

THE INTOLERANCE OF DIVERSITY IN PSYCHOANALYTIC INSTITUTES

A social defence against anxieties in our work

In his paper of the same name, Kenneth Eisold (1994) discusses the well known phenomena of splitting and divisions in psychoanalytic institutes around the world. As he points out, this ranges from “automatic dismissal of differences on the one hand, to schismatic annihilation on the other”. He proposes that the intolerance of differences and diversity is a form of social defence, and describes three kinds of underlying anxiety, particular to our way of working as psychoanalysts

Eisold is a psychoanalyst in New York with particular experience in consulting to organisations, and this paper strikes me as a distillation of a great deal of experience and thought. It offers a penetrating and clarifying formulation of the phenomena of intolerance and splitting which helps us address with insight matters that deeply affect us all in our institutional life.

Eisold suggests that the overall effect of such a social defence is to act as a centrifugal force, moving members away from identification with the larger group of the Institute and its activities, and into retreats of individualism, of idealised couples and of small subgroups. In such circumstances, members can “deny that the enterprise of psychoanalysis is a collective or group enterprise” and can “for the most part ... not consider themselves to be located within their Institutions when they conduct their work”.

It is a paper that also has the capacity to provoke resistance, which is a good indication that it deserves to be revisited from time to time. It touches issues that are close to the bone for all of us.

I will outline Eisold's framework of anxieties and defences, and then offer some thoughts on some centripetal forces which can foster the drawing together members of psychoanalytic Institutes.

1 The nature of the work

The first anxiety he describes arises from the fact that we work in isolation in our rooms. This of course is inevitable given the need for a safe, confidential setting for our work. However the isolation is not just physical, but has a particular quality for analysts, in that the instrument we use is ourselves. Our functioning depends on our capacity to maintain our analytic attitude of seeking the meaning of all that emerges in the sessions. This requires empathy, sustained interest and bearing the pressures of transference and countertransference. And we know that however experienced we may become, a significant proportion of this capacity is unconscious, not fully in our control, and more able to be seen by colleagues, or our patients. We must bear being alone with this distinctive state of not knowing all that is transpiring in sessions, until clarity develops. We are thus vulnerable to self doubt, and fear of exposure and judgement.

Eisold makes it clear in his detailed discussion that vital issues are involved here.

Theory is essential for our work, and acts as guide and lifeline, linking us to our analyst, our supervisors and the body of psychoanalysis itself. We each lean on particular theoretical formulations that we find suit us and help make sense of our own work. And in ordinary circumstances we are flexible and can modify and develop our preferred theories, and embrace new ideas and formulations as we go along.

Theory can also be used as rigid protection from our uncertainties, and can be part of a pseudo identity derived from membership of like minded subgroup, rather than from a more grounded confidence in oneself.

Eisold mentions that a comparable anxiety is found among academics, with associated fierce debates and splits. I am also reminded of the anxieties of parents, and especially a mother, with the first baby. The stakes are so high, involving the responsibility for another's life and development, and the capacities required of the mother are so largely unconscious. The vulnerability to self doubt and self blame are enormous. Hence the sometimes irrational and rigid debates about breast feeding or bottle, for example. These are similar to the anxieties an analyst can feel in relation to a patient, and to those he is responsible to training.

2. The nature of membership

The second set of anxieties belong to our concern about our standing and reputation with colleagues. We are social animals and are vitally dependant on how we are seen and accepted in our various groups. As analysts, this involves such essential matters of being approved for training, for graduation, for being seen as worthy of referrals, and of advancement in the activities of the Institute. For example, the appointment to the function of training analyst is, as we know, heavy with the meanings of status and achievement, over and above the work role required.

Our training is inevitably carried out primarily in couples, with analyst and with supervisors. This can become a foundation of intensely idealised relations that serves as a social defence against the anxieties of belonging and development. My own paper (McClelland 2015) discusses the basic assumption phantasy of pairing associated with the training analysis, and the effects on analyst and analysand.

Such foundations are of course essential to development, and are gradually moved on from in the healthy case. But it can also lead to the formation of factions, where affiliation and belonging become dominant concerns. When a particular subgroup holds the balance of power in the institute, and influences decisions that affect members standing and inclusion, explosive anxieties are generated. As Eisold remarks, vital issues are at stake here.

The well known conflict in the British Society, the Controversial Discussions, was ostensibly about differences in theory, between Kleinian and Freudian analysts. But the heart of the issue was about who was to be sanctioned to teach candidates, and so who would be accepted as analysts.

One consequence of such splitting into subgroups is the vulnerability of members to ad hominem criticism. The charge that someone is not sufficiently analysed can be used to disqualify them from being acceptable as an analyst, as worthy of referrals, and from having their thinking given any value. All analysts are "insufficiently analysed" but the anxiety about our capacities renders us all vulnerable to this form of devaluing.

A second consequence of splitting into factions which Eisold highlights, is the formation of an "over-bounded" organisation. One faction exerts rigid control over admission, progress, curricula, qualification and the criteria for further development of members. Such an organisation becomes very hierarchical and insists on theoretical purity.

