[International Journal of Psycho-Analysis](http://www.pep-web.org/search.php?journal=ijp)

(2006). International Journal of Psycho-Analysis, [87:](http://www.pep-web.org/search.php?volume=87&journal=ijp)329-347

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This paper is the work of five psychoanalysts who came together as a group in order to reflect on their work as analysts. How are we analysts to identify the unconscious resistances that may sometimes hold us back from offering psychoanalysis to some patients? Do these resistances sometimes hamper the inner freedom that we require in order to maintain a psychoanalytic focus once that process is under way? How do we manage from time to time to overcome these resistances or, better, make use of them in order to develop our understanding of the unconscious dynamics that create the link between analyst and patient? The authors discuss these issues with particular reference to clinical situations taken from classic psychoanalytic treatment cases during which the analyst had to find within him-or herself the audacity to be a psychoanalyst. Each clinical situation is different: preliminary interviews, in the course of the actual treatment, issues that emerge in the training of candidates. One of the significant features of this group lies in the fact that the participants are at different stages in their development as psychoanalysts (student, associate member, full member, training analyst). This means that their experiences complement one another and encourage a discussion of issues such as how psychoanalysis can be passed on, and the relationship between supervisor and supervisee.

**Five Psychoanalysts in Group Discussion**

The future of psychoanalysis depends, to a great extent, on us psychoanalysts and on our ability to transmit in a lively way both to our patients and to our colleagues the specific nature of the psychoanalytic experience. This demands of us a great deal of inner freedom: how are we to find the courage necessary to acquire that liberty, to hold on to it and to pass it on? The present authors are five psychoanalysts who came together as a group in order to discuss issues such as these. One of

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1 Translated by David Alcorn.

2 Corresponding author.

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the particular features of our group is that overall we are at different stages in our analytical development: student, associate member, full member, training analyst. This paper is one of the fruits of our endeavours.

In order to understand what it meant for each of us to have the audacity to be a psychoanalyst, we shared some of the inner personal difficulties that we had to overcome in order to enable certain patients to begin analysis or to maintain an already ongoing psychoanalytic process. We discuss these issues, all of which involve the countertransference in its broadest sense, illustrating the questions that we raise by means of clinical material taken from classic psychoanalytic treatment cases. These show the points at which we had to find within ourselves the audacity to be psychoanalysts: in the preliminary interviews, during the actual treatment, and when problems concerning analytic training came to the fore.

Within the group itself, our way of discussing these issues helped us to fine-tune our understanding of our own countertransference responses and to rediscover the underlying theoretical points on which, without our fully realizing it, our work is based. This encouraged us to express ourselves in an ever more precise manner, because the colleagues to whom we tried to explain what was happening were particularly keen on identifying and bringing out the originality of each participant. We thus had the experience of the fact that freedom of expression goes hand in hand with the ability to listen attentively to what others have to say. This also highlighted certain factors which enable the supervisee-supervisor partnership to work together in constructing a supervision and helped us to see more clearly how psychoanalysis can be passed on.

Although psychoanalysis may not be an ‘impossible’ profession, it is most certainly a paradoxical one. If patients are to develop a capacity to understand their unconscious internal world, they must have the experience of doing so in their relationship with the analyst. In order to help them in this, analysts must also feel the impact of a given patient's world inside themselves before emerging once again to make that experience meaningful through an interpretation. In our opinion, one of the preconditions for understanding not only the analysand's intense affects and terrifying fantasies but also the madness that fights against these is that we as analysts should be able to have this experience within ourselves. We thus have to be able to ‘bear unbearable states of mind’ (Riesenberg-Malcolm, 1999), while at the same time managing to maintain ‘a mind of our own’ (Caper, 1999) in order to be able to think about what is going on. Being a psychoanalyst implies daring to live at the very heart of that paradox.

We therefore present in this paper some of our experiences in which we as analysts were so overwhelmed by the difficulties we had to cope with that we almost lost sight of that paradox. We describe how we tried to process the issues involved, before we outline some ideas on psychoanalytic training and supervision that emerged in the course of our group discussions. Rather than put forward any major theoretical developments, we prefer to emphasize the personal working through that each of us had to accomplish.

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**A Negative Response in the Analyst—Geneviève DéJussel**

**A feeling of being overwhelmed**

The situation ought to have been an ideal one: a fellow doctor for whom I have a great deal of respect referred a patient to me for analysis. When the patient phoned for an appointment, he told me that several psychoanalysts had been recommended to him but that he had decided he wanted to have analysis with me. My reaction was unusual, immediate and intense: I do not want to take on this patient! Much later, when I thought about this analysis, I remembered the vague but overwhelming feeling of suffocation that I had during that phone conversation; I felt that the patient was clinging to me and almost tying me in knots—it was so uncomfortable that I wiped it out and replaced it by an abrupt reaction of rejection. I wanted nothing to do with this patient!

We had some difficulty in finding a convenient appointment in the short term; this meant that I had some time to reflect on the sheer violence of my reaction. It had shaken me so much that, in my own analysis, I had to work through my personal motives for not wanting to take on the patient. I was of course uneasy, as a novice analyst, about taking on a patient who, like me, was a doctor, and this echoed a whole series of reasons that had to do with my own past history and personal problems. However, in spite of the fact that I managed to analyse all of this in a detailed way, I felt that I still had only a partial explanation for the sheer intensity of my negative response to his request, an explanation that did not go deeply enough into what had occurred. I drew the conclusion that it all had to do with me, that I had unwittingly touched on a ‘nexus’ of personal conflicts, the force of which I had never imagined. That hypothesis increased the lack of confidence in my professional capacities that was beginning to arise in me.

