

BEHIND THE COUCH: USES AND MISUSES OF TEMPTATION

Sharply divided opinions characterized this panel, making for an interesting afternoon. The issue at stake was the optimal analytic attitude and technical approach to the inevitable “temptations” and “minor transgressions” that occur in the daily work of psychoanalysts. The panelists fell into two camps. Stanley Coen, organizer and chair, and Joyce Slochower, both from New York, drew a firm line, feeling analysts do not consistently “grasp” or “catch” themselves in their minor lapses so they can reflect on what they have done or been tempted to do. This camp views such lapses as critically important signals, given their potential to stalemate treatments. In contrast, Michael Parsons of London and Dominique Scarfone of Montreal saw the questions posed by the panel as too narrow and missing the point of what the analytic endeavor needs to be about. Hence the panel provided an eloquent debate over what internal environment on the part of the analyst facilitates the most useful kind of analytic listening, immersion, creativity, and outcome.

Coen put forth the questions to be addressed: How do we decide what is and isn’t appropriate for us as analysts to experience as we sit behind the couch with our patients? How far can we let ourselves go in our wishes, fantasies, and temptations at work? What are the limits of our desires as analysts? How much sexual temptation should we feel with an attractive patient in an erotic transference? How sexually aroused should we become? How much detachment, distance, or lack of concern should we feel with a schizoid patient who needs to maintain distance? How much should we want to share in a narcissistically impressive patient’s specialness, talent, and celebrity? How much murderous hatred should we feel with an angry, rejecting, negativistic patient? How much of what we imagine aims to satisfy our own idiosyncratic needs; how much has to do with our patients’ needs? How do we decide whether our idiosyncratic needs are somehow interconnected with the ongoing analytic process?

Panel held at the Winter Meeting of the American Psychoanalytic Association, New York, January 16, 2010. Panelists: Stanley J. Coen (chair), Michael Parsons, Dominique Scarfone, Joyce Slochower.

Coen also underlined that while “major transgressions” such as sexual boundary violations have gotten a great deal of attention, “minor transgressions” of the type this panel was considering have been largely ignored, despite their being vastly more common.

Joyce Slochower brought into sharp relief what was meant by “minor transgressions.” She first explained how she came to be interested in the subject. Spurred by a supervisee who confessed to reading a magazine during phone sessions, Slochower considered the tension created by our relationship to our professional ideals as they collide with our very personal self-interest. She found that as she began to present her ideas on this subject to analytic audiences, it produced an unexpected effect—she received a flood of “transgression” confessions. While these confessions varied widely, nearly all represented relatively circumscribed deviations from acceptable professional behavior. She decided to call these deviations from ordinary analytic attentiveness “professional delinquencies”—to distinguish them from major boundary violations. Most took place when the analyst was literally out of sight; that is, during a phone session or while the patient was on the couch. They included checking e-mail on a hand-held device, leafing through reading material, applying nail polish, using the internet, eating, making grocery lists, writing bills, pumping breast milk, and watching a sports scoreboard online. Some occurred in full view of the patient—for example, eating a meal during a session, or asking for restaurant recommendations, stock tips, and the like. And some were utterly invisible—a withdrawal of effort, an unwillingness to work too hard or think too hard with a particular patient or during a particular period of the analyst’s life.

After cataloguing these breaches, Slochower went on to say that most analysts are far from sanguine about committing them. Indeed, beneath apparent amusement or minimization she detected both anxiety about being exposed for them and more than a little shame. Yet most analysts enact at least some minor delinquencies across their professional careers because, she suspected, of the strain imposed by the “impossible profession.” Indeed, she believed small analytic breaches are usually motivated by the analyst’s unconscious effort to balance self-idealization and self-interest—a compromise between the wish to be a very good analyst and the press of personal needs.

Slochower expressed her belief that analysts inherently have difficulty thinking about their failures or minor transgressions without invoking excessive rationalization on the one hand or excessive self-condemnation on the other. When analysts cannot tolerate the tension between ideal and

actual behaviors and the guilt and shame that threaten, it forecloses self-examination. Retreating behind a veil of illusions, analysts become unaware of the potential for treatment collapse. Only a capacity to tolerate a disruption of a positive professional self-image in the analyst's own eyes and resume the work of facilitating and engaging intensely challenging transferences and countertransferences creates the proper space for analyst and patient alike to notice and address these moments.