3. Psychoanalytic culture

The third set of anxieties has to do with analysts' concerns about their professional standing in the wider community, with other health professionals and with the public. Eisold discusses the early historical development of psychoanalysis, as being embattled and at risk of retreating into splendid isolation. One aspect of this state of affairs was Freud's determination to ground psychoanalytic insights on a foundation of biology. This would then make psychoanalysis scientific in the generally accepted framework of the times. Hence the elaboration of such concepts as libido, instincts, energy distribution and discharge, cathexes and so on. Freud fought fiercely to defend this theoretical framework as we know, and Strachey's translation into such words as cathexis, Id, Ego and Superego enhanced this aim.

Later developments have led to critiques of such metapsychology, emphasising instead internal object relations, meaning making, and the centrality of social experience such as attachment theory and group psychology to personality development.

Eisold wrote further on this subject in his paper on the splitting of the New York Psychoanalytic Society (Eisold 1998). There he emphasises the role of the establishing of a professional psychoanalytic authority. His paper is something of a case history illustrating many of the issues raised in his discussion of intolerance. He shows in great detail how several factions developed in the New York Society, each deeply concerned about the standing and authority of psychoanalysis. As Eisold remarks once more, vital issues are at work here.

One group decided to join with mainstream medicine and psychiatry, which meant excluding non-medical analysts, and very successful this proved to be for decades. Another group, largely emigres fleeing Nazi Germany, drew upon the authority and identity of Freud, in an increasingly orthodox way. Yet others wanted to explore new ways in psychoanalytic thinking and practice. So implacable did the struggle for the control of psychoanalytic authority become that splitting into distinct Institutes was the only possible outcome.

Eisold mentions problems of leadership in analytic institutes. He primarily addresses the struggles leaders faced in the context of the embattled splendid isolation of Freud's time. But I think we can also observe the effects of the retreat into factions and intolerance in any institute. Leaders can be the target of criticism and disdain, and their authority dismissed, by members who deem them not of the acceptable group and not representing their psychoanalysis. In such an atmosphere the work group tasks of the Institute suffer, members do not take up positions, and outreach efforts to relate to the wider community can fail.

4. Centripetal Forces

These then are the anxieties and social defences that Eisold proposes, which have the effect of drawing members away from identification with the Institute as a whole and from being able to work together. We must also ask what are the centripetal forces which lead members to come together and work as an Institute? What factors facilitate an atmosphere in an Institute that is safe for thought, and that enhances tolerance of differing experience and points of view? I have in mind several which I will outline

Before all else I would consider **insight** as essential. The great value of Eisold's paper is that it helps us be aware of the anxieties and the issues that are at stake for members, and to acknowledge the intense feelings that are aroused. An institute needs insight rather than combat if there is to be a more tolerant atmosphere and an addressing of the concerns of all members

There are many activities in an Institute which have the potential to draw members together, such as teaching and the many committees necessary for the Institutes functioning. I believe however that the heart and soul of our interest and satisfaction in working as psychoanalysts resides in the immersion in the session, and in the encounter with the extraordinary world of psychic reality. At this level we are all in the same boat, and our differences arise from our efforts to formulate and understand what we experience. It seems to me therefore that **the presentation and discussion of clinical material** with one another is fundamental, and requires a structure that addresses the anxieties involved and restrains the defensive pressures discussed above. All too often, clinical discussion in groups is invaded by moves to supervise, to the exercise of the authority of senior or respected members, and thus to the reinforcement of intolerance of diversity at this basic level

David Tuckett addressed this issue in his paper (1995) and went further to develop a method of discussing clinical material in a group, in order to open up insight into the presenter's latent theoretical framework. This arose from experience in the European Psychoanalytic Federation, where so many manners from apparently diverse Institutes met and presented clinical material.

The Comparative Clinical Methods was the result. However it is a time consuming procedure that is not suited to every day life of an Institute involving clinical seminars and presentation of papers.

The method of **weaving thoughts** on the other hand is a structured means of members presenting clinical work that is adaptable to the daily life of an Institute. It is designed to facilitate a focus on the detailed interactions of sessions, and actively counteracts the imposition of orthodoxy and authoritarian interpretation by particular members. It was developed by Swedish analysts Norman and Salomomsson(2005) for use in peer groups, and I have been very impressed with the value of their work. I have found it applicable to small groups and to large, as well as to clinical seminars with candidates. In the appendix I outline the details of the procedure as I have come to use it .

The procedure has the advantage of interrupting the tendency to supervise the presenter, and of the tendency to talk at the level of theory. Associations to matters of theory and technique become food for thought, eg why does this bit of theory come to mind now? Does it help us formulate and clarify what is happening in the session, or does it take us away into theory as a retreat? From this perspective, the many theoretical systems and formulations that have been developed over the years can be thought of as a great store of potential metaphor and meaning to be drawn upon during the course of a session or a presentation.