When I did finally meet my patient-to-be, René, I saw before me a handsome 35 year-old man, who nevertheless looked older than his age and somewhat gloomy. He told me of his minimal involvement in his career as a doctor; he said that he had always lacked self-confidence, that he found it difficult to develop his abilities to any extent, and that he tended to withdraw from all contact with other people. As a boy, he had been lonely, withdrawn and uncommunicative, taking refuge in his schoolwork; he had been good at that because he had no difficulty in understanding what adults wanted of him and he was able to respond to their expectations—learning by heart came easily to him. His lack of creativity, his inability to play and to take interest in things that might give him pleasure as a person also weighed heavily on him. Even now, he is surprised that he always managed to have one or two good friends at school and in the judo club of which he had been a member.

**To whom did those feelings belong: Patient or analyst?**

I was immediately struck by the similarities between my own initial feeling—lack of confidence in my ability to be René's analyst—and what he told me of his reactions as regards other people and his career. I remained, however, ‘trapped’ in my own lack of self-confidence, because it was my feeling, my own, one that had been so familiar to me in the past; I did wonder, all the same, why it came back to me in

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that particular situation. I of course thought of some kind of projective identification initiated by René—but without further ado I ‘swept that aside’ as being improbable, since I felt sure that, deep down, the experience belonged to myself. Nevertheless, in spite of my uneasiness, my aggressive feelings of guilt and my wish to run away from the situation, I could—thankfully—feel stirring inside me something that was struggling against my rejection of René: the merest hint of a wish to understand what was going on and what was happening both to René and to myself. I decided therefore to agree to René's request, so that we soon found ourselves embarked together on a four-sessions-per-week psychoanalysis.

In addition to my negative response to René, the first session brought in its wake a physical feeling of repulsion concerning him: he was rather slovenly in his appearance, with an overwhelming smell of sweat, and he left damp, foul-smelling patches on the couch—so much so, indeed, that I had to change the cover after each of his sessions. I felt ashamed to admit that I had this feeling of repulsion, which, in fact, was in some ways quite unlike how I would normally respond. My feelings of incompetence remained, and I felt bored during our sessions: it was difficult for me to stay focused. I could not find any satisfactory explanation for this feeling of boredom as I sat down to write up my notes—somewhat surprisingly, they fired my imagination easily enough and gave me food for thought, but all this vanished during the actual sessions themselves.

One day I thought to myself, ‘René's parents had not wanted this baby’. It was this image that enabled me to feel the projective identification to which I was being subjected. I of course continued to feel distressed as to my feelings throughout this experience, but at least my distress was beginning to become meaningful—not only for me but also for René once we were able to reconstruct his own past history and that of his family: his parents, young immigrants living far from their own families, had felt a deep sense of isolation, and his mother, deprived of any support from her own mother or even from her husband, who had been taken up by his work, had felt overwhelmed by this baby she found hard to understand. That helped me to be more responsive towards the temporarily overwhelming nature of René's projective identification, and at the same time my fear of not being able to differentiate between what was coming from him and what was part of my own personality gradually diminished, as did that of no longer being able to hold on to my own internal space and experiences.

René went on to have an analysis that lasted for quite some time. He is no longer so withdrawn; he has discovered wishes and capacities that he did not know he possessed, and he has been able to own these and to express them; and he has managed to cope with both positive and negative feelings, as well as with his fear of separation and depression.

**So what had happened?**

I could have refused to take René into analysis because what he was making me experience—the ‘madness’ of our being in complete confusion one with the other—was so distressing that it made me want to refuse to become involved in anything like this. In projective identification, which participates in creating the

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countertransference, patients project or force into (Sandler, 1987) the analyst some aspects of representations of self or object that they want to be rid of; the analyst can identify with the content of what patients project. Projective identification is therefore a source not only of difficulty, as I have shown in this clinical example, but also of rich opportunity because it enables us, as analysts, to share with our patients an experience through which we can get in touch with the crucial features of how, given their past history, they relate to other people.

My countertransference rejection in the face of René's clinging to me and my own feeling of professional inadequacy made me feel that I was incompetent as a therapist—yet all the time I was in fact doing exactly what my task as analyst demanded of me: let the patient's projections enter into me, impact on me, truly experience what they evoked for me and thereafter ‘emerge’ in order to make that experience meaningful. The task was a difficult one because the patient's projections stirred up certain features that were my own—either closely related to significant personal aspects (my fear of clinging) or more remote (physical repulsion). To restore to the protagonists, analysand and analyst, what rightfully belongs to each of them requires the analyst personally to work through these issues—and this may necessitate supervision when the projective identification is powerful, thus blocking all movement, leading to confusion and reactivating violent responses.

It was the unusual intensity of my response that indicated to me that something coming from the patient was threatening to overwhelm me. I think that such responses may sometimes lie at the heart of our pusillanimity as regards indications for psychoanalysis.

Our work-group discussion highlighted the fact that as analysts we may be in a particularly sensitive position as regards regression during the initial interviews with patients because we are faced with their unconscious regressive wishes and with the defence mechanisms they have set up to fight against these. Very powerful transference phenomena thus arise; this is particularly the case with projective identification, which tends to be extremely violent. Given our responsiveness, we lay ourselves open to countertransference reactions, the intensity of which is proportional to our lack of preparedness for the individual pattern of pain and madness that each new patient brings to us. Our unconscious defensive reactions in situations such as these may prove sufficiently damaging as to prevent an analysis from taking place. This remark is equally true of the following clinical situation.

**Temporary Regression in the Analyst During the Preliminary Interview—Bernard Reith**

**The request for analysis**

During the preliminary interview with Ms A, she asked me for analysis, saying that she felt dissatisfied with the various kinds of treatment she had tried up to that point. She suffered from severe recurrent depression for which she had been prescribed appropriate psychiatric medication. These depressive states had begun with a postpartum psychosis; she later felt guilty at not having been able to breastfeed her baby because of the fact that she was taking neuroleptic medication; she was afraid

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that she had in some way damaged the child. She did not have any more children, firstly because she was afraid that she might not be able to look after them, then, when her mother had a stroke, because she decided that she would have to devote all her energy to taking care of her. She had had psychotherapy with a therapist with whom she enjoyed working, yet the treatment seemed to have left her not completely ‘satisfied’. She felt that there were still issues in her past that she wanted to understand—for example, the idea that her mother had never really paid attention to her and had never seen in her the person she really was.

