

## THE OFFICE

I have a new office! Well it's my office on Mondays. I am not yet ready to rent and furnish an office of my own. First, I need to build my practice. My office. My office. My new office is only just across the avenue from the clinic at school. Yet it feels like across the universe. It also kind of feels like I'm still riding a bike with training wheels. A happy feeling I remember as a child until it dawned on me - until I noticed that the older kids were riding with only two wheels. I'll get there, I thought. And eventually I did. I had the same thoughts about graduating and getting licensed. And eventually I did. And now I am a psychoanalyst with an office. Yes, perhaps my Monday training wheels, yet it's a beautiful and well-appointed space with a red velvet couch. It's a deep red, a royal or blood red, hmm...maybe more like scarlet or maroon or burgundy. It's the color of my once brightly colored crimson red hair. Now a shock of white. There was a shortage of henna during the pandemic. There was no reason anyway to color my hair during the 18-month lockdown as I sat in isolation and wrote my dissertation. But what turned me full on grey? Was it the stress and anxiety of the killer COVID-19? Was it the stress and anxiety of finishing the paper - or even worse - having to fill out the unending pdf forms required to graduate?! With all that it was, I am no longer the advanced candidate with the crimson red hair seeing her patients on the grey couches of the clinic at the Institute. I have become the towheaded LP who sees her patients on the crimson red couch in the well-appointed private office.

In the first week, everything was so exciting and bold and all the feelings seemed amplified. The libidinal energy akin to a tiger chasing its tail. P and C were over the moon with penis talk. They had never spoken this way in the clinic. P exclaimed that all life's problems would be solved for

him if he could only free up his hips. I imagined him gyrating on my sexy new red couch. The color of my once red hair. Later in the session, he asked if there wasn't something more, I could do for him now that I was licensed. What did he have in mind? I asked. He mused that before I had to follow the rules of the Institute and perhaps now I could break them. Which rules should be broken I queried. I don't know he exclaimed in exasperation. Shouldn't you be able to do more for me now, he insisted. Should I let him know that now I expect to be paid a fee closer to market rate instead of the clinic's sliding scale rate he is still paying me? I hold my tongue to avoid creating narcissistic injury<sup>1</sup> but that is a conversation we will need to have.

C discusses plans to enlarge his penis and circumcise it. He wants my help enlisting his girlfriend to get on board and enjoy performing fellatio on him as much as he enjoys performing cunnilingus on her. A feeling of arousal brings an Andrea Celenza<sup>2</sup> article on erotic countertransference to mind. Memory is convened to conjoin with feeling. It calms me down. I remind myself that there are no inappropriate feelings in this line of work. This first day of no longer being a candidate challenges me to remember all I've learned. To continually summon, stir, and call it forth lest I slip into a cauldron of Lethe. The patients really seem to be talking to me in a way they never have before. Or perhaps I am listening as I never have before.

O is forlorn. He critiques the art in the new office. It is a weathered black tin ceiling tile with a hammered crease at the top folded and mounted over a plank of wood.

P: Do you like the painting? I mean, what is it? Did you hang it or did someone else?

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<sup>1</sup> A criticism that may wound the patient's ego and overwhelm their defense mechanisms causing feelings of shame or disgrace.

<sup>2</sup> The Guilty Pleasure of Erotic Countertransference: Searching for Radial True.

A: What do you think?

P: I don't think you put it there. I think you are renting the office.

Do I confirm or deny or continue to frustrate? I really hate this part of the work. I feel deflated. My perfectly appointed office now seems shabby with bad art. Yet I soldier on...

A: How would I decorate the office?

P: Oh, it would be more Modern. With Modern art. Not like this.

His tone clearly reflects disdain. I join<sup>3</sup> him, saying: "Yes, this new office is intolerable. Why did I take it?" He asks if he can come on a different day but at the same time. What would that do? After a series of questions, he reveals that he misses the old office. Room 10. The prized room of the clinic. I had been able to secure it in my final years. I remember coveting the room when I began and being afraid to even go near it. That room was reserved for the advanced candidates. It had a piano and a wall of windows with a terrace and the grey couch like all the grey couches and knock off Eames chairs. Room 10 was big enough for groups. O is regressing. He's a fairly new patient. Not even born yet and I have disturbed him in the womb. My own longing to go back is induced. To go back to my early days as a candidate when I felt rocked and cradled and loved in the arms of the Institute. Before the hate set in...

