

Eros Vs. Thanatos

I live in a region with a smallish psychoanalytic community. In the pandemic, opportunities opened up for distance learning so I pursued my training in a larger community that provided more options for training across a wider array of theoretical perspectives. I could do much of this by Zoom and by phone. I am a largely auditory person anyway. I have a musical background and listening to tone, melody, and vibration, could be thought of as my idiom.¹ For safety reasons in the pandemic, analytic work was occurring by phone and telehealth. I could never bring myself to buy wireless earbuds, but one day I found a brand new case lying in the middle of the street. This along with my cell phone served to be the perfect transitional objects, and could both be the vehicle of all my preferred music, and the means to have psychoanalytic sessions.

Psychoanalytic training is powerful and transformational. The structure of it has been so rich. There is the personal analysis, the classes, case conferences, and weekly supervision of control cases. These experiences are incredibly growthful and stimulating. It is like being encouraged to play in a big dollhouse with a treatment room (of course using Freud's burgundy upholstered couch with his signature Persian rug), a massive library (floor to ceiling bookshelves), a kitchen and a bathroom, a playroom filled with toys, a sandtray, and hundreds of figurines to use. You are free to put it all together in your own way, with your own process. You will need a smoke detector, a fire extinguisher, and an umpire's whistle. There will be destructiveness and construction. You will need the training institute and the psychoanalyst to be sturdy. It will be messy. You will need a first-aid kit and a stethoscope, and an old fashioned infirmary cot. It will largely be up to the analyst and the training institute to survive the combustion. Like it or not, this is how the game is played.

¹ Bollas, C (2003). *Being a Character: Psychoanalysis and Self Experience*. New York: Routledge.

I have a patient who repeatedly dreams she is supposed to be in a play in the childrens' theater, but she does not know her lines or blocking. My case conference instructor called this dream "Brilliant," as an invitation for psychoanalysis, to work all this out. At the end of the process, the patient/analysand should hopefully have increased their capacity to love and to work according to the individual's own unique aesthetic. They should "learn their lines." There are parallels between training analysis and raising a child to be securely attached. You get to keep your training wheels on the bike for a really long time. Your analyst and the institute hopefully will be there if you lose your balance and turn too wobbly. A child with a secure attachment has likely been able to take her time in development, taking slow and gradual steps towards venturing out when ready and curious about exploring the world.

I needed to find an analyst. I was cautious and picky. I had been in a deadened space and was having difficulty being a subject in my own life for a variety of reasons, and previous treatments had not really helped me turn a corner. I found my analyst by seeing a presentation she gave. She appeared confident, authentic, and smart. The topic was creative and innovative, original, inspiring. It turned out that it was my good fortune that she was available and open to work with me. It was a new beginning. She happened to be located in a city far away from me. She suggested that we meet in person first. I agreed and hopped on a plane. It was a little challenging working out the details, schedule, fee, etc.

I am always aware at the beginning of a treatment, there is a period about six weeks in, of a hesitation, I think of as a risk of miscarriage. It's like a part of the analyst may not Really want to do the work, and a part of the analysand toys with death drive. Can the analyst hold the new life? Can the new life agree to be held? Then if there is a regrouping, the "pregnancy" proceeds.

Ellen Pinsky, in her entry from the essay collection entitled Dear Candidate, recommends we find our own fairy tale or myth in our training, to play out, to help us make sense of our own unique,

individual journey through our psychoanalytic advancement. These stories help children learn how they may become subjects in their own lives. There are dangers and lessons to learn in shoring up the courage and getting what you want in life. Pinsky turns to Freud who also emphasized the centrality of knowing and incorporating history, myth, and literature for helping us create and refine our own narratives and those of our patients. About twenty years ago I heard James Grotstein say that the job of psychoanalysis is to help the patient identify and invest in the best of all the bad mothers s/he could find. When the patient enters treatment they usually cannot locate a good mother internally. The focus is on building this inner presence. There will be the challenge of what one can work with to grow, and then what one likely will need to kill off in order and/or individuate from in order to be functional. This is what can be messy and confusing.