At that point in the interview, I began to wonder whether analysis would be suitable for someone who had had such overwhelming psychotic experiences. I wondered also whether I was sufficiently equipped as an analyst to cope with the psychotic transference that would sooner or later come to the fore. My reaction seemed to me to be a perfectly reasonable one.

**The analyst's excessive anxiety**

But what really made me feel extremely anxious was when Ms A went on to say that during most of her depressive moods she suffered from delusional ideas of reference and feelings of guilt, accompanied by the idea that she had to commit suicide; at such times, she had to be hospitalized in a psychiatric unit. I began to imagine myself having to cope with a patient who was either delusional, manic or suicidal. I could see myself being held responsible for a catastrophic breakdown on her part and being sued for professional misconduct. I would lose all the respect of my colleagues and of my elders and betters in the psychoanalytic society of which I am a member. At the very least, my colleagues in the psychiatry department would think that I'd gone off my head. I was by now convinced that Ms A should avoid psychoanalysis; I did not then imagine that that firm belief could be a rationalization of my own wish to avoid Ms A.

Gradually, however, the sheer violence of my fantasies led me to understand that I was in the grip of a primitive and destructive superego. Even though the fears relating to my ability and reputation were my own, I had ideas of persecution and feelings of guilt similar to those of Ms A. My omnipotent anxiety about doing some irreparable damage to her resembled the anxiety she appeared to feel with respect to her son and her mother. I also had a fantasy of being dragged into some pregenital oedipal drama or other, because one of my fears—short-lived but extremely powerful—was that I might cause her to fall into an erotomaniac phase because of my seductive but false promise to analyse her. I gradually became aware of the excessive nature of my anxiety. I realized also that I was more afraid for myself than for Ms A and that this was preventing me from paying sufficient attention to what she had come to talk to me about.

**Using projective counteridentification**

I had to go deeper into this intensive processing before realizing that my anxiety was of a countertransference nature, that it could therefore be used for working psychoanalytically and that my mad thoughts could help me make Ms A's experience meaningful. A more protective and benevolent superego then began to make itself

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heard, under the guise of an internal dialogue with my friends in our study group. Whether analysis was an appropriate course of treatment for Ms A and whether I could be a suitable analyst for her seemed to me to be issues that no longer had anything to do with the superego, to be decided on a fantasy level; they were to be resolved by the ego, through a rational assessment of the relevant data.

Now that I had recovered my ability to listen properly to the patient, I could finally understand what, until then, I had only vaguely been aware of. Ms A was describing how one of her depressive moods had suddenly worsened when her son complained that his primary-school teacher was ignoring him. Ms A went to see the teacher and became convinced that that unhappy and complicated woman had indeed been ignoring her son, refusing to talk to him and even to look at him. Ms A had felt extremely upset at this. Thereupon, I too felt upset when I understood that, in my countertransference, I had been doing exactly the same thing as the schoolteacher—or as a mother too distressed by her child and too preoccupied with her own state of health to be available for her baby. Ms A was trying to tell me that, in the hic et nunc of our discussion, this was precisely what she was afraid of in her relationship with me, just as (perhaps) had been the case with her previous therapists, and that that was the issue she wanted to process. I realized that, in fact, she had been telling me this ever since the start of the session.

Now that I at last felt that I could understand our relationship in a way that I could share with her, I said, ‘Perhaps you think that one of the questions we should be asking is how we can work together so that you can be sure that I'll be able to see you as the person you really are’. Ms A's response was muted, but she seemed both surprised and relieved. After thinking for a moment or two, she replied that that was indeed one of the reasons for her wanting to have analysis: she needed to discover who she really was. In her view, analysis would help her to do that. She would feel too ashamed in a face-to-face situation and imagined that things would be easier for her if she were lying on the couch. She knew it would take time, but that was quite acceptable to her. A little later in the session she told me that when she was younger she liked drawing but that she had given up this activity because she felt she had no real gift for it. She was again thinking of taking lessons in painting, but she was afraid of being too inhibited—she thought that analysis might well be helpful to her for that reason also. In my view, that association was an unconscious confirmation of the fact that we were heading in the right direction.

**Setting up the analysis**

We made a second appointment, but, in fact, I had already come to the conclusion that analysis would indeed be possible with Ms A on condition that we work in parallel with a colleague who would take care of any psychiatric treatment that might be required and thereby help us safeguard the psychoanalytic setting. Ms A had shown me that she was able to communicate using her own mixture of verbal and non-verbal means of expression; she wanted more integration, and, thanks to my introjective identification with her projective identification, I had managed to take on board at least a preliminary representation of her internal world. The following sessions would in fact confirm that, at least on some levels, her mind was perfectly

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able to integrate well-differentiated object relations. We were thus able to discuss in very realistic terms how we might deal with any possible future symptomatic crises with the help of a psychiatrist.

That was the beginning of a four-sessions-per-week analysis in which Ms A has been actively working on the psychotic and neurotic aspects of her internal world. We had at one point to cope with a psychotic breakdown that required her to be admitted to a psychiatric ward—an episode that was to prove particularly helpful for the analytic process. As for me, I had to go through several more experiences of a hallucinatory nature during our sessions together—though short-lived, they were quite upsetting, but they helped me improve my understanding of Ms A.

**The aftermath: Some thoughts from the analyst**

In the first interview, in my opinion, I had felt overwhelmed by Ms A's internal world. Her psychotic states, her distressing and depressive guilt feelings and her primitive sexual fantasies were difficult for me to take on board, in that they stirred up in me my own unconscious psychotic and neurotic anxieties. My initial defensive reaction was to call on the protection of a primitive superego involving the fantasy in which my colleagues and my elders and betters would either sit in judgement and punish me for having taken on a patient such as Ms A or advise me to prescribe tranquillizers that would make her shut up. This ‘gang’ of internal objects had been summoned up not only because I had identified with Ms A's superego but also because I could thereby benefit from a ‘psychic retreat’ (Steiner, 1993) that enabled me to stand back from the demands of the analytic encounter.

