

THE WAR AGAINST WOMEN IN PSYCHOANALYTIC CULTURE

An Investigation

The War against Women in Psychoanalytic Culture

Introduction to the Section

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Freud is the father of psychoanalysis. It had no mother.
— Germaine Greer, *The Female Eunuch*

The phrase “the war against women” refers to the overt and stealth global prejudice against women that aims to subjugate them. Freud was not immune to this prejudice, as can be seen in those late-nineteenth-century Victorian views about sexuality that helped to shape his conceptualizations of gender. Despite the fact that many of these antediluvian views have been overturned, some continue to live on in the contemporary psychoanalytic scene. This introduction provides an overview of the contributions in this section, which explore how the war quietly or openly insinuates its way into our psychoanalytic culture. The offerings will undoubtedly appeal to the readership, whether one’s interest concerning the war leans toward considering a contemporary recontextualization of foundational tenets within the psychoanalytic setting, which directly affect women; how it appears within the domain of the consulting room; third-wave feminism’s reach into theory and practice; or forms of institutional and organizational prejudice on the local and national levels, including the field of child analysis.

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The Psychoanalytic Study of the Child 69, ed. Claudia Lament, Robert A. King, Samuel Abrams, Paul M. Brinich, and Rona Knight (Yale University Press, copyright © 2016 by Claudia Lament, Robert A. King, Samuel Abrams, Paul M. Brinich, and Rona Knight).

“THE WAR AGAINST WOMEN” REFERS TO THOSE INTERLOCKING SYSTEMS of discrimination, ubiquitous in cross-cultural contexts, that aim to subjugate women. It is founded in the presumption that males are the superior gender in every facet of human life. The war often locates its justification in the misreading of religious doctrine and texts, ranging from the Holy Bible to the Koran. These distorted interpretations uphold the fallacy of the biologically innate supremacy and, thus, the privileged status of males. Societies worldwide create and legitimize such warped notions within the matrices of the prevailing moral code and laws. In these settings, the rise of violence, intra- or interregional, in the local neighborhood or between nations, is gender discrimination’s certain bedfellow. Former U.S. President Jimmy Carter (2014), among others, speaks out vociferously against such practices and shows us how the growing tolerance and expanding reach of violence is inimitably bound to the abuse of women.

Spanning decades, scholars, feminists, and social activists have examined those societally sanctioned methods that have perpetuated the denigration and destruction of women. From psychoanalytic quarters, dozens of thinkers have come forward to discuss how Victorian rhetoric and culturally intoned biases shaped Freud’s theorizations of gender and elevated male-oriented perspectives. The template Freud relied upon, characterized by a delimiting and dichotomous either/or construction, was the boy’s body, against which the girl was presumed to feel lacking. While Freud’s theories also offered the advantage of recognizing those cognitive constraints in children’s misperceptions as they grasp for meaning in assessing anatomical differences, his further conceptualizations into the general psychological development of females was problematic and has been rightly challenged by contemporary thinkers. Cultural biases influenced the psychoanalytic canon that succeeded Freud, too. They have seeped into the contemporary scene in ways that are elusive, and for that reason, their messages exert a hidden and insidious power.

How the war has been promulgated in psychoanalytic thought and culture will be explored in the five contributions to follow. There is no doubt that the abundant offerings will satisfy the broad intellectual tastes of our readership, whether one’s predilection concerning the war leans toward considering a contemporary recontextualization of foundational tenets within the contemporary psychoanalytic setting, the domain of current clinical theorizing and its operationalization within the consulting room, third-wave feminism’s reach into the current psychoanalytic conversation, or forms of institutional and organizational prejudice on the local and national levels.

Samuel Abrams's tautly rendered text conveys an incendiary and revolutionary message that throws light upon the foundational fallacies upon which numerous psychoanalytic theories are structured and, in current times, mass-produced. He clarifies the important distinction between hypothesis-based theories and those that are hypostatized-based. Unlike the former, which can be tested by empirical measures that promote "real world discoveries," the latter category of theory-making is grounded in metaphorical constructions—usually concerning topics that are highly ambiguous in nature—that liken a concrete model to that obscure realm of investigation. The problem that Abrams foregrounds is that the heuristic bridge of simile all too readily becomes mistaken for a factually derived field of investigation. That Freud himself perceived the easy slip from "scaffolding" (the simile) to real structure (empirically derived fact) failed to stop him from dangling from his own petard. For instance, Abrams pinpoints the plethora of war-drenched metaphors that saturate Freud's theorizing concerning the psychological field: mental life as determined by "conflict," maturation and developmental processes as likened to migratory armies tasked to conquer adversarial forces; mental disturbances as "civil wars"; treatment strategies as "weapons" to be selected from a therapeutic "arsenal."

Such rhetoric, Abrams argues, places females and their own psychological development within a subordinated position of disenfranchisement and powerlessness. Imagistic devices in which armies, warfare, and militia-style semiotics are center stage can only minimize and overtake other metaphorical expressions that stress different value sets. To state the obvious, Abrams extends the boundary of the war against women to a war that is covertly waged against psychoanalysis itself, embedded in those erroneous methods by which many of its foundational postulates have been created. Leaving the reader with this cliff-hanger, I will extend a hand: fortuitously for us, he concludes his jeremiad with a proposal for a solution.

I shift the setting of theory to that of clinical theories as practiced within the consulting room. My contribution accents one feature of the war that frequently emerges here: the use of the "bad mother" trope as the primary causal agent in psychological disturbance. I discuss a recently published paper in a prestigious psychoanalytic journal that identifies Bion's notion of the mother who failed to properly "reverie" her infant and young child, as the sole seed that produced the daughter's adult disorder. I argue that when practitioners target a single feature that occurs in the maternal relational matrix (alternately, caregivers are usually the given placeholder of "mother") as a default position to explain the "whys" about disorders (or health, for that matter), observers

are easily persuaded by reductionistic and overly simplistic reasoning strategies. Those who utilize them will overlook other variables that influence the course of development, health, and disturbance. The legacy of such modes of thinking privileges early events and relationships over what happens in later organizations of development, as if a unidirectional and linear-based impact explains how disturbance happens. Secondly, such approaches interpret early childhood primarily upon the basis of the interactive features of the mother or caregiver and give little purchase to those dispositional variants within the child herself that are in perpetual play and inform the nature and quality of relatedness. These mistaken assumptions are in service to maintaining mothers as the ultimate “whipping boy” for their children’s behaviors and symptomatology. Rhetorical devices in narratives such as the one under my review are also delineated and discussed for their relevance in keeping readers fixed to the author’s preferred theory.

Rosemary Balsam is a time traveler; she not only takes us back to a fascinating examination of a particular epoch in the 1920s but she brings us along on her great leap into the present—almost edging into the future—with an incisive commentary on feminism’s third wave. Casting a spotlight on a member of Freud’s Wednesday Society, Fritz Wittels, Balsam shows us the overt debasement and denigration of women—masquerading as modern thinking, à la the “new psychoanalytic theory”—that was part of the mind-set of Freud’s Viennese circle. We are invited into this world and understand, with Balsam’s fresh insights, how Ernst Jones and Karen Horney came to mount their challenges against the phallocentrism in Freud’s depiction of female development. Balsam also unveils the minimal influence this “hot” war had in North America until the 1970s, with feminism’s second wave. Many corrections concerning female development and intrapsychic experience were made in the psychoanalytic canon in that epoch and continue to expand new pathways today. Most importantly, however, Balsam follows her time line into the present, with her reflections upon the “hot” war against women that is waged by women themselves. It is third-wave feminism’s interest in intergenerational matters between mothers and daughters, and its new positioning on individuality, race, and varieties of sexual identity—refusing the “phallic” as its standard—that constitutes the cutting edge of the conversation about the war and how it has been newly defined.

Robert Galatzer-Levy charts a different course altogether in his version of the war against women. Owning fully his subjectivity in this account, his piece virtually breathes passionate indignation into the embedded childism and sexism that the overarching psychoanalytic cul-

ture has wrought and continues to perpetuate in child and adolescent psychoanalysis. *The Psychoanalytic Study of the Child* is especially attentive to the perspectives he puts forward, as the founding principles of this journal and its very *raison d'être* rest upon the legitimacy of child analysis as a discipline in its own right, despite its embattled status in the history books. Boldly and courageously, Galatzer-Levy references the complex backstory of the political climate in his own society, the Chicago Institute for Psychoanalysis, as an exemplar of the formal and covert denigratory attitudes toward child analysis that infiltrate psychoanalytic institutions. Such notions promulgate the view that child analysis is not analysis proper, likening it to a counseling or guidance model, and that an underlying vein of contempt for and idealization of child analysts underwrite its intensely ambivalent position held in the minds of many psychoanalysts that treat adults. These attitudes, he asserts, are an outgrowth of an unconscious hatred and envy of children, deeply ingrained in culture, that feed the beast of stealth prejudice in our field and the wider global domain. Attendant to this picture is the view of child analysis as “women’s work,” a lesser, demeaned engagement with a lesser form of human being.

For those readers who are drawn to the emotional synergisms that accompany group dynamics, Galatzer-Levy tells a riveting tale of how the effective ghettoization of child analysis in Chicago engineered a constellation of unconscious forces that typically accompany the dynamics of prejudice, and of the predictable reactions of the prejudiced group that reproduce the very hostility and hatred that they themselves experienced. The result, a “denuding of humanity” is recycled and assured of its lasting effects unless all parties recognize the dark matter that lies within the folds of prejudice, and are motivated to do something about it.

Malkah Notman enriches the historical take on the war in her portrait of the Boston Psychoanalytic Society and Institute at one seminal moment in that institute’s past. The decades of the 1950s and 1960s was a period when a number of prominent women—upper-class British and European émigrés, such as Grete Bibring, Helene Deutsch, Elizabeth Zetzel, Helen Tartakoff, and others—took on leadership roles that had heretofore been restricted to a men’s-only club. The epoch that followed overturned that dramatic shift in the landscape: very few females took those roles of authority. What forces may have been at play? Notman’s read is important for what it says about the prevailing culture at that time and the feelings and viewpoints of those European and British implants who did not support the U.S. feminist call to arms. It appeared to Notman that for these women, the importance of denying

gender difference served the interest of confirming gender equality. Consequently, they turned away from any open acknowledgment of discrimination against their own sex as it played out in Boston's analytic society. And the balancing act of establishing a career and mothering children did not present the anguished dilemma for them as it did for American female candidates and graduated analysts, given the different cultural-bound contexts and stealth or overt sexism that held women back from establishing careers. Reinforcing this atmosphere was the child-development literature that dominated that era. It was riddled with biases, as the view at that time favored the stay-at-home mother over outside caregivers, leaving women who wanted to buck this status quo vulnerable to the critiques of mother-bashers. Finally, the requirement of a medical degree for psychoanalytic training—at that time, women composed only 6–7 percent of medical school graduates—slammed the door on many women's hopes of entering the profession.

Notman's contribution is not merely an illumination of past forms of sexism within psychoanalytic organizational structures. Her vantage point, and those of the other pieces in this collection as well, may be interpreted as reflections of the persistence of such prejudices in the current zeitgeist. At times they fly beneath the radar, but when captured and stilled for observation, their messages require no translation.

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Pernicious Residues of Foundational Postulates

Their Impact on Women

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It has long been recognized that many of the original psychoanalytic views of women were derived from misguided theories. Regrettably, residues of the foundational postulates that informed those theories still persist, assuring a pervasive gender bias even in contemporary psychoanalytic investigations. This contribution describes where those postulates reside, while proposing alternates that could prove far more useful for the theory and practice of our profession.

EVEN VIEWED THROUGH AN EDUCATED TWENTY-FIRST-CENTURY EYE, the past hundred-plus years of psychoanalytic observations of women continue to evoke a certain righteous indignation, not to mention moments of elaborate ridicule.

After all, these are some of the things Freud said:

A 13 or 14 year old girl is set up for seduction by way of an elaborate deceit contrived by her father's close friend; if she doesn't respond with sexual pleasure, something's psychologically wrong with her. (Freud, 1905a, pp. 27–8)

The moral development of women is inevitably inferior to men's, so plagued are they by envy. Oh yes, ultimately penis-envy. (Freud, 1925b, p. 257)

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Younger women can't do as well in analysis as men because they begin with a "frightening" psychic rigidity. (Freud, 1933, p. 157)

Women interfere with psychoanalytic treatment because they have a "masterly gift for exploiting the sexually tinged transference. . . ." (Freud, 1917b, p. 290)

For purposes of distinguishing between male and female in mental life . . . we call everything that is powerful and active male and everything that is weak and passive female. (Freud, 1940, p. 64)

The work of civilization relies upon the increasing efforts of men because women have little capability for making contributions to it. (Freud, 1930, p. 103)

Before turning those twentieth-century products over to the reflective scholars for satire and historical contextualizing, it might be useful to examine the foundational postulates of the psychoanalytic theories that brought such "findings" into being. It would serve no useful purpose to overlook any residues that might continue to cloud the theories of a new generation of investigators intent upon applying analytic means to discover what women and men really are.

TWO KINDS OF THEORIES

Hypotheses-based theories and *hypostatized*-based theories are the customary tools of inquiry used to examine mental functions. Fenichel (1941), in his *Psychoanalytic Quarterly* review of Freud's last book, stated what was obvious to him. Of these two variants, Freud's principal theory of mind was of the hypostatized kind.

Hypotheses-based theories contain specific propositions that can be tested empirically. Galileo's observational data established the hypothesis and provided the proof that—as a matter of *fact*—we live in a heliocentric system. This is a real-world finding. His subsequent confinement under threat of heresy by the empowered establishment bruised his later years, but his discovery remained unscathed.

Hypotheses-based theories have contributed to the database of many acknowledged facts in psychoanalysis, in spite of occasional ideologically based protests. Such theories begin with a proposal that can be tested empirically and lead to real-world discoveries that enjoy general currency.

Freud, for example, initially inspired by his encounter with hypnotized subjects, went on to discover the *fact* that people do many things without knowing why they do them. It led to his Nobel-qualifying finding: much of behavior is a result of unrecognized or unconscious determinants. He also has been credited by at least one scholarly histo-

riographer for his recognition of the rhetorical tropes that inform the dream-work (White, 1999).

Using assumptions about the development of children and observational data to test them, Margaret Mahler (1967) collected evidence that supported her theory of progressive individuation; Jean Piaget (1973) provided an experimental approach for establishing the actuality of unrecognized transforming phases in cognitive development; and Anna Freud (1981) gathered observations within a longitudinal setting to demonstrate the existence of sequential steps in development in the course of growth. Facts derived from hypotheses-based theories enjoy wide currency because of the ease with which they can be verified by other investigators and because they can be disproven by them.¹ One hypothesis that was relatively quickly put to rest, for example, was that “refrigerator mothers” cause autism in their children (Rosenfeld, 1999).

Hypotheses-based theories are to be contrasted with *hypostatized*-based theories.² Hypostatized-based theories enjoy a surprisingly wide currency among psychoanalysts—at least in part because they are often confused with hypotheses-based ones.³ Furthermore, many scientific investigators voice skepticism about the design of such theories⁴ and consequently the validity of any conclusions drawn from them. The philosopher Alfred North Whitehead simply dismisses them as fallacious. Nevertheless, in spite of these and many other challenges to their usefulness, it is the hypostatized kind that informs the conceptual background of Freud’s psychoanalysis and manages to be the dominant player within the many other “schools” that have sprung up about it. The observation that many analytic theories contain serious logical failings deserves an investigative study of its own.

THE STRUCTURE OF HYPOSTATIZED THEORIES

Creating a hypostatized theory can be looked upon as a two-step process. It is called into being in settings of high ambiguity, where even selecting names for observations can be challenging. To find their way about such murkiness, investigators propose a bridge that links the chaotic,

1. Their “falsifiability,” an essential feature of science, according to Popper.

2. *Oxford English Dictionary* (OED) defines “hypostatize” as “to make into or treat as a real substance.” The word first appears in English in 1829.

3. Its popularity, notwithstanding, the word “hypostatize” appears in less than two dozen papers in the entire Psychoanalytic Electronic Publishing (PEP) repertory.

4. Beginning, in psychoanalysis, with Breuer who noted that “. . . not every substantive has a substance behind it . . .” (Carveth, 2001)

ambiguous field of inquiry to an already existing concrete model or narrative. It is a link of simile. In essence, the investigator proposes that a particular obscure area is something *like* a commonly known one. Freud (1900a, p. 565) called this heuristic device “scaffolding,” cautioning that scaffolding should not be mistaken for real structures, a caution that failed to be an effective constraint, even upon him. William James (1890, p. 196) called this confusing of standpoint with what is being reported as “the psychologist’s fallacy.”

Many such fallacious heuristic bridges between preexisting concrete models and the uncertainties of mind have been tried on over time.⁵ It should be no surprise that different theorists build bridges by way of their own preferred analogues. Pythagoras, for example, preoccupied by his rewarding encounter with numbers, felt the uncertainties of psychological activities would be illuminated if they were linked to a known numerical base. The geometer William Kingdom Clifford, taken with the nineteenth-century invention of non-Euclidean geometry, believed that mental structures could be satisfactorily understood by way of this new geometric tool. Clifford not only gave structure to the mind by connecting it to the newly invented geometry, he accounted for the mystery of sentience by imagining that consciousness arose through the accumulation of “mind stuff” or “mind-dust”—specially designed molecules that drifted among the many others in the universe (1878, pp. 57–67).⁶

This first step in hypostatizing creates a tenuous as-if bridge that links something that can be concretely envisioned to some other entity that is highly abstract—numbers to mind, geometry to mental structure, specially endowed particles to sentience. This simile serves a heuristic function and might just as easily be called a “construct.” The construct allows theorists to try on features of the concrete in the hope that it will illuminate the abstract. Such cognitive playfulness can be productive as long as the “as-if” span is not mistaken for a well-buttressed “is.” Unfortunately, that happens often.

It is particularly likely to happen once the construct is further embellished with metaphors. Metaphors, unlike similes, can be persuasive rhetorical devices especially when they resonate with the prevailing background noise provided by the social and scientific *Zeitgeist*. The “as-if” bridge, when papered together with effective metaphors, can quietly slip into an “is” rather than merely retain its appropriate make-

5. Rothstein (1985) has collected a useful sampling.

6. William James (1890, p. 146) didn’t think it was such a bad idea. He asserted “evolutionary psychology demands a mind-dust.”

believe status. When heurism slips into reification, the observational field becomes corrupted. Furthermore, the opportunity for “trying on” different analogues is burdened by the weighty illusion that the initial concrete playful simile is a discovery rather than merely an invention and should be heralded rather than abandoned. Psychological models that cling to Newtonian physics, for example, lose the opportunity for trying on those derived from quantum mechanics. Hypostatizing not only misleads; it obstructs experimenting with new constructs⁷ as well.

Fenichel explained that Freud hypostatized psychoanalytic theory in order to maintain a link between the mind and biology. There were other readily available linkages he could have chosen, of course. Vygotsky (Kozulin, 1996),⁸ in the aftermath of the Russian Revolution, used a social model to link mental activities with societal activities; Jung was attracted to an invented collective unconscious to pursue alchemy (Lindorff, 2004); and Klein proposed a ubiquitous struggle between the mythic instincts of life and death to account for psychological development and illness. Such theories have the illusory advantage of being able to briefly illuminate a large range of ambiguities by simply relocating and renaming them within an established concrete analogue. For many investigators, there is something reassuring in providing coherent-sounding explanations about observations that would otherwise be completely confounding. And for anxious and distressed people seeking symptom relief, such explanations can be particularly reassuring.

However, hypostatized theories come with a considerable disadvantage—the ease with which both the similes and the metaphors can be treated as real-world things. Reifying an as-if link between the concrete and the abstract conveys the impression that the bridge is a solid substance rather than an imagined phantom. Wilhelm Reich, for example, fell off his phantom bridge once he assumed that libido was a real thing rather than merely a metaphor for some made-up “mind stuff.” He proposed symptom-relief by urging patients to discharge the accumulating imagined energy by way of supervised real masturbation.⁹ He reified both the simile of the bridge and the metaphor of libido. Not only were some practitioners pleased with the appearance of coherence that such thinking provided, many reported effective clinical

7. Some playful scientists liken some of the heurism in hypostatizing to “tooth-fairy” explanations. See, for example, www.skeptic.com/magazine/archives/17.1/.

8. “. . . Individual consciousness is built from outside through relationships with others” (Kozulin, 1996, p. xxiv).

9. See Bornstein (1995) and Atwood and Stolorow (1977), among many other examples.

results by implementing his point of view. That so many diverse analytic hypostatized theories (sometimes described as “schools” or “perspectives”) appear to be effective is—or ought to be—another area for serious psychoanalytic soul-searching. Yet analysts continue to speak of “libidinized” relationships, functions, and structures, as well as instinctual drives and conflict-driven development, as if they were facts rather than transitory helpful analogues.

Arlow (1985) is mindful of this problem in theory-making. He issues a powerful cautionary note about the undue influence of models of the mind upon the analytic practitioner. “While he may not be aware of this at all times,” Arlow writes, “his theory of mental functioning constantly guides what he says and what he does . . . influences how he attends . . . what he perceives . . . and how he organizes his observations” (p. 21). This caveat notwithstanding, in his very next paragraph Arlow declares “For me, the idea that intrapsychic conflict is the basic dimension of mental functioning in general and of psychopathology in particular is inexorable and unequivocal.” How can any hypostatized theory of mind be inexorable and unequivocal?

Brenner (2000) provides an answer that entails a hidden simile of its own. He denies the hypostatized nature of its theories by placing psychoanalysis within the natural sciences. Psychoanalysis, he explains, acquires facts by objective observations, like any other natural science, although he acknowledges that those “objective” observations are likely to be informed by “sense perceptions to which the observer attributes a meaning” (p. 621), hardly a trivial qualification.

Brenner further notes that it is not possible to separate real-world phenomena from subjective influences even in the natural sciences. The Galileo Society would certainly object to that assertion. Real-world phenomena are expectable products of all hypotheses-based settings, and have even been teased out within the subjectively weighted psychological sciences. For example, there is the real-world fact of the existence of “conservation” in the course of cognitive development—a hypotheses-based discovery of Piaget’s, readily verifiable and, in spite of efforts, yet to be falsified. (See, for example, Siegel and Hooper, 1968.) Ways of thinking that rely on the effects of instincts or “positions” depend entirely upon a hypostatized theory—only verifiable by way of a shared invented construct and impossible to disprove. The difference in the structures of the two kinds of theories trumps all similarities. Hypotheses-based theories lead to descriptions of real-world phenomena independent of informing perspectives or inevitable subjective filtering. Brenner, on the other hand, examining data through his selected series of lenses, asserts that psychological development is

conflict-driven, a conclusion he believes conforms to all the rules of a hypotheses-based science. He has built a heuristic as-if bridge between hypostatizing and hypothesizing and then reified it

Models of the mind that rely on simile and metaphors generally provide an illusory sense of coherence and sometimes even the quality of Arlow's inexorability by way of their persuasive invented narratives. However, they run the risk of becoming hopelessly ensnared within the fiction needed to create them and the faith needed to sustain them. Once that occurs they lose much of their heuristic value. This is regrettable because theorists may decide to abandon interest in trying on different pathways to illuminate the haze of ambiguity that might be more useful. A construct bridged to the biology-based DNA, for example, might prove more felicitous than one designed by way of the conflicting forces of invented instincts or the appearance of different infantile "positions." And perhaps the transformative features of quantum mechanics might provide a richer field for playing with explanatory ideas about changes than do deterministic and reductionist propositions.

HYPOSTATIZING IN THE PSYCHOANALYTIC LITERATURE

The potential use of hypostatized theories was noted in the earlier years of the psychoanalytic discipline, particularly for providing heuristic devices. Eissler (1953) believed that hypostatizing emotions made them comprehensible. Fenichel (1941) asserted that it was necessary to hypostatize mental activities propelled by energetic processes so that the mind could be examined by natural "scientific comprehension." Miller (1943) stated quite matter-of-factly that the Death Instinct can be explained simply by hypostatizing it (p. 445)—which more or less defines "tautology." Wisdom (1937) recognized that hypostatizing creates real substances out of created concepts but wondered if it were possible to conduct a psychoanalysis altogether without the leverage derived from belief.¹⁰

In the past fifty years a different trend has become evident. Many analysts express concern about hypostatizing, especially because of the danger of reification. Swanson (1977) argues that to "hypostatize feelings as psychic substances is to play games with words, not build a theory" (p. 614). Emde (1980) cautions against hypostatizing psychoanalytic concepts, as do Colman (2011) and Diamond (1992). Wolff (1986), addressing studies in child development, argues vehemently against a

10. This is reminiscent of Baudelaire's comment about God: "God is the only being who, in order to reign, doesn't even need to exist."

theorist's move from hypothesizing to hypostatizing. He illustrates the pernicious consequences by demonstrating the reification of reductionist and preformation-bound theories and by the assumption that the reflex arc is the basic unit of behavioral organization. Wolff's paper is a genuine treasure.

In spite of all of these caveats, hypostatizing thrives. The use of similes and metaphors remains an active occupation because they seem to provide foundations for "facts."

THE FOUNDATION FOR PSYCHOANALYTIC FACTS

As Arlow (1985) notes, the "findings" of all hypostatizing investigators of mind are inevitably shaped by the metaphorically enriched fictions that make up the observational tools. The derived "facts" are always predictable, readily observed by adherents, and impossible to refute. Since the observational instruments inform what is seen, the prevailing ambiguities are inevitably "discovered" as real-world things—although they actually exist only within the constricted range of that fictionalized universe. Such informing instruments do little more than allow hypostatizing investigators to come upon confirmations of their inventions hidden within their persuasive metaphors. From the beginnings of psychoanalysis until its current times, certain mythic drives or inevitable narratives appear to be encountered in real people, characters in novels, statues, mythology, dreams, and the stereotypic behavior of other cultures. Their existence in such varying places is used to confirm the proposition, although they might just as easily be reason for doubting it. Hypostatizing theories readily become enmeshed within an inevitable cycle of illusion; their practitioners persistently regard their observations as real-world events rather than products of persuasive inventions.

