

A Personal View of the Theoretical Shifts at SFPI/CP:1990s to the Present\*

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**\*This talk is intended to appeal to anyone interested in psychoanalysis, regardless of training context, professional community, or outside interests; our Center stagnates when we listen only to ourselves and input from all perspectives is very much welcomed.**

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*...most of what historians study survives because it was purposely kept...All of it together...is called the historical record, and it is maddeningly uneven, asymmetrical, and unfair.*

– Jill Lepore

My talk is a personal reflection on the history of SFPI/CP, starting when I was a candidate from 1990 through 1995. It concerns our theoretical evolution arising from certain cultural changes in American society in the 1960s, particularly authority-relations and feminism. I'll highlight the theoretical orientations dominating my training and note the programmatic innovations shifting our intellectual ground. I'll comment as well on psychoanalytic pedagogy and on the nature of psychoanalytic experience and thought – and focus on why some theories took hold while others faded away.

My biases shape my historical view. I imagine some of you will say, "That's not how it was, he's got that theory all wrong" -- at least I hope so. For we grow as analytic therapists and as a psychoanalytic community from full-throated, collegial debate. They're our ethical responsibility. Our ambivalence aside, we all want psychoanalysis to do well and to thrive. We're all in this together. Ultimately, my paper and talk address our relationship to psychoanalysis -- how we feel and think about it, theoretically and as an actual in-the-world activity. I hope to expand and deepen our self-understanding and become clearer about who we

are and what we're doing, individually and as a professional community.

Our organization has undoubtedly evolved from our SFPI ancestors. We now include multiple theoretical and clinical orientations, and consider more readily other disciplines and kinds of knowledge (including, thanks to Chuck Fisher, some neuroscience, although we're still way behind the times on this). Women have much greater presence and influence, and we have at least some (but clearly not enough) diversity in our racial, ethnic, cultural, sexual, and intellectual identities and backgrounds. Transparency and candidate involvement in our educational system also far exceeds earlier times, as does our outreach into the mental health community at large. And our small and large group discussions are generally more cooperative and humane.

But problematic hierarchies, divisions, idealizations, and exclusions remain. Our deserved reputation as too rigid and conservative, too ingroup, privileged, and elitist, and too culturally unaware and insensitive, continues to inhibit our development. Moreover, psychoanalysis is currently devalued throughout American society. While our Center in ways is vibrant and evolving, our professional identity and sense of a foundational home in the wider culture has eroded. The "crisis" of psychoanalysis Erich Fromm wrote about in 1970 is probably worse today. My talk and paper is a theoretical response to these problems. Both of these contributions affirm inclusion and unity in our psychoanalytic work, organizations, groups, and societies. I hope they help along these lines.

*It helps to capture the depth of their motives: above all their longing for a more direct, authentic experience of the world than the one on offer in mid-century American society.*

– Jackson Lears

In the early 1990s, a theoretical paradigm shift underway at SFPI dominated my analytic training. The Institute was admitting candidates from all professional disciplines and applications were pouring in. The next generation of psychoanalytic leaders, all children of the 1960's, were chafing against their forebears, who were personally and professionally formed by the cultural ethos of the 1950s. These up-and-coming analysts wanted more theoretical and clinical freedom, reflective of the national mood of their youth, one that demanded sexual liberation and expanding civil rights. They were freer of feeling, more playful and emotionally expressive, at least from their perspective. Clinical orientations that were devalued during their training now seemed natural, fresh, and promising. Our theoretical culture was spiritually and intellectually blooming while simultaneously unraveling at its seams.<sup>1</sup>

The empirical science orientation encasing 1950s SFPI (andAPsaA) felt too emotionally detached for this next analytic generation. The theories they grew up on now seemed phobically avoidant of immediate experience, emotional involvement, and behavioral spontaneity (Hoffman 1996). Nailing things down in objectivist terms had lost its allure. These younger analysts sought “alternatives to the myth of objective consciousness” ...in their struggle against “an adult world that respected only what could be measured from the outside, not from inner experiences” (Lears 2018). They wanted a more personally related, experience-near clinical sensibility and