Had I misconstrued my regression or only partly accepted it as such, I could have attempted—without conviction and intimidated by my superego—to create a psychoanalytic encounter, but I do not think that even then I could have grasped the significance of what Ms A was trying to convey. She would then probably have realized how inhibited I felt and decided that I was not a suitable analyst for her, or even, disheartened, that in the end psychoanalysis itself had to be abandoned.

As I developed as an analyst, I had already come to realize that, at times, I had to accept the fact that I would have to feel ‘mad’ if I were to work analytically with my patients; it was much more difficult for me to discuss that with my colleagues. When I did share these psychotic aspects that they too had experienced, I felt less ‘strange’; their deep attentiveness helped me to be more responsive as regards my persecutory reactions in the session with Ms A. I was much bolder in using these responses in a constructive way. My analytical relationship with Ms A was undoubtedly enriched by my internalization of the study group's comments.

**From Anxiety to Play in Analysis—Olivier Bonard**

**The analyst's lethargy and anxiety during a session**

Ever since the beginning of his three-sessions-per-week analysis, François has always maintained that he had a very special relationship with his mother; in addition, he often hints that she abused or mistreated him as a young child (he remains vague about the exact nature of that mistreatment). In today's session, he

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told me of a childhood memory: his mother became very anxious as he brought a screwdriver near to an electric wall-socket, while his father remained calm and made no attempt to stop him. François felt it necessary to explain to me that the middle hole in an electric socket is not live, so that there is nothing dangerous about putting a screwdriver into it. I felt annoyed at the sexual images this story evoked in me; in addition, he persuaded me once again that he was talking incidentally—though quite consciously—about the very close and intimate physical relationship he thought he had had with his mother.

I was almost about to fall asleep when he reported a dream: with his female friend, he has to record a song that has to do with rules/periods.3 While the song is being recorded, François's partner curtly reproaches him for being ‘insensitive to that kind of thing’; in the dream, he yells out in anger, just as he had done in a previous dream when he was in conflict with his mother. That was the end of the dream. I was finding it difficult to focus on what he was saying, and trying hard not to fall asleep, but managed to hear him say that my interpretations seemed to him to be like orders or threats to which he had to bow down—then I suddenly woke up and found myself thinking about the rules/periods about which, in the dream, he was said to be insensitive. I pointed out the double meaning, and asked him whether that was indeed what he unconsciously wanted to tell me about. As I was emerging from my lethargy, I tended to stumble over the first few words of my interpretation, saying, ‘These rules/periods about which you are insensitive … maybe this has to do with the rules you wanted your father to lay down, though at the same time you preferred to believe that he would not bar you from doing anything … from touching the electric socket … from being so close to your mother. Perhaps you keep telling me about this in the hope that I'll show some reaction and step in between you and her … even though you may feel I'm making you bow down’. As I ended my comment, I realized that I was fully awake.

**How is one to remain an analyst during a session?**

To guide our thinking on these issues, let us examine the feelings that I had in that short sequence of events. I began by feeling annoyed—or, to be more precise, I felt hostility towards the patient as he was reporting his memory of the electric socket. Then I started to feel sleepy.

A possible hypothesis is that, as I began to let things go, I was in fact complying with part of François's unconscious wish rather than understanding it consciously: he wanted to distract his father's attention as he drew closer to his mother—I can just go to sleep, there's nothing dangerous about putting a screwdriver into the wall socket.

A second hypothesis could be added: by falling asleep, I was not only complying with the patient's wish, I was also shutting my eyes to my own incestuous feelings and thereby putting the vigilance of my superego to sleep. My father was falling asleep inside me; my own drive-related impulses were triggered by those of the patient. In that way, I put my clothing on his drives.

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3 The two meanings of the French word règles used by the patient, ‘periods’ referring here to menses.

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Should analysts let their own minds resonate in tune with those of patients? In our work group, we tend to think that this may well be a first step towards a better understanding of the transference: letting oneself be taken over before being able to understand. Letting oneself go in this way may be proof not of negligence but of the analyst's involvement in a distressing moment during the session. It will in fact be easier to do this if there have been previous similar occasions on which the analyst has managed to break free of such situations; with an appropriate degree of confidence in their basic personality structure, analysts can find the audacity to do this. This is how I was able to break free of the situation in the minutes that followed, with the help of the patient.

As I have said, after reporting his dream, François involved me directly in it when he commented that he had to bow down to my interpretations. When I heard that, I felt that it was his way of prompting me to offer an interpretation: that was what woke me up slightly. It was also the fact of finding myself in a sadomasochistic situation with powerful homosexual overtones that enabled me to stand back somewhat, ‘look down on’ the situation and gradually move away from the incestuous fantasy. The image I now have of this experience is that of being in a sailing boat: I am asleep in the hold and a storm is gathering. François shakes me awake, I hoist myself on to the deck and grab the rope of a transference interpretation in order to change course. It was while interpreting, as the words tumbled bit by bit out of my mouth without my knowing beforehand what I was going to say, that I managed to break free of the transference and countertransference—I had stayed in there long enough (and François too for that matter) for an interpretation to emerge that was meaningful for both of us.

**Transference as repetition or as play**

Similar bouts of lethargy were not uncommon with that patient. They soon became for me the signal that we were about to enter into a quite specific kind of transference area in which vivid incestuous fantasies would be very much to the fore. Several months later, I again felt lethargic when I had the impression of being trapped by the patient who was at that point talking about his close relationship with his mother. I felt that I had no space inside myself for thinking. Speaking as though I were his parents, I said to François, ‘Couldn't you let us think about having a baby, a little brother for you?’ François then felt guilty for wanting to keep hold4 of his mother. ‘If you'd been able to touch the socket, as you imagined your father would have allowed you to do, you would feel guilty about having prevented your parents from having another baby and your punishment would be to remain an only child’. I went on, with reference to the earlier session. François then said he remembered the word his father used for describing an electrician's screwdriver: a sensor.

