of the centuries, feudal times stabilized and then, as kings gained the upper hand and nation-states emerged, leading to the rise of the urban bourgeoisies, and then the upsurge of industry and commerce. Then, during the Reformation, the invention of print is credited with a second great leap in the individuation of the person, partly because existing knowledge, including historical knowledge, became available to a much wider public, partly because it allowed each literate person the chance to think on printed events privately by his own light, partly because print culture brought to the fore new boundaries: the work of sustained contact with the text furthered the buildup of an organized space for thinking and for sharing thoughts, and of providing an indispensable instrument for organized societal institutions such as public and private educational systems. A prominent literary critic, Harold Bloom (1994), vehemently argued in *The Western Canon* that literature teaches us to talk with ourselves: though he stresses literature at the expense of equally relevant matters, such as the expansion of legal, technical and scientific knowledge, these being especially significant to a time in which, as a result of the technological advances over the last two centuries, we have been led into a daunting sociocultural transition from the culture of the text to the culture of image.

As recounted elsewhere (Ahumada 2011, p. 201), a founding father of communication technologies, Samuel Morse, showed a keen intuition of the coming changes: his first long distance message sent from Baltimore to Washington stated: *What has God wrought?* On the next day, a Baltimore newspaper announced the annihilation of space. According to Neil Postman (1982), both time and space were eliminated in one stroke, moving us from local (and personal) history to the instant and simultaneous. The boundaries of one's personal life and one's attention underwent a sharp shift, the effects of which gradually unfolded in the last century and a half, propelled by the worldwide explosion of new technologies: the telephone, radio, film, television, videogames, the Internet, and the Web. This time span roughly coincides with the period Cornelius Castoriadis (1996) connects to the downturn in the role

of the family: the literary critic Robert Darnston (1997) deems motherhood and conversation to be now lost arts. Decades before, the historian Roger Collingwood (1937) forcibly warned that the heightened thrust of entertainment erected a watertight bulkhead displacing people's interest in daily affairs, which became emotionally bankrupt, with a pervasive increase in boredom which in turn prompted an increased demand for diversion, drugs, and high risk or criminal activities. The end result of the shift from the culture of the text to the media culture, notes Postman (1982), is the adult-child, grown-ups having the intellectual and emotional capacities of children, in a social context where, in an ahistorical, anti-aging, perpetual present, mothers strive to look no older than their daughters. Indifference, says Jean Baudrillard (2005), is not far from becoming the only actual social bond.

To the social historian Christopher Lasch (1979, 1984), society turns tribal again—which, it must be remarked, leads to herd mentalities and herd dynamics. The "new narcissist," he argues, demands immediate gratification, and beneath a superficially relaxed appearance is fiercely competitive in seeking an admiring audience: his world has become a mirror scene. Deep and lasting relationships become too perilous amid a generalized *flight from feeling* entailing a protective shallowness, an inability to mourn and to feel oneself part of a historical stream, while indifference to reality, if not the collapse of the very idea of reality, leads to a 'new illiteracy' at all educational levels; as to sex, it is pursued in a frame of restriction of emotional involvement. From the 50s on, says Lasch, the sense of identity shifted from definiteness and continuity to a fluid, protean, problematical self, blurring the limits between self and others: in the context of group mimesis the boundaries between individual and social psychopathologies are erased.

Freud on his side anticipated in "Civilization and its Discontents" (1930) the impending changes, hostility to civilization becoming a main concern. Life, he pointed out, is not light to bear, unhappiness being much easier to experience than happiness, and genuine love making us vulnerable, we have recourse to deflections such as work, to the mild narcosis of art, or to intoxicating substances. Alternatively, one can turn one's back on life like the hermit, or "one can try to recreate the world … in conformity with one's own wishes," deeming especially important the case in which a delusional remolding of reality is achieved by a considerable number

of people in common (p. 81), which well applies to society-wide cultural shifts. To Freud the instinct of destruction presents the ego with a fulfillment of its old wishes for omnipotence, the inclination to aggression being "an original, self-fulfilling instinctual disposition in man, and … it constitutes the greatest impediment to civilization" (p. 122). Earlier than most, he anticipated that, assimilated to his technologies, man increasingly becomes a prosthetic god, though he is not happy with being in this condition. In Freud, Sadism is coupled to the sexual instinct only belatedly, when he acknowledged that the pleasure principle, originally ascribed to eroticism, plays its game on both sides, erotic and thanatic.

The combat with the gods and the Garden of Eden. From early Romanticism to Postmodernism.