This method can be adapted to clinical seminars with candidates with time allowed for more discussion of theoretical and technical issues. One can press the pause button so to speak, and briefly take up a question of theory or technique, all the while being mindful of why this is happening at this point in the presentation. My experience is that candidates greatly enjoy the method, as it protects the presenter and makes everyone equal in terms of their contribution. In this setting one must make allowance for the seminar leader, who necessarily must carry the authority of the teacher, but who does so hopefully with a light touch rather than as the bearer of the truth

The method can also be adapted for clinical or theoretical papers presented to members in scientific meetings. The Chair then has the authority to keep members to the rules, and to move interaction away from with the presenter and to discussion together in the group. The overall benefit is that an Institute becomes accustomed to listening to each other in a way that cuts across the retreat into authoritarian and factional interactions, and from comments aimed at the presenting member, and more to listening and thinking together.

My last example of a centripetal force in an Institute is the activity of **Outreach**. In fact this encompasses many related activities. Members consult to other organisations, such as hospital Psychiatric Units, and teach trainees in psychiatry, psychology and social work. Institutes offer courses in psychoanalytic ideas and methods, as well as Open Day events for the general public. Members can work with academics in the field of literature and film and social science to offer conference days. I believe a significant benefit of such activities is that they provide a way for members to work together, although where factions are predominant only some members might participate. Another benefit is the challenge to present psychoanalytic work and thinking in a way that is comprehensible to non-analytic audiences, and so can counteract overly doctrinaire thinking. This requires a form of listening to listening, in that analysts must take account of how their presentations are being heard and interpreted. This is a useful guide to better presentation, as well as a challenge and levelling experience. It is my experience that a wide range of non-analysts are as fascinated as we are to encounter psychic reality, and to see how this manifests in a host of forms, inside sessions and beyond. Again presentation and discussion of clinical work is generally the most appreciated form of Outreach.

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Appendix

WEAVING THOUGHTS FORMAT FOR CLINICAL PRESENTATION

The presentation and discussion of clinical material in small groups is something that requires a good deal of thought in order that the procedure is helpful, and does not become distorted by a number of possible interfering influences. In their paper, Norman and Salomonsson (2005) discuss these issues in detail and illustrate a method they call "weaving thoughts" which is designed to facilitate extended discussion in a containing and imaginative way.

The format I propose follows their method exactly, with one modification described below. By presenting the case material in segments, stopping for discussion before each interpretation, the group is encouraged to attend more carefully to the process and not be drawn into overly theoretical discussion. In this format the group can learn to "listen to listening" (Faimberg 2005). ie to see the way the patient hears the analyst and how the analyst hears the patient. Ferro highlights the same focus for listening in a number of his publications (Ferro 2005) . He gathers together the patient's responses to the analyst, viewing them as narratives of the unconscious processing of the meeting of minds in the session, and of the containing functioning of analyst and patient. This modification of the "weaving thoughts" method has been used for a number of years by Faimberg at the European Psychoanalytic Federation conferences.

Method

The rules governing the functioning of the presenter, moderator and group members are fully described by Norman and Salomonsson.

The presenter is asked to bring two sessions in detail, although discussion of one session can often easily fill the available time. For a shorter clinical meeting of 1 1/2 to 2 hours, one session is ample. It is not intended to be supervision, so the sessions should be ones the presenter thinks reflects work they are reasonably happy with rather than ones involving particular difficulties. It may

take some time to select such sessions so presenters should begin thinking about the matter in good time. Of course the presenter may wish to use this method to discuss a difficult session.

My preference is to have no history at all. This not only makes us focus on the process of the session, but it allows us to see when we want to know some piece of history, or the historical and external facts of a character who turns up in the material. Likewise with our use of theory, we can observe when we turn to it and to think about why.

Each session is presented piecemeal, up to but not including an interpretation. After discussion by the group the next section to the next interpretation is presented. Many will recognise this as similar to Balint's method of clinical presentation. During the discussion the presenter does not take part, thus keeping the focus on the group members and their developing thoughts. At the end of the session the presenter joins in for feedback on the experience. It is important to preserve the focus on the group experience of the material, and to resist the pressure to bring in new material or the absent history. This pressure is related to the belief that we can have a complete session or analysis, with everything explained, and also to the fantasy of the analysand that after the analysis there will be a "real" relationship at last, thus devaluing the reality of the analytic experience of the inner reality and its inevitable limitations.

Aims of the Group

One aim of the procedure is to facilitate extended discussion of clinical presentations in peer groups, as distinct from supervision groups. However a second aim is to focus on listening to listening, to the interpretation and the patient's way on hearing this, and to the analyst's listening to this response. As Faimberg emphasises, it is the moments of misunderstanding, of disjunction between what is intended and what is received, that can be most informative. In the course of this discussion, a third aim is realised, which is for each member to listen to how they listen to the material and to other members' ways of listening. The hope is that in this way group members can learn more about the implicit models informing their work. This is a particularly valuable ecumenical exercise as it enables quite significant differences between members to be talked about.

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