My comments were reminiscent of psychodrama and thus opened up a space for play: the past was being play-acted rather than repeated. When I pointed out the play on words that had been latent since the earlier session some months previously, François allowed his own mind to go along with word-plays; he could

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4 There is a word-play here, the French prise meaning both a ‘hold’ and an ‘electric socket’.

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therefore disengage from drive-related constraints and move towards a more identificatory position. Remaining an analyst throughout a session might therefore imply ‘navigating’ between the transference as repetition and the transference as an opportunity for play-acting.

In our ‘intervision’ group, comprising male and female analysts of different generations, the intertransference (the transference among ourselves of what our patients have transferred on to us) can alternate between a repetition of former conflict situations or the playing out of these through our thinking together. The latter enables the implicit theoretical conceptions in each of us to become more explicit, thereby making for new bridges between theory and practice. In that way, the oedipal experience that was reactivated in me by the analysand could be expressed calmly; I could relate it to my rereading of one of Freud's (1923) texts in which he emphasizes that the superego may be the id's advocate.

**Analysis Brought to a Premature End: The Impact on the Analyst—Candy Aubry**

How can we dare to be analysts? How can we find the necessary audacity to accept the unpredictability of psychoanalysis as well as its limitations, the audacity to express our difficulties and our failures? My own recent experience with a young female patient who brought her analysis to a premature end (after two years of four-sessions-per-week work together) encouraged me to think about these questions as well as some other issues that involve the two partners in an analysis and my countertransference feelings in such situations.

That young student had consulted me after a depressive breakdown. She had come back to live with her parents after interrupting her course of studies in another town. She tried to project herself as an independent and capable person, but this was rather obviously far from being the case. She had no idea what kind of career she wanted to have. She was unhappy about her physical appearance and from time to time went through phases of bulimia. Her sexual development seemed to be very limited and immature. She had obsessional traits. Later on, she told me that she lived inside a kind of protective shell; her mother was the only person she allowed to enter inside it—she spoke of her relationship with her mother in a very idealized way.

My supervisor agreed that I should take her as a patient for analysis. For the first few months, the material she reported—which included many dreams—had mainly to do with places that had never been explored, places that were dark and dangerous. She wanted to visit these places, but she was terrified at what she might find there. Gradually, more aggressive elements began to appear. Wild animals were fighting; they could not separate from one another and nothing could hold them back. I had the feeling that the patient was beginning to bare her teeth. At the same time, she spoke of her feelings of dependence and of her need for regression and understanding. Idealization of her relationship with her mother became less intense. She had the impression that she had grown up too quickly because she had wanted to prove to everybody that she was perfectly capable of fending for herself.

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She gradually began to report some terrifying dreams. In one of these, she was safe and warm inside a plane, but when she looked out of the window she could see terrible things—grey-coloured bodies, including those of elderly people, were floating alongside. She had the impression that the plane was the ‘shell’ that protected her from the outside world; but in fact her true fears had to do with what was going on inside her. I interpreted that dream as the fulfilment of her unconscious wish that this terrifying universe be outside and not inside her self. From time to time, she would feel very mixed-up and dirty inside. At first, I thought she was wondering whether I would agree to feed her and take good care of her like a baby, but later she gave me to understand that what she really wanted was for me to accept her need to evacuate all the dirt she felt was inside her. Would I take on board all the mess?

In her everyday life, the patient was making good progress. She had passed her exams in spite of her obsessional tendencies, which made studying really quite difficult for her. She still had not managed to find employment, but she did pass her driving test; also, she was able at last to decide to have a minor operation that she had needed to have done for quite some time. Her social life was improving regularly and she was quite clear about all the good her sessions were doing her. She said that when she was lying on the couch she felt she was in a nice warm cocoon.

A few sessions later, she told me that she had found a temporary job. Since her work schedule involved long hours at irregular intervals, she would have to stop the analysis at the end of the month. She did not ask me if it might be possible to change the times of her appointments or their frequency, even though we had discussed that possibility after she had passed her exams. It was obvious that she had made up her mind on her own. She was happy, said that the analysis had helped her, and admitted that she still had a long way to go. She added that she would almost certainly phone me in the autumn to make an appointment and go on with her analysis. It was spring at that point, and I had the impression that she was telling me that a metamorphosis had taken place. She had left her cocoon behind her and thus had no further need of me.

What paths had we followed and what work had we done in those two years? As far as my analytic training was concerned, I had ‘lost’ a case, which could therefore not be validated. I discussed the matter with my supervisor, who was very understanding; he highlighted the patient's resistance as regards the psychoanalytic process and said quite clearly that it was a difficult case. Since I had another patient, we could continue with the supervision; in his view, it was no longer worthwhile dwelling on this particular situation.

However, deep inside myself, I spent several weeks and months mulling over that very situation. I was astonished by the fact that I felt no resentment towards the patient: in our last sessions together, I had interpreted her wish to show me just how emancipated she felt. Yet was she not simply repeating the pseudoindependence of her childhood? Was growing up the same thing as metamorphosis? Why was she unable to give herself the time she needed? I hoped that she had managed to understand something of what I had said to her and that one day she would indeed

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contact me again. After a period in which I lost all confidence in my capacities as an analyst, I found myself attempting to justify what had occurred: when all was said and done, she had completed her studies and had even managed to find employment, albeit only a temporary job. The analysis had helped her.

My anger was displaced on to my supervisor, even though we were working well together and despite the fact that I have known and respected him for many years. I said to myself that he ought to have foreseen what had happened, or advised me not to take on such a difficult case or at any rate validated it because he had said, after all, that I had done good work with the patient and had learned a lot from that analysis. Other displacements occurred with respect to the psychoanalytical society of which I am a member, concerning their strict demands on trainees, and with respect to psychoanalysis itself, which had become much more frustrating than I had ever expected. I wondered what my supervisor could know about a young woman's wish to succeed and get on in life. In fact, I was completely identified with my patient's wish for metamorphosis!