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<sup>1</sup>I recognize that my discussion of the 1960's Youth Movement is from a mostly white, middle and upper-middle class cultural perspective, although its meaning and effect spread throughout all other American cultures in similar and different ways.

attitude (Stern 1992, 2013).<sup>2</sup>

But the analysts of the 1950s still controlled the curriculum of my candidacy, at least in its beginning. Mostly we studied Freud and other current American “classical” Ego Psychologists. Talking as little as possible to patients was a point of pride, as it gave the impression that what proceeded was empirically-derived data. However, Ralph Greenson’s (1967) concepts of a “working alliance” based on the “real” (ie., non-transference) aspects of the analytic relationship was also on our minds, which I now see as a progressive response to the ethos of the 1960s. By addressing “here and now” relational experience and democratizing the power dynamics between the analytic couple, Greenson anticipated the “two-person” intersubjective orientation that SFPI would integrate twenty-five years later. Our class compared Greenson to his critics, such as Charles Brenner (1976), who argued that his concepts trivialized the unconscious and denied the ubiquity of transference. Was Greenson promoting “real” psychoanalysis or just “superficial” psychotherapy (see Aron & Starr 2013)?

I don’t remember reading Kernberg or Kohut, nor much if anything of Bionian, Kleinian, Middle School, or Interpersonal theories. Loewald and developmental theory was covered, but only secondarily, and psychoanalysis from Europe and South America was out of range. Rather, we followed Brenner’s (1982) theory of compromise formation and Arlow’s (1969/1991) focus on unconscious fantasy. Paul Gray’s (1994) close-process monitoring also held some interest, as did Schafer’s (1976) “action language” and narrative conception of analysis. In certain respects,

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<sup>2</sup>Stephen Seligman has outlined some of these connections between the early Relational analysts’ involvement in the Civil Rights, New Left, antiwar, and feminist movements in a paper that is to be published in *Psychoanalytic Inquiry*.

Schafer's quasi-philosophical theorizing presaged what was on the horizon. The epistemological basis of narrativity -- beauty, continuity, and coherence -- suggested an attractive non-empirical determinant of analytic veracity that analysts of my generation were seeking (see Robert Wallerstein's brilliant forward in Spence 1982).

The 1970 critiques of Freud's instinct theory and metapsychology (Holt 1982; Klein 1976) animated philosophical inquiries in the 1990s on the nature of reality and truth (Hanly 1990; Cavell 1991). But it was Greenberg and Mitchell's (1983) comparative study of classical, object relations, and interpersonal (Sullivanian) theory that most expanded our clinical frame and brought intersubjective/relational analysis into APsaA (and by extension, SFPI/CP). Owen Renik opened up *The Psychoanalytic Quarterly* to the theory shift taking place, and the newly established relational journal, *Psychoanalytic Dialogues*, published trenchant critiques of the "power grab" and unconscious biases embedded in the objectivism of Ego Psychology. The debate between interpreting intrapsychic conflict vs. attending to developmental deficit by authentic relational experience was in full force (Killingmo 1989; Stern et. al. 1998). American psychoanalysis had to reckon with itself like never before.

### III

*Without deviation from the norm, progress is not possible.*

--Frank Zappa

*Me/We*

--Muhammed Ali

The post-modern view of human intersubjectivity (Elliot and Spezzano 1996) was rearranging the SFPI of my training. Using the analyst's self (Jacobs 1996) to identify what was present "in"

the patient's mind, was morphing into using the analyst's self to determine what the analytic couple were, in the here-and-now, *creating together*. We spent less time figuring out how the human mind worked as a mechanism and more time how it worked in a human relationship. Clinical *neutrality* was now a fictitious ideal that promoted authoritarian attitudes and false claims of veridical truth (Renik 1992; Hoffman 1996). Who had "privileged access" to clinical "facts" was being questioned (Eagle 1984) and the empirical notion that analysts interpret psychic conflict impartially and let the patient decide free of prejudice no longer passed muster (Mitchell 1998). Questions concerning authority dynamics in the training analyst system also began to germinate, from which sophisticated critiques emerged years later (Wallerstein 2010; Wilson 2010).