Sally

I worked with Sally for an eight year course of treatment. She is remarkable in that she is one of the most prolific dreamers I have ever worked with. Much of her process and treatment has proceeded through dreams. At the start of treatment she had a recurrent dream of needing to sort out children's mismatched socks, and never being able to do it. She was born to teenage parents who were not ready to take on the responsibilities necessary to care for a child competently. In her early childhood she was raised by her father's extended family who lived in a rural area, and she had happy memories of being adored by her favorite aunties and her paternal grandmother. She loved watching clothes being hung on a line in the backyard, and she remembers a lot of music the family enjoyed together. Then her family moved to a suburb and her parents had five more children. As the oldest girl, she was expected to do a lot of the child care. Her father became a severe alcoholic and things fell apart. She was not supervised well and she was pursued by predatory males. Her first husband was a pedophile and she had been lost in a prolonged pattern of being abused and victimized in relationships with men. She was trying to stop when she first came to see me. It is not hard to see a "Little Red

Riding Hood” dynamic at play in her narrative. She was not protected from “the wolf” and then had trouble freeing herself of this dynamic. Her prolific dreams often involved architectural themes with spiral staircases, secret passageways, and unexplored basements with secret treasures. She grew, she learned to be more independent, and she surrounded herself with a vibrant circle of friends who appreciated her, and she came to value her independence. Although her treatment has ended, she still lets me know when she has interesting dreams she thinks I would appreciate. In one of the last ones she had grown a beard, she told me it was after she had given some helpful advice to one of her grandchildren, and she felt herself to be wise.

I am struck by how relevant the “Goldilocks” narrative seems to be in treatment. The “too much/too big,” or “not enough/too little” experiences seem to play out in repeated ways in many people’s lives, who seem to be looking for the “just right.” It is easy to underestimate how this impacts people in treatment in very profound ways. The “too much” is ubiquitous. I often think that what is often highly therapeutic in treatment is that the other 165+ hours per week, when the therapist is not intruding/imposing in peoples’ lives, and patients are free to consider thinking about the analyst’s presence independently. So often people have had negative experiences of the “too much,” and think this is what relationships entail. In Winnicott’s “spatula game,” he would place a tongue depressor or spatula on a table near the child. When the child would pick up the spatula, Winnicott would observe that the child would pause. He noted the significance of this “period of hesitation,” that it “makes possible a *true* connection to the toy, interpretation, or object...”² This is quite significant for Winnicott in considering the implications on the origin of the “false self” and the dangers of this.

Freud, in his seminal paper “Observations on Transference-Love” describes the “too-much” quality in an erotic transference this way: He writes “The psychoanalyst knows that he is working with highly explosive forces and that he needs to proceed with as much caution and conscientiousness

² https://en.wikipedia.org/wiki/Donald_Winnicott

as a chemist. But when have chemists ever been forbidden, because of the danger, from handling explosive substances which are indispensable, on account of their effects?"³ He sees the erotic transference love as stemming from infantile reactions and patterns, and recommends the analyst take a neutral stance towards the patient, and steer them to "gradually....adopt the analytic attitude" in the service of the treatment.

Avgi Sakatepolou has recently written about the use of the draw to overwhelm in waking us up and "shattering the ego"⁴, resulting in a shift in our perspective that can be quite growthful. It is confusing to find the "just right," and most often there is a dynamic of the analyst remaining engaged and unobtrusive in partnering, allowing the patient to experience and express the "just right." It is highly variable and individualized with each treatment, and each analyst/analysand relationship, but it takes a very skilled analyst and successful dyad to find this place with each treatment. The sense is that over time, the relationship tends to work out the dynamic and the process that will be productive and analytically effective.