The findings or "facts" of hypostatized theories are additionally buttressed by the argument that offering them as interpretative explanations prove therapeutically beneficial, that is, they work! Analysts readily recognize the flaws of such arguments—at least when criticizing the mythologizing of other analysts—while unselfconsciously promoting the therapeutic effectiveness of their personal points of view. It is not possible for all "schools" to agree on the same "facts," of course, so to assure peaceful coexistence among colleagues, each camp just as unselfconsciously accepts the labeling of all treatment findings as *clinical* facts (Abrams, 1994), that is "facts" derived from the clinical situation within which they were uncovered.

Clinical facts, of course, are no more than the outcome of their informing perspectives or models. While the phrase seems to imply that

the observations represent discoveries in the real world represented in the clinical situation, they are mostly consequences of the mythic proposals that created them. It would be akin to scanning a natural setting with lenses of different colors and concluding that the observed hues reflect different *prismatic* facts. The phrase “clinical facts”—when derived from hypostatized theories—is virtually synonymous with the oxymoron “fictional facts.”

THE ROLE OF FOUNDATIONAL POSTULATES FOR HYPOSTATIZING

While hypostatizing accounts for the inevitability of fictions in any informing theory, it does not by itself explain why women have been so systematically debased and marginalized in psychoanalysis. That is more likely to be discovered by examining the discipline’s foundational postulates. Freud enhanced his heuristic bridge with metaphors of forces, energy, and conflict. These affectively ignited his allegedly biologically based theory of instincts.

A psychoanalytic hypostatized theory could certainly have been founded upon a different rhetorical base, one that emphasized cooperation rather than conflict, partnering rather than violent contentions, an imagery drawn from harmonious agrarian cultures rather than acrimonious warring ones. Those settings might have idealized women. For example, such a theory could have sought rhetorical guidance, the way Robert Graves’s did in his proposal of an earlier Greek agrarian civilization replete with an omnipotent moon goddess; or by citing the achievements of the Minoan civilization before it was overcome by militaristic hoards; or by analogizing the alleged peaceful cooperative coexistence of men and women in the Arawak culture (Zinn, 2010).

But these were not to be the sources of Freud’s rhetorical repertoire. Fin de siècle Vienna, a hotbed of sexuality and a principal city in the midst of warring nations, provided a more readily available socio-cultural backdrop for his inventiveness (Ellenberger, 1970; Schorske, 1980; Decker, 1991).

Freud proposed that the mind develops, thrives, and is sustained by *conflicting* forces, libidinal and otherwise. The heroic center of his mythic proposal is Oedipus,¹¹ the major figure in a family destroyed by intergenerational and intratribal violence. *Psychodynamics* and internal *conflict* would become shibboleths among practitioners. And today, the heir of psychoanalytic psychiatry is *psychodynamic* psychiatry.

11. Kohut (1982) preferred Odysseus, whose relationship to his son, Telemachus, suggested intergenerational bonding. Orestes is another contender.

Freud's metaphors, selectively drawn from the European *Zeitgeist*, valued the accretion of power in settings of inevitable and continuing competing factions, outlined how power might be implemented within hierarchical authoritative settings, envisioned individuals as things within expectable competitive struggles, established arbitrary normative standards of development¹² that conformed to the values of those in power, and favored adaptive solutions that formalized strata of dominance. These views are perilously close to the features that characterize a warrior mentality.¹³ As Thucydides declared in his narrow, war-bound study of history, women have no place in settings informed by conflict and struggles for power: they should be "least talked about among men." In such settings, women are little more than the gifts of conquest, commodities of exchange, the spoils of battle, or sometimes the causes for the wars between men in the first place. In settings determined by power, caste classifications, and competing factions, women have little legitimate stature; rather, they are either accused figures or a vulnerable group available for exploitation. Their status is determined by the rank of their owners.

Fenichel (1941) explained that Freud was determined to link his theory of psychological development to biology; hence, his proposal of instincts to account for growth. However, are contesting internal forces a fundamental biological imperative? Freud could have linked his theory of psychological development to biology more persuasively by borrowing not from warring factions but from embryological proposals.

Embryologists wavered between theories of preformation and epigenesis to account for their observations of embryos becoming babies. Those who favored preformation held to the notion that every human originated as a homunculus—complete in every detail at conception—and simply grew by accretion, a deterministic model that invited reductionist explanations in the event of dysfunction. Those who leaned toward epigenesis considered the steps from fertilized egg through blastula and gastrula as sequences in a built-in program of increasing complexity and differentiation, perhaps—in one fanciful speculation—a recapitulation of phylogeny. Those studies increasingly centered upon where the *instructions* arose that guided the move forward, a study that more or less came to an end with the discovery of the DNA. No biological theorist—as far as I know—seriously proposed a military metaphor, that is, that the

12. The English historian Toynbee, for example, asserted the historical "fact" that a nation's trajectory comes to an end once it becomes like England.

13. Freud's *Zeitgeist* selections might have been influenced by his view of himself as a "conquistador" (Freud, 1900b) and identification with Hannibal and Napoleon (Freud, 1900a, p. 198).

blastula engaged in a conflict with the expected gastrula phase to occupy its territory as a condition for growth. None analogized developmental progress to the achievements of an advancing migratory army.

But as far as the psychoanalytic theory of mental development was concerned, it was just such a migratory army that was proposed. It was an army with forces fueled by energies advancing toward the next domain held by hostile adversaries. It provided the metaphoric base that led to the psychoanalytic view that all development was driven by conflicts.

And that army was intent upon cathexis.

The term “cathexis” is certainly one of the most common words in the psychoanalytic literature. Cathexis is described as extended or withdrawn; objects and psychic structures are cathected, anticathected or decathected.¹⁴ The word first appears in English in 1922, proposed by Strachey as a translation for Freud’s German word *Besetzung*. In German, *Besetzung* means a “capture” or an “occupation” that is seized *as a form of conquest or possession*, which leaves no doubt about its military nuances.¹⁵ However, the word Strachey proposed for his translation was derived from a Greek term meaning “holding or retention”¹⁶ and that does not convey its aggressive intent.

Psychic development was metaphorized as a migrating military force engaged in conflicts with the aim of conquering or possessing its anticipated adversaries.¹⁷

The images that accompanied descriptions of analytic work only emphasized this tropic emphasis. Military-styled tactics were applied to account for a variety of phenomena, features of progression and regression, for example.

. . . The second danger in a development by stages of this sort lies in the fact that the portions which have proceeded further may also easily return retrogressively to one of these earlier stages—what we describe as a *regression*. . . . Consider that, if a people which is in movement has left strong detachments behind at the stopping-places on its migration, it is likely that the more advanced parties will be inclined to retreat to these stopping-places if they have been defeated or have come up against a superior enemy. (Freud, 1917b, p. 340)

14. For example, the state of sleep “withdraws cathexis from the system Cs” leaving the system Cs uncathected and consequently vulnerable to regression (Freud, 1900a).

15. A further affirmation: Freud once used a synonym, “Positionen,” which means “military posts,” which Strachey also translated as “cathexis” (Freud, 1917b, p. 234, n. 1).

16. OED, online edition, www.oed.com.

17. It makes it even more understandable than in letters to Fliess; Freud described himself not as an explorer but as a “conquistador” (Freud, 1900a) and identified with both Hannibal and Napoleon (1900b.)

Symptoms, depicted as compromises with expectable conflicts, are described as a “. . . kind of frontier-station with a mixed garrison” (Freud, 1926, pp. 87–88).

The metaphor of power struggles finds its way into considerations of the therapeutic process as well.

We can well believe what our daily experience suggests, that the outcome of an analysis depends principally upon the strength and depth of the roots of the resistances constituting the ego-modification. Once more we realize the importance of the quantitative factor and once more we are reminded that analysis has only certain limited quantities of energy upon which to draw when matching itself with the hostile forces. And it does seem as if victory were really for the most part with the big battalions. (Freud, 1937, p. 394)

The metaphor of psychological disturbances as “civil wars” informs the treatment as well as clauses in the analytic contract. And in that contract the authority and leadership of the rescuing analyst is underscored.

Our plan of cure is based on these discoveries. The ego is weakened by the internal conflict and we must go to its help. The position is like that in a civil war which has to be decided by the assistance of an ally from outside. The analytic physician and the patient's weakened ego, basing themselves on the real external world, have to band themselves together into a party against the enemies, the instinctual demands of the id and the conscientious demands of the super-ego. We form a pact with each other. The sick ego promises us the most complete candour—promises, that is, to put at our disposal all the material which its self-perception yields it; we assure the patient of the strictest discretion and place at his service our experience in interpreting material that has been influenced by the unconscious. Our knowledge is to make up for his ignorance and to give his ego back its mastery over lost provinces of his mental life. This pact constitutes the analytic situation. (Freud, 1938, p. 173)

The analytic situation is also a setting for strategically pitting armies against one another.

Thus the course of this treatment illustrates a maxim whose truth has long been appreciated in the technique of analysis. The length of the road over which an analysis must travel with the patient, and the quantity of material which must be mastered on the way, are of no importance in comparison with the resistance which is met with in the course of the work, and are only of importance at all in so far as they are necessarily proportional to the resistance. The situation is the same as when today an enemy army needs weeks and months to make its way across a stretch of country which in times of peace was traversed by an express train in a

few hours and which only a short time before had been passed over by the defending army in a few days. (Freud, 1917b, p. 12)

The therapeutic relationship is bound to the authority of the analyst. It is the analyst that knows the terrain the patient needs to capture, and the cure depends upon the analyst successfully implementing his authority over the inherent rebellious pathogenic agents arising from developmental disfigurements. In such expectable trajectories, differences from preordained norms are viewed as pathological rather than considered as possible variations, while the therapeutic relationship is more of a submission to an acknowledged authority rather than a shared partnership in inquiry.

Dreams and the dream-work are informed by very similar imagery.

It is only in this way that we learn the laws which govern the passage of events in the unconscious and the respects in which they differ from the rules that are familiar to us in waking thought. Thus the dream-work is essentially an instance of the unconscious working-over of preconscious thought-processes. To take an analogy from history: invading conquerors govern a conquered country, not according to the judicial system which they find in force there, but according to their own. (Freud, 1938, p. 189)

There is a power gradient used as a way of assessing health. Mental illness is evidence of weakness. Neurotics belong to the lot of the defeated, or to those who withdraw out of weakness.¹⁸

If there is persistent rebellion against the real world . . . it is almost inevitable that the libido, keeping to the sources of the phantasies, will follow the path of regression, and will revive infantile wishes and end in neurosis. Today neurosis takes the place of the monasteries which used to be the refuge of all whom life had disappointed or who felt too weak to face it. (Freud, 1910, p. 49)

The treatment tools for the psychoanalyst are “weapons” contained within a “therapeutic arsenal” (Freud, 1925b, p. 16).

Similar metaphoric allusions set the tone for Freud’s American lectures (Freud, 1910). In those lectures he describes illness as a result of “imprisoned emotions,” the analyst’s technique is once again likened to an “arsenal,” repressed wishes exert the power to create symptoms that must be banished by the power acquired in treatment, “sentinels”

18. It is an unexamined curiosity that returning warriors who fall ill as a consequence of witnessing and participating in brutal and even murderous encounters are regarded as “ill,” while those who thrive by displaying competence in organized destructiveness are viewed as worthy of leadership positions.

stand on guard, children are ruled by their instincts, forces are wrestling with each other, successful treatment requires abolishing the effects of earlier life through condemnation, hopefully, to “conquer without injury.”¹⁹

The final outcome of this conflict-driven development fueled by the forces arising from sexual and aggressive energies goes to those with superior powers. The expectable outcome is literally mapped by Freud as three terrains with uneasy borders always ready to erupt into open conflict without the controlling hand of a superordinate land.

THE CONSEQUENCES FOR WOMEN

Women cannot help but be diminished when contextualized within imageries of warfare, the struggle for power, and the attendant competitive battles for dominance. And the particular way they are subordinated reflects the specific values of the particularly empowered elite. In the past century or so they have moved within Freudian texts from the earliest view of being incapable of intelligent judgment to having limited ethical and moral convictions, and ultimately to the lack of inventive or leadership abilities—always subordinate within a community engulfed by metaphors that emphasize warring factions and the acquisition of power. In our profession itself, they are often relegated to working principally with children, doing something that has frequently been characterized as not “real” analysis.

Within such conceptual or literal communities, women are acquired, annexed, or owned and may even be regarded as impaired because they fail to live up to the standards determined by the dominant power. They have no place—or at least no safe place—in such a setting except as collaborators or commodities. To the degree that psychoanalysis retains such informing metaphoric influences, it can only be a tool of those parts of the prevailing *Zeitgeist* that persist in undermining women rather than providing them the range of psychological development that could accord them optimal growth and autonomous status.

The conflict- and warrior-based metaphors assure an ever-present latent imagery, so that even where there appears to be some shift—from the metaphors of inherent instincts toward “object-relations,” for example—the misogyny returns in the form of blaming mothers for their failing to provide optimal conditions for the growth of children (Lament, 2016). That list of blamed mothers keeps growing as “re-

19. For additional readings on the general and specific influences of Freud’s metaphors, see L. R. Berkower (1970), D.K. Carveth (2001), and (S. A. Leavy (1983).

search” in child development becomes more widespread. Those findings may very well be influenced by residues of postulates that created the mind as a warrior state.

In addition, the assumed rights of ownership of women continues, if the recurring reports of breached therapeutic boundaries are any indication. And sometimes those breaches occur at the highest levels of the entrenched hierarchy.

And perhaps the most serious grievance of all is the way human beings regard one another within such warrior states. Do the increasing conflicts between psychoanalytic “schools” reflected in passionate Internet postings betray a common military heritage? Postulates of emergent systems and transformations might allow us to comprehend and cooperate with colleagues in a more fruitful manner.

An informing theory that stresses a timetable of emergence may metaphorically provide a more suitable frame of reference for exploration, quite a different postulate than our foundational ones. However, despite many examples in biological models that find such a heuristic bridge useful, dynamic conflicts and warring factions—our foundational postulates—remain central contextualizing themes in much of psychoanalytic work. As a consequence, we remain a discipline in search of hidden battles rather than a discipline engaged in examining the features of complex emergent systems that embrace a much broader range of human possibilities.

Certainly as structures and functions emerge there will be examples of all kinds of emotive experiences of varying intensity as well as a recognition of conflicting interests and values and battles, particularly at certain key moments in the course of development. But viewing such phenomena as a reflection of the introduction of new “instructions”—a DNA and embryological analogue—may be preferable than simply reducing them to some fictionalized battling precedents. Our profession may be as much *psychosynthesis* as it is *psychoanalysis*.

Women are likely to fare much better in an investigative setting informed by a rhetorical perspective that tracks the timetable of developing functions, integrating and organizing activities, and attention to variants rather than one that activates mythic tribal wars.²⁰

And men might fare much better as well.²¹

20. Such ideas are finding their way into medicine. Some cancers prove amenable to a treatment regimen viewed from the perspective of the cooperation and integration of the malignant cells with the body’s cellular response to them, rather than radical surgical excision as part of a “war” metaphor (Brody, 2014).

21. Not to mention children. Stay tuned.

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A Misuse of Bion's "Reverie-ing Mother"

Another Weapon in the War against Women as Waged in the Consulting Room

CLAUDIA LAMENT, PH.D.

"The war against women" is a systemic process of discrimination that seeks to subjugate women. In this essay, I will critically examine a contemporary paper, published in a well-known psychoanalytic journal, that views the patient through the lens of Bion's "reverie-ing mother" concept. I argue that leaning upon any particular theory to explain an individual's complex psychological disturbance adheres to a reductionistic line of reasoning that falls prey to the genetic fallacy; interpreting psychological phenomena in this way becomes a myopically focused perch that narrows the clinician's range of vision in scanning the field for other features that influenced the patient's symptomatology and suffering. It defies what we know about the reorganizational potential of the developmental trajectory wherein early features undergo significant change over the course of growth. Within the context of the war against women, such a constrained perspective places the onus of responsibility upon the mother, making her the "whipping boy" for her child's difficulties. Within a blink of an eye, she turns into the embodiment of the trope of the "bad mother." The consequence of misusing a way of thinking about the early mother-child

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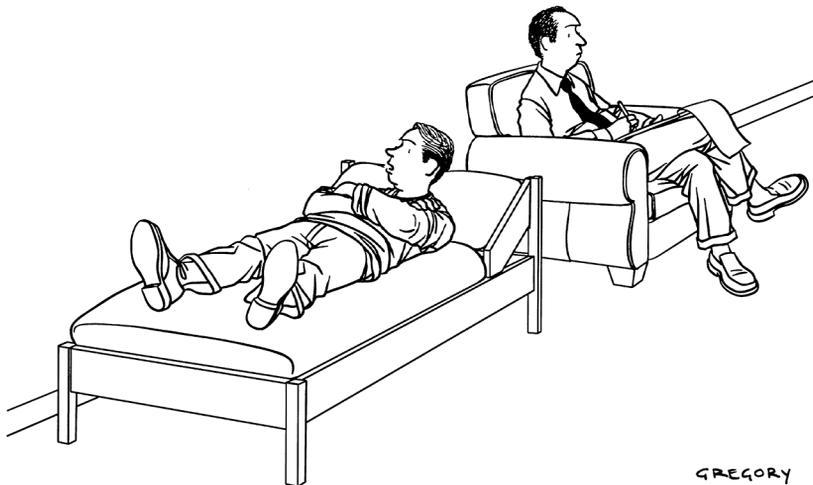
The Psychoanalytic Study of the Child 69, ed. Claudia Lament, Robert A. King, Samuel Abrams, Paul M. Brinich, and Rona Knight (Yale University Press, copyright © 2016 by Claudia Lament, Robert A. King, Samuel Abrams, Paul M. Brinich, and Rona Knight).

relationship has the unfortunate effect of promoting the war in our current zeitgeist.

“OH, COME ON,” YOU IMPLORE, WITH EXASPERATION. THE WAR AGAINST women in psychoanalytic practice has been fought and won. Why, the evidence is all around us. We have new theories now. The corrections have been made. We have to dig up the archives and blow the dust off them, don’t we?

What you say has some validity, I concur. The passage of time has brought the old grotesqueries into progressive, modern contexts that transform them into cartoon images.

We chuckle at the gentleman on the couch who japes that he cannot rely on the trope of mother-blaming (except to use his nanny as a substitute), as his mother was never there, because we’re done with that. But are we? The matter of whether the war is over must not rest upon those flagrant violations that have been relegated largely to that long-familiar historical record. The war against women that persists in the here and now within our consulting rooms is for the most part less obvious: it is a cunning, more nuanced one—but still sulfurous in its effect, with the effrontery communicated within it. Be it an overt or stealth invasion, the war’s effects are widespread, as evidenced by the depths of



“Since my mother was rarely home, I guess I blame my nanny.”

Credit: Alex Gregory/The New Yorker Collection/The Cartoon Bank

its influence into the ways that women are held hostage to essentialist notions about what it means to be female and those attributes that come with it, including that much-contested role of motherhood.

What I wish to demonstrate is that despite some measure of progress over the past fifty-plus years, there is a continuous and persistent sub-rosa mission within psychoanalytic culture, operationalized in the consulting room, to restore women to culturally determined, prescribed roles that were upheld and embraced in the early foundational texts. This mission statement has abetted a phallogentric bias to the unfolding of theoretical tenets and interpretive practices within our field. Of equal disquiet is that this slant extends to our contemporary scene and can be viewed and experienced in practitioners' own gender-based prejudices that, more frequently than we may realize, sway in the direction of retrograde expectations and assumptions about how women "should" live their lives and, secondly, how the psychological lives of women are shoehorned into male-oriented assemblages. Such prejudices judge, select, and set values according to invisible fault lines that invariably reduce and categorize, as opposed to free up new pathways to listen to and understand psychic material. It is by way of this indentured status to phallogentrism, that men too are negatively impacted.

In spite of their perceived winnings, most prized among them the power they wield, males in our society are straitjacketed into culturally preferred roles that bar creative choices in their own relationships, in love and in work. It is in this continued grotesquery, then, that the whole of humanity turns upon itself as in war, wherein one group subjugates another to advance its own perceptions and value systems. And the costs to both are steep. In the gender wars, the casualties stack up on both sides of the gender divide, as the cultural and psychological body-blows to both women and men take their tolls. And psychoanalysis, as it is practiced, can perpetuate this regrettable state of affairs.

In this essay, I will focus on one feature of the war as expressed in the consulting room: the covert belief in psychoanalytic theorizing, and operationalized in clinical practice, that women *should* become mothers and that not electing this path renders her unfulfilled. Close on the heels of this belief are the unconscious constructions that mythologize those women who do become mothers, as both goddesses and evil witches. They are alternately omnipotent, perfect, and selfless, on the one hand, and denigrated, devalued, and made the "whipping boy" for their children's difficulties, whether perceived or real, on the other. The "bad mother" imago has become a rhetorical device embraced by both the social polity and the predominating theoretical models that shepherd theories of pathogenesis in psychoanalytic culture.

I will examine a contemporary clinical paper published in an internationally renowned psychoanalytic journal, which uses a single theoretical perspective in the treatment of a patient. On the local level, this perspective brings into high relief the trope of the “non-reverie-ing mother” as the principal agent in the emergence of mental disturbance in this case. On a general level, such theories are utilized by many clinicians as a catchall default position that purports to explain disturbance by a reductionistic line of logic. This heritage not only elevates the importance of early events over later ones but interprets them chiefly on the basis of those interactive features that emanate from the mother or caregiver, as opposed to considering a host of other variables, including those made from the side of the child herself.

I discuss the clinical material as presented by the author or analyst as a myopically focused perch that narrows the clinician’s range of vision in scanning the field for other features that influenced the patient’s symptomatology and suffering.

THE PRIVILEGING OF WOMAN AS MOTHER

First, there is the privileging of woman as mother. Becoming a mother, in fact, was seen by Freud himself as the cure for a woman’s bedrock feelings of inadequacy in her sex. In his foundational texts, a woman was perceived as overcoming this assessment about her gender by becoming a mother and identifying with her child as the penis she never had (Freud, 1917). This was the assumed “best method” for self-compensation for her feeling lesser status as female. Although such anachronistic theorizing has largely been expelled from the contemporary scene, the push—either clamorous or quiet—for women to become mothers finds an advocate base among many psychoanalytic practitioners.

Julia Kristeva, one of the most prominent living female intellectuals today, an internationally renowned interdisciplinary scholar inclusive of the domains of linguistics, literature, and philosophy, and a practicing psychoanalyst, stated:

Motherhood, which has benefitted from scientific progress and which was demeaned at one time in certain quarters, has since emerged as the most essential of the female vocations. (2001, p. xiii)

Bass (2006), in reviewing Kristeva’s volume on Hannah Arendt, which contained this remark, expressed his bafflement at her assertion. For emphasis, I reproduce his statement in full:

The most essential of the female vocations? . . . Although Kristeva has disclaimed the “facile . . . organicist complacency” of confining female

sexuality to the "ovarian cycle and maternity," she seems to fall back into it by grounding female genius in motherhood. (p. 688)

And in the following paragraph:

The implication of all such appeals to theology, even if metaphoric, is that one is stating something unassailable about creation (i.e., nature) itself. Freud certainly had difficulty remaining consistent about his revolutionary and nonessentialist theory of sexuality, with its complicated history, its foundation in autoerotism, its polymorphous perversity, and its bisexuality. However, his most startling message to the world is that sexuality is not essentially linked to reproduction, to how male and female bodies are created. And he was committed to the idea that psychoanalysis cannot be theological. It is no accident that theology takes an essentialist, reproduction-centered view of sexuality. Kristeva's privileging of motherhood also appeals to theology, supporting her idea of a specifically female genius grounded in motherhood. (pp. 688–689)

It is this reproduction-centered bias as centerpiece in female identity that has found an anchor in culture and in psychoanalytic theorizing. By contrast, the notion of fathering as essential to male identity has been relatively absent or minimized as a factor in the conversation about the psychology of men. It is the positioning of "mothering" as a "developmental phase" (see Chodorow, 2012, p. 106) that presents a confounding problem for those like Bass (2006) who see this as an essentialist and theologically driven perspective.

The conundrum about how to think about the place of mothering within female identity as expressed culturally and within the individual can be explored in the recent rethinking of these issues by one of the most prominent thinkers in the field of gender, sociology, and psychoanalysis. Nancy Chodorow (2012) took a second look at her groundbreaking 1978 volume, *The Reproduction of Mothering*. In that earlier volume, written at the very beginning of her career, she observed daughters' internal portraits of mothers and mothering and asserted a troubling statement:

Because women are themselves mothered by women, they grow up with the relational capacities and needs, and psychological definition of self-in-relationship, which commits them to mothering. . . . Women mother daughters who, when they become women, mother. (1978, p. 209)

I am prompted to ask: Is it necessarily *true* that the outcome of a woman being mothered by another woman *commits* them to mothering? And that it is a natural consequence of this sequence that daughters who become women will mother? How does this committal happen? What if a father or a male nanny takes primary caretaking responsibilities

for a girl: will the fact of that man's gender *fail to commit* the girl to mothering?

In Chodorow's (2012) contemporary revisitation of her 1978 volume, she subjects herself to a reconsideration of her proposal: she advises that her account as composed is flawed by its generalizations. Presently, as a psychoanalytic clinician, she would insert a necessary modification with the idea that it is the particularization of each woman, and the ways individuals create their psychological selves and gender identities through "a variety of constitutive components" (p. 104). Thus, she clarifies her position that it is not ". . . all women's destiny to bear or raise children, or that it is pathological to choose not to be a mother" (p. 107).

Nonetheless, despite her hard-won shift in perspective, she brings forward the understandable and very human countertransference difficulties she faces as a clinician "whose maternal identity is powerful, one who does feel, deeply and profoundly, that there is no substitute for motherhood . . ." (p. 105). Here we see one woman's consciousness of her own subjective bias that cannot be easily shaken off: it is a brave awareness of how a piece of identity linked to one's subjective assemblage of gender may resonate on an auratic plane, felt and inestimable, and, if not actively considered and worked with, may exert significant ramifications in the consulting room. Moreover, she helps us see that in the absence of self-reflection, such subjective leanings can be overlooked, made reusable, and will become sustainable in the unconscious as unrecognized, embedded, and entrenched "truths," as opposed to decisions about one's life goals that are simply "desired" or not (Rangell, 1965).