It was only after several very difficult weeks that I was able to come back to that situation and think about it more calmly. I discovered that other members and other trainees had had to cope with similar experiences, but that these were hardly ever discussed openly. The fear of being accused of using the wrong technique obviously contributed to this, especially for trainees whose identity as analysts was only beginning to take shape. Deep inside myself and in spite of all my attempts at self-justification, I felt ashamed at having failed to keep the patient in analysis. Gradually, I managed to think about the work I had done with her: in all probability, she had used the sessions to recharge her defence mechanisms, which had lost some of their vigour during her depressive breakdown, and she therefore felt much stronger when she left. That reminded me of what Steiner (1993) calls ‘psychic retreats’. The concept of incorporation, as distinct from introjection, was also helpful: the fact that I identified so completely with the patient seemed to involve something like that. Perhaps the transference relationship had come to a standstill because I, as analyst, had disappeared somewhere inside the patient. I had imagined that, when I was interpreting her aggressiveness or dependent feelings towards me, I was speaking from somewhere external to her, but she perhaps heard me as a muffled and distorted voice coming from some place inside her. She had not attacked me—she had locked me up in some safe haven. She was happy when she left the analysis, almost triumphant in fact—but not in terms of a negative therapeutic reaction; she had the impression that she had done a lot of good work. If this had been a supportive psychotherapy, I could well have been pleased with the result; but it was a psychoanalysis and my feeling was that we were still only at the start of the process.

Perhaps the patient will be able to hold on to something of what we did in the time we spent together. This may have been a first step, after all. I was finally able to think about the various techniques I might have used in order to make closer contact with the patient. Sharing that experience with my colleagues in the discussion group helped me to go on processing my countertransference feelings. Sharing issues in this way may help to lessen feelings of solitude in difficult situations like this one—they are, after all, quite common occurrences in our work as analysts.

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**How to Transmit to a Supervisee the Audacity to be a Psychoanalyst?—Danielle Quinodoz**

The free and lively exchange of ideas with the members of our group enabled me to realize that, in supervision, my aim is not simply to convey something of my theoretical and clinical knowledge. I convey to the candidate not only what I know but also who I am, as well as the firm beliefs that underlie my way of experiencing and reflecting on psychoanalysis. If I myself dare to be an analyst, perhaps supervisees, through introjective identification, will discover in themselves the audacity to be analysts too. In our discussions, my colleagues and I came to understand that the audacity to be a psychoanalyst is made up of many other kinds of audacity that students may be able to discover in communication with their supervisors. I describe those which seemed to us to be paramount.

**Daring to face up to the loneliness of thinking**

It is sometimes difficult for trainees to dare to express their own thoughts, especially if, worried that these might be at variance with the supervisor's ideas, they imagine that the supervisor could thereupon reject or denigrate them. It is obvious that in such a case the benevolent attitude of the supervisor will be able to help the student. Our group raised another point, however: perhaps, as a first step, one needs to be helped to be bold enough to become aware of the very existence of one's own thoughts before the issue of daring to express them even arises. We have noticed how important it is to sense that the ‘other person’—especially a supervisor—takes very seriously what each of us feels and thinks. That is why in my own supervisions I propose my way of interpreting the material only as a second opinion; that enables the student analyst to understand the great respect I have for each analyst's solitude—the analyst concerned, though still a student, is the only one who can decide whether any given interpretation is valid.

**Daring to face up to envy**

Thanks to the simplicity with which we have tried to discuss various issues in our group, we came to understand that sometimes other people's ‘good ideas’ can trigger envious and destructive feelings in each of us: in other words, the kind of envy that carries in its wake the unconscious wish to destroy the other person's idea, the thought that we would so much like to have had ourselves. That we were able to become aware of these envious impulses helped us to overcome them; we were then able not only to accept the fact that other people can have interesting things to share, but also to take an interest in their ideas and be happy to do so.

I then realized that, when supervisors help students to overcome their feelings of envy, supervisors set free the creativity of both parties. Our own envious feelings, especially if we are unaware of them, make us dread triggering in our discussion partners the envy that we imagine is lurking inside them—and this may well inhibit our own freedom of thought. That is why it is important for me, in a supervision setting, that students feel free to share their ideas with me—even those which at first I may think of as somewhat strange. I believe that this kind of audacity is vital if original and innovative thoughts are to develop within them.

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**Daring to trust in our own thinking and in that of other people**

When I say that, to my mind, candidates are, after all, the only people who can interpret the patient's material because only they actually shared the session with the patient, am I not pushing those students down the road to megalomania? The experience of our group reinforced my belief that it is in the way supervisors deal with the other person's thinking that they can help the supervisee to appreciate the difference between megalomania and trusting one's own thinking processes. It became obvious during our discussions that, when any one participant expressed an idea, that helped the other members of the group to examine their own thinking more thoroughly and develop their own ideas. Every idea was useful. That firm belief encouraged all of those present to express their own thoughts.

Here is an example of what I mean: I had in analysis over several years a patient who ever since his early childhood had been in psychotherapy or psychoanalysis with various colleagues. When at last he felt himself able to have his own accommodation and to find a job, he decided that he could end his analysis at that point. I agreed with him, because I felt that he had taken a major step forward and that it was important to emphasize the fact. There were still many unresolved issues, of course, and some of my colleagues thought that I should insist on his going on with the analysis. In spite of their advice, I kept to the date decided upon for ending the analysis, but, thanks to their comments, I was able to analyse the final period of treatment much more thoroughly.

That experience has enabled me to help candidates I have had in supervision not to be obsessed by the threat of the premature ending of the analyses they are carrying out. Some trainees have difficulty in distinguishing between being worried for themselves or for their analysand—they are afraid the supervision might not be validated, or perhaps they feel themselves to be ‘bad'analysts. The atmosphere of the supervision can help them acquire a feeling of freedom with respect to the ending of an analysis and thereby avoid situations in which the patient unconsciously makes use of analysts’ concern in order to put pressure on them.