To illustrate these ideas, Slochower explained what her research convinced her was Winnicott's very problematic relationship with his patient Masud Khan, while also mentioning Winnicott's seemingly more productive relationships with other famous patients such as Harry Guntrip. Extrapolating from this work, she focused on an important dimension of analytic wish and need—the analyst's longing both to be idealized and to idealize. She argued in particular that Winnicott's analysis of Khan foundered on the shoals of these waters. That is, Winnicott idealized Khan and needed to experience himself as being idealized by Khan rather than allowing himself to be painfully aware of—and analyze—Khan's envy, contempt, hostility, and competitiveness toward him.

Slochower recognized her own need to idealize Winnicott, a tendency shared by many analysts. Instead, she urged us to humanize him. As a corollary, she reminded analysts of their universal vulnerability to retreat into frozen positions of defensive idealization (as but one example) that may lead to avoidance of crucial analytic material. More than saying "Don't behave in these ways," her goal was to open up reflective space about such behavior so analysts could think about what they are disavowing and why.

Coen spoke in a similar vein, stressing how important it is for analysts to be acutely aware of their responses that lead to temptation or transgression, and urging them to use them in the service of treatment so that breakthroughs occur rather than stalemates.

Presaging Parsons's and Scarfone's talks, Coen recognized the two sides of the argument—that some colleagues object that with certain patients analysts at times need room to cross boundaries consciously and deliberately, without tormenting themselves excessively about such therapeutic interventions. He noted that these colleagues contend that too much "superego-ish" concern about transgression stifles the analyst's freedom and creativity. And he agreed that this may certainly be true. But he contended that too little "superego-ish" concern risks the misuse of temptation or transgression. This was his greater concern.

He explained his preference for observing himself and the analyst when they participate in seemingly “therapeutic” boundary crossings for reasons that may lie outside their immediately available conscious awareness. He emphasized that the situation need not be either/or—that is, simplistically “helpful versus hurtful.” But he stressed that analysts should be wary of rationalizing such behavior, since it may serve to avoid the hard work and persistence required to engage difficult or warded-off material. It may signal that analysts are colluding with their patients to avoid exactly the material that needs to be engaged.

Coen expressed his belief that if analysts have developed a relatively adaptive, flexible, and constructive interaction with their superegos they can use superego signals helpfully without becoming paralyzed or constricted. They can trust in their capacity to manage and contain feelings, wishes, and desires while heeding superego warnings about getting too carried away. This sort of superego position enables analysts to be free to work with what gets stirred up within and help their patients do the same.

Coen gave a detailed example of his work with a highly negativistic, rejecting, and schizoid patient toward whom he had to learn to tolerate his murderous hatred while preserving (in the face of that hatred) his love and desire with him. He had to be able to imagine getting rid of the patient, as well as feeling how much he wanted to share an authentic, close, and intimate relatedness with him that for much of the treatment the patient had worked hard to block. To ultimately reach his patient about these central dilemmas, Coen had to go through this arduous emotional journey. But he emphasized that it would also have been tempting to instead “coast” in the treatment by exclusively respecting the patient’s ostensible wish—indeed, demand—to be given “space” without also working hard to bring these underlying passions into focus and a deadened treatment to life.

Parsons took a different view. While acknowledging that of course it is best to avoid countertransference mistakes and not fall prey to narcissistic or perverse entrapments in the analytic relationship, he stressed how the endless varieties of these temptations are important to understand. His emphasis was on how temptations are built into the very structure of the analytic situation. The question is not how not to be tempted, but what to do with analytic temptations. The notion that temptation is something to be avoided or defeated to him seemed too thin.

He had stories of his own to share about transgressions he had learned of over the years. There was the analyst—true story—who was observed through a window to be doing a crossword puzzle behind the couch. And

he once heard a report of a patient on the couch being startled when the consulting room was lit by a sudden bright flash. The analyst had been trying to see how his new digital camera worked and accidentally set off the flash mechanism.

Noting that these are the sorts of temptation it really does matter not to give in to, Parsons said that still the point is not simply to dismiss such examples as unprofessional behavior. The crossword-doing, camera-fiddling analyst may simply feel bored by material that seems familiar rather than trying to safeguard his psychological integrity. But if that analyst could turn his attention to why he was feeling bored by this patient and why he dealt with feeling bored by trying, say, to solve a simpler kind of puzzle or picking up an instrument that captures concrete images, he might find his interest coming back to life.

Temptations, Parsons noted, always come *from* somewhere. And he felt if there is nowhere in an analyst for them to come from or nothing going on in an analyst that can give rise to temptation, this analyst is in deep trouble. Just as patients need to have some feeling of conflict in themselves to propel their analytic self-reflection, so analysts need a sense of conflict about their involvement in the analytic work.