As Ferenczi tried to do "mutual analysis" in his time, Irwin Hoffman (1983) shifted the authority relations between the clinical couple: the patient was now the interpreter of the analyst. Aron (1991), Stern (1996), and Renik (1998a) explored the patient's experience of the analyst's subjectivity, and Skolnikoff (1993) placed the analyst "on a continuum between objective and subjective reality". Free association was giving way to *analytic dialogue*, and transference – the patient's projection on to an unbiased, anonymous analyst – was being replaced by *Enactment*, defined by Chused (1991) as "symbolic interactions that begin as a patient's attempt at transference gratification, but are created by the interaction of the patient's behavior and the analyst's response" (p.615). There were impressive comebacks from the "old guard" -- Hoffer (1985) on neutrality, Poland (1992) on transference, and Kris (1992) on free association, for instance. But the future of American psychoanalysis was moving in a different direction.

Emphasizing the analyst's personal influence (Grossman 1996) inspired various descriptions of analytic process as a co-created phenomenon; for example, Benjamin's "mutual recognition" (1990), Ogden's "analytic third" (1994), Hoffman's "social construction" (1992), Greenberg's "interactional matrix" (1995), Aron's "relational symmetry and asymmetry" (1996), and Renik's "irreducible subjectivity of the analyst" (1998a). Theoretical emphasis on relational interaction illuminated the bi-directionality of analytic therapy, which expanded our technical flexibility and stretched the "analytic frame". Transference gratification was less concerning than transference alienation, as our focus shifted to creating safe, authentic, and well-boundaried dialogue. Initiating a session, self-disclosing (Gerson 1996; Cooper 1998), and asking and answering questions (Stern 1992), for instance, were now legitimate, rather than "anti-analytic", interventions. We were freer with our inner life, more open to discussing our sexual, romantic, murderous, and rescue fantasies with colleagues and supervisors, and more accepting of paradox and contradiction (Ghent 1992). But greater technical freedom made clinical involvement more contingent, confusing, and uncertain. Examining ourselves, looking within, and sorting out what came from us and what from our patients, was now a heavier lift.

Our identity as mental health experts and psychotherapists was equally challenged. The authority of medical science was no longer an option. PINC had emerged as a formidable Institute of interpersonal and relational analysis. Their presence opened SFPI further to alternative ways of thinking and doing. Expanding out theoretical pluralism was necessary for our development. The widening field made psychoanalytic engagement more thrilling than ever before. But it also splintered our theoretical and professional cohesion; our sense of safety was significantly shaken.

American pragmatism -- its emphasis on *therapeutic* results -- was one way we reconstituted.<sup>3</sup> We're not just analysts but therapists, too, so why not evaluate our validity on practical results? Why shouldn't we prioritize helping our patients live better in their "real" lives (Bader 1994, 1998)? On this account, Renik (1998b, 1999) urged "getting real" and "playing our cards face up". Hoffman (1994) wrote of the "real life" consequences of our impact on patients. Joe Weiss and Hal Sampson's Control-Mastery theory (1993) focused analytic process on certain bare bone events, which spurred creative academic research methodology into how analytic therapy "really" "worked". Robert Wallerstein (1969;1986) and Mardi Horowitz (1987), and Enrico Jones's (1993, 2000) research methods did the same.

It seemed that intersubjective/relational analysis would anchor SFPI's theoretical identity into the millennial. But suddenly we changed direction. How and why is an open question that I will return to shortly. Before doing so, however, I must first address the prominent role that the feminist movement in the 1960s played in SFPI's theoretical shift in the 1980s and 90s.

#### IV

*If this keeps going, women are going to turn psychoanalysis into nursing.*

– One of my male supervisors early in my analytic training

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<sup>3</sup>Clinical application of psychoanalytic theory is perhaps America's greatest contribution to psychoanalysis, unsurprisingly given how historically rooted pragmatics — "functionalism" (William James, 1907/1981) — is in the American psyche and culture.

