Psychoanalysis: A Human, All Too Human Profession

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“He who fights with monsters should be careful lest he thereby become a monster.” (Nietzsche, 1886/1997, p. 52)

The crisis Nietzsche (1887/1996) considers “Human, All Too Human” to be a monument of is liberating himself from all the things which in his nature does not belong to him. Seemingly, this is another manifestation of his imperative in “Thus Spoke Zarathustra” (1883/2006): “Become what thou art!” (p. 192).

From the advent of psychoanalysis, we have been confronted with several principles and concepts; neutrality, being good-enough, holding, containment, no memory, no desire, etc. to which a psychoanalyst is always expected to be highly attentive. Let’s take a brief look at the definition of some of these concepts and other requirements for becoming a psychoanalyst:

- A good enough mother (analyst): She responds to the needs of her child in a way that they would be able to form the illusion that they themselves have created the object (Jacobs, 2008).
- Holding the child (patient): Minimizing the environmental impingements for the child (patient) (Jacobs, 2008). The environment should be attuned to the needs of the child (patient). Some of the characteristics of a holding environment which Winnicott (1975, pp. 285-286) stated he had borrowed from Freud are as follows: The method of the analyst is objective observation; The analyst doesn’t enter their moral judgments in the therapeutic relationship and has no wish to intrude with the details of their personal life and ideas; There is a clear line between reality and phantasy in analysis (Abram, 2007).
- No memory and no desire on the part of the analyst: The analysts should not remember previous sessions and should try to achieve a state of the mind so that at every session they feel they have never met the patient before and should avoid having any desire for the cure, understanding or the result of analysis. Each analytic session should have no past and no future (Bion, 1967).

In addition, becoming a psychoanalyst requires specific skills and characteristics. For instance, the analyst should listen to the patients both consciously and unconsciously and after that, he/she is always faced with the challenge of communicating his/her knowledge to patients. Analysts are expected to be close enough to be able to understand the patient empathically and at the same time far enough to be able to observe the dynamics of each session. The analysts are also expected to have a flexible self-image, making them able to maintain their main identity while being also receptive of the patient’s projections (Greenson, 1996).

However, without prejudice, to what extent practical adherence to these is possible within our existential limitations? To what extent a psychoanalyst as a human being is able to reach these ideals? To what extent do the training system and the superego of the analyst become punitive and disruptive if they fail, inducing shame, rage and guilt feelings in them? Are these concepts symbolic or just imaginary and

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2 Please note that although I will use the term “psychoanalysis” throughout the text, most of what will be discussed here is applicable to all “psychodynamic therapies”.

beautiful representations of what should have been? A Don Quixotic space in which we believe ourselves to be knights! Has psychoanalysis been created with an aim to accept the lacks or with a fantasy to overcome all human limitations, the advent of an omnipotent psychoanalyst? Does an analyst without desire exist or are they able to keep their desire and narcissism behind the doors?

Patients enter therapy with pain, hope, and trust in the analyst’s capacity to help them understand themselves better and relieve them from their sufferings but at the same time this would bring vulnerability as they would bestow the power to hurt as well as power to help on the analyst (Chused, 2012). Thus, we can see that the constant insistence on the structure of the therapeutic situation has been for the protection of the patient, the analyst and analysis from the invasion of the innate seductive and/or aggressive features of the transferential relationship (Urtubey, 2008). Trust in the therapeutic relationship is more than anything: “the confidence, the conviction, the faith that nothing said during the process of analysis will be used by the analyst for his personal satisfaction; that the analysand will not be the object of enjoyment [jouissance] of the analyst.” (Dachy, 2014, p. 78). A highly moral principle but to what extent possible? Like parents believing whatever they have done, has just been for the sake of their children; a fact or a myth? What if at least at some moments, the personal needs of the analyst dominate the therapy? These experiences exist but apparently instead of accepting, trying to repair and detoxify them in the relationship with the patients, we are ignoring their existence. Ignoring all the lacks; ignoring who we are as human analysts. This might have occurred because of the analyst-patient couple’s need for the existence of an omnipotent person, a savior. From the classical point of view, the analyst is supposed to be and act as a blank screen to which the patients can attribute whatever comes to their minds; but is it possible and is this a human relationship? Even if disclosing nothing, psychoanalysts reveal a lot about themselves with their specific selection of words, voice and silence. We are aware of the existence of all the so-called taboos of the psychoanalytic tradition but instead of exploring and discussing them, we are sticking to ideals and establishing strict limitations against them. The analysts and psychoanalysis are not perfect and have failures and this is inevitable but it seems that accepting this has become difficult due to the idealization of psychoanalysis (Chused & Raphling, 1992).