He noted that our modern understanding of therapeutic action views the analytic relationship as the very crucible of change. He emphasized how emotional development cannot happen except within a relationship. Just as it must matter to a mother how she cares for her child, likewise analysts need to have something at stake if the analytic relationship is to be developmentally productive for the patient.

However—and Parsons emphasized this—the analytic situation is not symmetrical. The therapeutic relationship is unequivocally in the service of the patient. Confusing mutuality with symmetry leads to an unethical position. Analysts must not parasitize the analysis for their own psychological gain. Yet Parsons doubted whether it is possible for an analysis to be really life-enhancing for a patient unless it is in some way life-enhancing for the analyst.

So here was his paradox. Analytic work needs to have real developmental importance for analysts on their own accounts—or patients will have no sense of being with another person who has something of his own at stake. In that situation there is no developmental conviction for patients either. The gain in freedom and aliveness that analysts draw from their work has to be truly for themselves at a deeply important level. But it has to be deeply important for themselves in the service of the patient.

This paradox helped explain Parsons's view of the two fundamental temptations to which analysts are exposed by the very nature of their work. On the one hand is the temptation to sacrifice, consciously or unconsciously, the patient's emotional development to the analyst's own emotional and intellectual self-interest. But the corresponding temptation is for the analyst not to put himself at risk at all.

Parsons's strong feeling was that analysts need to be inwardly available to be touched at whatever deep level in themselves a particular analysis can connect with. This, he explained, is the analyst's taking from the analysis. The giving to it is that the analyst's psychological capacities should be enlarged in this way to the enrichment of the analytic encounter, and thus to the benefit of the patient's psychological capacities. Both parties must grow. Because all would agree, he believed, that an analyst should not take without giving, his focus was on the equal and opposite temptation—to imagine that it is possible to give without taking.

Scarfone compared aspects of analytic work to "demonic possession," since the temptations involved conjure up images of the devil putting analysts to the test. The analytic endeavor invites both participants to let their demons loose in different ways within the consulting room. Scarfone's answer to the questions of "how much" and "how far" analysts should let themselves go was, "Short of acting out, all the way!" Inasmuch as analysts can contain whatever wishes, fantasies, and the like elicited in them, they must have the courage to let loose psychological events in full. Indeed, he wondered, how can analysts hope to know the devils they are chasing if, as soon as they appear, they look away? How can analysts help patients let their demons speak if the first thing they do is to shut their ears?

He went on to compare the position of the analyst to that of Ulysses tied to the mast—without earplugs, listening to the Sirens' song, exposed to irresistible temptations because of his desire to know. Analysts put in place such a typically "Odyssean" situation. On the one hand, like Ulysses, analysts wish to hear the dangerous song. On the other, they promise not to respond to the call of the Sirens. When the analyst braces against temptation, it is in order to listen in a very special way—to become aware of unconscious content in the patient's mind and become "possessed" by a thinking process very unlike everyday forms of thinking and feeling.

Scarfone emphasized the central importance of being curious about a new entity progressively coming into existence in the consulting room—the result of the mixture of two minds at work. He described this form of thinking that begins to happen in the analyst, saying it is not necessarily

under the analyst's full control. This process echoes the attitude sometimes encountered in artists such as Cézanne, who, brush in hand, would patiently stare at Mont Sainte-Victoire, waiting for his arm to start moving and to begin depositing spots of color on the canvas as if of its own independent "will." For some analysts, reaching this sort of disposition may require adjunctive techniques as they listen (e.g., scribbling, drawing, knitting, or other activities along these lines), provided they do not get so involved in these activities that they are distracted from the main task. There is no unique way of attaining the state Scarfone described. He said it amounts to a strange experience whereby, if all goes well in the analytic process, what takes shape is almost as if, "It thinks."

In describing this process, he emphasized that what keeps the analyst from wrecking the ship on the Sirens' shore is not his superego. If it were a matter of superego prohibition, this same obstacle would hamper analytic listening. Instead Scarfone spoke of a deep trust in—and adherence to—the psychoanalytic method. His feeling was that there is no secret device. It is a matter of "work, work, work." He mentioned the familiar metaphors: going against the flow, sailing into the wind, facing resistance—but more than anything else, it means embracing an ethical stance specific to the analytic task.