Balsam (2012) also casts a spotlight on this issue and rebukes psychoanalytic literature that bends its moral arc in the direction of cultural and moral trends that concerned how "truly feminine" women "ought" to be as a group, and paraded these judgments as "facts" (p. 46). She stresses the importance of de-linking a female's imaginings about her biological body from "claims that these are in any way essential to 'motherhood'—that is, to an identity that evolves in relation only to actually having a child . . ." (p. 46). Further, she avers that past and contemporary psychoanalysts, such as de Marneffe (2004), have either overtly or covertly upheld the mistaken belief that women cannot achieve fulfillment without giving birth to a child.

DEFINITIONAL AMBIGUITIES OF THE TERM "DEVELOPMENT," WHICH ATTEND "WOMEN AS MOTHERS"

By design or by the unwitting shifts that occur in any field of study, some of our highly esteemed developmental theories have fallen into the rut

of perpetuating this aspect of the war. The term "development" has suffered under the sectarian pressures of definitional "wars." There are those who draw a parameter around the term by an age range that is inclusive of birth to roughly the age of twenty or so, when the biologically inspired maturational processes in growth have come to a close. There are others, however, who alter the meaning by extending it to the entire course of life. Namely, these proponents argue that adults are also enlisted in fresh, progressive, forward-leaning shifts: they cite these changes in the realms of work and love, where adults may choose to marry or engage in short- or long-term committed relationships or have children. Life events, then, are interpreted by this line of reasoning, as data points for the arrival of new psychological organizations. But the fault line in this reasoning is that the biologically informed changes that accompany adult life and aging are not the same as or analogous to the maturational processes and transmogrifications that occur in childhood and adolescence. These are not equivalent sets. The tectonic shifts in the mind that are generated by the inherent timetable of human growth must be differentiated from other biological changes that accompany life's activities in adulthood. The definitional difference between them simultaneously charts a substantial distance in terms of meaning: epigenetic changes that occur in hierarchical development are neutral in what they promote. The capacity to symbolize, mentalize, think in abstractions, engage in dyadic or triadic relationships, or de-idealize parental figures in adolescence is entirely divorced from moral, social, or cultural tropes and preferences. However, whether one partners with another adult or not, or decides to have children or not are choices that necessarily involve value systems and moral codes, freighted by the personal, social, and expanding cultural contexts (Abrams, 2007) which people inhabit.

Thus, by linking "developmental" with "motherhood"—assigning its status as a "phase" akin to infancy or middle childhood or adolescence—clinicians who take counsel from this view may inadvertently hold a prejudice against women who have decided not to have children. The hidden implication is that the woman without a child has had an anomalous or "non-normal" life trajectory. In this context, the word "development" signifies what psychoanalysis deems as rightly anticipated and customary.

Outside of that box, the woman who does not fit those terms is designated by others, and often by herself, as an outlier, estranged from the general social matrix. A culturally preferred life event is conflated with empirical markers that can be tracked on a maturational timetable that unfolds from a biopsychosocial matrix. Bibring (1959), Benedek

(1959), Blanck and Blanck (1968), Blos (1985), Deutsch (1945), Parens (2003), among others, all view motherhood or parenthood as a developmental phase. With these perspectives in tow, women are apt to experience not becoming a mother as a non-normative choice that aborts or forecloses on what is theorized as the prototypic “expectable” developmental trajectory.

THE “BAD MOTHER” TROPE

The prototype of mother contains the Janus-faced idealized version of a selfless provider of eternal love—a state of perfection, on the one hand, and the overtly or secretly denigrated (and feared) version of mother, on the other, an imprint that devalues and minimizes the role of mothering. Turrini (1977) and Howell (1981) have brought to the psychoanalyst’s consciousness how the societally embraced expectations of perfectionism in the mothering position have been accepted by mothers themselves, leaving them to feel inadequate against the larger-than-life standards they believe they must accomplish. The illusion of flawlessness and its dark doppelganger of inferiority have been superimposed one atop the other in countless combinations throughout time, culminating finally in the eternal “bad mother” imago. No matter how “good” she may be, the fear that she is ultimately and fundamentally “bad” is the ghost that all mothers seem unable to slay.

In 1982, the Hampstead Clinic hosted a colloquium entitled, “The Psychoanalytic Approach to the Nature and Location of Pathogenesis.” The cynosures of child psychoanalytic thought of that epoch gathered to discuss this topic. Jacob Arlow (Scientific Forum, 1982), one of the grandees of his time, was in attendance at this forum and mounted the argument that mothers were popularized as high profile “villains” in the search index for what constituted the central causal agent in mental disorder. He opined that indicting mothers was an activity with an extensive legacy, universal in its reach, embedded in human psychology, and influenced by an invisible scrim of shared unconscious fantasies. At that same colloquium, Anna Freud (1982) posed her puzzlement to the assembled guests at the prevalence of the “stylish” privileging of the mother in this bias:

We are all witnessing now the era of the destructive influence of the bad mother. But mothers have been here throughout the ninety years that psychoanalysis has existed. Why hasn’t she come forward earlier? What is the special feature of the present era which has brought her into the foreground? There must be some reason for this infection that sweeps the world now. If you go through the literature of the last sixty years, you

will find the idea of the rejecting mother. It is a notion which I tried to clarify at one time, but it certainly did not have the dimensions then that we see now. So I wonder whether anybody here has an answer to that question: why now? (p. 102)

Even now, thirty-four years on, the contemporary scene mirrors that earlier era: there are an abundance of theoretical models on the landscape that target the mother as pivotal to the occurrence of mental disturbance. Bernardez (2003) puts it succinctly: ". . . many psychoanalytic writings, despite their valid contributions, lead to the notion of absolute responsibility on the part of the mother not only for the infant's survival but also for the infant's unimpeded development and adequate mental health" (p. 300). In North America, as Litowitz (2014) remarks, Anglo-American psychoanalysis has become increasingly intrigued with the earliest epoch in the developmental trajectory: the pre-oedipal period. It is the arena of the very young child's experience with her mother (or mother substitute) that has focused the rays of the contemporary psychoanalyst's attention. Psychoanalytic discourse today lists in the direction of object relations theories, wherein the early mother-child relationship is seen as the predominant source of pathology. Object relations thinking is kept mostly within the boundaries of a linear perspective, where the mind of the infant or young child persists in pure culture—untransformed by subsequent developmental processes—into adulthood (Fonagy, 1999).

In addition, there is a tendency in contemporary (and past) models of treatment to embrace a creation of the perfectly attuned pre-oedipal dyadic unit or the part-object world of the small child in the therapeutic setting (Ehrenberg, 1992) as the curative agent in therapeutic action (Eagle, 2003). The theoretical and treatment models of inter-subjectivists, attachment specialists, Kohutians, Kleinians, the British Independents, and others have reshaped the psychoanalytic landscape in their privileging of internal object relations and interactive processes as the seat of pathology and the source of cure (Aron, 1996; Beebe and Lachmann, 1998; Benjamin, 1990; Greenberg, 2002, 2003; Hill and Grand, 1996; Hinshelwood, 2007; Mitchell, 1988; Newman, 2007; Ogden, 1994). Much of this theorizing about mothers was originally generated and influenced by the work of the British psychoanalysts M. Balint, D. W. Winnicott, W. R. D. Fairbairn, and H. Guntrip (Sutherland, 1980).

One can hardly question the validity of the assertion that mothers are important to a child's growing maturational and ego capacities, as well as to the unfolding of that youngster's galaxy of internal objects. Features emanating from within the child herself, such as her biogenetic

endowment, disposition, and constitutional variants are dutifully cited as indispensable factors in patterns of growth, and in health and disorder. The interplay between nature and nurture has been well taken.

However, there is a general trend in the *application* of these models and research paradigms to the work inside the consulting room to load the scales on the side of the mother as primarily responsible for her son's or daughter's growth, especially should her child evince emotional difficulties. What I wish to stress in the context of the war, is that it is the mother-child bond, in its described "attunement" feature, which the mother is on notice to achieve, that is placed in sharp focus. The fact that in development, children bring their own dispositional features into the matrix of their relationships with their mothers and others is overlooked in favor of the perception that they are merely passive receptors of their caretakers' ministrations. Rather, it is the earliest relations with the mother and her sensitivity to the child that reign in these models and ultimately will be fingered and made culpable for the triggering of disorders.

This partiality has spiraled down the decades in psychoanalytic thought as a truism, without considering the broader context in which "mother" metamorphosed into what has become dangerously close to resembling a rhetorical device. Namely, was she a "good enough mother" (Winnicott, 1960)? Was she a sufficient "container" and "reverie-provider" (Bion, 1959, 1962); an "attuned mother" (Stern, 1985); an "over-stimulating mother" (Blum, 1986; Dervin, 1997; Massie and Szajnberg, 1997); an "un-empathic mother" (Arlow, 1981); or a "dead mother" (Green, 1986)?

INFORMING PERSPECTIVES IN HISTORICAL NARRATIVES

As Abrams recently observed (2011), psychoanalysts are narrative historians. Those who follow this brand of history-making, as contrasted with empirical historians, create plausible and coherent frameworks for understanding the past. However, these stories are also palimpsests, subject to the influences of unconscious and unrecognized biases that are expressed in preferred linguistic forms and structured within the architecture of the text themselves. As Abrams (2014) puts it, the empiricist hews closely to the rigors of scientific inquiry, unlike the narrator, who may not be cognizant of what guides her inventions. What she might fail to see is that the narratives she produces are fictionalized products, in one way or another. Yet, from this quarter, one often hears a persistent exhortation that the narratives as invented are faithfully rendered reflections about the past as it actually was; they become aspiring optatives that all too easily and ineluctably lapse into the category of fact.

The linguistic forms that escort such mishaps betray a dissembling duplicity that is commonplace in much of published clinical reports—a leaning toward having it both ways with truth and conjecture. Conjecture is stretched and elasticized; with a daub of the requisite qualification, “it seemed,” “possibly,” “as far as I could tell through my reconstructive work,” the mind skips over them—at the speed of quicksilver—landing squarely on the next words, phrases, indictments, and revelations that disclose the plot, the characters, and the identities of the victimizers in the whodunit. Mentally defragging such qualifiers from texts is a *sine qua non* for the discerning reader.

Frequently, these fictionalized constructions also metamorphize into theories. Theory-makers are the fashion designers of our discipline. They invent overarching conceptualizations of clinical data that are the toast of their time. Generally, their trajectories chart a predictable course that begins with a period of pervasive influence, which eventually gives way to a slow fade-out or to a new integration that repositions the prevailing order. Theories are used by some practitioners as furtive fiat, despite those who value the clinician's state of uncertainty (Britton and Steiner, 1994). Theoreticians who invent them believe that what they purport are truths, and the clinicians who follow them assume their veridicality. Opposing views that might engage a dialogue or a reasoned argument are menacing to what becomes the new status quo. Those inventors who comprise the pantheon of theorists who are in vogue in any particular epoch balance many forces to stay in power, and the sociopolitical leanings that create that set point are its gatekeepers. The realpolitik behind theory-building—the system that cuts clinical fashions in the back rooms of psychoanalytic societies to serve ideological trends¹—exerts a concealed but pulsating and vital presence in the printing presses and digital formatting of psychoanalytic publications. I too, as managing editor of *The Psychoanalytic Study of the Child*, should be placed under the “rhetorical strategy microscope” and carefully examined for my own motives and preferred perspectives as voiced here.

DISCUSSION OF SELECTED PORTIONS OF A PUBLISHED CLINICAL CASE

As an example of the calamities that can burden narrative histories, I have chosen a contemporary paper from a 2013 volume of *The*

1. A qualification: while my assertion is not a general truth about how preferred theories are disseminated and given legitimate “status,” slants and biases regarding the selection of papers for national and international presentations and publications are always operating, often on unrecognized levels of awareness.

International Journal of Psychoanalysis,² to throw light on how certain rhetorical features, ideological stances, cognitive styles of sorting, and culturally condoned perspectives are brought forward to shape how clinical material is transmitted to the written page; and secondly, how the author narrativizes such material with the aim of persuading the reader as to the validity of his claims.

The analyst's³ abstract of his paper clearly states his theoretical argument: an internal object that he dubs the "impenetrable object" is a dual structure that is both impervious to the projections from the patient and intrusive, namely, it also projects itself into the patient. This psychic object emerges from the "early relationship with a mother who may be generally disturbed or traumatized so that she is unable to take in or tolerate the child's projections and may use the child as a receptacle for her own projections" (p. 221). In the author's subsection "Theoretical Considerations," he grounds his thinking largely in the work of Bion (1959, 1962), as well as Williams (1997) and Green (1986). He cites the centerpiece of Bion's theory as steering his thinking in the case to be presented, wherein the role of the mother is critical in digesting the infant's unmetabolized psychic projections, so as to give back to the baby a more tolerable presentation of her otherwise overwhelming mental experiences. Mother's attuned "reverie" is the principal means of transforming these inchoate and chaotic sensations, which gradually assist the child in building up a symbolic system of meaning-making. The vantage point of mother as creating disturbance or health is on view here.

I would also underscore the importance of the analyst as utilizing a cognitive style as a means of inflecting meaning to events: he is telegraphing the reader his preference for deterministic thinking. It is encased in the notion that the earliest relationship between mother and child is elevated as the principal determinant in the status of that child's psychological well-being. This is at odds with the contemporary definition of psychological health as multifactorial in nature, or that development proceeds from interacting systems that produce unpredictable outcomes (as put forward by the recently published dictionary, *Psychoanalytic Terms and Concepts* (2012), published under the sponsorship of the American Psychoanalytic Association. The reader should be alerted to the contradictory position of the analyst, who leans on reductionism as a cognitive organizer to bind his text.

2. The title of this paper is "Impervious and Intrusive: The Impenetrable Object in Transference and Countertransference," by Wilhelm Skogstad.

3. The treating analyst is also the author of this paper.

THE NARRATIVE OF THE PATIENT'S HISTORY

Now, with an acknowledgment of a few of the invisible structures that will inform the analyst's tale in hand, the stage is set. The narrative begins with a haunting and compelling chain of events, which the analyst has selected to drive the narrative. He begins by stating that Ms. A had the misfortune of a legacy of familial deaths in her background. Her maternal grandmother had committed suicide when Ms. A's mother was an infant; this was following her having contemplated killing herself and Ms. A's mother at the same time. When Ms. A's mother was a young adult, her father had died, and she married shortly after, as the author puts it:

“. . . still in her mourning dress,” as the story went. Ms. A's parents soon had their first child who died at the age of 10 months. Mother fell pregnant again with my patient three months after her death. For the first three weeks of her life, Ms. A stayed in hospital without her mother because of vomiting; she was never breastfed. Less than a year later mother conceived her third child who was stillborn when Ms. A was 18 months old. (Skogstad, 2013, p. 224)

What gripped my experience of this brief and important paragraph, as it marks the reader's introduction to the person of Ms. A, is a rendering of *memento mori*, which the analyst describes as “overshadowing Ms. A's early development.” However, and most significantly, the way the analyst unfurls the theme of death focuses on the *imago* of “motherhood” as embodied in the events of the suicide of Ms. A's mother's mother, the premature passing of her mother's father, and the two deaths of her own parents' children, who died in early childhood: one a stillborn, the other a toddler. The question arises: Will these deaths be *contextualized in the analytic work as losses primarily for Ms. A's mother and father, or as losses that would have particular meaning for Ms. A herself?* It is important that the reader be aware that the analyst has *selected* this constellation of events with which to historicize the family story. What is the analyst's view of other variables that may have impinged upon Ms. A's history? With these questions at hand, let us read on.

The analyst reports his reconstruction of Ms. A's mother, which he cloaks in language that urges a clinical reportage of objective reality: “The mother, as I could reconstruct her in the analysis, was depressed and anxious in Ms. A's childhood, unable to mourn her losses and emotionally not really available to her daughter.” The act of reconstruction is unreliable business, as amply reported (see Collins, 2011, for a comprehensive overview). The recoding and reorganization of a patient's

memories over the developmental process nullifies the possibility of arriving at veridical truths concerning a patient's capacity of accurate recall. These are further compromised by the complexities inherent in the inevitable distortions; and the notion of the transference and countertransference matrix as a reliable tuning fork to detect objective certainties has been upended and called into question by others. What is intriguing in this account is the author's boldness in taking this already contested activity and applying it to his patient's mother!

He presses further and states that she had "deep anxieties about her child's [Ms. A's] survival and may have had serious doubts about her capacity to care for her" (p. 224).

The analyst then composes the following:

She [Ms. A's mother] was depressed and emotionally unavailable, and her mind may have been filled with the dead objects of her past. One might wonder whether the newborn's vomiting [referring to Ms. A] was an early response to unmanageable projections of anxiety, depression and death from her mother. Ms. A's intense drive to "save the world" may have come out of her infantile need to save her mother from depression. (p. 224)

We are presented first with an assertion of certainty about the mother's being "depressed and emotionally unavailable." This is followed by qualifying conjectures, which are punctuated by "may have been" or "wonder whether," apparently intended to convey some measure of ambiguity. But for the reader who has been following the through-line as it reaches its conclusion, these final lines clinch the author's constructed narrative and offer a tone of definitive veracity: the mother's depression and its alleged accompaniments—her unavailability and the uncontrolled outpouring of unmetabolized projections of fears and feelings—are at the vortex of Ms. A's troubled childhood. Bion's theoretical constructs are in correspondence with the composed narrative, which works upon the reader's imagination as a tacit confirmation of the theory. A composition has been brought together building a case that fits the Bionian model like a glove. It is the mother who has promulgated her daughter's disturbance, who suffered from depression and an inability to engage in intimate relationships. The mother's purported impenetrability and intrusion into her child's mind with her own projections are the sole generators of Ms. A's disturbance, as no other likely factors are considered, even in passing. As the reader, I experienced in the prosody of this text the steady purchase and thrum of certainty as to what has assailed Ms. A from the beginning of her life.

A "proceed with caution" tagline might be beneficial to the unknowing reader.

Finally, what are we to make of the near erasure of Ms. A's father? All we are told is that Father was a warmer, more exuberant individual, but also "critical and righteous" (p. 224) and of little help in dealing with Mother's depression. He turned toward work and away from the domestic scene. Following Ms. A's younger brother's birth, Mother again became depressed and Father again turned away "more persistently." Ms. A reported "violent arguments" with him in her teen years, "which led to her being sent to boarding school" (p. 224). In her late adolescence, the parents separated. Overall, Father barely emerges in the text as a figure Ms. A reckons with; there is only a passing reference to him when Ms. A complains in a session about his unavailability to help her with a problem.

THE ACCOUNT OF MS. A'S TREATMENT AND AN ALTERNATE POINT OF VIEW

The analyst notes that he encountered "severe difficulties" in Ms. A's reactions to his interpretations. Instead, a "never-ending oneness" seemed what Ms. A desired, where separations were felt by her as expulsions from his thoughts and life. Any acknowledgment of a "third object" outside of the patient-analyst dyad was deemed "catastrophic" by her. His attempts to interpret these felt experiences by empathizing with her sense of him as casting her out were met with anger and a belief that the analyst was delivering a covert "j'accuse" to her: "You're saying it's all me" (p. 225). Ms. A saw it as feeling blamed for having painted an inaccurate portraiture of her analyst. The analyst reports experiencing violent aggressiveness in her speech and tone, wherein she saw him "as cold and impenetrable and then felt like hitting her head against a brick wall" (p. 225). In contrast, the analyst also bore excruciating silences during the analytic hours, which were only interrupted by Ms. A's anguished expressions of feeling deprived. As though to bear down on this aspect of her interior life, she drew a contrast between her deprived self and her analyst's vast embarrassment of riches in the form of monetary effects, family, and happiness, above all. Curiously, Ms. A employed the turn of phrase "growing fat on her," her impression that the analyst used her to his own advantage in amassing a large amount of things, prized qualities, and relationships. In the wake of these reported perceptions of her analyst, Ms. A added a grim evaluation—laced with a moral imperative—that dotted the "i" on her self-loathing: repeatedly

and angrily, she would make the statement “I have no right to live.” Following this disclosure, the author informs the reader that this sounded to him “partly like a bitter grievance against a hostile, depriving object and partly like an identification with a dead object” (p. 226)—the latter denoting Ms. A’s mother’s seeming “deadness” and unavailability.

Given the author’s motivation to prove the utility and “truthfulness” of his theoretical perspective, one easily grasps how he has assembled this interpretation of Ms. A’s emerging clinical picture. But could we admit to the possibility of alternate narratives, of a suite of suspects, as opposed to a single one? What springs immediately to my thoughts involved the sibling dimension of Ms. A’s life. To return to this feature of her past for a moment, Ms. A’s parents had their first child who died at the age of ten months. Mother became pregnant again with Ms. A three months after the death of this first child. Less than a year later Mother conceived her third child, who was stillborn when Ms. A was eighteen months old. Tracing a fresh design upon the story thus told, I would propose that Ms. A’s symptom picture pencils in an admixture of fantasies, feelings, self-recriminations, guilt, shame, and unconscious identifications that impress a ghostly pattern of her dead siblings. Children who are born in the wake of a sequence of tragic losses of siblings create their own anguished stories about such events that are frequently doused in egocentric waters.

I wonder, then, that what Ms. A was communicating to her analyst was a sequence likened to a child’s plotting, shorn of sophisticated multi-layered possibilities, about her own role in an excruciating story of her deceased siblings. I imagine a trio of puzzle pieces that one could slot into place within a child’s rules of logic. The first piece is the fantasized “inside-ness” within her analyst, the felt “violent expulsion” at weekend separations and longer breaks from him, particularly if accompanied by the idea of him being with another person, which meant to her an act of perfidy that set off “catastrophic” panic and fury; the second piece is a feeling that her analyst “pushed all the shit into her,” that is, blamed her for her intense reactions to separations; and the third one revolved around a sense that he grew “fat” on her fees and, further, that she had no right to live.

These could all be brought together in an arrangement that would neatly fit the requirements of a coherent story, such as the following: Could her deep wish, that her analyst be “over-soft,” “enveloping,” and that she be “inside” him, blanketed together in an eternal oneness, reflect Ms. A’s desire to be the growing baby within her mother’s womb, and could her envelopment with her analyst play some role in her siblings’ return to life? Is her accusation of his growing fat on her a

concealed yearning that bears a metaphor for her mother's pregnant body—perhaps her own body as the fetus she imagines, or the sibling who died a stillborn, which is a bit of invented wistful play to reverse the “violent expulsion,” as the analyst put it in his text, and make that baby survive? She could not oblige being apart from him, nor the idea of his being with or thinking of another. Perhaps it was not so much about seeing her analyst as mother who was preoccupied with her siblings, but rather, it was the torture of being alone with her *own* thoughts of the “others,” the dead siblings who failed to thrive. Were the breaks from her analyst, then, creating a space that she filled with endless self-reproach—when instead she felt her analyst should be there to comfort and distract her? One does not need to posit a “dead mother” to imagine a child wanting a comforting object to soothe these inner self-chastisements. The boundless guilt for having lived cannot be assuaged by her analyst's frustrated attempts to make interpretations that she might find helpful, as she can only experience them as his “pushing all the shit into her,” and she is undone by what she feels is having “no right to live.”

Now, lest I myself fall prey to reductionism, I could propose a different viewing experience with this sibling line of thinking, for argument's sake; it is not meant to supplant the analyst's, nor is it meant to supplant others' possible conceptualizations. Rather, I set out my wonderings to leverage questions about stealth finger-pointing devices that tend to recur in such case presentations that are duly framed to valorize a pet theory. In this case, it is about the trope of the mother's lack that issues the psychic ruination of her child. It is her assumed “deadness,” as Green would support (1986), her unresponsiveness to her daughter's projections, her lack of adequate “reverie-ing,” and her own intruding pressure point of depression into her child that culminates in a cardboard cutout of a frightful yet fragile, traumatized woman—by her other name, a “bad mother”—who occupies the accused chair.

Again, to underscore my intent, I have made this suggestion as a plausible alternative to the analyst's perspective in the spirit of creating a rhetorical device. Indeed, others' interpretations of the data may bring different hypotheses; but the problem I wish to illuminate is the privileging of a certain point of view and the persuasive argument the analyst musters in defense of it. However, it is the stamina and patience that comes with the juggling of multiple perspectives so as to prevent one or two of those perspectives from slipping out of one's hands for the sake of convenience (an understandable piece of countertransference); that is the ultimate task the analyst must undertake in her work. The danger in failing to do this is to fall prey to the temptation that

the one story the analyst holds on to is the “true” one. As an example, one mustn’t omit the possibility of the father’s virtual presence in the analytic field of this treatment, which may in fact infuse the air between patient and analyst. Ms. A’s violent speech, her feeling she has hit a brick wall with her cold, impenetrable analyst: might these not also represent the atmospheric conditions between herself and her father as reported in the history?

I would like to follow the analyst’s argument further as he maintains his single lens on Ms. A as the years of the analysis go on, five years and counting. He reaches the conclusion, based on the transference and countertransference dynamics that unfold between them, that he and she are “impenetrable objects” to one another. Ms. A saw him as a “brick wall,” and his interpretive stance as his projecting more and more of “his shit” into her. Observing at a distance the matrix he and Ms. A had created, the analyst feels Ms. A had become

. . . the unreachable mother and I [the analyst] the child desperate for a clue of what is going on in the mother’s mind. When she was depressed and anxious for a longer period of time, I could feel hopeless about her ever changing, ashamed of my failure to help her and utterly alone. I was then identified with a child trapped with a depressed mother whom she cannot revive, with no father around to help. (p. 226)

The analyst then arrives at an important revelation, an awareness that perhaps he *does* behave at times in ways that align with her perception of someone who cannot listen to or see her, that he may be more shut off than he realizes.

I found it of note that this shift in cognizance, however sensitive and ultimately helpful in the future work that transpires between them, does not pique the analyst’s consideration that this was one reason, inter alia, that he might be clutching to a single strand of thinking about his patient’s fantasies and actions. At no place in the analyst’s manuscript does he muse upon the possibility that he might be embracing the wrong clinical theory, an omission that brings the observer’s attention to the strength of the analyst’s iron grip on his own sense of certainty and rightness, which he never drops. He tosses his only baton into the air, which he catches easily:

. . . she reacted so violently to a weekend or break because she experienced me as an object whose mind was filled up with others, like the early mother with dead children, and therefore impervious to her projections. I then saw her aggression as her desperate way of trying to get through to this closed-off object. (p. 226)

Bringing out my other conjectural baton to synchronize with his, could Ms. A be finding the breaks from her analyst unbearable to hold on to for another reason as well, as her *own* mind fills up with the losses of her dead siblings, of her guilt at having lived, of her triumph at being the only one, of her horrifying fear that her analyst, as her beloved mother, would want to be rid of her and her selfish, murderous imaginings? Finally, what other batons might one employ?