Green (1975) believed that psychoanalysis is confronted with internal and external crisis and one of the main themes of which is the contradictions and discrepancies between theory and practice. He suggested that instead of discussing good and/or bad, we should try to analyze and explore what really happens in the therapy room. He also postulated that the existence of knowledge by itself is not enough to guarantee a practice based on that knowledge. The analysts most often enter the therapy room believing they are good-objects, good-enough mothers (certainly better than the parents of the patient) and imagine themselves having the capacity to contain and hold the patients’ primitive feelings. A situation in which the analyst is considered to be good and all-knowing and the patient to be ignorant; a splitting which would block the patients’ growth and move them away from their existential core of being; of course, this is often one essential part of the therapeutic process, facilitating the early therapeutic attachment (Gaztambide-Fernández, 2012). The question here is that to what extent are these knights able to maintain the aforementioned capacities particularly when facing the challenge of transference and countertransference which I rather call the pressures of the relationship between two human beings? What is the role of the analyst in the avoidance of both parties from confronting a more whole real image? Are we really on the route of discovering the unconscious or are we afraid of confronting our real human selves? The boundaries are narrow; who can define what has been done for the sake of the patients, the analyst or the therapeutic relationship? On the one hand Moncayo (2014) beautifully warns us about the consequence of believing we are ideals in our clinical practice: “The resistance of the analyst as the analyst’s wish to be recognized as a ‘master’ or a ‘subject supposed to know’ keeps the treatment in the imaginary dimension of the ego ideal rather than carrying the analysis further in the direction of the subject and subjective destitution.” On the other hand Rosenbaum (2015) has focused on theory and our ideas in psychoanalysis. He stated that psychoanalytic ideas have been transformed into a non-dogmatic dogmatism in that they might have gotten away from social prejudice but just at the expense of forming their own prejudice; this way the opposites are transforming into each other and although it might be true that psychoanalysis will ultimately succeed in
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freeing the patients from some social prejudices but there is still a danger of imprisoning them in its own dogmatic trap; a slavery in the hands of what does not belong to the patients in their nature, a new captivity, this time at hands of psychoanalysis. In addition, the psychoanalytic literature has been trying to present an ideal image of a highly healthy, omnipotent analyst, the only result of which is that trainees of psychoanalysis tend to hide some parts of their real human encounters with patients as they believe it is their fault that they generally fail to reach the required ideals and standards. This way gradually they will form a false self which can potentially become a part of their general self-concept. These trainees are always experiencing shame, fear and anxiety in real or imagined confrontation with the poor judgment of others or the punishment of their own superego. There is a big brother out there that they fear; they all should keep a secret and not talk about that and this is a route to ignorance and formation of a group bubble of false self within a psychoanalytic community (Shoshani, 2009). But why? Maybe we are repressing these thoughts because our professional superego has stolen our capacity to think. I suppose here the dynamics of the formation of the super human idealism in psychoanalysis resembles the formation of ego ideal discussed by Freud (1914) in his masterpiece “On narcissism”:

“A man who has exchanged his narcissism for homage to a high ego ideal has not necessarily on that account succeeded in sublimating his libidinal instincts.” (p. 94)

“... the formation of an ideal heightens the demands of the ego and is the most powerful factor favouring repression; sublimation is a way out, a way by which those demands can be met without involving repression.” (p. 95)