In writing about love, I was also drawn to paradoxically consider hate and the role this has also played in my training. The most daunting challenge in my own process has been to neutralize or work through hate and hateful feelings in order to protect a capacity to love. There is clearly so much to hate about psychoanalysis. Analysts charge fees to listen, they take vacations, they kick patients out at the end of the session, they move their offices, they put their own families first a lot of the time, they raise their fees, they are human, etc. We have had over 100 years since Freud discovered psychoanalysis, to watch how well it can survive all kinds of assaults and attacks. Freud was himself marginalized and seemed keenly aware that the survival of his creation was tenuous and highly precarious. He

³ Freud, p. 171, "Observations on Transference Love"

⁴ Saketopoulou credits Bersani, L. (1986). *The Freudian Body: Psychoanalysis and Art*. New York: Columbia University Press, for this phrase.

tended to his “child” meticulously and was impossibly alienating his colleagues, repeatedly engaging and then rejecting their capacity to partner in establishing the legacy of psychoanalysis.

Towards the end of Winnicott’s seminal article “The Use of An Object” he writes “...destruction becomes the unconscious backcloth for love of a real object.⁵” To get to love, starting with hate is central in the practice of psychoanalysis. Winnicott is writing about the analysis being a process wherein the analyst survives repeated assaults and forms of degradation and attack. And this feels very true and consistent in my experience on both sides of the couch.

The most pervasive hate I can locate is the hate of “getting it right” much later than would have been optimal. A psychologically secure child is so delightful to watch and to take in to see the child thrive and grow, and see life in its richest forms. It is hard not to envy, when so much of history personally and collectively is filled with much more pained and anxiety-ridden experiences of insecurity and alienation.

While reflecting on this theme, a quantitative equation comes to mind. At the beginning of treatment and/or training, for me, the equation was Death Drive “DD” > Life Force “LF”. The challenge of treatment is to see if you can shift this so that $LF > DD$. One way to work towards this is to explore how Death Drive became so formidable in the first place. In addition to tracing back the preponderance of death drive, you can also work on the life force side of the equation, to increase Life Force in general.

HELEN

From the beginning of Helen’s treatment, it was always a question of murder: who would kill who? She was 70 years old to my 50, her husband had dropped dead of a sudden heart attack about 25 years

⁵ p. 714

earlier, and she lost her career as a school principal, having failed at creating and protecting needed political alliances. She had been in a failed treatment where in the end she made a serious complaint of patient abandonment. At the first session, she seemed to say “I don’t want to be alive anymore, one of us will need to die, but I don’t know who.” While she had lost her career, mine was thriving. I had a good support network where hers was quite minimal. She had every reason to have massive contempt for me and treatment in general.

Helen was the most depressed person I had seen in twenty years of practice. Her pain, suffering, and alienation was deep and profound. Too sad to cry, she seemed to be living in another dimension, the space of the deceased, the underworld. She had become isolated and marginalized in her family and community. One of the first sessions I made the mistake of stating “*If* you decide to continue to work with me.....” She let me know in no uncertain terms she had experienced this as deeply infuriating, evidence that I was in fact hoping she would decide not to continue. Her rage was terrifying and intimidating; she screamed and slammed doors, and would later tell me this was reminiscent of her mother’s behavior in the home.

Helen came back to the world of the living about three years into the treatment, when she disclosed she believed herself to be an alcoholic and started to attend AA regularly. There she met a woman who reminded her of her older sister, a woman named Ann, who she asked to become her sponsor. She finally had a meaningful social contact, and she reached a place where clearly more of her social needs were getting met. She could relax.

With Ann in her life, I could become far less central and inflammatory to her. She could find a distance I think in the treatment where she could feel less overwhelmed and intense. Love and hate could come in a softer, more digestible way. Treatment calmed down.