B speaks about a new restaurant as she reviews her week. "What's it called?" I ask as she takes an exceptionally long pause. (I remember to use object-oriented questions<sup>4</sup>.)

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<sup>3</sup> A Modern Psychoanalytic technique used to facilitate the patient move toward progressive communication with the Analyst. Spontitz (1985) wrote: "Many communications that have a maturational effect reflect the old adage: If you can't lick 'em, join 'em... The term 'joining' denotes the use of one or more ego-modifying techniques to help the patient move out of a repetitive pattern." P. 253.

<sup>4</sup> "Object-oriented questions, those that avoid thoughts and feelings about the self, are the preferred response when it seems likely that the patient has a fragile ego." Liegner (2020).

“Is this a therapy session or a restaurant review?!” she snorts and continues on. The narcissistic transference<sup>5</sup> does not like to be disturbed. As I am chided, I feel the pull again to remember all I’ve learned. In the following week she arrives with a cup of coffee and cannot decide whether to place it on the beautiful antique wood desk or on the tablet on top of the desk. What is this about? She never came into the clinic with a coffee. I hear the ghost of Dr. Liegner (1977) in my ear:

*In modern analysis, rules are generally spelled out as the occasion arises rather than in advance. Spelling out rules conveys the unconscious communication that the analyst expects a transgression against them, and the patient may feel the need to comply in order not to disappoint the analyst. It is recommended, therefore, that only suggestions that facilitate the onset of treatment be given. Thus, policies about lateness, payments for broken appointments, smoking and eating are preferably dealt with as they emerge in the treatment process.*

My words catch B in midair with the command.

A: NO FOOD OR DRINK IN HERE!

P: Why not? (She pouts.)

A: This is not a restaurant, it’s a therapy session.

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<sup>5</sup> “The narcissistic patient is arrested at some point or points in approximately the first two years of life.” (Margolis, 1981, p. 149). This patient is not able to develop object transference but instead develops a narcissistic transference. Freud advised against working with this type of patient but Modern Analysts are trained to work with the Narcissistic Transference. According to Spontitz: “the patient is permitted to mold the transference object in his own image. He builds up a picture of the therapist as someone like himself – the kind of person whom he will eventually feel free to love and hate.” (Spontitz, 1976a, p. 109). According to Spontitz, the building of a narcissistic transference in beginning of treatment helps to work through the patient’s narcissistic aggression. (Spontitz, 1976b, p. 58).

I ask her to leave the cup of coffee outside in the waiting area. She complains but is compliant. The repetition of her nasty restaurant/therapy retort from the previous week, seems a dystonic mirroring<sup>6</sup> yet she receives it as a syntonic<sup>7</sup> joining. B likes that I can punch back. It makes me once again just like and a part of her. I feel myself occupy the space, the treatment, and my profession in that moment. I also laugh at myself as words I heard from supervisors about coffee spilled on rugs and couches now seems real. It's not my office but on Mondays it is my office and I'm lucky enough to be renting from a dear friend who has exquisite taste. There will be no eating or drinking in this office.

To graduate, to leave home - albeit only to cross the street, is filled with intensity of feeling. I would say I was in a kind of cradlebosombliss for the first ten years<sup>8</sup> of my psychoanalytic training which included both a graduate and certificate program along with the clinical work. I attended half time so as not to incur student debt and I really feel taking more time allowed me to absorb the teachings more fully. It was only in the final eleventh year that I became jaded and my love for the Institute soured into disdain. I was part of a committee working to improve racial relations in psychoanalysis and specifically in our institute. After several years of petitioning for a reparational action, and certainly fueled by the killing of George Floyd, the Institute finally agreed to create a scholarship for black identified students. There was a doing and undoing all along the way and finally after a year of initiating the Social Justice scholarship, the rules were changed to require that scholarship recipients be need based. This of course completely canceled out any idea of reparative work! The Institute decided that only poor black applicants would be deemed worthy

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<sup>6</sup> "Ego dystonic joining [or mirroring] is employed primarily to facilitate the discharge of negative affects." (Spotnitz 1985 p. 188.)