In the fifth year of the analysis, the analyst selected a series of sessions in which he provides a retrospective account of his countertransference reactivity that, he surmises, occluded meaningful communications between them. I will not explore the details of his important self-reflections here, but suffice it to say that as a consequence of this internal work, the analyst is able to facilitate Ms. A's making a "turn" in the analysis. The analyst interprets her positive shift as a consequence of his capacity to liberate himself from the toxic transference and countertransference of the "impenetrable" object that was an enactment of a vestige of Ms. A's real relationship with her traumatized mother. But does his belief equal the objective truth about what actually happened as regards Ms. A's bond with her mother? That is, I challenge the validity of the analyst's "evidence," as it does not demonstrate what he accepts to be an unearthing of Ms. A's mother's state of mind as offered up by the stored "sense memories" as played out and evoked from Ms. A's archive: her inability to "reverie" her child, and as a consequence, the bringing of untold damage upon her.

I assert a different composition: I wonder if the analyst's ability to listen and take her in wholly, with his head and his heart, may have been quite sufficient for Ms. A to have begun to turn a corner. I argue that this forward movement is not confirmation of the analyst's conjecture as to the contents of Ms. A's mother's mind: namely, that she was impervious to her daughter's projections, or that she was unable to mourn her losses, or that she burdened Ms. A with her own depression and anxiety, although these ideas may have been true, or partially true, about her. But these are not clinically derived "facts." A more circumspect reading would adduce such countertransference enactments as testimony to a general technical impasse on the part of the analyst for his own reasons as he conveys them (his growing awareness that his interpretive stance contained a subtext of blame toward her; and that he was emotionally closed off to her states of mind), regardless of the dynamic content that is being dramatized on the stage of the analysis.

As I have shown in my own hypothesized interpretive "line" concerning the role of Ms. A's dead siblings—presented as one possible

rendering of the patient's psychological materials—narratives lifted from theoretical trunks can be taken out and fitted onto the patient's inventions of stories, dreams, or behaviors and labeled and pinned as objective facts, or within a hair's breadth of that intent. In this instance, the mother who is imagined by the analyst of her daughter as failing to have transformed her child's projections into more palatable feeling states, is convicted and found wholly responsible for her child's troubled life. This is an example of the poetic rhetorical trope synecdoche, where an alleged part—in this case Ms. A's mother's alleged depression and inability to "reverie" her daughter—stands for all of Ms. A's difficulties, and further, is isomorphic with it: Ms. A's mother's hypothesized failure represents Ms. A's mental disorder.

SUMMARY

The war against women in the psychoanalytic clinical situation takes one form through the spoken or unspoken urging that women become mothers. Such a proclivity promotes a subjective moral imperative that they are "failures" should they choose otherwise. Should she decide to become a mother, a woman is then subject to an automatically created unconscious construction: the culturally imposed vise that squeezes her between idealization and denigration. A not-insignificant by-product of this tortured position is that woman as mother is marked as the premier fictionalized agent in her child's placement on the continuum of psychological wellness. Numerous psychoanalytic texts have elevated the theoretical models in clinical studies that openly violate the genetic fallacy and create false equivalents between early infant-mother research or clinical paradigms and the origins of certain psychopathologies. The surrounding zeitgeist has pushed the so-called beginnings of disturbance back to the mother's early influence on the developing child's growth, as if there are no other variables at play or no other perspectives with which to contemplate an individual's psychology.

Those who inhabit the seats of power in the organizational structures tend to anoint those points of view that refract their own preferred theoretical stances, to preserve the status quo and the positions of those who lift the levers of power. Only when tidal waves of change—consisting of groups who challenge existing ideologies, such as in the 1980s and 1990s when the inner experience of the analyst as freshly explored in selected paradigms shook the prevailing culture of ego psychology's conflict model—overwhelm the order of things, do revolutionary turns happen and the power dynamics slowly grind in a new direction.

At the foundational level of the clinical situation, from whence theory is built, the analytic community can either justify the biases that inform our thinking and methodology or change them. Tracking the ways in which clinical work is guided by the prevailing theoretical winds can only assist our culture in keeping a vigilant eye on how we set our course in any one direction. In the war against women, rhetorical tropes and cognitive strategies used in clinical conferences, study groups, public forums, and publications that keep reductionism and deterministic lenses focused primarily on the role of the mother or her placeholder as fixing pathology keep women harnessed to those unconscious fantasies. By their very nature, those imaginings and the strategies that operationalize them sort narratives to dichotomize and assign blame. One exit strategy out of this dilemma is to keep ourselves open and attentive to the disavowed ways these systems debase enlightened thinking. In so doing, we not only alert our field to the fact that there is a real war being waged against women and that psychoanalysis has become allied, unintentionally, with the other side; we also engage both men and women in the larger wars, waged globally, that shamelessly promote straightened and shallow narratives and trivialize the power of unconscious meaning and metaphoricity.

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The War on Women in Psychoanalytic Theory Building

Past to Present

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Psychoanalysis has both waged “hot” war on women overtly and “cold” war covertly over the years by colluding with cultural stereotypes offered as “theory,” starting with Freud and his Viennese circle. True freedom of thinking, however, broke through in Freud’s originality even then, and from time to time subsequently in the history of the movement only to keep retreating. Fritz Wittels’s thesis on the “Child Woman” will exemplify Horney’s (1924, 1926, 1933) and Jones’s (1927) grounds for engaging in the “hot war” in the 1920s and challenging the unselfconscious inbuilt denigration of women. This skirmish had little impact, however, in the New World up till the 1970s. In the aftermath of the second wave of feminism, there were (and are) bursts of new thought about sex and gender that remain fragmented and unintegrated into general acceptance. The contemporary situation has been more like a “cold” war waged by ennui in the field. Asexed and agendered theories of mind as a “no man’s land” absorb an intense focus away from the sexual and gender specificities that were alive, contentious, and unresolved in Freud’s libido theory. The third sociocultural wave of feminism, since the 1990s, has refocused vitality on individuality, race, and varieties of sexual identity. I identify the latter as the psychoanalytic space for a potential renewed interest in theorizing

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The Psychoanalytic Study of the Child 69, ed. Claudia Lament, Robert A. King, Samuel Abrams, Paul M. Brinich, and Rona Knight (Yale University Press, copyright © 2016 by Claudia Lament, Robert A. King, Samuel Abrams, Paul M. Brinich, and Rona Knight).

the female body within heterosexual, homosexual, queer, or transgendered individuals. The “wars” have shown how fruitless for peace and new discovery is the compulsive (but still common) close comparison between males and females developmentally. Female development is as fresh and unsettled a theoretical question as it once was with Freud.

INTRODUCTION

PSYCHOANALYSIS, UNFORTUNATELY, HAS BEEN AND STILL CAN PROVE a significant problem for women. This has taken the form of waging war on them by direct and indirect blind affirmations of the common antifemale bias in our Western culture, offered as a “theory” of female development.¹ Importantly, however, psychoanalysis has been and also can be the bearer of potential solutions. This is quite a paradox.

Louis Rose, the current chief editor of *American Imago*, in a review of Eli Zaretsky’s 2004 book *Secrets of the Soul: A Social and Cultural History of Psychoanalysis*, succinctly describes the rhythms of the development of psychoanalytic ideas—of which I would say that my topic is one important example: “As a movement, [psychoanalysis] has fluctuated similarly between charismatic and routinized structures. Finally, as a modern social and cultural phenomenon, its vicissitudes have followed both the expansive and retrograde tendencies that appeared with the second industrial revolution and mass consumer society. In Zaretsky’s view, throughout this history of paradoxes and oscillations, Freud’s . . . discovery of the existence of a ‘personal unconscious’ has remained the source of the movement’s continued . . . significance and its lasting contribution to modern consciousness” (2005, p. 499). Louis Rose goes on to describe how the experiential aspect of individual lives was always a part of Freud’s methodology, as was also his then-fashionable and now-suspect style of universalizing theory. Zaretsky has said that the key to the survival of psychoanalysis all these years is that the *experiential* basis of theory building has been strong, alive, and still is well. That is, in my opinion, the arena where further work is needed in female psychology, because constituents of “the unconscious,” like fantasies, are not fixed and static. They are subject to the vicissitudes of encoded sensory stimuli and data from individual lives and minds, if also within biologically patterned templates of growth to maturity.

1. Other cultures are, of course, engaged in overt, vigorous wars against women and in major oppression, but most of these cultures have had little to do with the maintenance or the creation of psychoanalysis.

Since 1900, rhythms of refreshing liberation from common prejudicial ideas about women oscillated with an in-building of theoretical constructs that supported stereotypic oppression and suppression and that therefore involved clinical practice (for aspects of female aggression and sexuality in these cycles, see Fliegel, 1973, Breen, 1993, Hoffman, 1999). In the 1905 “Three Essays on the Theory of Sexuality”—right from the beginning as it were—Freud expresses ideas about being female (and also ideas about homosexuality) that signal his radical freedom of thought about development and the inner world. An example, dating from the 1890s, is his premise that all neuroses were based on sexual conflicts, and that females and males were equally susceptible to erotic stimuli. These ideas were free of the then-cultural assumptions that females were inherently either sinfully voraciously sexed or else completely uninterested in sex. Side by side, however, Freud propounded oppressive opinions on sex and gender, such as an assumption that females were quite incapable of sexually active behaviors—for example, “the sexuality of little girls has a thoroughly masculine character” (1905, p. 219). After about 1925, and “Some Psychological Consequences of the Anatomical Distinction between the Sexes,” his writings about women contained many more oppressive insinuations than liberating ideas, such as the fixed misunderstanding of female genitalia with his assumption that the clitoris was a tiny, inadequate penis that accounted for female frustration, especially with the mother. The problem is not that a given woman may have such a fantasy. The problem is that this cultural fantasy of female inferiority compared to males’ was instantiated as metatheory. Freud’s work as a whole is admired for his ability over the years to refine theories as he progressed. For example, he moved away from the seduction theory, shifted to a dual-instinct theory rather than deal exclusively with eros, or he supplanted the topographic model with the structural theory and developed a more complex theory of anxiety. No such shift happened concerning his theory of women. One can concede that a minor shift happened in a paper written in conjunction with Ruth Mack Brunswick in the last decade of his life and published posthumously in 1940. There he supposedly communicated that he actually agreed with her that girls in the preoedipal era had their own desires to have babies that predated penis envy (Brunswick, 1940). Even there, the motivation in females was attributed to a *masculine* sexual love that created this desire to have a baby with Mother. Libido to Freud mostly fueled a male thrust. Active female sexual desire had to be co-opted and subsumed under male explanations for the sake of consistency in his theory. If a woman was “active,” then she was said to pursue “passive” aims. There was no theoretical concept of female activity, sexual or

otherwise, generated simply on her own behalf. This fits a cultural stereotype of a literally selfless woman. By definition, a woman who fought back against such misunderstandings was merely overcompensating for her dejection at not being male. (No *passive* aim, after all, could be detected in a woman's desire to protest the received theory, and any man who disagreed with Freud was perceived as pandering to women.) Peter Gay says that Freud never shifted his 1908 view of feminism: "[Fritz] Wittels had given a paper on 'the natural position of woman' in the Vienna Psychoanalytic Society, in which he blamed the oppressive culture for forcing women to be virtuous, monogamous and obsessed with their own beauty, '... so they try to become men (women's movement).' . . . Commenting on the paper, Freud, amused and intrigued added, 'Anyway, women as a group do not profit from the modern woman's movement at all; at most a few.'" Gay adds, "That this movement should be most vocal and most successful in the United States . . . could hardly have commended it to Freud" (1988, pp. 512–513).

Psychoanalysis's hostility to women in particular has already been addressed eloquently, persuasively, and forcefully, especially in the feminist academic literature. Here I will offer only a brief overview, touching on where we have come from, some key elements in the "wars," and their constricting effects on psychoanalytic theory. In addition I will offer suggestions where psychoanalytic theory may progress in order to pick up on and nurture further Freud's early spirit of enquiry (and later others), to theorizing sex and gender in a way that could offer a postwar renaissance of interest in how females develop qua female. As a vibrant topic, the latter is about dead in the water these days. Given the modern emphasis on *interactive* theories in psychoanalysis, we admit that it can never be possible (or even desirable) to pretend that a modern theory builder can be culturally neutral. Psychoanalysis has come a long way toward self-consciousness. Conscious awareness can greatly mitigate the state of war that has been and still can be reflected in the theory of female development.

PEACE

I offer here my solution for a peaceful coexistence between women and psychoanalysis. By approaching this first, it will highlight how different and provocative were the established beliefs that became fossilized during most of the century. I am aware that my psychoanalytic solution for "peace" in understanding the sexes sounds rather simple, yet is much easier said than done. Most psychoanalytic theory builders following Freud exhibit a relentless need to *compare closely* females to males

constantly—as in “females are this, *but* males are that” or vice versa. For example, the following are common statements: “The little boy fears his father in the sexual rivalry over the mother, *but* the little girl has a far more difficult task than her brother—to transfer her erotic attachment from her mother to father, leaving lasting scars for her to negotiate.” Or: “The little boy sees his genitals, *but* the little girl’s are hidden.” Were we to recognize the separate existence of females’ and males’ bodies and the psychological developments of their minds too within their *own* terms, it would keep these comparisons at bay. Any postmodern thinker would ask, From whose point of view are the girl’s genitals “hidden”? From her own? Not necessarily. If she is already comparing her vulva negatively to his penis, that *might* be her response. Alternatively, she may be fascinated that his penis sticks out or that he needs to pee standing. She may compare her genitals favorably to his, wonder what is wrong with him, and believe everyone should be “just like me” (Mayer, 1985). But she will often have felt the pleasures of touching her own vulva and openings (Tyson, 1993), observed her pee coming from underneath her, and so on, or be aware of perineal sensations (Richards, 1992). She may have her own confusions about her anus and vagina, also associated with sensory diffusion, or may have early baby fantasies (for example, Bernstein [1990], who specified “female genital anxieties”; or Richards [1996], who specified penetration anxiety, fear of loss of pleasure, and procreative functions; or Kestenberg [1956], who wrote of the details of inner space). There is nothing written in stone that a girl necessarily thinks like the adult theory builder who classically claimed unconscious and conscious universality on her behalf—“He is like that, *but* I am only like this!” However, individual psychic individuation and autonomy—and thus, one may presume the expression of its point of view of the world—is a psychological achievement (Whitebook, 2008, writing on Loewald, Castorides, and the “project of autonomy”). It is hard-won for many, and having closely observed many analysands over thirty years, it seems to be one of the most difficult psychological positions to attain and within which to feel secure in the interactive presence of another. “Difference” of any kind turns out to be excruciatingly hard for many to appreciate. Our patients teach us this every day by leading us to their acts of imagination in transferences and countertransferences, enactments in the world that are filled with assumptions about others, experiences of projective identification or boundary diffusions—all of which are ways of co-opting, taking over, or ignoring “the other” to arrive at “certainties” about the mind and behaviors of this “other.” Analysts are vulnerable, too. Builders of psychoanalytic theory are themselves subject to such process reactions in the face of anxiety. Reading

a female body, her behavior, and her spoken reactions, for example, can occur through a sensibility of desire, of fear, envy, or despise of her, and through responsive admiration or hatred. These are powerful emotional experiences, which, unexamined, inevitably are going to alter the spin of any attempt at making a more experience-distant developmental theory of that differently sexed and gendered individual. Through judgments and observations about other humans we form opinions. Our passions and confusions are boundless. The *compulsive* comparison of females and males within theory (I believe) therefore represents too enmeshed and regressed a point of view to be useful to building theory qua theory.

There are in the literature some good examples of what fresh observations can happen when the female is seen in possession of her own body. An arena of sex and gender, for example, that is potentially liberated from the early theoretical fixation on the female genitals as a wound from an act of male castration is the arena of specifically owned *female* genital anxieties (for example, Burton, 1996; Dorsey, 1996; Holtzman and Kulish, 1996; Gilmore, 1998; Kulish and Holtzman, 2008; Balsam 2003). However, one *still* regularly reads papers in which received reference is made—probably carelessly—to old-school, inevitable female “phallic castration anxieties.”²

HOT WAR: FEMALES AS “LACKING”

The most heated and exciting debates about sex and gender showed in presentations at the International Psychoanalytic Congresses in the 1920s: Horney (with Jones backing her point of view) countering Freud in the 8th Congress in Salzburg in 1924; Deutsch talking about female reproductive psychology; Klein introducing her technique of child play representing masturbatory fantasy. At the Bad Homburg Congress of 1925, Anna Freud read on behalf of her ill father the “Anatomical Distinction” paper that laid down the law in response to the dissidents who had suggested there was a “primary femininity.” The painful irony cannot but strike one, that his daughter was thus forced to pronounce publicly her father’s theory of the essential second-class citizenry of her own sex. The dissidence and challenge to Freud continued into the 1930s and trailed off. Even in Freud’s late gender portrait of 1933, which acknowledges a difference between toddler girls and boys, the girl is styled in a doomed *masculine* seduction of her mother, which

2. In this regard it likely still makes a difference that Miss Freud never questioned her father’s “truth.”

inevitably causes a girl to reject her mother bitterly. A girl's prolonged dependence on her mother is readily pathologized. (This overlooks her *desire* to identify with the same-sex adult [Halberstadt-Freud, 1998; Balsam, 2015]). Mack Brunswick's 1940 paper is an excellent example of the hapless inadvertent compulsive shaping of females distorted through a lens of male superiority. Here is a sample:

It is otherwise with the little girl. Here the mother's castration means not only the depreciation of the love object and the possibility of the girl's own castration as in the case of the boy; the mother's castration is above all the doom of the girl's hopes of ever acquiring possession of a penis. The girl abandons the mother as a love object with far more embitterment and finality than the boy. She seeks to transfer her libido to the father, a transference beset by difficulties arising from the tenacity of the active and passive preoedipal mother attachment. In the normal girl it is essentially the passive strivings which in the identification with the castrated mother, are successfully transferred to the father in the Oedipal phase, and in adult life to the husband. . . . In the boy, the flood of virile libido brings with it for the first time the desire to penetrate. (1940, pp. 301, 302)

Mack Brunswick's poor girl is beset with problems and barriers, with even a more bitter relation to her mother than the boy. Her "passive" strivings with a "castrated" mother account for her (hetero)sexuality. The boy, by contrast, has a simple flow of "virile" libido!

Karen Horney as well as Ernest Jones (1927) and later Otto Fenichel (1931) were importantly dissident in the insight of treating females as if their bodies belonged to them, in promulgating such concepts as "primary femininity." She had courage in first offering her opposing ideas (the paper published in 1924) directly from the podium to Freud at the 7th International Congress that was held in 1922 in Berlin, before over 250 members. That was a well-argued, levelheaded, clever, and respectful paper delivered in front of Freud, a thesis that challenged the status of penis envy as *so* centrally perceived by him in the formation of womanhood. She suggested instead that penis envy was a swerve away from womanhood, motivated by anxiety. Lacking a direct response from him, Horney became more confrontational. Her 1926 effective and sarcastic table of comparison was printed in a large bold font:

The Boy's Ideas:

Naïve assumption that girls as well as boys possess a penis.

Our Ideas of Feminine Development:

For both sexes it is only the male genital which plays any part.

The Boy's Ideas:

Realization of the absence of the penis.

Our Ideas of Feminine Development:

Sad discovery of the absence of the penis. (1926, p. 327)

There were seven such paired sets, followed by this challenge: "It is quite possible that the infantile genital organization of the little girl might bear as striking a resemblance to that of the boy has up till now been assumed" (1926, p. 327).

As a "war," Horney's assault would be the equivalent of the Battle of Britain in World War II in 1940. That battle was intense as a direct engagement between the two combatant nations, one that did not win the war but did hamper the complete takeover of British territory by the Germans. It did not stop the blitzkrieg or the misery of waging a war and being besieged, but that victory was a significant key to future more-victorious times. Horney's three most famous dissident early papers, of 1924, 1926, and 1933, respectively, appeared in the exciting new *International Journal of Psycho-Analysis*, established in 1920 by Ernest Jones, a fellow questioner of Freud's theory of women of the period. Otto Fenichel, in the 1930s, also favored a female-as-female developmental formulation but ignored Karen Horney's place in this discourse. He focused only on Freud and Jones (Paris, 1996). Jones, who coined the word "phallogocratic," was frankly supportive of and interested in Horney's work. She suffered for her dissidence and teaching a non-libido relational psychoanalytic theory that challenged the oedipal complex and evoked cultural bases for child development. The fight took place in the Psychoanalytic Institute of New York in 1941. Her fate was at the hands of some of the same people, fellow immigrants who had fled World War II, like Fritz Wittels, "the once fiery radical now fiery conservative" (Makari, 2008, p. 421), who argued in 1940 vehemently to have Horney expelled, saying, "The issue is Freud or no Freud." Fenichel (Member of the Vienna Psychoanalytic Society in the 1920s), Alexander (an ex-colleague of Horney's from the early days of the Berlin Psychoanalytic Institute), and Kardiner (Freud's ex-patient from the 1920s) all joined against her. No doubt they had a long memory dating from Vienna and Berlin for their antipathy, and Horney was famously banished from the Psychoanalytic Institute of New York in 1941 (Quinn, 1987), dismissed for teaching heretical ideas.³ Horney was subsequently sidelined and faded in mainstream psychoanalysis then, in spite of found-

3. It is fair to say she had also violated boundaries with supervisees, but that was not the overt citation of her dismissal, which was her latest book, one that had overlooked libido theory in favor of the social dynamics that shaped people's development. (This was unlike her papers cited here, which still adhered to libido theory and were directly corrective of Freud's view of girls and women.)

ing the Karen Horney Institute in New York. She was “rediscovered” by the feminist psychoanalytic critics after the 1970s, and nowadays she is considered in her rightful place as one of the illustrious foremothers of the field, whose developmental point of view on women was more apt than Freud’s and those who echoed him—including Anna Freud, a founder of this journal.

FRITZ WITTELS, M.D.

As a case example of this early war against women that flared up later, I would like to look more closely at one of Horney’s accusers, Fritz Wittels (1880–1950). I will focus on his book called *Freud and the Child Woman: The Memoirs of Fritz Wittels* edited by Edward Timms, an English professor of German, who accessed his archive posthumously in the A. A. Brill Library in New York on a tip from Peter Gay, and published the book in 1995. It highlights life in Vienna for the decade or more after the turn of the twentieth century, and prior to World War I. This book relates to my topic as a source of the cultural attitudes concerning males and females that were linked in to the mind-sets of the early creators of psychoanalytic theory in Freud’s Psychological Wednesday Society begun in 1902, which later, in 1908 became the Vienna Psychoanalytic Society. This group functioned as a stimulating workshop for theoretical ideas in statu nascendi. Otto Rank, the recording secretary of the *Minutes* (Nunberg and Federn, 1962), wrote summaries of several orally presented papers by Fritz Wittels, and of Freud’s and the group’s spontaneous responses. (Some papers of Wittels, according to George Makari [2008] were too sexually outrageous for Rank to record!)

The “Child Woman” was also presented as a paper to the group (a paper “long on erotic enthusiasm and short on clinical evidence,” according to Lensing, 1996, p. 322) and published later. Wittels elaborates smugly how “I spoke and psychoanalyzed [Irma’s] soul” (Timms, 1995, p. 62). She was a physically beautiful female who had been a mistress of Karl Kraus since she was seventeen, and was sexually active likely earlier. The thesis of the “Child Woman” was that this janitor’s daughter was of such great sexual attraction that she was “forced to begin her sex life while still . . . a child. All her life long,” Wittels writes, “she remains what she is; oversexed, incapable of understanding the world of adults. . . . Using Freud’s terms I explained that this type is necessarily ‘polymorphous perverse,’ sadistic, lesbian and what-not” (p. 60). He includes his “floods of enthusiasm” for her “quoting Helen of Troy, Lucretia Borgia . . .” (p. 60). The insensitivity of Wittels is so great that he writes to Irma, to ask proudly if she has looked at his published paper, and shares with

her that everyone, “even those who are not so taken with the article” wants to know who the model is. “They realize the original model must be quite something” (p. 61).