Idealism appeared to protect the narcissism of psychoanalysis; it is as if the ego of the psychoanalytic community has been confronted with the invasion of all the prohibited impulses therefore it started repressing and establishing a group of ideals to protect its self-regard again in the favor of more repression not sublimation. However, the danger is that each time we look at the mirror of these ideals we believe ourselves being the ideals ignoring all we cannot offer as human psychoanalysts. Apparently, based on the discussed issues becoming an analyst requires a courage; the courage to be human as an analyst. The question is to what extent has the analytic society been moving towards humanity rather than becoming the perfect other, the big other, free from any lacks? In other words, it seems that sometimes psychoanalysis itself, to put in Lacanian terms, has become stocked in its passion for ignorance, ignoring the incompleteness and the non-existence of the big other. Following this, Kernberg (2004) has fully discussed the problematic issues in the psychoanalytic training institutes and educational systems; According to him, the main symptom of dysfunctional psychoanalytic institutes is their prejudices in favor of a dominant approach or school which tend to block the capacity for original thinking and creativity in their trainees. When non-trainees are in treatment, the working through of their conflicts usually take place in an environment which is not shared with the analyst but in institutes this happens in a shared social situation which due to the complexities of transference and counter-transference make the psychoanalysis more vulnerable. The institute is mainly idealized and outsiders are considered persecutory and are devaluated and there need to be more defenses against them; especially those of regression and splitting type. In these institutes trainees tend to idealize their analysts and supervising analysts as professional models and all these help creating a tyrannical system of which fear, submission, and passivity are dominant features; Characteristics which are exactly the opposite of the goals of psychoanalysis. This way, monster fighters are more and more turning into monsters. In fact, each person should be given the opportunity and responsibility to become an analyst of their own kind through the end of their training. Basically an important element of becoming a psychoanalyst is being able to use the method and special kind of being, specific to each analyst (Gabbard & Ogden, 2009).

Considering all the aforementioned arguments and the super human expectations from the analysts, it seems that the controversial point Freud (1937) made about the impossibility of psychoanalysis in his valuable paper “Analysis, Terminable and Interminable” definitely merits further explorations as consistent compliance with the theoretical principles of psychoanalysis is almost non-human and impossible since we
are now aware that even the self-awareness of the analysts in the analytic situations has been reported far more limited than our previous expectations (Frank, 2012). But why these principals are just ideals? Why cannot we achieve them? Aren’t we supposed to be analyzed? Isn’t that enough? One important barrier in reaching those ideals is simply the human nature which according to many philosophers as Nietzsche, Schopenhauer and Freud is more basically under the influence of drives than logic (Chessick, 2005). In addition, all analysts, even after the termination of their own analysis, also have their own neurotic conflicts; issues which are an inseparable and inevitable part of every non-psychotic human being (Greenson, 1966). Based on this, we have to be aware of the fact that “being well-analyzed” is just another myth about psychoanalysts. No matter how long they have been analyzed or by whom, there is no end to psychoanalysis and there wouldn’t be a guarantee that after the termination of the analysis of the patient (the future analyst) they would be able to be in consistent control of their unconscious (Cooper, 2005). Freud (1937) himself was aware of the fact that complete taming the instincts for good is impossible and thus he suggested that all the analysts enter analysis every five years and shouldn’t be ashamed of this (probably under the pressures of the punishing superego). Another obstacle preventing the access to the ideals of psychoanalysis is the narcissism of the analyst which although is not apart from the other neurotic conflicts because of its importance is discussed here separately and in more detail.