<sup>7</sup> A Modern Psychoanalytic technique to send a message to the patient that "I am like you." (Spotnitz 1985 p. 187).

<sup>8</sup> That's a ridiculously long time to be breastfed!

of reparative and social justice measures. There seemed to be a failure to grasp the idea that African Americans were denied the ability to create generational wealth due to slavery and Jim Crow laws. And that Social Justice needs to be based on something larger than how any one individual might be doing financially in a given year. Needless to say, no applicants have applied since the need-based change was enforced. This disaster decidedly dropped me from my cradle of comfort. The warm fuzzy feeling of being held by the Institute for over a decade quickly dissolved like a glacier that held historical record, but then cracked, melted and floated off to create impending doom. Feeling disillusioned, disappointed, devalued, and unmoored, Yeats (1933) comes to mind. A line from *Leda and the Swan*.

*Did she put on his knowledge with his power*

*Before the indifferent beak could let her drop?*

There is a powerlessness in being a candidate. And the Institute can be an indifferent beak in the way that Freud (1910) refuted all countertransference feelings as “a personal problem for the analyst”<sup>9</sup>. A personal problem to be rid of, so the Institute can hide it behind a ‘board’ or sweep it under a ‘council’ or dress it up as a Zeus-like god. And behind that guise, it can rape and pillage psyches and do much harm without examining its own unconscious motives.

I read a beautiful poem, *Leaving therapy*, by Arthur Tobias (2017). The poem speaks of fear and confusion, of an intimate emotional relationship, and begs the question - how do we learn to say goodbye? I think as a candidate, this is an extremely valid question. There is a desire to never say goodbye as who wants to ever stop learning?! Then comes the realization that the training has given you tools to continue learning and growing and if that were not enough - the State mandates

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<sup>9</sup> <https://en.wikipedia.org/wiki/Countertransference>

that you continue to acquire CE<sup>10</sup> credits to maintain licensure. Like being born, there is an acute amount of agitation required to leave. I wonder had I not been so disenchanting and outright disgusted with the administration if I would still be delaying my graduation. The aggression propelled me to an office across the street and catapulted me to the other side – yes, I am now faculty. Well more like on the bridge to faculty as a fellow, yet I still identify as a student and abhor most faculty for their racial justice shortsightedness. Why did I not run for the hills? Because I believe I can make a change in time being on the other side of things.

A recent graduate spoke to me about turning down a potential patient because this individual was very troubled and the fee that they offered was not high enough. You need a good fee to work with difficult people. There has to be incentive. The graduate compares this to the social justice scholarship saying that white people/the Institute are like the troubled patient and that Black students should be paid well (scholarship) to help them better tolerate us. It makes sense to me. Meanwhile, the administration puts on some kind of a show and I attend a mandatory faculty meeting to discuss how to address conversations about race in the classroom. Albeit a worthy endeavor however it has already been reported to me that for the past year there have been no new black students. There have been no applicants to the Social Justice scholarship since it became need based. This is reported to me by one lonely black student who waits every semester to be joined by more of his kind. He is anxious to discuss race in classrooms but does not feel comfortable doing so as the only black student in all his classes.

I'm reminded of a line from my favorite film. "Grand Hotel... always the same. People come, people go. Nothing ever happens."<sup>11</sup> Repetition compulsion is a bitch.

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<sup>10</sup> Continuing education

<sup>11</sup> <https://youtu.be/RKqSSSUS1js>

Meanwhile, things are happening in my consulting room. A parent dies, a couple decide to start a family. I feel the drives operating in the room in a way I had only read about. What is different? I am no longer surrounded by rooms with other training analysts or a library to run into to decompress and get some quick supervision. Or running to a class to talk about what happened in a clinical session. It seemed like every patient was a learning experience. Of course, I am still learning but I have more a sense of being. Just being with my patients now.

E never returned in person after the lockdown. We speak weekly over the phone. E is currently my only black patient. E won't leave the house. E is afraid to turn a corner in the street because of aerosols. They don't want to breathe in anyone else's bad air. I am reminded of a white schizophrenic patient that I observed during my field placement in a lockdown facility. She said her mother told her: "You and me - we are like bad air. No one wants to breathe us for very long." I'd really like to clear the air at my Institute and make it a healthier and more welcoming place. And I'm working on getting E to come in person to my new office. I think they would like the art.



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