Ultimately a nemesis of Freud, Karl Kraus was the avant-garde editor of the sardonic paper *The Torch* (*Die Fackel*) in which Wittels’s article appeared and which famously lampooned the people of the established Viennese press. Fritz Wittels became a lover of Kraus’s “ex,” Irma, in 1901, also as a way of currying favor with the notorious editor, serving his own literary ambitions and participating in Kraus’s life. Freud’s voice in this book, to his credit, is often critical and annoyed, fearing Wittels would bring disgrace on the young psychoanalytic movement (always dear to his heart). Leo Lensing, a professor of German, who sympathetically reviewed this book in the *German Quarterly* in 1996, called Irma’s portrait by Wittels “a tart infested with venereal disease” (p. 322). But I will use Wittels on Irma to exemplify the experiential influential ideas that helped shape important Freudian theory about women. Irma was an exceedingly promiscuous young woman. Wittels seems to have been in love with her. He held that she was a “Greek woman” born too late into a Christian era that hunted her down on moral grounds—a “het-aera” (courtesan), who demonstrated the true destiny of a real woman, and a splendid example of what female sexuality should be, where it was “not only the right but it was the duty of woman to surrender to everybody whose appeal she felt” (p. 73). Citing Kraus, whose views he worshipped, Wittels wrote that “women not only had the right, but it was their bounden duty to be whores” (p. 56). For Wittels this meant once a person had been truly liberated by Freudian ideals and analysis. Irma married four times. Wittels scoffed at the idea of her marriage and the “silly” men that chose her as mates. Contempt dripped from his pen toward her, but he seemed to believe he was praising her and showing himself in a good light. “Since Irma was sick and miserable, and I was a physician, I made it my business to cure her. . . . When she improved, one needed the energy of a Hercules, the patience of Job . . . to prevent her harming herself by liquor and nightly escapades. . . . She was like a puppy . . .” (p. 59). Finally, he says utterly dismissively and cruelly, summing up her life, “Nobody could bear her long, although she looked . . . charming and compensated her lovers in the night . . . for. . . what she vexed them . . . in the daytime by her immeasurable stupidity, lack of tact and complete absence of faith. Men . . . withdrew but she always came back to Kraus . . . who could not exert the brutality to let her down. . . . Finally the little simpleton became as fat as a stuffed goose, and about twenty five years after . . . she died a suicide” (p. 71). Irma actually seems to have been far more involved with Karl Kraus than

Wittels, as shown by her own diaries. He describes them so that one can see, if one is so disposed, that she is neither “simple” nor “stupid,” but full of embitterment at Kraus’s abandonment of her, lack of interest, and his withdrawal of financial support. Kraus had rejected her in 1901 and passed her over to Wittels, who says he fell in love with her before he met her, from a photograph shown him by Kraus. Wittels held *him* in worshipful admiration for his writing, his biting wit, journalistic talent, campaign for sexual reformation in society, and his glorifying opinion that Wittels too, second only to himself, was the “greatest living German author.” It is true that Wittels writes very well and tells a compelling story. In the camaraderie between him and Kraus they celebrated their shared views of “woman” and what her best use was. Wittels records that in 1908, while in the Wednesday group, “Freud was fond of me and did everything in his power to make me realize how evil an influence Kraus was” (p. 81). However, Wittels’s ultimate view of Kraus reads like a mirror image of how Wittels himself writes about females in his papers and in this book: “Kraus . . . debased women deeply while pretending that he fought for their sexual liberty and elevated them” (p. 75). Freud had earlier written for *Die Fackel* too at Kraus’s invitation. Makari (2008) tells how Freud’s beginning rise to fame was really due to the Vienna coffeehouse reception of “The Three Essays,” which pleased that audience who championed sexual freedom for all. Kraus, Wittels, and the coffeehouse crowd focused on how Freud said that coitus interruptus or inhibited sexual behavior *caused* neurosis and dammed up neurotic anxiety. Wittels wrote a 1906 paper based on “Freud’s discoveries and Kraus’s philosophy” (p. 45), on the criminality of forbidding abortion for women, which was also based on the same reasoning: if contraception *caused* mental ill health, then women (implicitly) should become pregnant frequently so as *not* to be held back sexually for their men’s and their own sake. They should (implicitly) use abortion as birth control, (implicitly) not to interfere with male ejaculation and of course their own pleasure (but all viewed, presumably, as entirely dissociated from pregnancy, either its female pleasure or its risks!). On reading this paper with admiration, Freud invited Wittels into the Wednesday group. George Makari captures Freud’s early confusions about the social implications of the sexual theory he was developing (Makari, 2008). Makari believes that Freud used his experience with Wittels’s irrational exuberance for social reform to help further formulate his (more responsible) theoretical point that releasing repression would preferably be subject to a person’s own decision-making capacities.

I think, though, that the men’s breathtaking inability in any way to attune to female experience, and their certainties based on reading

women narrowly through their own desires, is writ large in these struggles. Freud's morals were offended by Wittels and Kraus, but he certainly did not dwell on their abuse of Irma, but rather called her as a case in the "Child Woman" a tramp. These are only vivid examples of the thought processes of the many who helped create and uphold the original psychosexual theory that pertained for three-quarters of the century. Peter Gay states that Freud never changed his mind from 1908 about the lack of necessity for a feminist movement. Wittels let his medical career slide at this period in his twenties, in order to write for Kraus's *Die Fackel*. Finally Kraus broke with Wittels because he said the latter was using psychoanalysis to "see through" untroubled bashing of females as evil temptresses of good men.

Wittels occasionally interpolates that he is ashamed of this early behavior. Later, he asserts unconvincingly that he reformed. For example, he says he grew to see how he misunderstood Freud's teachings, and seems to have viewed his youthful wildness as that of a breakaway "puritan." (It is interesting how many Christian references Wittels makes in relation to himself). If this is accurate, one could detect a continuity of his earliest pre-Kraus sexual orthodoxy and his later condemnation of Horney to outer darkness for not slavishly following Freudian libido theory after immigration in New York.

Wittels had a track record of arrogant hostility toward women. He had been vocal in opposing Freud's advocacy for admitting women to the all-male Vienna Psychoanalytic Society in 1910, and had actually voted against this in the earliest debate about admitting women into the all-male circle prior to the acceptance of Dr. Margarete Hilferding in 1911 (Balsam 2003, 2013a). Freud and Wittels actually broke up in 1910 over the avidity of his push to misuse Freud's theory as a call to sexual social reformation, but they were reconciled in 1927.

AFTERMATH OF THE BATTLES: CORRECTIVES TO FREUD'S THEORY

The first pitched battle, then, was early in Europe, one that was squelched and unaffected the work of North American analysts over the decades of the forties, fifties, sixties, seventies, and even beyond. Most analysts in the United States were molded after powerful and influential teachers who were European immigrants, who more slavishly than Freud upheld his theory of females without an iota of question. An example would be the paper called "The Body as Phallus" by a revered New York analyst, Bertram Lewin (1933), who was viewed by colleagues as scholarly and creative. Many of his case examples in that paper are women, whose very pregnancies were seen by him to be purely masculine internal events!

This style of thinking led to the severe criticism during the second wave of feminism in the United States and thus second pitched battle of the war in the late sixties and early seventies. The errors of Freud's original theory were glaring. In fact, the practice of Freud's followers' erroneous theories about females in the United States may well be substantially responsible for part of the falloff of the huge popularity that psychoanalysis suffered in the United States post-1970—*after* the societal awakening of women here. The correctives may have been too little too late. The largest proportion of mental-health patients have always been female. Many attribute the decline of psychoanalysis rightly, of course, to other forces: the ascendancy of insurance companies' refusal to underwrite a long-term treatment mode for nonpsychotic people, "managed care," the efficacy of better pharmacology and the rise of alternative treatments that increased patients' choices, the second industrial revolution, and the mass consumer society. Before the feminist uprising, though, female patients were silent about their complaints about their doctors' theories and had no community of support for their angry questions.

Around the 1970s, during the feminist exposés and the frank attacks on psychoanalytic attitudes toward women, war raged openly during the period of social turmoil in the United States. Notably there was Kate Millet's 1969 *Sexual Politics*, which was one of the first attacks on the patriarchal domination of psychoanalysis—subsequently reattacked as a misunderstanding by Juliet Mitchell (2000), who at the time was influenced by Lacanian linguistics and thus persuaded of the rightness of female "lack" in the linguistic unconscious, but whose feminist attitudes nevertheless helped not to dismiss but to reassess psychoanalysis. Other attacks on the patriarchal scheme were Dorothy Dinnerstein's 1977 *The Mermaid and the Minotaur: Sexual Arrangements and Human Malaise*, which describes the destructive impact on development of the mother's assumption of total control of the nursery; or Adrienne Rich's 1976 *Of Woman Born: Motherhood as Experience and Institution*, a personal and questioning sociocultural account of being a mother; or Nancy Chodorow's 1978 *The Reproduction of Mothering*, in which she noted the differing inculcating maternal cultural expectations and influence on the ways girls and boys developed, noting (negatively at that time) that girls follow their mother's path into motherhood. As someone said accurately, this book put mother-daughter relationships on the map. The year 1999 brought her revision of this work, from a practicing psychoanalyst's point of view, in which she elaborates more of the individuality of gendered mother-daughter relationships, rather than emphasize her earlier suggestions of curtailment of mothering activities by women to

reform society. How did the psychoanalytic world respond subsequently to this feminist war and critique?

The “hot” overt fights and differences trailed off in the 1990s, but there has been a continuously underlying grumbling war in the shadows all along and in between the sharp exchanges. On the organizationally mainstream side of psychoanalytic teaching, one can detect a long-standing chronic and powerfully stubborn underground resistance by this (now formerly) mainly male profession toward viewing females qua female in any positive light other than a compensatory idealization. An important way that this is expressed, as we know, is that females can be interpreted as “lacking” something—concretely and symbolically a phallus, or a superego, or an intellect, or a cool demeanor or aggression or ambition, and so on. Laqueur (1990) pointed to this “one-sex” theory, operant since the ancient Greeks. Female genital anatomy, for example, was interpreted in the earliest days by the medical profession and medically labeled as “an inside-out man,” where the vagina looked like an outside-in penis in drawings (Balsam, 2003, 2012). Freud’s woman, alas, carried on this tradition psychologically and supposedly had to overcome great obstacles to “become” a mature woman from her “male” beginnings. Such certainties and theoretic pronouncements are set against a chronic grumbling response of many women analysts, feminist critics,⁴ and patients themselves who knew—forgive me—it was patent nonsense. Notably, only a tiny handful of male analysts were able to appreciate the glaring theoretical errors and were willing to write about them over the last century-plus of our field’s existence (Balsam, 2013a).

Many corrections concerning female experience were specified following these feminist-led wars. Excellent examples are contained in the two female supplements of the *Journal of the American Psychoanalytic Association*, the first in 1976 under the editorial leadership of Harold Blum, and the second led by Arnold Richards’s editorial energy in 1996. The 1976 *JAPA* issue contained papers that reflected the questions of the feminist turmoil and the current status quo in the United States. New information from the direct observation of infant girls was added. For example, Kleeman contributed. In 1971 he wrote the first (and only ever, alas) paper in the literature on observation of a *pregnant* mother and her two-and-a-half-year-old daughter—proving that the little girl was fascinated not only by the prospect of a new baby (the common focus), but by the comparison of her own body as female with her

4. Millett, Dinnerstein, Rich, and Chodorow, as mentioned above, or Jane Gallop, Mary Ellman, and many others.

mother's in this iconic female display of her ability to carry a baby within.⁵ Girls had not been credited with such interest, being clearly eclipsed by the penis! In 1976 he wrote some detailed observations about toddler girl's masturbation and awareness of their vaginas. Stoller (1976) expounded "primary femininity"; Galenson and Roiphe (1976) noted early vaginal sensation and affective reactions to the genital awareness and in conjunction with object relations. Henri Parens et al. (1976) redefined the girl's entry to the Oedipus complex. Lerner (1976) spoke to the common situation of female genital misnaming. Many of these authors, like Ritvo (1976), still struggled at the edges to free themselves from abidingly deep involvement with Freud's psychosexual phases and became important in later and further individual spurts of sex and gender creativity and teaching to candidates. However, the newer ideas more apt than Freud's, like Kleeman's, never developed anything like the cachet and general acceptance of Freud's erroneous views. Phyllis Tyson (1996), twenty years later, in the second *JAPA* female supplement, also comments on the lack of a sustained impact of an effort to sift out what was "sexuality" from "psychology" in women. She thought that "even the Blum supplement is sometimes referred to and discussed in terms of female sexuality. . . . Clearly there seems to be a great deal of resistance to a shift in focus. As this present volume is also intended to address a wide array of female psychological concerns, not simply those relevant to sexuality, or only sexuality" (1996, p. 13).

The Arnold Richards–led *JAPA* issue in 1996, then, presented a further updating of ideas, with a salvo of challenging corrections to the phallocratic vision. Tyson, in the introduction, commenting further on the metatheory, said that by the 1990s Stoller's concept of "gender identity" had taken hold, and she pointed to it as *the* modern development in the United States. But the conceptual shift was not universal and was doubted in other countries as endangering psychoanalysis by losing the unconscious. "Gender identity" helpfully then was separated from "female sexuality"—the earlier all-inclusive term. Sexuality was closer to the id, whereas the notion of "gender identity" allowed for consideration of the complexities of the ego within the structural theory (a step never taken by Freud). Theoretical questions were raised by many. A variety of female genital anxieties were addressed, and female body issues were raised that questioned the existence of "castration" anxiety in women, emphasizing the female perineum, the significance of the hymen, pregnancy, menopause, and so on (A. K. Richards, 1996). In the

5. This paper and others of his have been influential in my own work on trying to restore interest in the female body in procreation.

aftermath, disappointingly, new understandings of female psychology still have not become acceptable as an integrated topic after the fashion that Galenson and Roiphe envisioned in 1976 quoting Lichtenstein: “Lichtenstein . . . maintains that sexuality is the most archaic mode, closely related to the primary process and therefore uniquely capable of conveying the emotional truth of personal existence, while only later on do other modes establish, in thought, the conception that one does in fact exist. . . . [H]e follows Freud’s views concerning the centrality of sexuality among the other variables of development, and holds that sexuality both molds and is molded by developing object relations” (1976, p 29).

In 1998, responding to the times and the urgent need for channeling some energy in psychoanalysis into a focus on reforming female theory and practice, Joan Raphael-Leff, a British analyst and social psychologist, who is a rare and rich writer and expert on female procreancy and gender, founded and was the first international chair of the International Psychoanalytic Association’s Committee on Women and Psychoanalysis (COWAP). This group has since held conferences and sponsored and promoted publications dealing in “female” issues. In tune with the politics of feminism, some few psychoanalysts are active in global issues pertaining to women, such as sex trafficking or female genital mutilation, in conjunction with committees of the United Nations (for example, Ruth Lax or Adrienne Harris (2005)⁶ and others).

An effort toward deepening and broadening the view of female and male psychology occurred in the establishment of the journal *Studies in Gender and Sexuality*, in 2000, led by the founding editors Virginia Goldner and Muriel Dimen. They and their authors mostly took (and take) for granted that Freud—though we are indebted to his radical vision—was highly problematic in his views about women and that his notions of libido theory are obsolete. They keep up a vital interdisciplinary conversation, include elements of the academic world of feminist psychoanalytic and literary criticism, and gradually have come to celebrate mostly the newer and now-influential school of relational psychoanalytic theory. As Goldner said in her introductory editorial essay to the journal, “Neoclassical, postclassical, and relational schools of psychoanalysis have been crucial to the richly theorized, novel para-

6. “Human Trafficking: A Psychoanalytic and Socio-Historical View,” by Adrienne Harris, on the Public Seminar Web site, Oct. 27, 2014. Posted on the Web site of International Psychoanalysis, <http://www.publicseminar.org/2014/10/human-trafficking/#.VclABEUxqf6>.

digms of sex and gender that are currently being developed by psychoanalytic clinicians with great intensity. In a common point of departure that bridges writing across the analytic spectrum, sex and gender are now regularly construed as culturally mandated but individually crafted, as fluid, yet embodied, simultaneously inventive and defensive, and crucially relational in their design" (2000, p. 5).

Clarity about Freud as history, in a sharper way than in the older established psychoanalytic journals, gives a fresh sense of variety in the individual expressions of sex and gender. Expansive ideas are developed, for example about lesbian, gay, transgendered, queer, and racial issues, and reproductive technology that the older psychoanalytic journals have tended to ignore. Goldner and others set the pace for a future for the journal in both how to appreciate Freud, as well as in what to dismiss: ". . . the radical Freud, the one who was to disturb the sleep of the world, sets sail at the outset of the 'Three Essays' but quickly retires below deck to the footnotes, while the bourgeois doctor takes over the wheel, naturalizing heterosexual reproductive coitus as the inevitable telos of sex and the ultimate statement of maturity" (Goldner, 2000, p. 2). There is truth here that I agree with. But the negative association of libido theory with "the bourgeois doctor" (following Foucault) casts a shadow of retrogressive social history unfairly over contemporary biology too, which can result in a political lack of interest in the human body as a sexed biological entity (further elaboration in chapter 10 in Balsam, 2012). This is a limitation in otherwise exciting contemporary psychoanalytic explorations. However, this psychoanalytic journal has been far more laudably attuned to the world around it than others, in articles attentive to the vagaries of growing up in modern family constellations, the plurality of culture in the United States, and the spirit of investigation of the subjectivity of the individual.

Contemporaneously, a third wave of feminism is currently going on in the United States, which began in the 1990s. Young feminists, dissatisfied with the generation of the second wave, launched newer activity addressing all the issues of society and the workplace, but with major reforms in their attitudes to "girlie culture." Jessica Baumgardner, an author and activist of the third wave, in an Internet interview says, "Second Wavers' accusations that girlie culture is not real feminism is that they are doing to younger women what men have done to them. Second Wavers are saying to us, 'You're silly. That isn't an important issue. What you talk about is dumb. Let me tell you what real feminism is. It's what we talk about. We focus on the intergenerational issue because we think it has gone unexamined'" (Straus, 2000). This current wave of interest in the war on women by women studies the subjugation

of the individual woman—an area that is psychodynamically a “hot” war intimately between mothers and daughters in which psychoanalytic feminist writers have indeed taken an interest (Balsam and Fischer, 2004, 2006, as examples of edited journal issues of an array of authors devoted to that topic). Susan Kornfeld (2003) says, “Adrienne Rich suggested in 1976 that daughters reject their mothers because of “a desire to become purged once and for all of our mothers’ bondage, to become individual and free. The mother stands for the victim in ourselves, the unfree woman, the martyr.” Third-wave feminists Jennifer Baumgardner and Amy Richards sounded the same note nearly twenty-five years later in *Manifesta: Young Women, Feminism, and the Future*, published in 2000. “Many daughters are scared of falling prey to the indignities we witnessed our mothers suffer [such as sacrifice, low pay, and entrapment to men’s careers]. Whatever advances feminism has made in the courts and in the workplace, motherhood, at least to the cultures represented by Baumgardner and Richards, is still viewed by daughters as a site of oppression” (Kornfeld, 2003, p. 169). Young “lipstick feminists” are passionate about celebrating their embodied role as women. Psychoanalytic interest in the female body as female, therefore, could not be more socioculturally cutting edge!

SOPHISTICATED ATTEMPTS AT PEACE, BUT A
GRUMBLE OF THE CHRONIC WAR DETECTED

One of the male analysts who has paid close attention to the “wars” about female psychoanalytic theory and who helped update our thinking, was the late William Grossman. Donna Bassin (1999) writes appreciatively of his 1976 paper written with Stewart, which forged a path forward for psychoanalysis, on “Penis Envy: From Childhood Wish to Developmental Metaphor”:⁷ “[The author] built a bridge that retained useful concepts from our theoretical past and useful new conceptual tools to move us into our theoretical future—all without sacrificing either or reducing one to the terms of the other” (Bassin, 1999, p. 346). Fogel points to Grossman’s talent for creating “a postmodern turn for classical metapsychology” (in Bassin, 1999, p. 339).

But Grossman’s later tour de force, written in 1988 with Donald Kaplan, I believe inadvertently created some subtle missiles that sustain the war on women, rather than lead to peace. The paper in question is

7. This paper was first published in the 1976 female supplement issue of *Journal of the American Psychoanalytic Association* (Blum, 1976).

“Three Commentaries on Gender in Freud’s Thought: A Prologue on the Psychoanalytic Theory of Sexuality.” I cannot do justice to the complexity of argument in this paper, many of its virtues, and the authors’ meticulous reading of Freud’s texts. I highly recommend the paper to anyone interested in reevaluating the scope of Freud’s thinking on these topics.

In summary, Grossman dissects three strands of thinking in Freud’s work, named “Commentaries 1, 2 and 3.” He ends up radically dismissing all of Freud’s theory that involves anatomical detail, plus his take on psychosexual development (Commentaries 1 and 2). The later thinking, he believes, opposes Freud’s *true* “psychoanalytic mode of thought,” that is, a favored Commentary 3—one that is stripped of and disdained as standardized gender “traits” under Commentary 1; or contaminated from Commentary 2, in which Freud styled his psychosexual developmental growth patterns. The virtues of Commentary 3, by contrast to 1 and 2, Grossman and Kaplan see as maximally capable of flexible extrapolation to constitution, individual family dynamics, and trauma contextualization within the interstices of transformations of mental “processes” alone. Commentary 3 in essence is the most abstract and minimalist-distilled and intellectual version of gender theory in Freud’s work.

I am not going to argue with Grossman’s and Kaplan’s closely reasoned, intense textual analysis or the philosophy of science. But in essence, Grossman and Kaplan are dismissing as irrelevant all previous writers who have been interested in *corrections* to Freud’s female body distortions, and in reenvisioning developmental theory in those lights. The authors want us to set aside such efforts as not “*the true*” psychoanalytic way. Correctives to Freud’s anatomical or developmental vision are seen as too primitively “concrete” and stooping low to Freud’s own overly “concrete” way of seeing females (or males). I believe that the use of “concrete” as a criticism to a genuine mode of thought, or to annihilate the materiality and lived meanings of the body, is indeed a hidden missile in this war against women. The elimination as trivial would be a suppression of all those responsive and valuable papers of the 1920s, 1970s, and again in the 1990s and onward (a trend begun with Karen Horney) that challenged the genuinely distorted biological basis for the metaphors of Freud’s theory. The argument silences the effort to put women’s bodies as female back on the theoretical map. This flight from the female body as a body, has to be treated as a disguised war cry! Bill Grossman in no way intended to suppress dissent. He saw himself on the side of openness in this ongoing “war” over women. For those

who favor a postmodern dismissal of “the body” that (for me) is then split off in favor of “the mind,” his approach is elegant and welcome. He fervently believed in the rightness of abstraction as *the correct* level of thought for the construction of metatheory. As did David Rapaport, the great American ego psychological theorist of the 1960s before him. But Grossman and Kaplan miss here the crucial nature of the subjective experience of an individual’s body.

Like Freud, Grossman was brilliant. Like Freud, he was sincere, and, like Freud and the Oedipus complex, he believed that he was “correct.” And, like Freud, he was personally supportive of women. I know that as a friend. But these interpersonal qualities are not necessarily incompatible with blind spots toward the embodiment of females.

CONCLUSION

Contemporary psychoanalysis is still not free of misogyny (as in life outside analysis). Overt tensions about this in this immediate time frame are not in our field’s foreground. Bias is thus more difficult to confront. Tensions are ephemeral and minimized. “Aren’t we done with all that?” defines current attitudes these days accompanied by eye-rolling and yawns. In 2013 I gave a plenary address to the American Psychoanalytic Association in New York, which involved drawing attention to the startling and stunning absence of interest in and theory about the act of childbirth in our field. Most present in the large audience, especially young women analysts resonating to their own experiences in analysis, vigorously applauded this event (some even in tears) and were in touch with me privately about their own ideas too. Individually they continued afterward.⁸ When I’m invited to speak, especially young male and female analysts often want to hear more about these issues. Even more intriguing to me, this paper is rarely downloaded from the PEP Web site, compared to many others I’ve written, or compared to other plenaries, say, on hot local politics—but not on hot female body issues! I think that this manic-depressive rhythm of response to my paper echoes the classic rhythms of interest in female issues in the upsurge of focus, excitement, and enthusiasm that is followed by a more enduring level of symptomatic ennui on the topic in our field.

“Shouldn’t we be far more concerned about even *finding* patients who *want* to be analyzed?” some ask. Should we not keep expanding our theoretical interests into “the widening scope,” such as in the presexual

8. They also noted some gray-haired older men discreetly walking out when I reached patients’ descriptions of their labor or C-sections!

and agendered work of the contemporary South Americans or Bion, or even the contemporary Kleinians:⁹ Doesn't this help us better compete for the "disturbed patient" in our long-term in-depth modes with newer, faster, more popular, but "superficial" (compared to long-term intensive) therapies, such as manualized dialectical behavior therapy (DBT)? Yes, indeed we should. We should not curtail our interests in any aspect of our field. Our theories will definitely deeply affect what we can offer to patients. But with the loss of libido theory, we lose the vitality of curiosity about embodied sex and gender. Judging from popular culture and the evidence of the third-wave feminists in the social media, patients themselves may be far more involved in their sex and gender issues than current psychoanalytic theory reflects. We psychoanalysts are always behind the times. We may enact our fear of being old-fashioned, by actually *avoiding* Freud's fresh, vigorous sex and gender focus for everyday practice. Sex and gender these days have been relegated as a "special" focus, divorced from the general functioning of the mind in the way that Freud intended. Interest occurs only if challenged by, say, the crying need to redefine masculinity (as in Fogel, 2006; Diamond, 2006; Moss 2012) or in the present upsurge of work with transgendered patients or reproductive technologies. Marginalizing sex and gender in everyday practice culminates in the group symptom of a remarkable, breathtaking, and supreme *lack* of interest in the effects on females (hetero-, homo-, or transgendered) of their daily pregnancies and childbirths—their intense pleasures as well as their ready capacity for trauma in these everyday circumstances that often impact their entire embodied lives (Balsam, 2013a, 2013b).

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Women and Children Last

Reflections on the History of Child Psychoanalysis

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From the very first efforts to analyze children and adolescents to the present day, child and adolescent analysis has been denigrated in the analytic community. It has been viewed as “women’s work” and regarded as clinically inferior to the analysis of adults. It has been seen as less important for understanding the psyche and in the training of psychoanalysts. This attitude is rationalized by observations that children and adolescents engage psychological material differently than adults do, so that, it is claimed, child and adolescent analysis is severely limited compared to adult analysis with regard to the material available for analysis. Beliefs that children require socialization lead some child analysts to indoctrinate children and sacrifice a respectful exploratory and uncovering approach. The situation of child analysis reflects larger social phenomena, namely childism and sexism, the prejudices against children and women, as these prejudices are elaborated in our culture. Like others, child analysts respond to being the objects of prejudice by both isolating ourselves, reacting against the prejudice, and internalizing the prejudice. This paper includes clinical and institutional illustrations of these prejudices in action.

ANYONE WHO TRIES TO PRACTICE CHILD AND ADOLESCENT PSYCHO-
analysis must be aware of the prejudices against it. These prejudices are

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The Psychoanalytic Study of the Child 69, ed. Claudia Lament, Robert A. King, Samuel Abrams, Paul M. Brinich, and Rona Knight (Yale University Press, copyright © 2016 by Claudia Lament, Robert A. King, Samuel Abrams, Paul M. Brinich, and Rona Knight).

manifest primarily in resistance to treatment. Parents say that competing activities, including other therapies, matter more than analysis, or the child will “grow out of it,” or the child cannot use analytic therapy, or the child’s analysis will disturb the family’s delicate family dynamics, or even clear and intense distress does not require treatment because it is part of ordinary development. These same resistances are commonly supported by our colleagues who have not been trained in child analysis. Additionally, child analysts are commonly looked down upon in the larger analytic community, and the development of their clinical, educational, and administrative careers are impeded by the prejudice.

This paper begins by describing the long-standing prejudice against child analysis within the analytic community. I begin with Freud’s ambivalence about working with children and continue with a brief outline of the massive research on the impact of prejudice on its objects and illustrate these phenomena as they became evident in my own community in Chicago. My goal in that section of the paper is not only to illustrate the nature and extent of the prejudice but also to explore how child analysts’ responses to it influence the work of the child analytic community. Finally, I attempt to develop an understanding of these phenomena by exploring the nature of prejudice in greater depth. By prejudice I mean the set of negative beliefs and attitudes that are shared by a significant part of a community, are directed against another part of the community, go well beyond the rational basis for negative feeling, and are accompanied by a shared set of beliefs or ideologies that is claimed to be the basis of the negative attitudes.