After many years of focusing on the importance of object relations, the return of the analytic interest to the topic of narcissism implies the fact that this concept is an inseparable part of every object relation (Green, 1975). We all have a human narcissism while we generally try to use this for our difficult or borderline patients in order to protect our own narcissism (Chused, 2012). Despite the negative and pathological connotation of narcissism in the psychoanalytic community we should be aware that this feature has been naturally selected in the evolution because it has been helping human beings survive (Zeigler-Hill, Welling & Shackelford, 2015). In addition, all mental activities are basically narcissistic in that they provide a structural coherence, stability and positive emotions in regard to the self-representation (Solorow, 1975). Furthermore, we have to keep in mind that narcissistic vulnerability is an inevitable part of desiring something or someone. Psychoanalysis is (fortunately or I believe should be) a desire (narcissistic vulnerability) for analysts. If an analyst refuse to accept this vulnerability or fear the intimate relationship and genuine connection with their patients, they will ultimately become disconnected from their patients. We need that desire and vulnerability as an important tool but this also prevent us from reaching the ideals. Sometimes we cannot understand, we cannot contain, we cannot hold, we cannot be neutral because we are human beings with desire and narcissistic vulnerabilities. But what can we offer as human narcissistic analysts? The good news is that healthy narcissism enables the analysts to regress and temporarily lose their thinking capacity and bring to life their counter-transference with the patient and bear this loss and experience it. The healthy narcissism allows us to let go and get hurt from the consequent loss and at the same time enables us to recover and communicate our understanding of the process to the patients (Chused, 2012). We are not there to offer something we cannot offer. The only thing the analysts can offer to the patients is the desire to know (McNulty, 2014). Furthermore, the more we are able to accept our limitations, inabilitys and our failures, we will be more able to establish a genuine human relationship with our patients (Benjamin, 2009). However, in order to bear our flaws and try to repair, first we have to be able to remember our goodness which itself can be regarded in a sense as a legacy of a healthy narcissism. Patients tend to regard us as magicians able to alleviate their pain but grieving the non-existence of a magical transformation is an important part of every analysis. Our main task as analysts is to be aware of the different faces of our emotional investment in theories and principals of psychoanalysis in order to become able to question them. Prejudice always blocks learning and the aim of every analysis is in a sense learning (Chused, 2012). For instance, sometimes non-analytic encounters with patients are not at all destructive but even crucial. This doesn’t mean putting aside all the principles or breaking the rules but the main issue is that the analysts through trying to be more human and authentic (versus representing themselves as a part object or sticking rigidly to the rules) would be able to expand analysis and represent a whole object to their patients (Krim, 1994). A phenomenon Gabbard (2004) called crossing the boundaries as opposed to boundary violations.
Apart from avoiding prejudice Benjamin (2009, p. 441) emphasizes that “If, however, we are mindful of our failures, gradually we will learn together to recover from ruptures in attunement, and thus become sensitive to and use more effectively the inexplicable gaps created by the patient’s unintegrated or warring self-parts and the analyst’s failure to contain them”. Gaps which have occurred in empathic listening; But maybe the gaps made by our unintegrated self-parts in struggle with those of our patients.

We should try to have the courage to be a psychoanalyst with the acceptance of the other within us, all the characteristics that we have always tried to push away from ourselves instead of repressing them; the existence of a bad object, not good enough mother, the incapacity to hold and contain, the existence of memory and desire in each analyst; we should try to have the courage to accept the presence of a patient within us as analysts that might even sometimes become stronger than the one on our couch. A phenomenon that should not have existed but it does because we are human beings. In this sense, if psychoanalysis gets stocked in idealism, it will certainly be, according to Freud (1937) or Greenson (1966), an impossible profession. However, analysis has been proven to be effective and pleasurable. Apparently, only trying to understand and accept all the shortcomings and failures from ideals and using conscience not the harsh superego for reparation (Carveth, 2016) is the only way to make the impossible possible. Seemingly, like what children should go through towards maturation, it is necessary for us to be disillusioned and be confronted with the non-omnipotent reality of psychoanalysis and analysts and bear the consequent aggression due to the frustration without losing our desire to live (and do psychoanalysis). At last, as Martha Stark (2016, pp. 12-13) has beautifully put it, “growing up (the task of the child) and getting better (the task of the patient) are therefore a story about transforming need into capacity, the need for immediate gratification into the capacity to tolerate delay, the need for perfection into the capacity to tolerate imperfection, the need for external regulation of the self into the capacity to be internally self-regulating, and the need to hold on into the capacity to let go. In sum, it could be said that, as the result of a successful psychoanalytic treatment, "resistance” will be replaced by "awareness" and "actualization of potential”, "relentless pursuit of the unattainable" will be replaced by "acceptance”, and "reenactment of unresolved childhood dramas" will be replaced by "accountability” which should start from psychoanalysis and the analysts first.

Psychoanalysis apart from all the regulations and ideals is the cure through love and conscience within all our human existential strengths and limitations. Since through love we would have the passion and courage to try and through conscience there is hope and a second chance to continue the work and reparation and also an opportunity to become the psychoanalysts we are. In other words, we don’t need ideal analysts we only need analysts with less punitive superego and more conscience; as “the superego induces shame and tend to punish but conscience wants to heal” (Carveth, 2016, p. 4).

References