**Daring to trust in superego benevolence**

We noticed also in our group that each participant badly needed to have confidence in a protective and benevolent superego whenever any major problem arose with an analysand. We could feel how an atmosphere of trust helps the analyst overcome the tendency to look for someone to blame whenever an analysis seems to be reaching a dead end.

Even though the candidate has sole responsibility for the patient's wellbeing, there is a need to feel that the supervisor is supportive and will go on being so, no matter how the process develops. If, in addition, students can see that supervisors are not averse to learning from their own mistakes, this will encourage trainees to take calculated risks as and when the occasion arises. This relationship of trust between supervisor and supervisee is important from the very outset; it helps the student to dare to suggest analysis in the initial stages of training and in particular to dare to analyse patients for whom such an indication does not appear to be absolutely ‘perfect’.

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**Daring to create a mental space that can be shared**

The relationship space that we built up together in the group was all the more interesting to create because of its inherent asymmetry: for example, my knowledge of psychoanalytic theory and clinical experience as a training analyst were much greater than those of my colleagues, but that did not imply that I was in any way a more gifted analyst than they were. Each of us had access to a domain of professional knowledge of which the other members knew little.

That helped me to understand what happens in supervisions. Supervisor and supervisee form a partnership; they have therefore a mental space to share (Britton, 2003). That shared space must not be looked upon as either the supervisor's or the supervisee's own property, nor must it be a simple extension of one or the other: it is a space that both have created with a sense of mutual freedom. If they prove unable to create such a space, supervisees may well feel overwhelmed by the supervisor or, conversely, may do exactly as they please, with no respect for the supervisor's thinking; another possibility could be that supervisees simply imitate the supervisor without there being any true introjective identification that would help them gradually to find their own way forward. On the other hand, once supervisees come to realize that this asymmetry does not prevent the creation of an atmosphere of freedom, they can feel much more comfortable in their clinical work and in particular they can have the necessary self-confidence to suggest to new patients that they enter together into that peculiarly asymmetrical relationship which we call psychoanalysis.

**Daring to become aware of the passing of time**

In our group, we spent some shared ‘time’ together, even though it was experienced differently by each of us. As a training analyst, I have nothing more to aim for and I am not in any kind of hurry, but I can quite understand the legitimate and vital need ‘to push forward’ that my younger colleagues express, and I respect that. In my view, daring to be a psychoanalyst implies—whatever the analyst's age—that we dare let ourselves be aware of the passing of time, and in particular that we accept growing old and coming to the end of one's life. This sense of how ephemeral things can be helps us to enjoy the present to the full, to appreciate the riches of past experiences and to make the future meaningful.

In certain supervisions, supervisees were sometimes too much in a hurry—in others, they were not impatient enough, always postponing the moment when they would finally dare to work alone and manage without supervision. I think that if supervisors take into account the temporal dimension of the supervision they can help every supervisee get in touch with their own rhythm and take it into account while respecting the rhythm of the other person involved. This can be expressed in some very simple ways. For example, since I am only too well aware of how suddenly any of us may just disappear, I try to make sure that I validate a given supervision as soon as it is possible to do so; this in no way prevents the supervision from continuing. On another level, I try to help student analysts discover their own sense of identity as analysts so that they can then take over and pass on the psychoanalytic ethos.

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Daring to be a psychoanalyst implies acknowledging that one needs to work long and hard at it before becoming an effective practitioner. A psychoanalyst ‘gives time a chance’. Often when they begin working, students seem to want to tear off the leaves on the trees to make them grow more quickly. That is why they need to identify with an analyst who knows from experience that it is not enough to offer well-thought-out interpretations—one has to give the analytic process enough time in which to develop fully. The experience which the supervisor has gained over the years then takes on its full significance both for the supervisee and for supervisors themselves.

**Daring to be quite simply oneself**

One of the great advantages we had in our group was the feeling that it was simply by being oneself that personal worth was at its maximum. That correlates with what I discovered in supervision: it is when students, in contact with their analyst and their supervisor, manage to de-idealize the ‘personality’ of both analyst and supervisor that they can begin to dare to be analysts themselves. When they accept the fact that they themselves do not possess all the qualities that the other students seem to have, trainee analysts can open their eyes to their own giftedness; they are then more attentive to the personal resources of their patients, their analyst and their supervisors—and they no longer expect the latter to be perfect. It is at this point that they discover their own talent for practising psychoanalysis.

**An Everyday Audacity**

Daring to be a psychoanalyst does not demand any spectacular degree of audacity, but a much more modest everyday kind, one that may go unnoticed because it later seems quite natural. Nevertheless, psychoanalysts have to accomplish some deep internal processing before they can perceive in all simplicity what is going on inside them in the encounter with the patient in an analytic session. In our work group, we realized just how difficult it could be in that solitude we share only with ourselves to do away with an attitude of pretentiousness and become aware of feelings inside us of which we disapprove. How are we to dare to listen to our countertransference feelings without unconsciously censoring those that appear to be negative? How are we to dare to accept patients whose anxieties and difficulties remind us of our own? How are we to dare to enter, even momentarily, into certain worlds that seem to us to be completely mad, the better to understand them? That audacity is possible only if we can accept not only the limitations of psychoanalysis but also those that are within ourselves. This implies that, whatever the stage we have reached in our professional development, we have to admit to ourselves not only our successes but also our difficulties and our failures in order to be able to learn from them; it implies also that we have the courage to discuss these with our colleagues and, in the case of supervisors, to share our experiences, including negative ones, with candidates.

In our study group, we realized just how much the audacity to be a psychoanalyst requires an atmosphere of freedom and trust for it to flourish. We tried to listen to each other, confident in the fact that, since we were all different, we could expect to

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see the other participants discover things that nobody could have predicted initially. As we listened to each other, we came to understand that all of us became more and more able to listen in all simplicity to what was happening inside ourselves. In our view, a psychoanalyst who goes through some difficult times in the solitude of that work needs to find an atmosphere of benevolence and freedom with a group of colleagues in order to have the audacity to go on maintaining a psychoanalytic outlook. I think it is important that, as they start out on the road to becoming psychoanalysts, students can encounter such an atmosphere of freedom in the relationship with their supervisors, so that psychoanalysis can be passed on to analysts who dare to be themselves.