The individual dynamics of parental resistance and practical approaches to dealing with them have been extensively explored. Careful work with parents can sometimes overcome these resistances (Novick and Novick, 2005), and in some instances very useful analytic work can be done by locating the way in which the child or adolescent stimulates resistance manifest in parental actions (Galatzer-Levy, 1985). There is no doubt that the analysis of a child or adolescent stimulates intense conflicts both in parents and children and that in-depth understanding of particular families’ struggles with analysis is of great importance to child and adolescent analytic work.

To a remarkable extent professionals involved with children have resistances to children and their families. They may add objections such as since child analysis is contingent on parental cooperation and many parents are reluctant to support it, child analysis is not a reasonable undertaking for most children, or that child analysis lacks the “evidence base” expected of contemporary therapies. They often offer therapies that appear simpler and/or that promise to relieve symptoms more

quickly. (I will not review here the reasons these claims are problematic, which they are.) The point for now is simply that they are part of resistance commonly encountered to even beginning a child analysis.

If these resistances voiced by parents, teachers, nonanalytic mental health professionals, and any number of others were not enough trouble, child analysts also regularly encounter resistance and reluctance from psychoanalytic colleagues. On an individual level, this resistance commonly takes the form of a reluctance to support child analysis either for children of their analysands (and other patients) or for the analysts' own children. Child analysts commonly receive referrals like "I would like you to see this child but *not* for analysis."

Negative attitudes toward child analysis extend to institutions (psychoanalytic institutes and societies, national and international psychoanalytic organizations, study groups of analysts, and so on) where child analysis is both formally and informally denigrated. Sometimes this is supported by explicit arguments, for example, that child analysis is not analysis at all; sometimes by institutional arrangements, for example, not counting child cases in graduation requirements or training analyst status; and sometimes by excluding, limiting, or segregating child analytic presentations in meeting programs and journals. Sometimes the exclusion is more subtle, as when child analysts are not appointed to prestigious committees or are viewed as inappropriate for leadership positions.

Especially in the context of work with parents, the dynamics of individuals' resistance to child analysis has been explored carefully. In this paper I try to look at the social and institutional contexts in which this struggle occurs. I hope to complement and enrich traditional analytic study of individuals' conflicts about child and adolescent analysis, certainly not to replace it.

STRANGE VISIONS OF CHILD ANALYSTS

Analysts who treat only adults often see child analysts in peculiar and revealing ways. Sometimes these perceptions are clear, blatant, and conscious; at other times they seem to be outside awareness. Occasionally the distortions that emerge suggest gross failures of reality testing. For example, at my institute all child analysts are fully trained as analysts of adults. Yet with astonishing regularity various senior analysts assert in faculty meetings or classes that child analysts are partially trained. They do this despite having detailed knowledge of the institute's educational rules and even though they have been corrected on this point and apparently accept the correction.

Idealization sometimes alternates with de-idealization of child analysts. On the one hand child analysts are seen as having access to the depths of the psyche unavailable to other analysts, and on the other hand, they are seen as involved in some kind of emotional muddle far distant from the intellectual rigor of real psychoanalysis. Heinz Kohut, already a world-famous Chicago analyst, returning from the 1960 Rome International Psychoanalytic Association Conference, characterized child analysts as “the only complete psychoanalysts” (pers. comm. with Samuel Weiss in 2007). Yet he discouraged his students from exploring the field, and to this day child analysis plays a minor role in self psychology. Elsewhere I have observed that Kohut himself made surprisingly inaccurate assertions about the behavior of children (Galatzer-Levy, 1988). Although his theoretical formulations relied heavily on reconstructions of early childhood and infantile experiences, he avoided or was inaccurate in his descriptions of young children’s behaviors.

A similar process of idealization and de-idealization occurs in relationship to child analysts’ roles in infant studies. Child analysts’ ideas took the lead in these investigations (Rexford, Sander, and Shapiro, 1976; Stern, 1977, 1985, 1989; Spitz, 1945, 1959; Spitz and Cobliner, 1965). But in doing these observations, their methodology, while analytic in the sense of exploring the subjectivity of very young children, was unanalytic in that they found no means by which the infants or young children could, as it were, speak for themselves or communicate clearly about fantasies. Much of the criticism of “baby watchers” from analysts focuses on this unanalytic aspect of their work.¹ Similarly, Klein and her students are often credited with having learned about very early development from work with young children, as Klein herself suggests (Klein, 1935, 1937, 1945, 1957), and she and they are much admired for their discoveries in this area. I think that insofar as Klein’s ideas are

1. In this paper I have found it useful to distinguish between psychoanalytic and psychodynamic psychotherapeutic interventions, not on the basis of the technique employed, but rather on the basis of the analyst’s intentions and the use to which the patient puts the treatment. I use the term “psychoanalysis” (or “analysis”) to refer to interventions aimed at liberating the analysand from interferences of self-knowledge and spontaneous development. I use the term “psychotherapy” for any form of talking therapy. “Psychodynamic psychotherapy” is simply psychotherapy based on psychodynamic principles. I believe that clearly distinguishing between psychoanalysis and psychodynamic psychotherapy—even though the two are often mixed in clinical work and even though making the distinction can lead to confusion, since other analysts using the same words make distinctions on very different bases, such as the frequency of sessions—introduces a useful and significant terminology for the purposes of the discussion that follows. Maintaining the distinction is important because the belief that most children are unable to do analytic work is the primary reason given for substituting psychotherapy for psychoanalysis with them.

accepted on the basis of her having worked with young children, we are witnessing an unrealistic idealization. It may be that child analysts are in a better position to appreciate the psychology of infants than analysts who work only with adults, because we are more at ease with nonverbal communications and tend to be more respectful of even very young people, but child analytic work gives no direct access to the inner world of infants. The psychological life of an eight-month-old is light years further distant from that of a three-year-old than is the inner life of the three-year-old from that of an adult. The same unrealistic idea that the child analyst lives near the world of the infant, which gives rise to the de-idealizing notion that child analysts easily slide into the world of the infant, is also used to denigrate them as uninterested or incapable of working with later developmental eras, as stuck in a preverbal world, unable to understand the psychology of verbal people.

Another oddity in the relationship of the analyst of only adults to child analysts is the freedom with which assertions and administrative decisions are made about child analysis in the absence of credible knowledge. A leading American psychoanalytic institute had no child program for many years despite being affiliated with one of the world's premiere child psychiatry departments. When several leaders of this institute were asked to explain this glaring lacuna, these highly educated and critical thinking men announced that they did not "believe in" child psychoanalysis and proudly said they knew very little about it, a stance they would have regarded as bizarre in almost any other context.

The history of child analysis is customarily written in a respectful, optimistic voice that emphasizes intellectual differences in opinions and progress in the field. Anna Freud (1966), Geissmann and Geissmann (2008), and Anthony (1986), along with many others adopt this tone. They barely hint at the intense passion and distress that has haunted child analysis and that is documented in the biographies of some of its leaders (Young-Bruehl, 1988; Grosskurth, 1986). General histories of psychoanalysis that emphasize the conflictual and emotional aspects of the field's history make little or no reference to the intense struggles surrounding child analysis (see, for example, Kirsner, 2009). Yet every child analyst with whom I have spoken, independent of where they stand on the various institutional and personal matters, observes that intense emotion surrounds the world of child analysis and that personal and institutional conflicts abound in the field to an even greater extent than they do in psychoanalysis generally. An adequate history of the relationship of child analysis to the overall field and its institutions would require extensive investigation of these dimensions, an undertaking too vast to even outline in this paper. However, a reminder of the situation

as it emerged in the earliest days of psychoanalysis will at least suggest its depth, intensity, and chronicity.

Freud was ambivalent about child analysis. In "On Psychotherapy" (Freud, 1905a), he announces of analysis, "Nor is the method applicable to people who are not driven to seek treatment by their own suffering, but who submit to it only because they are forced to by the authority of relatives" (p. 263). This suggests that children cannot be analyzed, but on the very next page he says, "Youthful persons under the age of adolescence are often exceeding amenable to influence." Little Hans (Freud, 1909), from whom "strictly speaking [Freud] learned nothing" and who, according to Freud, could not have been analyzed by anyone not combining the authority of a father and physician, nonetheless provided the richest description we have to date of the experiential world of the oedipal child. The tragic collision that was Freud's attempt to analyze Dora (Freud, 1905a) shows Freud at the low point of his sexism and contempt for children (Decker, 1982, 1991; Delacour, 1986; Glenn, 1986; Van den Berg, 1987). Freud's own views about work with children were as ambivalent as they were intense. The combination of these themes continued in his view that if children could be analyzed it was certainly women's work to do so, as manifest in his peculiar relationship to Hermine Hug-Hellmuth.

A confluence of themes evolved into the seemingly boundary-less state that was the Freud household in the late 1920s. Anna was analyzing Dorothy Burlingham's children. Both she and their mother were being analyzed by Freud. Anna was analyzing the other children's teachers, Erik Erikson and Peter Blos, and at the same time forming the closest emotional tie of her life to the children's mother. It is hard to imagine that a discipline that began in such a way could fail to have a stormy and complex development, as indeed child analysis has certainly had.

UNDERSTANDING ATTITUDES TO CHILD ANALYSIS AND ANALYSTS

I think the nature and origin of the problems manifest in the analytic community's attitudes toward child analysis and the child analyst are best understood as elaborations of dynamics of widespread unconscious hatred of children, which Rosenblitt (2008) describes as arising from "the adult's response to children's vibrantly expressed instinctual life. . . ." By theorizing the origins and mechanisms of the hatred of child analysis and analysts, we can both better understand the resistance to child analysis and enrich our general understanding of the hatred of children. As a first step let us look at a general theory of hostility toward children.

CHILDISM

Disrespect for children and the idea that they have few if any rights, that is, that they are not fully human, has a deep history in our culture. For example, American law, beginning with the Bill of Rights, in a tradition extending back much farther in English common law, gives parents virtually absolute authority over their children. Not until the end of the nineteenth century were children seen as having any rights whatever and then only the most extreme forms of physical violence were forbidden to parents (Mason, 1994). Children's rights to at least be protected from gross physical maltreatment were only recognized after those of animals.

It was not until the 1970s, with the publicizing of gross physical abuse of children, that both the public and professionals began to recognize the extent and severity of child abuse within the family. Institutional structures and policies were put in place to address abuse, but these were and are limited. Still, for the law to intervene, the maltreatment must be extremely severe. To this day parental rights can only be limited or removed after long and complex legal proceedings, although they can be interfered with in emergencies.² More subtle interventions than removing children from their parents' care are usually unsatisfactory because of the very limited resources available to do this complex task. Indeed, political conservatives rigorously sought to limit what they saw as intrusions on parental rights. Laws were commonly framed in ways that attempted to compromise between the need to protect children and respect for those rights. Legislatures often allocated such tiny sums to this enormously difficult problem that it became almost certain that child protective services could not function reasonably well. The resulting hodgepodge of intervention is dysfunctional in many ways. But at least the problem was not completely swept under the carpet, as it had been for most of human history.

Another arena in which children's rights are ignored is child custody in divorce proceedings. In child custody litigation, although courts are bound to make decisions "in the best interest of the child," children are not generally parties to the litigation and do not have the right to legal representation for their own wishes to the court. In other words, decisions are made about their lives in which they have no formal right to put forward their own views and wishes, but instead adult views about

2. The actualities of so-called "child protection" services are even more problematic because relevant laws and policies combined with inadequately trained and overextended workers often means that, as actually implemented, laws intended to protect children place horrendous burdens on the children themselves.

what is good for the adults are the sole concern. Since all but a few child custody cases are decided by negotiation between the parents (Mnoonkin and Kornhauser, 1979), based on what parents regard as just, the child's views about his or her own life only become relevant insofar as one of the parents chooses to take them into consideration. As with child abuse, the human rights of children are limited to protection from being damaged by the actions of adults and do not include any degree of autonomy, nor the right to have their views about their own life respected.

The ever-growing awareness of the inappropriateness of physical violence and sexual assault against children slowly extended to more-subtle and less easily demonstrated issues of emotional abuse and physical and emotional neglect. To this day, the boundaries of abuse and neglect, both from a mental health and a legal perspective, are cautiously set to exclude all but egregious parental behaviors.

Narrow ideas about parental neglect have a particular effect on the treatment of psychological distress in children. While it is generally recognized that it would be negligent of parents to fail to seek appropriate medical care for a physically ill child, a child whose parent avoids providing appropriate care for a child's psychological distress is usually seen as exercising appropriate parental authority. It is not seen as parental negligence to fail to seek out evaluation and follow recommendations for treatment, except when children are profoundly psychiatrically impaired. In terms of psychiatric care, it is often only at the school's insistence, when the child is threatened by expulsion, that parents feel significant social pressure to seek treatment.

The underlying idea that children are incapable of significantly contributing to decisions about their own lives, evident in these extreme examples, is such an ordinary part of adult thinking that it does not even occur to most adults to question it or to examine its meaning. Instead, a focus is often placed on the necessity of parents and other adults taking responsibility for almost all aspects of children's lives.

In other contexts the most common terms for attitudes in which a person or group thinks it right to make decisions for others are "paternalistic" and "patronizing." Both terms refer to acting in the manner of an overbearing father, suggesting that the connection between parental attitudes and the prejudice against children is recognized as a general model for prejudice-based oppression.

In her brilliant final book, Elisabeth Young-Bruehl (2012) explored the concept that she labels *childism*, a widespread set of attitudes involving profound disrespect for children and their human rights. She describes childism as a form of prejudice, like racism, anti-Semitism,

sexism, and homophobia, and notes that it involves groups of beliefs shared within communities and elaborated through theoretical formulations that legitimized those beliefs and attitudes. Like other widespread prejudices, the existence of this prejudice is invisible as a prejudice to those who hold it most strongly but instead is experienced as an aspect of reality. The anti-Semite does not see himself as having preexisting irrational beliefs about Jews. Rather, in his or her experience the person has learned significant facts about them and has a natural reaction to those facts consistent with his or her underlying general values. Much of the literature of prejudice, "hate literature," consists in a recitation of supposed facts about the objects of prejudice accompanied by repeated statements of hate-filled attitudes (see, for example, Levy, 1990). Until modern times, these "facts" consisted in large measure of descriptions of actions and behaviors of the objects of prejudice, for example, the "blood libel," in which Jews murdered Christian children to use their blood in Passover rituals, was treated as a fact to which the natural reaction was fear, anger, and revulsion. These bad behaviors that rationalized prejudice were often based on offenses to community religious beliefs, that is, that the object of prejudice engaged in sacrilegious acts that denigrated a group's most important religious values. Hatred of old women could be based on the supposed facts of witchcraft. Witchcraft points to another important aspect of prejudice, and its apparently rational management, through excruciating treatment, of those identified as witches (Kramer and Sprenger, 1948).

Until the end of the nineteenth century, the "facts" pertinent to prejudice were the occurrences of specific events. Starting in the late nineteenth century in Europe and the United States, prejudices were often rationalized as based not on specific events but on scientific "facts" that carried the idea that the problem with the object of prejudice was some immutable shared biology. These arguments often inaccurately described and exaggerated biological differences. More importantly, they gave significances to those differences in dubious ways. For example, the common observation that the flaccid penises of black men appear larger than those of Caucasians led to the claim that black people are hypersexual. A similar inference was that since women's brains are on average smaller than men's, women are intellectually inferior to men. These inferences involve an unsustainable logical leap that becomes tempting when there is a wished-for conclusion. Prejudiced individuals operating in this way can deny hating or wishing to act destructively toward the objects of prejudice, but instead claim to respond to the scientifically demonstrated realities. They believe themselves to have rational, if negative, attitudes and do not see themselves as irrational

or cruel. Vast research resources have been devoted to the supposedly scientific study of racial, ethnic, and sexual differences in studies clearly designed to support racism, sexism, and homophobia (and to a much lesser extent to counter such studies).

Thinking that uses supposedly objective observations as a basis for treating persons with disrespect is particularly significant in the prejudice against children. Prejudice against children is commonly present in people who are consciously deeply committed to children's well-being and regard themselves as, in fact, protective of children whose need for protection is all too obvious. The need to protect the child explains what may be seen as condescending and oppressive attitudes toward children.

In the United States today children have an extremely limited range of personal rights. This phenomenon seems so natural that it is seldom remarked upon. When it is discussed, the idea that children have human rights is often regarded as odd and obviously mistaken. To those who regard children as invariably unable to reasonably exercise rights, and, in fact, as incapable of doing so, the supposed facts seem so apparent that it seems almost mad to think otherwise. It might be noted that very similar ideas dominated the opposition to women's rights, the rights of African Americans, and the rights of immigrant populations, all of whom were seen at various times in our history as incapable of meaningfully exercising the full rights of citizens. In fact, it seemed so obvious that children were incapable of using rights appropriately that in explaining why rights should be denied to groups like African Americans, reference was commonly made to their supposed childlike quality. The kind of thinking that assumes that a certain group of people should automatically not be granted human rights is the core attitude of prejudice.³ The same thing can be seen historically in the attitudes of racists, who enslave people, claiming they are protecting and bringing improved lives to slaves; or of misogynists, who believe they protect vulnerable women by controlling and dominating them. It is only in recent years that the belief that children are incapable of having valid and significant opinions has been called into question. However, in

3. This kind of thinking, that insofar as individuals are childlike they are limited and defective, works its way subtly into psychoanalytic theory, with the notion that psychopathology commonly represents immature development. Beginning with Freud, psychoanalysts recognized that psychopathology in the sense of psychological distress often is the result of disturbed development. This observation subtly morphed in the course of psychoanalytic thinking to a logically quite different idea, that developmental immaturity in and of itself constitutes psychopathology regardless of whether that immaturity has problematic results.

recent decades, recognizing that at least considering children's views of their own interests may in many instances provide the best protection against their mistreatment, under the leadership of the United Nations Human Rights Commission it has been increasingly recognized that denying children a say in their own well-being is to deny their human rights. The UN Convention on the Rights of the Child acknowledges that children have the right to express their opinions and to have those opinions heard and acted upon when appropriate (United Nations Treaty Collection, 2014).

The psychoanalytic view of children has, since Freud's day, emphasized their limitations, incapacities, and even the lack of value of what may be learned from them, while at the same time emphasizing their special value. A quote from "Little Hans" illustrates this ambivalence:

I cannot take leave of our small patient's phobia without giving expression to a notion which has made its analysis, leading as it did to a recovery, seem of especial value to me. Strictly speaking, I learnt nothing new from this analysis, nothing that I had not already been able to discover (though often less distinctly and more indirectly) from other patients analyzed at a more advanced age. But the neuroses of these other patients could in every instance be traced back to the same infantile complexes that were revealed behind Hans's phobia. I am therefore tempted to claim for this neurosis of childhood the significance of being a type and a model, and to suppose that the multiplicity of the phenomena of repression exhibited by neuroses and the abundance of their pathogenic material do not prevent their being derived from a very limited number of processes concerned with identical ideational complexes. (Freud, 1909, p. 147)

Recognizing childism leads to the realization that the ethical dimension of child analysis is highly complex. It is clear that gross misbehavior is even less tolerable in the analysis of children and adolescents than it is in work with adult patients. The application of general ethical principles, such as respect for patients' autonomy and the limits of the analyst's authority, are far more complicated in work with children than in work with adults. Commonly, at some point during an analysis, children will refuse to come to sessions or will seek to leave the office during their sessions. In almost all instances, the child's loud and intense demands in this regard reflect one side of an intense ambivalence about attending sessions, often manifest in bitter complaints and statements that the child will refuse to come, accompanied by physical compliance and actually coming to the sessions punctually and even with a particular insistence in his or her full time for the session. When does the analyst's insistence that the child attend and/or remain in ses-

sions cross the boundary that separates appropriate adult authority into authoritarian domination and oppression? If, for example, an analyst uses his body to prevent the child from leaving the room, has he gone too far? And if the analyst's body is involved, what are the appropriate limitations of that involvement? Analysts, like others who feel that their conduct toward children is necessitated by the child's developmentally based incapacities and need for help with regulation of behavior, would be wise to wonder whether these beliefs are soundly based or whether they represent an aspect of prejudice.

Just as in the case of feminism psychoanalysis and its theorizing has been used both as a tool of child oppression *and* liberation. Erikson's (1964) study of Dora demonstrates both how psychoanalysis has been used to oppress women and children but also to support their liberation.

Prejudice regularly extends beyond the group that is the direct object of prejudice to include those associated with them. To be a "nigger-lover" was an even worse condemnation than to be black, although it was not so globally dehumanizing. Frequently the object of prejudice is seen as, in some sense, contaminated, and the contact with it spreads its bad qualities in the manner of contagion (Douglas, 1966). Child analysts are commonly viewed in this light.

In accepting an honorary membership in the American Psychoanalytic Association, Erna Furman (2000) noted that she represented the group of lay analysts who are child analysts only and that in excluding this group of analysts from membership in APsaA, the organization was, in effect, denying that child analysis and those trained in child analysis only were legitimate analysts. Child analysts are commonly viewed as not doing "real" analysis. They are commonly believed to be less thoroughly trained than analysts who see only adults, even though more training is generally required of child analysts, and those trained in the institutes of the American Psychoanalytic Association must complete full training in adult psychoanalysis.

Child analysts have responded in various ways to the prejudice against children and women manifest in the analytic community's denigration of child analysis. Like other groups that are objects of prejudice, their responses vary but may range from simple anger and frustration to identification with the aggressor, to internalization of the prejudice.

One response has been simple frustration and anger, most often directly manifested in the privacy of child analysts' conversations among themselves, but occasionally finding direct, if subdued, expression in more public statements (Furman, 2000). This anger, not surprisingly, is often most clearly manifest among those analysts whose professional

development has been impeded by the prejudice and was particularly prominent among the postwar non-physician European refugee population, who, along with other non-physicians, were excluded from the American Psychoanalytic Association. Combined with the American Psychoanalytic Association's attempts to make psychoanalysis a medical subspecialty, the prejudice against child analysts added unnecessary harm to an already severely traumatized group of colleagues. The echoes of their justifiable anger resonate to this day. While the most egregious forms of mistreatment and disrespect for child analysts and child analysis have diminished over the past sixty years, institutional remnants of it that continue to cause material harm to child analysts are still present. For example, the Certification Committee of the Board of Professional Standards of the American Psychoanalytic Association continues to view experiences in doing child analysis as inferior to experiences of analyzing adults. For example, the requirement of a terminated analytic case still can only be met using the analysis of an adult.

In the informal conversations of child analysts and the supervision of candidates, a particularly angering and frustrating scenario commonly occurs in which the analysts of parents either recommend against child analysis altogether or feel it appropriate to advise parents in analysis with them about the child's analysis. Often these recommendations are disruptive to the child's analysis. For example, an adolescent boy was evaluated for analysis and regarded by the evaluating analyst as a nearly ideal candidate for analytic treatment. However, when the boy's father reviewed this recommendation with his own analyst, he was promptly informed of some analytic literature that suggested that adolescents are, by virtue of their developmental stage, unanalyzable, and was told that his son would be better off attempting to socialize with his peers. The boy's incapacity to socialize was one of the good reasons for the child to be in analysis. Simple anger and dismay are common among child analysts.

One solution to the problem of being excluded is the creation of a ghettolike situation and culture in which those excluded form and value ties within their own population. They actively, if only symbolically, exclude and denigrate the dominant population and valorize their own views. This has been a recurring phenomenon among child analysts evident in local child analysis study groups and national organizations like the Association for Child Psychoanalysis and in training programs like the Anna Freud Center and the Hanna Perkins Center. In all of these groups, while the topic of exclusion from the larger psychoanalytic community is a common focus of attention, the parallel notion of the superiority of child analysis and, even more, child and

adolescent analysts to those trained only in adult analysis is a recurring theme. The additional learning involved in becoming a child analyst and the experience of working with children may indeed greatly enrich the analytic capacities of analysts. The fantasy of child analytic superiority may be supported by realities. But this should not obscure its motivation for seeing child analysts as superior to analysts who only see adults. This fantasy is compensation for the pain of exclusion and denigration so often experienced by child analysts. This phenomenon, I would argue, is comparable to assertions of superiority in many ghettoized groups concerning the superiority of that group's achievement in one or another area, which, though often realistic, is nonetheless powerfully driven by its compensatory function.

One aspect of ghettoized attitudes is the tendency to emulate the exclusivity of larger psychoanalytic organizations, an identification with the aggressor. For example, the Association for Child Psychoanalysis, which originated in large measure because of the exclusion of non-physician child analysts and analysts trained exclusively in child analysis from the American Psychoanalytic Association itself, struggled for many years in the attempt to ensure that only "qualified" individuals could become members, even though membership carried with it no material advantages. Similarly, for decades the Child Analysis Committee of the American Psychoanalytic Association Board on Professional Standards held on to a requirement that child and adolescent supervisors have the same degree of experience in child analysis as was required for clinical experience in the analysis of adults, namely having five children in analysis for most of the preceding five years. Since many of the individuals seeking to be qualified as child supervisors also sought qualification as training and supervising analysts, this meant that official rules required potential child supervisors to have an ongoing practice involving ten analytic cases, including five child cases, a level of immersion achieved by almost no psychoanalyst even in the 1980s. Practically, this resulted in the use of "waivers" allowing individuals to become child supervisors with less than the prescribed clinical experience of doing child analysis. The purely symbolic significance of retaining these artificial standards is attested to by two members of the American Psychoanalytic Child Analysis Committee during a twelve-year period from the mid-1980s to the mid-1990s, that in only two cases did the appointment of a child supervisor *not* require a waiver. Those within the child analytic ghetto felt it very important to exclude outsiders.

In similar fashion, many local child study groups actively excluded analysts of adults only who sought to join these groups in order to learn more about child and adolescent analysis. Rationalized by notions

such as not needing to explain fundamentals in child analysis to adult analysts, which would lower the level of discourse in the group, these study groups exercised the same exclusivity that had been imposed on child analysts by the larger analytic community.

It must be added that just as in the larger society, child psychoanalytic ghettos often developed vibrant subcultures of their own. Lively groups of child analysts drew together in mutual support as well as intellectual, clinical, and administrative endeavors. The various child analytic organizations mentioned have been among the most productive groups in psychoanalysis, training large numbers of child analysts over the years. Their separation from the larger analytic community, however it originated, seemed to foster work and creativity in a similar fashion to the way in which ghetto cultures commonly thrive.