Preceded by a poetic and literary movement, the *Sturm und Drang* (Storm and Stress), and coming in the aftermath of the French Revolution, early Romanticism came to be in the intellectual backwaters of German Lutheran pietism; it was at first poetical and literary, soon turning philosophical and, later on, political. The Polish-American philosopher Leszek Kolakowski (1990) places its initial act in Friedrich Schiller's 1789 pronouncement, in his inaugural conference at Jena, that our image of the past is a projection of the present. Whereby, in a blurring of the boundaries between truth and falsity, the significance of past events is built up from our own world, and what we call a *fact*, or an *event*, is no more than an arbitrary construction: any construction, any selection, any 'structure' is as good as any other; history turns either impossible or useless, which frees us from the fetish of facts and from the obligation to learn. Under such erosion of boundaries we enter *post-truth* times. Through art, says the Oxford historian of ideas Isaiah Berlin (1975, p. 220–222), Schiller liberates man from the chains of causality: man's liberty expands by this unhooking from nature into a radically new autonomous condition.

The nostalgia of the exile from Eden dominates early Romanticism: in Novalis' 'magical realism' *the world must be as I want it to be*: in the joyful manner of children's play, poetry refashions the world and the happiness of Paradise is regained, turning life into a redemptive dream (Béguin 1939). However, godly heroic stances surge early enough, as Isaiah Berlin (1975, p. 230) quotes from the *Sturm und Drang* poet Jakob Lenz:

"God brooded over the void and a world arose. Clear a space! Destroy! Something will arise! Oh God-like feeling!"—which states loudly enough the anarchistic joy of destruction. In 1799, and again in 1801, another poet, Jean Paul, announced the 'death of God'—which would be taken up by Nietzsche seventy years later, ultimately leading to his anarchistic dictum: "Everything is false. Everything is permitted" (Nietzsche 1901, p. 326). In the meantime, in a sweeping dismissal of all norms and all dependencies Johann Gottlieb Fichte proclaimed "I am wholly my own creation" (Berlin 1960, p. 180); and for Fichte, in the political realm, values are made, not found; and, in a reversal of values, the essence of man is identified not with reason but with the source of action, with the *will*: what matters is our inner motive, our integrity, our spontaneity, not the consequences. The stated goal of the Romantic thrust is an overall dismissal of all boundaries and all continuities, a spiteful rejection of the received and the given.

Shedding the limits in Postmodern Society

We witnessed in our next of kin, the chimpanzee, that in providing loving care the mother is the first link, as well as the first boundary, for the baby's boundless instinctual desires, in a long-term bond at a time tender and adversarial. So the insatiability, unyielding rigidity and lack of adaptation to real circumstances that Freud (1910, p. 133) ascribed to instinct are just part of the picture, because instincts need to develop in maternal and then in social bonds for a viable maturity to be achieved. He also affirms (Freud 1910, p. 42) that "A child has sexual instincts and activities from the first; it comes into the world with them," and the same is true for the aggressive instincts.

There are several theories of psychic origins in Freud's work: primary narcissism, primary autoerotism, primary object love (Balint 1968). For my purposes, I opt for a Ferenczian-Mahlerian-Tustinian fusional variant of primary object love, which I think is characteristic of the final Freud: "'the breast is part of me, I am the breast.' Only later: 'I have it' —that is, 'I am not it'" (Freud 1941, p. 299). Grasping primary object love as unrepresented and unconsciously fusional allows proper place in infant development to the separation-individuation process which, as we observed in the weaning process of the chimpanzee, is perforce adversarial and thereby, to some degree, traumatic: this everyday event of infant

life, the furies of the temper tantrum, occur on contact with the fact that the mother is not part of the baby and does not necessarily respond according to his wishes. Tustin's (1981) term, "crisis of two-ness" seems apt, because omnipotent possessiveness of mother's body and mind is not easily relinquished, nor is one's separateness gladly admitted: a holding, "good enough" mother is a must for viable psychic boundaries to be attained. But a paradise is lost, as Freud (1910, p. 129) deemed the joyful intimacies of the nursing situation to be "the highest erotic bliss, which is never again attained." To the child, says Winnicott (1970, p. 40), "the Reality Principle is an insult": it elicits pain and rage; there inevitably remain in the child's mind unmitigated islets of rage and pain, split-off, unrepresented in the main, unconscious furies ready to flare up when the turmoils of adolescent rivalry arrive.