**Translations of Summary**

Psychoanalytiker sein: ein täglicher Wagemut. Dieser Beitrag wurde von fünf Psychoanalytikern verfasst, die sich zu einer Gruppe zusammengetan haben, um über ihre Arbeit als Analytiker nachzudenken. Wie sollen wir als Analytiker die unbewussten Widerstände identifizieren, die uns mitunter daran hindern, bestimmten Patienten eine Psychoanalyse anzubieten? Schränken uns diese Widerstände gelegentlich in der inneren Freiheit ein, die wir brauchen, um einen psychoanalytischen Fokus beizubehalten, sobald der Prozess in Gang gekommen ist? Wie gelingt es uns, diese Widerstände von Zeit zu Zeit zu überwinden oder, präziser formuliert, sie zu benutzen, um uns ein Verständnis der unbewussten Dynamik zu erarbeiten, durch welche die Verbindung zwischen Analytiker und Patient erzeugt wird? Die Autoren diskutieren diese Fragen unter spezifischem Bezug auf klinische Situationen, die aus klassischen psychoanalytischen Behandlungen stammen, in denen der Analytiker in sich selbst den Wagemut finden musste, Psychoanalytiker zu sein. Die klinische Situation ist je unterschiedlich: Erstgespräche, Situationen im Verlauf der Behandlung, Probleme, die in der Ausbildung der Kandidaten auftreten. Eines der signifikanten Merkmale dieser Gruppe ist die Tatsache, dass die Mitglieder sich in unterschiedlichen Phasen ihrer psychoanalytischen Entwicklung befinden (Kandidat, assoziiertes Mitglied, volles Mitglied, Lehranalytikerin). Das bedeutet, dass ihre Erfahrungen einander ergänzen und zur Diskussion über Aspekte wie die Transmission der Psychoanalyse und die Beziehung zwischen Supervisor und Supervisand anregen.

Ser psicoanalista: una audacia cotidiana. Este artículo es obra de cinco psicoanalistas que han constituido un grupo para reflexionar sobre su trabajo como analistas. ¿Cómo identificar las resistencias inconscientes que pueden en ocasiones frenar la oferta de un tratamiento psicoanalítico a algunos pacientes? ¿Qué tipo de resistencias llegan a veces a afectar la libertad interior requerida para mantener la escucha analítica una vez que el proceso está en marcha? ¿Cómo conseguir ocasionalmente superar estas resistencias o, incluso hacer uso de ellas para comprender mejor la dinámica inconsciente que crean el vínculo entre analista y paciente? Los autores debaten estas cuestiones a partir de situaciones clínicas extraídas de casos de tratamiento psicoanalítico clásico durante las cuales el analista ha debido encontrar dentro de él mismo la audacia de ser psicoanalista. Se trata en cada caso de una situación diferente: entrevistas preliminares, el curso del tratamiento en sí mismo o problemas que surgen en la formación de candidatos. Uno de los rasgos significativos de este grupo reside en que cada uno de los cinco autores se encuentra en una etapa diferente de su desarrollo como psicoanalista (candidato, miembro asociado, miembro titular, analista didacta). De este modo, sus experiencias se complementan mutuamente y permiten afrontar temas tales como la transmisión del psicoanálisis y la relación entre supervisor y supervisado.

Être psychanalyste: une audace au quotidien. Cet article est écrit par cinq psychanalystes qui ont formé un groupe pour réfléchir ensemble à leur travail d'analyste: comment reconnaître les résistances inconscientes qui peuvent parfois les retenir de proposer une psychanalyse à leurs patients? Quelles sont celles qui peuvent entraver leur liberté intérieure nécessaire au maintien de leur écoute de psychanalyste une fois le processus engagé? Comment parviennent-ils parfois à dépasser leurs résistances, ou même à s'en servir pour mieux comprendre la dynamique inconsciente qui les lie à leurs patients? Chacun d'eux s'interroge en partant d'une situation clinique provenant d'une cure-type au cours de laquelle l'analyste a dû trouver en lui-même l'audace d’être psychanalyste. Il s'agit chaque fois d'une situation différente: lors des entretiens préliminaires, pendant la cure elle-même ou lorsque se sont posés des problèmes concernant la formation des analystes. Un des intérêts de ce groupe réside dans le fait que les cinq auteurs se trouvent à des moments

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différents de leur vie de psychanalyste (candidat, membre associé, membre et membre formateur). De ce fait, leurs expériences se complètent et permettent d'aborder les questions de transmission de la psychanalyse et de la relation entre superviseur et supervisés.

Essere psicoanalista: un'audacia quotidiana. Questo articolo è il lavoro di cinque psicoanalisti che hanno formato un gruppo per riflettere sul proprio lavoro di analista. Come riconoscere le resistenze inconsce che possono in certi casi trattenerci dall'offrire un'analisi ? Quali sono le resistenze che possono compromettere la libertà interiore necessaria al mantenimento di un'attenzione psicoanalitica una volta iniziato il processo? Come si riesce a a volte a superare le proprie resistenze, e perfino a servirsene per meglio comprendere la dinamica inconscia che lega analista e paziente ? Gli autori dibattono queste questioni con riferimenti particolari a specifiche situazioni cliniche tratte da trattamenti psicoanalitici classici nel corso dei quali l'analista ha dovuto trovare dentro di sé l'audacia di essere psicoanalista. Si tratta in ogni caso di diverse situazioni cliniche, emerse in momenti diversi, come una consultazione preliminare, o durante un trattamento o nel corso della formazione di candidati. Uno degli aspetti più significativi di questo lavoro di gruppo è che ognuno di questi psicoanalisti si trova a un livello diverso della carriera (candidato, membro associato, membro ordinario, didatta). In tal modo le loro esperienze si completano e consentono di affrontare questioni quali la trasmissione della psicoanalisi e le dinamiche nel rapporto di supervisione.

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