Besides anger and ghettoization, groups who are objects of prejudice often seek to assimilate to the dominant group (see, for example, Borowitz, 1980). For child analysts, the simplest way to do this is simply to stop working with children. Alternatively, but not quite so effectively, the child analyst may choose to de-emphasize an identity as a child analyst or to pay particular attention to non-child-related institutional matters. But for many child analysts the wish to assimilate is countered by an even stronger wish to maintain a child analytic identity. The wish to be integrated with the larger analytic community often led to ambivalent efforts and gestures intended to bring analysts of adults only into relationship with the child community and thereby ensure that the interests of the child community would be better represented in a larger organization. For example, a single non-child analyst would be invited to join the Child Analysis Committee of an institute, but to ensure the integrity of the child program, only one such adult member was permitted. A miniature quota system was put in place.

An important variant on ghettoization is *segregation*, in which parts of communities increasingly have contact with people in their own group. The most obvious examples of segregation occur in housing and schooling. Though segregation is sometimes the result of rules that interfere with populations becoming integrated, a more powerful mechanism first described by Schelling (1971) appears to better account for observed segregation. Even small preferences to be in contact with people like oneself among community members can lead to housing segregation. Imagine a community where a very small number of people are offended by the presence of any members of a minority group and where remaining community members have preferences that at least a certain portion of the community be like themselves. If a minority individual moves in, those who cannot tolerate the presence of this

individual move out. They may be a small portion of the community, but their moving creates a situation in which the minority constitutes a larger percentage of the community, perhaps reaching a threshold where additional majority community members grow uncomfortable and leave, once again diminishing the proportion of majority committee members present and a threshold is again reached where additional majority members move out of the community. This process also occurs in the direction of being attracted to living with people like oneself. The end result is creating strongly segregated communities despite the absence of any but mild desires to be with people like themselves in most of community members.

It seems likely that at least some of the segregation of child analysts we currently see in larger analytic communities results from the cascading effects of relatively mild preferences. For example, many analysts form themselves into study groups based on shared interests. Since in larger analytic communities these groups can be quite numerous and time available for them is limited, each analyst chooses a small number of such groups to participate in, usually preferring to work with analysts they know and respect. The experiences in these groups lead to closer ties with other members of the group, and so analytic communities, like neighborhoods, become segregated. This phenomenon is particularly strong with regard to child analysis.

Even mild pressure toward prejudice-based ghettoization promotes the segregation, *and* segregation promotes prejudice by increasing the otherness of persons with whom one has little contact.

More rarely, instead of assimilating into the larger community, people who have been the object of prejudice attempt to dominate or least exercise partial control over the majority. This rare phenomenon is seen in some analytic communities, where child analysts have successfully gained at least partial control of institutes as part of their reaction to the prejudice they have experienced.

A final common response to oppression, arising in part from identification with the aggressor, occurs as child analysts attack one another, creating chronically embattled subgroups. The phenomenon for angry internal division is a recurrent theme within oppressed minority groups. Consider, for example, the fierce, centuries-long battles in the Eastern European Jewish community about legitimate religious practice, which divided the community between Hasidim and (in the usage of the Hasidim) *Misnagdim*, "opponents," those who did not agree with Hasidic practice; or consider the common prejudice within the African-American community against its darker-skinned members. The creation of the subgroups is, like all prejudice, rationalized in some way, but the

process is so widespread within oppressed groups that one must assume that unconscious operations are its driver, even when it appears to be based in the manifest content of the dispute.

This kind of splitting within a community has a particularly malignant effect in analytic institutes, where hostilities within the faculty are easily displaced onto students and analysts of supposed opponents. The subtle judgments of analytic capacities of candidates that are an important part of the work of analytic teachers and supervisors can easily become biased by the sense that a candidate or early career analyst belongs to a group to which one is opposed.

The responses to prejudice against child analysts largely occur outside of awareness and emerge in the contexts of specific seemingly minor decisions—to attend a meeting, invite a colleague to join a committee, and so on. In *The Origins of Totalitarianism*, Hannah Arendt (1951) describes how whole populations may lose the capacity to think in response to oppression and passively accept the views of their oppressors or, alternatively, respond through grossly simplified vision of reality. The degree to which the capacity for clear and reasoned thought can diminish in oppressed communities is remarkable. Unless the fact of oppression is taken into consideration, these communities may appear to be mysteriously acting in a psychotic fashion.

AN INSTITUTIONAL EXAMPLE

The generalization I describe above derives from the observation of many analytic communities but came into sharp focus primarily through observing my own community associated with the Chicago Institute for Psychoanalysis. I would like to show how these processes were evident in our institute. In doing so, if I am to address what seem to me to be central matters, that is, the psychological dimensions of the situation, I must do so from the point of view of an observing participant. There is no objective view possible that includes the meanings that are central to this study. So I will outline development at the Chicago Institute, as I, an active participant in that development, saw them. I do, however, apologize if I offend colleagues in the course of these descriptions. Perhaps the value of what is uncovered can be taken as compensation.

While the particulars of the Chicago experience following the Second World War are, of course, idiosyncratic in important ways, many of its central experiences seem to have been fairly typical of the larger analytic community. More importantly, the way they played out in Chicago illustrates some of the internal group dynamics that I believe are common to the child analytic community.

In her brief summary of the history of child analysis in Chicago up to 1981, Helen Beiser pictures progressive professionalization and increasingly rigorous standards carried out in a peaceful atmosphere in which the only hint of tension was the need for the unquestioned leader to occasionally calm some of the more vociferous child analysts (Beiser, 1981). This description would not have been agreed to by many of the child analysts who lived through the period. However, they would have agreed that child analysis was regarded as, at best, an appendage to psychoanalysis proper.

Most of the Chicago analytic community, including most child analysts, viewed the analysis of children as fundamentally different from analytic work with adults and framed this difference in terms of the child's incapacities for verbalization, insight, or the formation of transferences. The location of the primary psychological work commonly shifted from child to parent, for two reasons: the material reality that children cannot be in analysis without their parents' support, and the more subtle psychological reality of the power of ongoing family dynamics in the child's psychology. The long list of child-related projects that Beiser describes suggests that most of the institute activities having to do with children were not analysis at all but involved the application of psychodynamic and developmental concepts to pediatrics, school problems, work with parents, the study of delinquency, and interventions for children who had lost parents through death or divorce.

During the postwar period, Bruno Bettelheim and the Orthogenic School strongly influenced Chicago child analysts. However, the connection between the world of the institute and the school was barely avowed. Some institute faculty served as consultants to the school. Others had worked closely with Bettelheim at various points in their careers. Several of the candidate's control cases were councilors at the school. Bettelheim was the object of intense ambivalence. He was greatly admired and often envied for the popularity of his writings and the extent to which the school had a reputation for working near miracles. On the other hand he was viewed as a charlatan, an inadequately trained individual who put himself forward as having more credentials than he, in fact, had, and as a nasty bully willing to attack and humiliate almost anyone.

Internationally famous not only for his work with severely disturbed children but also for his writing skill and his opinions about education, the meaning of concentration camps, and Freud, Bettelheim was Chicago's most famous psychoanalyst, despite having neither been trained as such and being only barely affiliated with any psychoanalytic institution.

The quality of his relationship to and segregation from the psychoanalytic community is epitomized by his official engagements with it. Shortly after coming to the United States Bettelheim was elected to a nonclinical membership in the Chicago Society, a membership that did *not* qualify him as a psychoanalyst, though he claimed it did. In the mid-1950s he taught a single course in the institute's child analysis program. His only further official connection to organized psychoanalysis was his election, after much controversy, as an honorary society member shortly after he moved to California in the early 1970s. The invitation for membership was sent to an address from which he moved in 1946 (Sutton, 1996).

Bettelheim adopted the central psychoanalytic tenant that children's behavior, no matter how disturbed, could and should be understood in terms of meanings and motives. He also adopted the anti-analytic (in my view) stance that the analyst's understanding rather than the child's engagements with interpretations was the final arbiter of ideas about the child's psychological life. He held that this supposed sure knowledge led to therapeutic intervention that influenced the child and corrected symptoms.

The first assumption, that all behavior has meaning, even if untrue in the sense that Bettelheim meant it, invites engagement and respect for the patient. For example, Bettelheim believed that Monica, an autistic girl who spent much time "twiddling" (holding her second and third fingers in front of her face and moving them rapidly) was engaged in ongoing symbolic play in which the breast and the mouth repeatedly attacked and attempted to eat one another (Bettelheim, 1967). Whatever its other merits, this interpretation provided a basis for ongoing work with the child.

The second assumption, that the analyst can independently know the meaning of behaviors and intervene wisely, appears benign but involves a profound disrespect for the patient. It can lead to bad behavior. Bettelheim, who was convinced of his correctness, carried this to extremes that included hitting children. The problem with hitting or violence generally is not simply that it is contrary to current social convention, but that it is by its very nature dehumanizing (Arendt, 1969).

Bertram Cohler (personal communication, 2005) described such an episode and the problem it created for him. Bert had written a paper about the Viennese author Arthur Schnitzler as a high school senior at the University of Chicago Laboratory School, which he was attending while still a patient at the Orthogenic School. As usual, Bert, who became the valedictorian of his class, got an A and, pleased with himself, proudly reported it at the Orthogenic School. However, Bettelheim

was enraged and hit Bert. Bettelheim claimed that Cohler knew full well that Schnitzler was among Bettelheim's favorite authors and that Bert was assaulting Bettelheim by attacking Schnitzler. Bettelheim said he was making an interpretation in action to the effect that Bert's paper was the equivalent of a physical assault. Half a century later Cohler still defended Bettelheim, stating that Bettelheim's main message to the children at the Orthogenic School was his commitment to their recovery and that this was the main communication in hitting Cohler.

Although Bettelheim's physical violence was not widely recognized by the Chicago psychoanalytic community, his verbal assaults on students and those who worked at the Orthogenic School were the stuff of legend and commonly won disapproval on the general principle that it is bad to be mean. However, just as Cohler did, many victims of Bettelheim's mistreatment continued to admire him because they learned so much from him and were helped so much by him. His mistreatment of others often arose from the moral passion either for their education or to protect the students at his school from mistreatment. A closer analysis might have pointed to the problem of knowing with certainty about other's motives and taking upon oneself the right to correct them. Such an understanding of benignly intended oppression was already widely theorized through studies of colonialism and applied to psychiatry by Szasz (1991). I suspect that the ambivalence toward Bettelheim reflected a discomfort with the recognition that the manipulation of children, even when it is based on psychoanalytic understanding, or perhaps to an even greater extent when it is based on such understanding, is dehumanizing and deeply disrespectful.

In the wider Chicago child analytic community the actual practice of much that was called child analysis included intensely didactic elements. In this sense the community emulated Bettelheim. For example, the longtime chair of a child analysis committee of the Chicago Institute summarized her attitudes about games in child analysis as that games provided opportunities to teach the child appropriate socialization and should be so used in this manner in analyses. The games should be selected with this goal in mind (Beiser, 1955). This attitude fit well with the dominant culture of the institute where, insofar as they thought about it at all, non-child analysts tended to believe that no process similar to the analysis of adults was possible with children. Chicago analysts at this time largely believed that the main goal of analysis was to allow the patient to know himself or herself and that the therapeutic action of psychoanalysis rested on bringing previously unconscious material into awareness. Such awareness resulted in symptom relief by allowing the reworking of conflict using tools available when the conflict became

conscious. The goal of adult analysis was not to manipulate the patient's psyche, no matter how benign the intent.

Children referred for analysis were likely to receive psychodynamically informed psychotherapeutic interventions, sometimes involving frequent sessions, whose goal was symptom relief and the return to supposedly normal development. The many possible deeper goals that analysts hope for (Sandler and Dreher, 1996) were simply not part of the picture or thinking of the dominant group of child analysts.

Like Little Hans, children were also seen as interesting objects for research. The Chicago Institute developed extensive programs involving parent loss and psychosomatics in children. These programs were largely designed to provide a laboratory to test hypotheses about these matters, which had been generated in work with adults. These programs provided psychotherapy, work with parents, and institutional consultation, but not analysis. Like the children referred to analysts, "but not for analysis," children in these research-oriented programs were not regarded as appropriate for analysis, because the leaders of these programs firmly believed that they knew what the children needed and it was not to become more aware of themselves. Just as at the Orthogenic School, where therapists who questioned Bettelheim's views were not tolerated, so too in the institute's research groups and even the Child Analysis Committee, those who might question the sure knowledge of the dominant child analytic group were unwelcome. One group of child analysts succeeded in assimilating into the larger analytic community but largely at the price of abandoning efforts to analyze children, and instead they engaged in various kinds of therapeutic and research work that was valued by the larger analytic community. Another group of child analysts who did not follow this route became segregated and even ghettoized.

There was a group of child analysts, significantly influenced by E. James Anthony, who took a polar-opposite point of view from the institute insiders. They believed not only that the important phenomena of adult analysis could be captured in child analyses, but also that especially through the use of countertransference as a source of information about the child's psyche, deeper psychoanalytic work was likely to be possible with children than with most adults (Kohrman et al., 1971). Their focus was an attempt to understand the child in depth and to remain in a position in which they could learn from the child. They tried to develop analytic techniques, often using the language of

the most rigorous advocates of analytic neutrality and abstinence, language that would promote the kind of self-discovery in children that characterized what they considered best in adult analysis (Weiss, 1964; Weiss et al., 1968).

The two child analytic groups—those who saw child analysis as an effort to remove children's symptoms and promote their supposedly healthy development, and those who saw analysis as a process of helping the child move toward self understanding—seemed almost to despise one another. The former group, which I will refer to as the psychotherapeutic group, controlled the child analysis and child-oriented programs for many years and excluded the other group, which I will call the psychoanalytic group, from active participation in shaping these programs, so that even now, almost half a century after the ensuing administrative struggles, bad feelings and mistrust remain just below the surface in the Chicago child analytic community.

In the 1960s and 1970s the institute undertook other vigorous efforts in child work other than child analysis. In addition to the two research programs, a fine teacher-education program, which encouraged educators toward sophisticated psychodynamic thinking, was developed under the leadership of an educator. It was remarkably successful. An even more successful program, the Child and Adolescent Psychotherapy Training Program, began in an effort to support social work agencies but rapidly evolved to a sophisticated four-year course of study emphasizing "long-term," including "intensive psychodynamic psychotherapy," always with the caution that these were *not* psychoanalysis. As often happens, this assurance took the form of rules about the externals of the therapy, that is, it limited sessions to three times a week. Nonetheless, the actual program strongly resembled an analytic training program, including in its number and intensity of courses, the requirement that students have a personal analysis (though not with a training analyst), and the extent of supervision and clinical experience required. Additionally, it was different from the core psychoanalytic training program in that admission did not require a medical degree and the vast majority of students were women. Many of the graduates of the program practiced in the same way as analysts, that is, in individual offices usually in downtown Chicago or its affluent suburbs. When finally the institute opened the doors of analytic training to non-physicians, several of the graduates of this program went on to psychoanalytic training proper, some of them becoming leaders of the current analytic community. What was for all practical purposes a child analysis training program was tolerated because it was segregated from official analytic training

and its female non-physician faculty and students agreed to (or at least tolerated) the separation.

All of these child-related but nonanalytic programs emerged in a context where no parallel adult programs were created.⁴ They came into being with the enthusiastic support of the institute's leadership. Child analysts were involved with all of them but only to a limited extent and only insofar as they were agreeable to limiting analytic input to the programs in a way that did not include child analysis proper.

As might be expected, the creation of what was essentially a child analytic training program under the guise of a psychotherapy program eventually led to considerable tensions. As the program grew and its excellence became apparent, the program's leaders increasingly insisted that its importance be recognized in a variety of concrete ways. George Pollack, the institute's autocratic director, who had previously offered strong support for the program, essentially expelled the program's enthusiastic lead, who was a social worker, replacing him with a pair of politically reliable physician analysts as codirectors. (The expelled leader and a group of graduates of the program went on to found the independent Institute for Clinical Social Work, a degree-granting institution with a broader orientation and more rigorous academic standards than the institute program had.) At the same time a group of child analysts became increasingly vocal in their assertions that students and graduates of the program were "stealing" child analysis patients. Many of the patients seen going to child therapists would have made fine analytic patients, and it occurred rarely, if ever, that members of the child therapy community referred patients for analysis. But whether anything resembling stealing was going on is open to question, since the child therapy group not only charged lower fees and were geographically more convenient, but perhaps more importantly, they were better trained than the child analysts, with skills that attracted patients, such as having worked with parents and schools. Whatever the material reality, at least part of the child analytic faculty overtly and vigorously resented the child therapists. The solutions to this tension essentially involved expelling parts of the child therapy (secretly analytic) community and clarifying the segregation of those who remained.

4. Many years later an adult psychotherapy program was begun at the institute with much less rigorous requirements, which in fact offered training that was not comparable to analytic training, although it too was designed to bring non-physicians closer to the analytic fold.

The child therapy program at the Chicago Institute for Psychoanalysis has gradually failed over the past fifteen years. This occurred as the result of a combination of factors, including a less urgent need for more analytic training for that group of social workers and psychologists who now have the option of full-fledged analytic education and the availability of an excellent alternative program at the Institute for Clinical Social Work. At the same time the Institute for Psychoanalysis demonstrated a diminished commitment to maintaining the program. It did not adapt its schedule or its content to the changing realities of the social service institutions from which its students had traditionally been drawn. It became harder to find teachers, and as the number of students fell, an important aspect of the program—learning from other students—became ever weaker. The requirement for a personal analysis was dropped long ago.

In retrospect, the child therapy program at the Chicago Institute for Psychoanalysis and its history can be regarded from at least two points of view that are superficially contradictory but, in fact, I believe, complementary. One way of thinking about the program focuses on its excellent accomplishments—the production and support of many effective and committed psychodynamic psychotherapists, who for many years constituted an elite of child therapist and child therapy educators and made substantial scholarly contributions to their field. Another point of view takes into account how, on many levels, the program grew from an avoidance of child analysis itself, how the focus on using psychoanalytic ideas to bring about therapeutic results, much as Bettelheim had done, gradually robbed the program of its core psychoanalytic values and led to the ever-widening gulf between it and the psychoanalytic community.

The analysts who focus on work with children as primarily involved with using psychodynamic ideas in the service of supporting movement toward normality, through a variety of means and in a variety of contexts, gained substantial power within the institute through their close alliance with directors Gerhard Piers and, more importantly, George Pollack. I will refer to them as the *psychotherapeutic group*. The psychotherapeutic group assimilated well into the institute but at the price of moving ever further from a commitment to analyzing children.

During the period of its dominance the child analysis program became ever less attractive to analytic candidates, and only a tiny number participated in the program. Many of them found the experience painful and would have left but for a preexisting intense commitment to working with children. Members of the child analysis faculty taught a

course in development, which became so unpopular that it was eventually canceled when the otherwise-compliant candidates of the era simply refused to attend. The teacher of the course wrote a scathing article attributing this abandonment of the course to the influence of training analysts hostile to child psychoanalysis, which was probably the case, but omitting any reference to how badly the course itself fit into the analytic curriculum because of its teacher's attitude toward analytic investigation (Beiser, 1973).

Another group of child analysts believed that the psychoanalysis of children is, in its essence, the same sort of undertaking as the analysis of adults, an attempt to help the analysand discover and bring to awareness the full nature of psychological life. Since such awareness automatically carries with it the opportunity to rework ideas, feelings, and fantasies that could not be reworked when barred from awareness, therapeutic change follows naturally on the uncovering process and there is no need to press the patient in directions the analyst believes to be desirable. In fact, since such pressure discourages free and creative exploration, it interferes with the primary function of analysis.

These child analysts sought to show that child psychoanalysis may be carried out using interpretive tools as its primary method. Fueled by the idea of a general ideal psychoanalytic technique as minimizing "parameters" (Eissler, 1953), they expanded Anthony's clinical teachings, such as that the analyst should never leave his chair, to a theory of technique that sought to minimize any intervention that might introduce educational elements into the analytic space (Weiss, 1964, 1981; Weiss et al., 1968). Insofar as possible the analyst sought to only interpret. Work with parents was minimized if possible, and activities like board games, which both pull the analyst into noninterpretive interaction with the child and obscure the fantasy elements of the child's activities, were avoided.

A third school of thought was added by analysts informed by Melanie Klein. As one might expect, they also focused on the interpretation of the child's symbolic play. But consistent with Kleinian thinking, they addressed phenomena that American ego psychologists regarded as unanalyzable. These analysts published little and seemed to avoid institutional controversies, not so much because of discomfort with them, but rather because they regarded such controversies as an interference in focusing on psychoanalysis itself. One of the group, Robert Koff (1957), wrote a minor masterpiece, "The Therapeutic Man Friday," which implicitly demonstrates how child analytic technique can be extended for use in adult patients. Interestingly, the members of this group, though thoroughly frustrated with the dominant psychotherapeutic group, seemed

remarkably uninterested in struggling with them and seemed rather to want to focus on doing analysis.

There was yet another group of child analysts who seemed to have no strong ideological commitments but did what they regarded as practical.

The differences between the groups as well as their relationship to one another was epitomized during a presentation that British-Canadian child analyst Clifford Scott gave to the child analysts in the early 1980s. Scott described the analysis of a two-and-a-half-year-old boy whom he had seen in follow-up interviews fifty years later. The description of the clinical work with the child was particularly impressive, as he described the fantasies engendered by repeatedly seeing his parents having intercourse, which the child observed from his crib in the room they shared. Several analysts from the psychoanalytic group were interested in how Scott had been able to help the child describe his fantasies and generally agreed that this was very good analytic work. But a leader of the psychotherapeutic group had a very different focus. She asked, in a manner that suggested that Scott had been foolish, "Why didn't you have the parents take the crib out of their bedroom?" Scott replied that in the first place the family was poor and lived in only one room. "Would you have preferred that they leave the child in the hallway or on the street?" But: "More important, the parents' sex life was the most interesting thing in the boy's life." The questioner scowled, the psychoanalytic group members looked amused and giggled, and the Kleinians appeared delighted. At the time I was among those who was pleased to see the representative of the psychotherapy group put down so well; she had been mean both to me and to people I cared about, but in retrospect I see a greater problem. What would have been an ideal opportunity for a discussion of the differences in approaches of the Chicago child analysts became yet another expression of the rivalries that existed in this tiny group, rivalries that were largely shaped by our relationship to the larger analytic community and its prejudices against child analysis and analysts.

In retrospect, it can be seen that there were four groups of child analysts in a community of twenty to thirty individuals during the latter half of the twentieth century with strong theoretical and technical differences. To an amazing degree, these differences were associated not only with intense anger, which easily passed into the realm of sheer hatred but also action. This took forms such as excluding individuals from participation in various child analytic activities like teaching, research, and clinical work at the institute. The most dramatic of these machinations involved the forced departure of the head of the child

therapy program and his allies from the institute after he proposed that the program should be updated to reflect the changing status of child therapists. Less dramatic but similar occurrences involved the exclusion of some child analysts from various committees, from teaching and supervising, and from membership in various study groups. These exclusions seldom involved direct confrontation. Instead, these engagements simply failed to happen at what would have seemed to be the appropriate time.

For example, when a young analyst who was a well-qualified researcher asked to join one of the research groups, he received no response whatever. He thought of himself as allied with the psychoanalytic group. The research project had involved only members of the psychotherapeutic group. Finally, in frustration, he enquired if there was some problem with his joining the research group, which had publicly announced that it was looking for new members. He was told that the researchers had formed themselves into a cohesive working committee and did not want additional members.

This contentious atmosphere was a strong and painful element in Chicago child analysis for several decades. It was enacted through political means, by which I mean that rather than limiting disputes to open disagreement and discussion, members of each group attempted to punish the supposed opposition by excluding them from the limited perquisites available in the analytic community. At times it appeared that one or another group was more willing to use political means to establish its point, but in retrospect it seems more likely that one group was simply more successful in political maneuvering than another.

The intensities of these struggles seemed to decline starting about twenty years ago. It would be nice to think that this resulted from a realization of how destructive, and often silly, the internal conflict had been, combined with the departure from the scene of some of the most contentious child analysts. But another dynamic seems to better account for the diminished level of internal struggle. The child analytic program appeared to be vanishing.

Starting twenty-five years ago, child analysts in Chicago felt it was important to band together if child analysis was to survive. We recognized that we shared goals as well as common difficulties. These difficulties included that analysts of adults only looked down on child analysts and analysis. We began monthly dinner meetings that, even more than any intellectual function, served to make us into a cohesive group. Care was taken to include everyone who identified as a child analyst, and old struggles were consciously put on hold, at least for the meeting. These

meetings were open exclusively to child analysts and candidates. Analysts who only saw adults were actively excluded. We closed the doors of the ghetto to outsiders and committed ourselves to the battle.

We fought to have child analytic work receive credit toward graduation from the institute, to ensure that time was available for candidates to take child courses and eventually to include child courses in the required curriculum. Systematic effort was put into making courses of high quality and attractive. A small number of child supervisors worked hard to provide outstanding supervision. We were rewarded by a growing group of child candidates drawn not only from applicants who came to the institute with strong child backgrounds but also an increasing number of individuals not so trained who were drawn to the program by its quality and the enthusiasm of the faculty. Perhaps the aggression that had been turned inward was now finding a path out into the external world. For several years the program seemed to thrive, and although there were occasional angry internal struggles, the overall feeling was one of cooperation and solidarity.

In retrospect it is striking that while the institute's other child programs not directly involved with child analysis continued and new ones grew, they appeared, if anything, increasingly detached from the child analysis program. The teacher education program ended shortly after its longtime leader retired. As mentioned above, the child therapy program gradually faded, and child analysts contributed increasingly little to it. The institute's clinics involved child analysts to a minimal extent and continued not to offer child analysis. By not trying to integrate itself into the larger analytic community, especially at the expense of focusing on child analysis, the child analytic community seemed to do very well indeed.

Many of the institutional changes to the role of child analysis at our institute have in fact already occurred. Child analysts have occupied important places in the administration and, in fact, our current director is a deeply committed child analyst. I think it is no accident that she is not only the first child analyst to direct the institute but also the first woman and the first non-physician to do so.