Of course adolescent rivalry has always been there: it is part of our instinctual endowment and, as above described, it is there in each and every pubescent chimpanzee, female and male. But as Freud (1930) held, civilization is built on love, and as such it requires building boundaries to anger. The question is, how can this be accomplished in these postmodern, post-truth times?

Over a half-century ago, René Spitz (1964) noted an underlying aggravation of the psychopathologies across his lifetime, a pervasive derailment of the infant-mother primal dialogue. Unalloyed mother-infant emotional closeness—Winnicott's (1956) "primary maternal preoccupation"—risks becoming the exception, as today's hard-pressed mothers keep one eye on the job and one eye on the baby—and, all too often, have both eyes stuck on screens, it being unfortunately not unusual for mothers to be absorbed in their smart phones or watching TV while breast-feeding! Babies look at screens too, or enchant themselves unendingly playing with images on phone screens, while parents assume that whatever charms the baby is good for him—and good for them too, as it relieves them from the tasks of attending to the baby. Walking along sidewalk cafes, you might often enough run across mom and dad busy at their laptops or smart phones while a three-year-old kid loudly talks to them, to no avail. Affectively unacknowledged children become equally unacknowledging adolescents and adults.

The Media Age does not make things any easier, as visual media dutifully

strive to take one's mind off one's own mind, an unending, perpetually moving, disconnected flow of images and events by way of which excited, banal fascination efficiently displaces thought. The everyday orgy of mindlessness is serious enough to occasionally hit national levels: recently, the French Secretary of Finance addressed the nation, clamoring "Unglue yourselves from the screens. Read."

How, under such conditions, can Winnicott's (1960) "true self" develop? We get instead what Lasch called a "minimal self," in diverse variants. The earliest and severest is early infantile autism which in our experience, described in clinical and technical detail in "*Contacting the autistic child. Five successful early psychoanalytic interventions*" (Busch de Ahumada and Ahumada 2017), is due to the rupture of the primal dialogue, of the affectionate connection with mother (and thus everyone else): a disconnection that *can* be fully resolved if psychoanalytic treatment is started early enough, in the first three or four years of life.

The condition the Minimal Self was behind the widespread shift from ego-dystonic neurotic states, on which psychoanalysis was built, to ego-syntonic non-neurotic states such as borderlines and the current vicissitudes of identity, the epidemics of autism, of gender dysphorias and of filio-parental violence amid social constellations such as the culture of victimization. To my mind both Utopias, the myth of an Eden lost and the combat with the gods are coupled as an unconscious duet, serving as guideline to current pathologies.

Infantile autism is an extreme symptomatic vicissitude of pain/aggression, offering self-encapsulation as a way of isolating from the outside world; diverse damages—bodily or psychic—on the self are another possible course of affairs. If we admit with Matte-Blanco (1988) that the deep unconscious does not recognize individuals, it may be hardly decidable at any given clinical moment up to what point attacks on the self are revengefully addressed to objects, be it to the parents or to society at large or to both: the damage to the self can by itself be the revenge, in which case the danger lies on the side of bodily damage: self-harming, accidents or suicide. Unconscious, and eventually conscious, feelings of victimization bring the privilege of revenge, allowing one to become a forthright victimary: by lending legitimacy and giving free rein to the impulse for cruelty, victimhood can turn into a highly sought status.

The myth of an Eden lost it is at everyone's disposal in his own unconscious, to be readily contrasted with the hardships and conflicts of everyday life. It is at the backbone of Romanticism, it has pride of place in postmodern ideology, and it opens wide ways to ideologies of reprisal. "Utopia equals totalitarianism" (Stoller 1996, p. 15): it fosters blind protagonisms, domestic, intellectual, or political, readily exploited by populisms of all brands. Utopia abolishes the ties to everyday common sense, and then boundaries are up for grabs, in a pervasive feeling that, as was written all over the place in the university district of Buenos Aires, and I guess elsewhere too, shortly after the Paris May '68 events: "anarchism will be an eternal springtime."

References

Ahumada J. L. (1997). Introduction. The crisis of culture and the crisis of psychoanalysis. In: The logics of the mind. A clinical view (p. 1–15). London, Karnac, 2001.

(2011). Postscript. What has God wrought? A plea for insight in media society. In Insight. Essays on psychoanalytic knowing (p. 201–207). London, Routledge.

(2015). The waning of screening memories: from the Age of Neuroses to an Autistoid Age. In: *On Freud's "Screen memories"* (p. 104–117). Ed. by G. S. Reed and H. B. Levine. London, Karnac.