Now ten years later, I feel I am helping her “kill” me so to speak and terminate her treatment successfully. Her oldest granddaughter is about to graduate high school and we are talking about how

far she has come. I tell her how much progress she has made, that when I began working with her she felt as though she was drowning in her pain, and that now it feels to me like she has learned to swim. She is weepy as I say this. She tells me that at times she has worried treatment has gotten her nowhere. She recalls how her father never attended any of her graduations, saying that they were “too boring.” She tells me I think that she has missed out on a lifetime of being able to win and claim success in her life in general.

As I approach the completion of my training, I think about a presentation given at my institute by analyst Chris Bonovitz last year, around Loewald’s concept of “Parricide”, the killing off of the father or institution that coincides with normative development in young adulthood. The young adult, and the parents/institution need to be sturdy enough to tolerate the murder, and survive it. I think about my eventual need to kill off my training in proceeding forward and Helen’s need to kill me without a feeling of guilt and/or annihilation. So many fairy tales end with a killing of some sort, a frequent resolution of a conflict or dilemma. If all goes well, this is a transition, with the young adult internalizing what was needed, and all surviving the killing in order to initiate a new developmental stage. As Bonovitz writes, in the optimal process “...ancestors animate the young adult’s interior as he emerges and becomes more and more his own person.”⁶

I was raised in a religious household and was one of many children in a large family. I had believed in selflessness. At the beginning of my career I was drawn to working with former nuns, many of whom also shared this common narrative, and came following a realization this was a type of masochism that would lead to unhappy outcomes. I never actually knew how to play as a kid, it is only relatively recently in my adult life that I have learned. The original version of my life seems to have resembled the story of “The Little Matchgirl.” In this story, the girl lights a box of matches before freezing to death while looking in a store window at Christmastime. She has an angelic look on her

⁶ p. 147.

face in her death, symbolizing her faith in the beauty of the world as she dies. It is the story of suffering and martyrdom.

I recently enjoyed seeing Yorgos Lanthimos' movie "Poor Things" with Emma Stone, the story of a female Frankenstein. Willem DaFoe plays the father and creator, going by the name of Godwin, or "God." In the story, Emma Stone's character Bella plays the daughter Frankenstein. "God" is a scientist who is encouraging her to learn in her own way about being human, including and especially her own sexuality. She has many different lovers of different genders, ages, races, backgrounds. She is not limited by social convention. Her father sees life as an ongoing experience of learning and of adventure, and encourages her ability to choose and enjoy her own body fully. She becomes a subject. Many analysts refer to a process of creating a Chimera⁷ in the course of treatment. The emergence of a chimera is a joint endeavor elicited through psychoanalysis. Frankenstein's monster is a quintessential chimera.

What happens to the love and desire for the analyst post-training? In an optimal process the candidate internalizes the treatment and the transformation experienced through the training. A new narrative is constructed successfully. Freud wrote that through psychoanalysis we turn "neurotic misery into common unhappiness."⁸ Perhaps at the end of training we can bear the unhappiness just a bit more easily. I appreciated Lionel Bailly's book on Lacan in his efficient description of termination. He writes: "For Lacan, as the analysis nears its end, the power of the analyst wanes, and finally, the analyst is discarded, like an empty shell."⁹ When it ends, the symptoms have largely resolved and the personality has become more mature and functional.

⁷ "an illusion of the imagination, sometimes something desired but impossible to realize," APA Dictionary of Psychology (2015). Washington DC: APA

⁸ Breuer, J., and Freud, S. (1957) *Studies in Hysteria*. Basic Books.

⁹ Bailly, L. (2009). *Lacan: A Beginner's Guide*. London: OneWorld Publications, p. 192.

I recently had a dream that I think speaks to my own feelings about completing my training. I dreamt that Freud's office on Bergasse 19 in Vienna had been transported to a lake home I got to stay in, to an upper level loft, overlooking a very large lake. It was extraordinarily beautiful and serene. The setting was lovely, friends were staying there together. At the end of the vacation stay there, I realized that I had left many of my belongings strewn about in the home, I did not care about going back to get them. Can you ever actually fully leave analysis anyway?

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