Yet in the last few years we have seen the reemergence of anger and hostility among child analysts. Huge amounts of energy are expended on details of the curriculum and personnel matters, to an extent that seems senseless except when one is caught up in them. Often these matters are discussed as though their outcome was of the greatest importance or as though moral issues of the first rank were in question. It would be easy to attribute these problems to personality flaws in the participants, and these certainly exist. Additional factors, including the

aging of the child analytic community along with the rest of the analytic community, doubtless contribute. (See Galatzer-Levy, 2013, for a general discussion of this problem.) But I cannot help wondering if something additional is resulting in the breakdown of the cohesion that had seemed to develop.

Over the years it has seemed progressively more difficult for both analysts and candidates to find child analytic cases. Despite many hours spent trying to address the problem, our group has not been successful in finding ways to increase the number of cases in actual analyses. Having been rather successful in bringing about the organizational changes we sought, and perhaps feeling impotent to make the societal changes that would enliven child analytic practice, it appears that we may once again be turning our rage and frustration against ourselves.

As mentioned above, one group response to oppression may be an effort to take over the repressive institution to dominate and perhaps revenge for past pain. Over the years the child analysts have succeeded in making a significant number of child analysis and development courses part of the curriculum required of all candidates, and this goal has in large measure been achieved through sustained pressure on the institute's administration. There has also been a consistent effort to maintain the highest standards of teaching and supervision. In recent years recurrent intense conflicts have arisen in both areas within the child analytic community, with one group feeling that it is urgent to press forward even further on both fronts, and another feeling that overrigorous efforts in this direction harm child analysis and continue battles that we have already won. Something deeper than simple disagreement is going on, because over a period of years as the tension between the two groups has continued to grow not only have they been unable to talk meaningfully with one another but the tendency to use political means within the larger analytic community has grown. A tentative explanation is that we are dealing with a situation in which an oppressed group feels a need to dominate when it has the opportunity.

The Chicago experience is particularly interesting because it shows how rather than being resolved, the impact of childism on child analysis, though it can be made to disappear from view temporarily through a combination of idealization and political maneuvering, repeatedly reemerges. I believe that since the underlying problems remain, the group's response to them will continue at times helpfully, at times destructively. Perhaps a deeper understanding of these problems can lead to more-adaptive responses or at least an appreciation of their difficulty.

PREJUDICE AGAINST CHILDREN, WOMEN, AND CHILD ANALYSTS

Rosenblitt (2008) reviewed bases for the hatred of children and summarized it as involving the adult's response to the child's "vibrantly expressed instinctual life." To fully unpack this wise observation is beyond the scope of this paper, but I do want to mention some ideas that seem to me particularly pertinent to the prejudice as it manifests itself in relation to child analysis.

Hatred breeds guilt and shame. When directed against loved objects it also breeds conflict. The need to be a good parent is hardwired into the human brain and continues to develop across the entire course of life (Cozolino, 2014). No other function has the same sustained urgency, nor is any other function so complex. Indications of failure to be a good parent, such as the child's not thriving or developing as expected, produce intense distress in many ways. The ordinary feeling of alarm and urgency to correct the situation that almost everyone feels in response to a baby's crying quickly turns into anxiety and general stress when the parent is unable to comfort the child in a short time. Similar but more chronic feelings accompany children's later difficulties, at least through adolescence and often into adulthood. The unhappy child and the child who is not otherwise doing well doubly injures parents narcissistically. Insofar as the child is regarded as an extension of the parent's self, the child's difficulties are experienced as failures of the self, and insofar as the child's successful development provides a mirror demonstrating parenting accomplishments, any inadequacy in the child diminishes the parent's self.

Most parents experience an intense moral imperative to care for their children well, experiencing profound guilt in response to indications that the child is not doing well. Children in difficulty stimulate an array of painful responses in parents and those in parental roles. As is well known, parents commonly respond to these intense emotions with anger, rage, and abuse in varying forms and intensities. The urgent need to stop the baby from crying and its derivatives, which will exist as long as the parent lives, easily moves from a possible solution in meeting the baby's needs to hatred for the source of all of these feelings and a more or less intense wish to obliterate it altogether. Denial and disavowal both of the child's needs and the parent's reactions to them are additional common means of attempting to manage the forces set in motion by children's distress. They are often supported by the ideology of childism, for example, by rationalizing the impulse to hit children as an educational necessity or rationalizing the neglect of children's distress by claiming that it is an aspect of normal development.

Having a child in analysis strongly pushes parents toward recognizing that something is significantly amiss with the child; analysis itself further stimulates the painful states that parents go through when their child is in difficulty. The analysis and the child analyst easily come to be seen as the source rather than the potential cure for the child's difficulties. Especially if a parent has succeeded in blocking awareness of some of the child's problems, a common scenario in which the analyst or the analysis is blamed for the problems is likely to emerge. This may happen early on, when parents are likely to claim that the child is less in need of treatment than the analyst claims, or that the child is not in need of intensive therapy that interferes with other childhood activities. It also occurs later in the analysis, when the analyst is blamed for not having cured the patient quickly enough.

The wish to deny children's psychological distress and to lay the blame for it anywhere but on the person who is thinking about it extends from parents to their analysts and therapists. In an unconscious effort to reduce parents' guilt and anxiety, the parents' analyst or therapist commonly minimizes the significance of the child's psychological disturbance and/or explains it in terms of a biological predisposition, for which the parent cannot be held responsible. In addition to being means of relieving parental guilt and anxiety, this stance also relieves similar feelings in therapists who commonly believe that it's part of their job not only to address the parent's pathology but also to promote the psychological health of children in the family. As if this were not sufficient, almost all therapists identify with the parent's pain about having a child in distress, either because they are aware of their own children's problems or feel guilty about not taking care of the child themselves. With this guilt comes all the defenses against it.

Thus, the very forces that push parents to take good care of their children also result in a spectrum of distress that perpetuates the child's difficulty, as the very cry for help stimulates rage and denial in the parent and those who occupy parental-like roles, including therapists and analysts, and invites prejudice against those who might force an awareness of the child's distress.

Another foundation of prejudice lies in disgust, which as Nussbaum demonstrates, plays an intense role in it (Nussbaum, 2004), where the objects of prejudice are seen as the embodiment of disorder, lack of structure, and mess. The danger experienced from the disgusting object is contamination, the spread of the disgusting quality to those who would remain clean and pure. Once the disgusting quality is located in groups or individuals, it becomes urgent to avoid contamination by them.

The idea that women's genitals and particularly menses are disgusting and that men risk contamination by virtue of contact with them is widespread across many cultures. The problem of potential contamination is dealt with through avoidance and/or purification. For example, in traditional Jewish practice, not only direct sexual contact between men and women is avoided during and for a time after menses, but various other forms of contact with menstruating women are also forbidden. After the completion of her period, the woman remains "unclean" until she has been purified through a ritual bath.

Women and their disgusting and at the same time appealing genitals are treated as luring men into contaminating contact with them. In the central misogynist fantasy, women are seen simultaneously as the locale of all the disgust and messiness of sexuality and luring men into this world. The problem posed by the situation can be solved by a combination of avoiding women despite the temptation, as Odysseus did by having himself lashed to the mast, or through ritual acts ranging from bathing, to genital mutilation, to murder intended to rid the woman of the disgusting and contaminating quality. Contamination is an important feature of the dynamics of disgust, since it means that those associated with the contaminated object are liable themselves to become contaminated.

The extent to which childism involves the dynamics of disgust is somewhat obscured compared to the dynamic in sexism, because its various manifestations are easily rationalized as normal. Yet, conscious disgust about the young child's bodily functions is common, as is the ongoing pressure on children to grow up, to become a "big" boy or girl, whose body and its functions are socially controlled and made invisible. Contamination with childish qualities makes not only children but those associated with them into the objects of the childism prejudice. In dealing with schools, for example, parents rapidly become accustomed to being aggressive, as if they themselves were children with limited cognitive and emotional capacities and over whom educators have great and appropriate power. In other contexts, teachers are treated in a similar way. The child analyst who deliberately immerses him- or herself in children's worlds, especially the world of the child body and sexuality, is commonly seen as being childish, and therefore is an appropriate object of contempt and prejudice.

A particularly brilliant interpretation of the prejudice against children is offered by Furman (2000), who suggests that children, child analysis, and especially the non-physician female child analyst interfere with the phallic narcissism of male analysts, particularly those who treat only adults. She points out that the physician's role in our society

is intensely phallic and that physicians separate themselves from the dirtiness of patients and are at pains to differentiate themselves from them. To be dirty, messy, or engaged in nonphallic sexuality, as the child and child analyst are, is to effectively be castrated. To engage the child analyst's role is to be feminized.

I had several personal responses to this interpretation, which suggests its accuracy, but I will mention only two of them here. Immediately after reading it, I recalled how I would frequently remember a saying attributed to Lincoln: "A man never stands as tall as when he stoops to help a child"—which would come to mind as I was driving to a regular child analytic meeting. I found (and find) the statement moving, but I am struck by its obvious phallic content, especially since it was usually accompanied by an image of Lincoln standing tall and erect.

The second was a dream I had one evening going to sleep after working on this section of this paper. *I was at some sort of professional meeting, where my wife and her friend had been selling feminist books, but they had stepped away from the table so that I was manning it. A rather obnoxious older man with an old-fashioned mustache perused some of the books with contempt and wondered why I, a man, would take on this role. I tried to explain to him how feminism benefits men as well as women by freeing men to both respect and enjoy the women who are so central to their lives, as well as those aspects of their own personality that traditionally would have been thought of as feminine. However, as it was clear that the man took little interest in what I had to say, I quickly gave up. In the second part of the dream, I was at home and several of my children (who are, in fact, now adults) appeared as adolescents with urgent problems and requests for immediate solutions (details of the dream are omitted here). To my surprise, rather than being irritated or wishing that my wife would handle the situation, I instead felt pleased and thought to myself that solving such problems is what it is to be a parent, and I felt happy in the role.*

I will provide only a brief analysis of this dream, but I will discuss some of it in terms of Furman's interpretation, which I think it in large measure confirms, at least for me personally.

The first associations were that the paper you are now reading was written at the vigorous suggestion of a woman editor of *The Psychoanalytic Study of the Child*, whose enthusiasm for the topic clearly indicated she had been thinking along similar lines herself. So then I felt (and feel) that I was, in part, speaking for her in the process of selling books (the book you are presumably reading now). The location of my professional meeting in what seemed more like a middle-school cafeteria than anything else, but which also reminded me of books being sold at a meeting of the National Organization of Women, where my wife had received an award, spoke to my guilt about not having played

a more active role in my children's school life, a topic about which my wife and I had been talking on the previous evening while returning from a trip where we visited with my daughter-in-law and one-year-old grandson. I had felt envious of my wife's ability to share the experiences of caring for a baby with my daughter-in-law in a way I felt I could not, and concerned that my son, who was out of town at a professional meeting, might miss out on his baby because he was too busy fulfilling a stereotypically masculine role. The entire situation recalled my long-standing conflicts between work and spending time with my children. Various associations led to the realization that the mustache recalled a neighbor from childhood who had epitomized masculinity to me when I was in elementary school. When I was a young adolescent he had suddenly left his wife and children to move in with a paramour, who had also abandoned her family apparently out of simple lust. The children of both families and the spouses suffered enormously. Indeed taking on a "woman's role" of caring for children, whether as a father or a child analyst, could threaten phallic narcissism, confirming Furman's interpretation, but the dream also pointed to the role of envy of women and the opportunity to care for children.

I also associated to Nussbaum's (2007) descriptions of the horrendous violence inflicted on women in India by men who clearly imagined the women and their genitals were contaminating. These women were killed by inserting large metal phallic objects into their vaginas, thereby demonstrating the power of the phallus to overcome the powers of the vagina. It was as if the men were trying to overcome the fear of castration and contamination by proving that they had phalluses powerful enough to dominate and destroy the objects that stimulated their desires.

Thus I think it is not simply that threat of loss of phallic glory that stimulates fear and hatred on women but more deeply the envy of the woman's capacity to be a mother that is central to a phallic orientation and the prejudice it stimulates against women and their worlds.

Finally, to return to Rosenblitt's idea, I think the hostility toward the vibrant aliveness of children represents yet another aspect of intense envy by those who have in the process of growing up and becoming civilized lost the capacity to "See a World in a Grain of Sand . . . and Eternity in an hour" (William Blake). The impulse to replace the liberating impact of analysis with an undertaking designed to make the child better adjusted to society may thus arise not only from the pressure on the analyst to confirm the social expectations of the role of therapist but also from envy of the child's potential for joyful living that the analyst may believe is lost to him and which is represented by his having to conform to grown-up rules.

I offer these thoughts on the sources of childism and its close relationship to sexism and other prejudices tentatively but also in the hope that the exploration of the underlying dynamics of the negative attitudes toward child analysis might move us forward in addressing it.

CONCLUSION

Several aspects of child analysis in the United States demonstrate recurring themes. Child analysis and its practitioners are consistently, if somewhat ambivalently, perceived as inferior to analysts of adults. The greater the child focus, the greater the gulf between child and adult analysis. This gulf is commonly rationalized through theoretical discussions and arguments presented with an authoritarian style, as if they were plainly and obviously true, although many of the statements of children's incapacities are simply not borne out in the experience of those of us who have actually engaged in child analysis. However, the authoritarian declaration commonly leads to interferences in the practice of child analysis and the professional development of child analysts.

To a significant extent, child analysts have responded to these negative attitudes by forming themselves into subgroups in the analytic community, which primarily address their own members but which occasionally feel strong enough to attempt to impose their visions on the larger analytic community. The child analytic community shares many of the dynamics observed in other communities that are the object of prejudice.

The psychology of analytic communities prejudiced against child analysis revolves around rationalized hostility towards children and those associated with them. This hostility is best understood as a form of prejudice and shares a common dynamic with other major prejudices in which rejected aspects of the self are projected into a definable external group. Members of that group are then treated with revulsion and hostility, while the prejudiced group elevates itself and is spared self-criticism. The objects onto which the project is made are denuded of humanity, which would interfere with projection, and seen in a grossly simplified way that eliminates features that might call for respect or any form of positive regard and, in particular, might demand respect.

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Is There a War on Women in Psychoanalysis?

The Disappearance of a Group of Women Leaders

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Some older members of the Boston Psychoanalytic Society remarked that in the 1950s and 1960s there was a group of prominent women analytic leaders at BPSI. They were training analysts, writers, and teachers active in the society and in the community. They were succeeded primarily by men. The question arose Was that an expression of “the war on women”? This paper explores and discusses this question. Although there were some expressions of resentment at being “dominated” by women, the answer appears to be more complex. For various reasons there was not a group of younger women available to move into this role at that time. The reasons for this are described—including the need for a medical degree for psychoanalytic training, the cultural postwar pressures in the United States for women not to work, and the institutional structural problems making it difficult for women candidates, such as ambivalence about pregnancy and the delays in changes in theory to enter the curriculum. This made for discrepancies between theory and the experience of candidates. The earlier group of women were mostly trained in Europe and the implications of this are described. In the years when the leadership was primarily male, decisions subtly reflected this.

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The Psychoanalytic Study of the Child 69, ed. Claudia Lament, Robert A. King, Samuel Abrams, Paul M. Brinich, and Rona Knight (Yale University Press, copyright © 2016 by Claudia Lament, Robert A. King, Samuel Abrams, Paul M. Brinich, and Rona Knight).

THAT WOMEN ARE DISCRIMINATED AGAINST AND ARE THE OBJECTS of control, hostility, and restriction of freedom is obvious in religious extremist societies and in much of the developing world as well. In the developed world, particularly in the West, women have made many gains in the law, civil rights, family relations, and their personal lives, as well as in work and careers. Although women's earnings have not become equal to men's, it may seem that women have equal opportunities in the professions and business and that a war on women no longer exists. In the United States it is clear that political pressures have affected women's reproductive possibilities and choices. Policies concerning abortion and the restrictions on birth control are clear examples of ongoing limitations of freedom. However the "war on women" continues in more subtle ways as well. This is particularly evident when one considers women's leadership and success in reaching top positions in a wide range of contexts, from industry and business to academia. Some barriers are external, some are internal, including women's willingness to challenge prevailing authority and also recognize and act on their ambition. Until recently, for a woman to openly express ambition and strive for leadership was not acceptable, and it still is regarded ambivalently.

Whether there is or was a war on women in psychoanalysis and particularly against women leaders is a large topic. In this paper I will focus on one particular situation and one institute, the Boston Psychoanalytic Society and Institute (BPSI), in a specific historical time. There was a period in the 1950s and 1960s when BPSI had a number of prominent women leaders. This was followed by a period when there were relatively few. A question arose whether this change represented a backlash to the earlier leadership by women and was an example of "the war on women" current in American society at large.

Chodorow, in the 1980s, was impressed with the prominent women in the Boston Psychoanalytic Society. She felt that psychoanalysis had been open to women and recognized them as significant (Chodorow, 1989). Among the women she mentioned were Grete Bibring, Florence Clothier, Helene Deutsch, Eleanor Pavenstedt, Evoleen Rexford, and Helen Tartakoff. She was also interested in their views about the role of gender and the discrepancies between these women's own active lives and some of the then-current psychoanalytic ideas about appropriate femininity. For these women it was important not to make too much of the gender differences in the profession. They thought that quality was what had prevailed and was responsible for their success. This was an important position to maintain and to demonstrate at that time. They were often not responsive to instances of actual discrimination.

Chodorow describes her interviews with these women in the 1980s. They were not so conscious of gender problems in leadership, having been able to enter psychoanalysis and rise within it. It was important for them to believe that there were no gender differences in abilities nor in the possibility of achievement. This was a part of the feminism of that period. "A woman is as good as a man," one of these women said. The differences between the women and the men were not seen in their careers as much as in their reproductive and family lives. These women had fewer children and were not expected to take over care of the children. Childcare was also provided by nannies and caretakers, and their husbands were not expected to share these responsibilities.

This period is part of my own experience. I was a candidate at BPSI from 1957 to 1965. Trying to understand this change, I have looked for data about women leaders in BPSI at that time. There are no systematic data except about officers, so many of these comments are based on my own memories and experiences.

In the fifty years between 1930, when BPSI was founded, and 1980, there were two women presidents of the society out of a total of twenty-three presidents, and they were in the earlier period. Helene Deutsch was president from 1939 to 1941, and Grete Bibring from 1955 to 1958. From 1980 to 2013, there have been four more women presidents, out of a total of eighteen. After 1958 the next women president was in 1990. Higher status was attached to performing training functions including being a training analyst and being an important member of the institute, compared to the society and its membership functions. Still, being elected president does reflect recognition of leadership. Of the six women presidents, only one was not a training analyst. The women who were prominent in that earlier period were chairs of committees, writers, participants in local and national programs, and heads of child psychiatric institutions in the city, rather than officers in BPSI.

It does not seem clear whether the changes in leadership, the disappearance of prominent women in that next generation, were due to reactions against that group of women leaders. Some BPSI members remember negative comments, resenting what they perceived as dominance by this group and relief when they were gone. It is not clear whether there were any specific antiwomen positions, but the culture would have supported not promoting women as leaders, and there were not enough women to support their leadership. The unavailability of prominent women in the next generation was due to a complex set of factors. One important fact is the difference in the personal history of those women compared to the later period. Grete Bibring, Helene Deutsch, Elizabeth Zetzel, Helen Tartakoff, and several of the others

were trained in Europe or Britain. They came to Boston with the glamour of having been close to the founders of psychoanalysis. So becoming leaders here stepping into positions which their experience reflected a sense of entitlement or inevitability. They also grew up in a different social climate. Middle- and upper-class European women in that period were not caught up in the expectations that were powerful in the United States post-World War II, that women would be full-time mothers and not work. In Europe it was expected that women could have careers and be professionals.

Another factor was that in the 1950s and 1960s in the United States a medical degree was required for analytic training. Until the mid 1970s, with the rise of the women's movement, it was difficult for women to get into medical school and pursue a medical career. Currently, medical school classes are about 50 percent female. In the 1950s and 1960s they were about 6–7 percent women. These requirements created a barrier for women who wished to train in psychoanalysis. This barrier added to the social pressure for women not to work outside the home. So the next generation of medical graduates and therefore potential psychoanalytic candidates was heavily male. Medical training for women was also seen as a much more deviant choice in the United States than it was in Europe. In addition there was a conviction in the 1950s and 1960s that children would develop normally only by having full-time care by their mothers. There was a great deal of psychological research, supported by feminist efforts to disprove these beliefs and also to demonstrate the prevalence of depression in women whose lives centered in their homes.

There were also other ways in which male dominance played a subtle role. An example can be seen in how decisions were made. After the BPSI split with the Psychoanalytic Institute of New England (PINE) in 1975, the Education Committee of BPSI elected its chair as well as the chairs of its subcommittees. This represented greater openness than when appointment to important positions was the rule. However, for some time the proposed nominees were arrived at privately by a small group (all men). One charismatic member of that small group presented the name or names of the possible nominees to the Education Committee for the vote. As I remember, the nominees were almost all men. Nominations were theoretically open for anyone to add a name or discuss the proposed names. This rarely happened. It was difficult to challenge the process. There were also for a time relatively few women available for nomination. Eventually the role of this small group was challenged and a rotating nominating committee was developed, but that earlier pattern also represented a period of *de facto* discrimination that was not recognized as such.

There were also institutional structural problems for the women candidates. Pregnancy was a problem. It brought serious conflicts. It was unusual for a woman candidate to take maternity leave, and since there were few women candidates, there was not much support for that. The candidate analyst was also thought to have a potential conflict between her feelings for her baby and her ability to fully respond to a patient. This was believed to create problems for a patient in analysis with a candidate. One candidate said that when she told the supervisor of her control case that she was pregnant, he said he had “no idea” how to supervise a candidate who was pregnant, nor any ideas about the effects of a candidate’s pregnancy on an analysis. These attitudes, beliefs, and the way they permeated training created conflict between the normal reproductive wishes and expectations of this life phase for women candidates and the expectations and demands of analytic training. It also added to the idea that being a “good analyst” meant sacrifice of other parts of life. Concepts as to what were correct psychoanalytic attitudes or behaviors took precedence over actual clinical experience and data. Questioning the effect of the analyst’s pregnancy on a patient’s analysis can be raised about any pregnant analyst, but for the candidate who might feel isolated by being the only one in her situation, it provides an added stress. For a pregnant candidate learning to do analysis, it was confusing and made her feel outside the range of what was the norm.

Those of us who were pregnant while we were candidates were mostly treated with “benign neglect.” The pregnancy was certainly important in one’s own analysis, but institutionally there was little recognition or support. It felt as if, in the interests of a woman being as good as a man, that is, able to achieve equal training, it was important to deny any real differences. I remember only one instructor, a woman, explicitly being helpful during my three pregnancies. This is consistent with Balsam’s finding that pregnancy and the pregnant body were absent in psychoanalytic writing (Balsam, 2012).

What were considered “women’s issues” and how these ideas fit with the reality of women’s experience were major concerns. Considerable clinical experience, theoretical writing, and research on child development had brought into question the classical ideas about women’s masochism, passivity, and the classical concepts of the course of female development (Deutsch, 1945; Freud, 1931). In addition, the consciousness-raising experiences of the 1970s and 1980s increased awareness of women’s actual thoughts and feelings about the dynamics of everyday life. The importance of object relations and particularly pre-oedipal relationships, aggression, competitive feelings, and ambitions acquired a new prominence—different from the classical formulations. But the extent and richness of these ideas took

a while to percolate into official recognition. So a woman could feel the discrepancy between her actual thoughts and feelings and officially recognized “proper” psychoanalytic ways of thinking.

An example of this persistence of old ideas can be seen in the concepts about women that were presented in a joint scientific meeting of BPSI and Western New England Psychoanalytic Societies in 1970.¹ The topic was the “Psychology of Women.” Grete Bibring had been leading a series of groups of Radcliffe students for five years after her retirement as chair of the Department of Psychiatry at Beth Israel Hospital. The students led her to recognize the changing views of marriage and women’s roles and also some of the discrimination they experienced and described. This challenged the “quality is the only thing that matters for success” view. She was also influenced in part by ideas about women from the growing women’s movement. However, in her paper she spoke about women analytic patients from a “wider social class,” meaning women who were not educated nor middle class. She compared them to the “Manson girls,” the victims of a serial murderer, women who had been described as having been seduced by the murderer but also as being masochistic and somehow being drawn to the relationship that led to the murders. There was an implication in this that it was their masochism, a significant female characteristic, that had played a role in their murders.

Helene Deutsch, in the same meeting, talked about the sublimation of women’s aggression, using as case examples Rosa Luxemburg and Angelica Balabanoff—two Russian revolutionary women. Her question was whether their aggression was truly sublimated. An underlying issue was the problem of women’s aggression. Deutsch had been the original author of the “feminine triad” of narcissism, passivity, and masochism (Deutsch, 1945). Helen Tartakoff did suggest that one needed to attend to understanding of “the normal woman, her strengths and weaknesses.” Also on that program was a talk on “Psychological Resistances to Fertility Control,” which included a presentation of a study some colleagues and I (Payne et al., 1976) had done on the psychological effects of abortion. The concept of “psychological resistance” to fertility control or pregnancy was not in the study, but it was added as an explanation for the wish for abortion. These are not examples of an explicit war on women, and there was attention to real concerns and experiences, but the prevalence and importance of outdated concepts and models did not contribute to a woman candidate’s or member’s sense of belonging or being understood and recognized.

1. These comments are based on a transcript of the papers from that 1970 conference.

It seemed that although women were welcomed, taught, and participated in activities in the institute and the society, in the ways I have described they were regarded as the “other.” This reflected the culture of the time, the 1970s and 1980s, as well as aspects of current attitudes and was not confined to BPSI or psychoanalytic institutes. However, psychoanalysis aims to go below the surface to understand the individual. It is paradoxical that this goal was in fact contrary to the experience of this significant group of individuals, the women candidates and members in that period. It has taken some time to change that.

To conclude, I don’t think there was a clear war on women, but the changes in leadership and the apparent disappearance of a generation of prominent women reflected three major forces. One, there was an underlying misogyny that still exists in many aspects of our culture. This was supported by the need to deny gender differences in the interests of equality. Two, there was a generational change in the availability of women candidates and younger analysts who could then reach prominence. Three, there were structural institutional problems that made it more difficult for women to achieve leadership potential.

In understanding that period and those prominent women, I think one also has to consider the special enthusiasm they may have brought to psychoanalysis on the basis of their own training and experience as part of the “new” movement.

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