(2021). Unbridled! Thoughts in times of self-begetting and violence. *American Journal of Psychoanalysis* 83: 301–325.

(in press 2022). Omnipotence and the paradoxes of insight: a Darwinian look. In *Omnipotence: the allure of power. Psychoanalytic perspectives*. Ed. by J. Arundale. London, Routledge.

Aristotle (*c.*350 BC). *Treatise on rhetoric*. Tr. by T. Burke. Amherst NY, Prometheus, 1995.

Balint M. (1968). *The basic fault*. London, Tavistock.

Baudrillard J. (2005). *The conspiracy of art.* New York NY, Semiotext(e).

Béguin A. (1939). *L´ âme romantique et le rêve. Essai sur le Romantisme allemand et la Poésie française* [The Romantic soul and the dream. Essay on German Romanticism and French poetry]. Paris, Corti.

Berlin I. (1960). The Romantic revolution. A crisis in the history of modern thought. In *The sense of reality. Studies in ideas and their history* (p. 168–193). New York NY, Farrar, Straus and Giroux, 1996.

(1975). The apotheosis of the Romantic will. The revolt against the myth of an ideal world. In *The Crooked Timber of Humanity. Chapters in the History of Ideas* (p. 207-237) Princeton CT, Princeton University Press, 1991.

Bloom H. (1994): *The Western Canon.* New York NY, Harcourt Brace.

Busch de Ahumada L. C. and Ahumada J. L. (2017). *Contacting the autistic child. Five successful early psychoanalytic interventions*. London, Routledge.

Castoriadis C. (1996). *La montée de l'insignifiance* [The rise of insignificance]. Paris, Seuil.

Darnston R. (1997). Free spirit. *The New York Review of Books*, 26 January, p. 9.

Darwin C. (1879). *The descent of man, and selection in relation to sex.* 2d. Ed. London, Penguin, 2004.

Davidson D. (1999). The folly of trying to define truth. In Truth (p. 308–322). Ed. by S. Blackburn and K. Simmons. Oxford, Oxford University Press.

Freud S. (1910). Leonardo da Vinci and a memory of his childhood. *S. E.* 11.

(1913). Totem and taboo. *S. E.* 13.

(1920). Beyond the pleasure principle. *S. E.* 18.

(1921). Group psychology and the analysis of the ego. *S. E.* 18.

(1930). Civilization and its discontents. *S. E.* 21.

(1941). Reflections, ideas, problems. *S. E.* 23.

Goodall J. (1986). *The chimpanzees of Gombe. Patterns of behavior.* Cambridge MA, Belknap/Harvard University Press.

(1989). Gombe: highlights and current research. In: *Understanding chimpanzees* (p. 2–21). Ed. by P. G. Heltne and L A. Marquardt. Cambridge MA, Harvard University Press.

Hadas M. (1960). *The Greek ideal and its survival*. New York NY, Harper and Row.

Matte-Blanco I. (1988). *Thinking, feeling and being*. London, Routledge.

Nietzsche F. (1901). *The will to power*. Trans. by W. Kaufman. New York NY, Vintage, 1968.

Stoller R. J. (1996). Notes on Foucault. *Psychoanalytic Review* 83: 11–20.

Spitz R. (1964). The derailment of dialogue. Stimulus overload action cycles, and the completion gradient. *Journal of the American Psychoanalytic Association* 12: 752–775.

Strachey J. (1961). Editor's introduction to *Civilization and its Discontents*. *S. E.* 21.

Tustin F. (1981). *Autistic states in children*. London, Routledge and Kegan Paul.

Winnicott D. W. (1956). Primary maternal preoccupation. In *Collected papers. Through paediatrics to psychoanalysis* (p. 300–305). Basis Books, New York NY, 1975.

(1960). Ego distortion in terms of true and false self. In The maturational processes and the facilitating environment (p. 140–152). London, Karnac, 1990.

(1970). Living creatively. In *Home is where we start from* (p. 65–70).

Ed. by C. Winnicott, R. Shepherd and M. Davis. New York NY, Norton, 1986.

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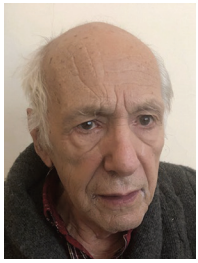

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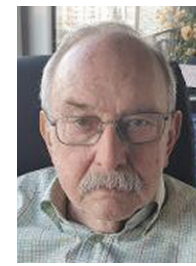

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