There were only two women Training Analysts when I entered SFPI in 1991. But two decades later, women out of the 60s era were entering SFPI in record numbers.<sup>4</sup> Freudian theories of female sexuality – “a pernicious machinery of patriarchal power” (Dimen 1997) – were under the microscope. Freud equating female sexuality with passivity negated women’s subjectivity and desire. On this account, Lisby Mayer (1985) wrote on “primary femininity” – a naturally strong, active, and receptive genital sexuality – and linked female castration anxiety to girls losing a sense of “psychic openness” natural to their bodies. Adrienne Applegarth (1988) explored the origins of a feminine wish for a child beyond the “penis-baby” equation, such as loving identification with the mother, sibling experience, and “ego-ideal” development in the girl. She and Abby Wolfson (1987) opened up our thinking about female homosexuality and criticized how it was being pathologized. At SFPI and APsaA sponsored panels for the public, Abby also discussed the defensive function of penis envy as related to mother-daughter dynamics, rather than as bedrock of female psychic life and development. She theorized as well super-ego development arising in the relational space between parents and children rather than from instinctual drives. Other outstanding women analytic thinkers emerged from SFPI and other parts of the country. Nancy Chodorow (1978, 1989, 1996; who was already a distinguished university professor), Anne Alvarez (1992), Judy Chused (1991, 1996, 1999), Adrienne Harris (take your pick), and Jessica Benjamin (1995), to name just a few.

But before the 1980s, women were rarely researchers and even less often subjects in social science (Belenky, et. al., 1986). Gender assumptions were rarely questioned. But Carol

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<sup>4</sup>1992 was also the “Year of the Women” in American politics. More women were elected to congress that year than at any time in American history, and Hillary Clinton was about to become the most prominent “first lady” we’ve ever seen.

Gilligan's (1982, 1990) work changed all that. Her ground-breaking research consistently uncovered patriarchal bias towards qualities associated with typical masculine attitudes and behaviors, such as self-interest over relationships, competition over communal well-being, and thinking over feeling. Qualities connected with femininity were devalued. Gilligan's findings confirmed what Nancy Chodorow (1978) had concluded a few years earlier, that women far more likely than men define themselves by their interpersonal experiences and social connectedness, and consider dependency positively as being available to help, whereas men associate it to powerlessness and loss of control. Among the myriad of observational experiments Gilligan conducted, one of my favorites concerns a four-year-old boy and girl asking each other which game to play together. The girl suggested "next-door neighbors", whereas the boy wanted to play "pirates". "Okay, said the girl, then you can be the pirate that lives next door" (1990, p.485).

*It follows that Freud may have drawn exactly the wrong conclusions from his theory. If, on account of her different constellation of castration concerns, a girl does not develop the implacable superego that a boy does, then at least in this respect, she might be better suited than a boy to develop a moral code that is enlightened, realistic, and consistently committed to some conventional form of civilized interaction among people. And that perhaps is... the basis of another widely held view of women that Freud ignored in this connection: women as guardians of civilized conduct and morality.*

---Roy Schafer

Women raised in the 1960s were empowering the following generations of women to value their own voice and desire. This included what Belenky, et.al. (1986) referred to as "the emergence of subjective knowing", by which she meant a "sense of truth that comes from within one's emotional reality and not just from what one perceives or is told from the outside" (p.54). Gilligan established the "Harvard Project" in the 1990s to help girls resist inhibiting their empathy, relational sensitivity, and intellectual acuity for the purpose of "fitting in" to male

expectations (1990, 2011). Her research revealed a relationally-attuned, egalitarian feminine thought process and leadership style that women were now bringing to all areas of American life, such as law (Ruth Bader Ginsberg), business (see Wheatley 1994) and psychoanalysis. In other words, feminism coinciding with the rise of intersubjective/relational theory at SFPI (and in American psychoanalysis) in the 1980s and 90s was nothing but synergistic. Establishing differentiation through objectivist interpretation was shifting to a subjectivist/relational approach. Interpersonal process took precedence over mental content. Our sense of analytic authority and analytic truth in our theorizing was reorganizing in a feminine voice and spirit.

But then we reversed gears, at least for a time, and ever since I've been asking myself why. My hunch is that our theoretical pluralism played a significant role: Did opening ourselves up theoretically make our work too confusing and uncertain? Our newly initiated Scientific Meeting and the Visiting Professor programs were key to this development (who originated these ideas?). The prominent analysts from all over the world whom Owen Renik, Maury Peltz, Abbot Bronstein, Georgine Marrott, and Chuck Fisher introduced us to expanded our theoretical "choices" and enlivened our organization's culture. While some of our guests came and went without much fanfare, others stuck. It was an exciting time to be a psychoanalytic therapist, but (and because) our theoretical identity was uncertain. Our increasing insecurity and need for stability made idealizing theories and theorists harder to resist.

The Neo-Kleinians had the biggest impact and effect. Their focus on pre-oedipal, primitive mental states had been a gaping hole in our training. Their focus on the "here-and-now" and how love entwines with hate, envy with care, prepared us for the related

transference/countertransference entanglements the Kleinian's knew so well (I also personally think a human death instinct is a worthy idea). On the other hand, at least for me, the Kleinian sensibility constricted the clinical bi-directionality of the intersubjective/relational approach. Patients projecting their psychic distress "into" the analyst embodies a different aesthetic than considering that distress as a two-person co-creation. The language the Kleinians used with us revealed its objectivist orientation. "Showing" patients what they are doing to the analyst and analytic process relieves self-examination – where is the analyst's desire in this clinical equation (Wilson 2013)?

*You cannot exaggerate the intensity of people's inner lack of resolution and craving for authority.*

– Freud

Yet the Kleinian perspective swept SFPI into the 2000s like a tornado. What turned us away from American relational theory? Did the Kleinians have a better theory, or, more correctly, did their theory fill a clinical need that intersubjective/relational theory couldn't satisfy? Perhaps a deeper sense of the unconscious, a "darker" side of human nature, or a more interpretative/confrontational clinical attitude? And what about possible psychological reasons for our receding from relational theories? Was it our waning communal transference to Owen as he withdrew, or the brilliant "analytic surfaces" (Levy and Inderbitzen 1990) that the Kleinians, especially Betty Joseph, could gather on the spot? Then again, could we have retreated from the added uncertainty that came from including our own psychology more squarely in the clinical interaction: Did Kleinian objectivism provide a safer sense of (mostly paternal) authority, an interpretive assurance and technical confidence that's lost with an intersubjective orientation? That is, did we do an "escape from freedom" that Erich Fromm (1941) wrote about? Or was it none or a combination of these factors, or maybe some I haven't mentioned at all?

Thinking individually and together about our history will help us to define ourselves today. I'm reminded here of a college musician friend of mine who introduced me to John Coltrane's music. Sitting around for hours listening to his records and tapes are among my favorite memories. But one evening, much to my surprise, my friend warned me that, although neither his fault or responsibility, Coltrane was "bad" for music. I didn't understand what he meant until he explained that Coltrane was such a powerful and innovative musical force, that everyone was trying to play like him, rather than trying to figure out how to play like themselves. Their music was smart and technically sound, but intellectually rigid and emotionally shallow. Are we doing the same today with our revered analytic theorists? Are we following their lead to our detriment? Idealization constitutes our "ego-ideal" and "ideal self" from which healthy ambition develops (Lample-De Groot 1962; Blos 1974). We all do it, we all need to do it. But taken too far, idealization promotes self-centered certainty that negates wisdom and kindness, without which our theories are clinically useless -- personal strait-jackets rather than means of personal self-expression. We become opaque and dogmatic, unwitting propagandists reciting the "party line" for the one "true" psychoanalysis.

There have been a number of visiting professors and guest speakers following the Kleinian wave at SFPI/CP, all of which, more or less, have brought us back to an intersubjective/ relational stance: Ferro, Civitarese, and other field theorists, Bionians, Winnicottians, and Laplanchians, and most recently Hayuta Grevich, who specifically draws from the original intersubjective/relational theorist, Sandor Ferenczi (Aron & Harris 1993; Harris & Aron 1997). Under Hayuta's influence, we've essentially swung from emphasizing what the patient is doing

to the analyst to what the analyst is doing to the patient.<sup>5</sup> What comes next is anybody's guess, but both are going on and seeking better integrations to me makes the most sense. Bi-directional thinking grounds all analytic theories and radiates the generous "fellow-feeling" our clinical practice requires.

Psychoanalysis began as and remains a radical "self-inquiry" (Gardner 1983). Our theorizing evolves by first addressing, as individuals and as a professional community, the *personal* appeal of the particular theories we "choose". How does the theory and analytic attitude relate to our self-experience and experience of life? Pursuing this question keeps our desire to know more stimulated and open.

## V

*There's a labyrinth of voices inside your head, a counterpoint of self-awareness and the remembered sayings of your guides and mentors, who don't always agree. Sometimes you wish you can go back and ask your teachers again to guide you...but you must simply find your way. They have given all the help they can; the only person who can solve the labyrinth of yourself is you.*

--- Jeremy Denk

Learning and growing as psychoanalytic therapists is hard work. We must imagine ourselves in the other and the other in ourselves, all the while keeping our personal boundaries clear, our feelings stable, and our thinking sharp. Clinical immersion teaches that freely and directly saying what's on our minds to patients in a psychoanalytically helpful way is extremely complicated and difficult to do. Ambiguity is a constant concern and positive results are usually quite subtle and hard to detect. This isn't to mention that the clinical mistakes and failures

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<sup>5</sup>Might there be a cultural element to Hayuta's theoretical appeal, namely, that her acute clinical focus on the intricate ways analysts alienate their patients aligns with the alienation that

necessary for us to learn and develop as analysts can be extremely painful.

Analytic therapy is also sometimes frightening. Staying open to, and curious about, the “worst” in our patients and in ourselves, with no guarantee that doing so will turn out for the better, takes courage (Taylor 2007). Franz Alexander (1960) said that we can neither understand nor help our patients as much as we (or they) wish we could; our omnipotent wishes to cure are forever thwarted. No matter what theory we follow, loss, lack, and limitation – a tragic sensibility -- infuses our clinical sensibility and effort (Schafer 1982; Reiff 1959).

*Everybody has a plan ...until they get punched in the nose.*

– Mike Tyson

The actuality of psychic distress in analytic practice “hits” fiercely, profoundly, and permanently. In *Freud’s Technique: More From Experience*” (2009), Lawrence Friedman contrasts the *theory* of “resistance” with its direct emotional *experience*. He elaborates the analyst’s visceral “shock” of being entwined in conflict between her desires and those of the patient’s. Friedman believes that negotiating this struggle mostly depends on the analyst’s character. An academic grasp of theory helps only indirectly and generally.

The analyst’s job entails emotionally containing and theoretically organizing the “punch in the nose” of resistance and other clinical difficulties. We try to balance our needs for recognition with respect for our patients’ autonomy and freedom. Yet we often unwittingly flinch from harm’s way, while leaving our patients in the lurch or trying to control their activity. Rather than

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permeates American society today?

shaping our theories around our patients' personalities and emotional needs, to varying degrees we unconsciously insist they identify with who we are, how we feel, and what we think. Jessica Benjamin (2004) writes that to "recognize that the object of our feelings, needs, actions, and thoughts is actually another subject, an equivalent center of being, is the real difficulty." Centering ourselves clinically without being clinically self-centered defines our challenge. This to me captures the "refined common sense" that our theories must embody (Schafer 1982).

Psychoanalysis is but one of many progressive offspring of a self-reflective psychology arising in Western culture that dates back to the Platonic Socrates – "Do thy job and know thyself" – in which knowledge is obtained through systematic introspection into the self (Gedo and Pollock 1976). It began from one man's self-reflective solitude and will continue to evolve and prosper only by our doing the same today. Such lonely self-reliance falls heavily on our hunger for validation. But analytic wisdom and skill comes first and foremost from self-knowledge that's born from searching our internal lives. Jeremy Denk's (2013) above cited counsel to his music students fully embodies our challenge as psychoanalytic therapists. It's worth repeating as a conclusion to my history, as it encapsulates so well the radically subjective nature of our work: "There's a labyrinth of voices inside your head, a counterpoint of self-awareness and the remembered sayings of your guides and mentors, who don't always agree. Sometimes you wish you can go back and ask your teachers again to guide you...but you must simply find your way. They have given all the help they can; the only person who can solve the labyrinth of yourself is you."

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