The ethics he had in mind are not reducible to a simple code of conduct. They are not merely an addendum to analytic technique made to regulate behavior. The ethics he described stand at the core of everything psychoanalytic. He explained his somewhat covert idea that analytic ethics is another name for analytic epistemics—the analytic way of knowing. That is, analysts do not have a method or a tool for gaining knowledge on the one hand and an ethical code regulating their conduct on the other. Fundamentally what is required of analysts is a willingness or disposition to become "host" or even "hostage" to what patients carry with them into the consulting room. This sort of ethics helps analysts gain access to the material crucial for analytic work.

In advance of the panel, Coen invited the reporter, Wendy Jacobson, to share brief remarks based on her reading of the papers. Jacobson commented that all the panelists agree that temptation is inevitable in the psychoanalytic situation. The question is what analysts do with that temptation—whether they use it well or misuse it. Again there was implicit or explicit consensus that if analysts misuse it, what matters is whether they recognize the situation and how they work with it. Do they use it as a signal that the treatment might be getting into trouble and try to understand what it means?

Do they try to figure out what is going on as grist for the mill? Or do they remain blind to it, to the detriment and potential stalemate of the analytic work? Again, all the speakers made clear that the former is good, the latter bad.

However, the main tension between the panelists seemed to be whether they consider this issue beside the point of what good analytic work is about or whether they deem it central to the work. Is the issue pretty much self-evident and already settled, or is it vital to probe as it relates to unanalyzed aggression and other passions in the analytic situation that it is tempting to avoid? Is avoidance truly the main temptation under consideration here—the human tendency to avoid hard work?

Parsons and Scarfone said in various and eloquent ways, “Of course analysts must always work hard and find ways to do the heavy lifting. And of course they must avoid committing egregious lapses. But the way this panel is framed is problematic. What analysts are after is creating the kind of atmosphere and space that facilitates optimal receptivity and activity—relaxed attentiveness attuned to even the most arousing or disturbing material in analyst and patient alike. Analysts must always be thinking about how not to get in the way iatrogenically. But if analysts need to doodle a grocery list to accomplish this kind of listening, or recognize that certain kinds of patient need to idealize them—sometimes for prolonged periods as the good preoedipal mother—so be it. The notion of transgressions and delinquencies and temptations is too narrow a lens through which to view the analytic situation, for it condemns rather than opens up serious examination of the meaning of the myriad temptations to which analysts are inevitably exposed in the course of their work and of their responses to them.”

By contrast, Coen and Slochower said in their own elegant fashion, “Not so fast. If analysts are going to mix it up with the likes of Masud Khan and not write him and those like him off as unanalyzable, they are going to need to give heightened attention to these very kinds of professional behavior. Such patients present the most difficult cases, and certainly these are just the kind of enactments they tend to pull for. And, by the way, if it matters for them, how do analysts know it is not just as important, perhaps in more subtle ways, for their ‘healthier’ patients? It is crucial to be exquisitely self-aware and not to be complacent about such temptations, transgressions, and delinquencies.”

Hence this panel explored territory easily cast simply in “superego” terms: “responsible” vs. “irresponsible” and the like. Analysts know it

can take years to get past the internalized superego severity instilled by psychoanalytic training, or alternatively to overcome superego deficits in order to become the very best analysts they can be—ones who combine the necessary discipline with the right amount of “letting go” and “use” of themselves in order to reach their patients in all their complexity, nuance, and varying degrees of disturbance. Combining just the right amount of artful restraint with disciplined attentiveness is no small feat. What analysts do depends on constant awareness of context—indeed, rapidly shifting contexts—along with proper tact, timing, and dosage in order to meet their patients’ needs while not neglecting their own.

There are different rules in different households, and the same holds true for different analyses. Since practically every analytic concept can be turned on its head, Jacobson thought these presentations made it fair game to ask, “Is it delinquent never to be delinquent—while analyzing its meaning in the service of deepening the process?” Parsons and Scarfone answered unequivocally yes, while Coen and Slochower entered a resounding no.

Robust panelist and audience interaction throughout enriched the discussion. Parsons emphasized how he came at the subject from a perspective quite different from that of Slochower or Coen. He wondered how much common ground there could be, and how much the two sides were off in their own space. Coen said as long as analysts stay with paradox they can have it either way, a position he found problematic. Parsons thought the problem with Slochower’s paper was her notion that making use of the patient is a form of delinquency. He felt this was the wrong register in which to be thinking. He again emphasized that it is when analysts try to avoid all delinquency that they are in trouble. That is when the analytic situation is at risk for becoming idealized—and delinquent. It is a matter of figuring out what these thoughts, feelings, fantasies, and behaviors mean and what to do with them. He gave an example of a five-times-weekly face-to-face treatment with an extraordinarily sexually attractive woman. This quality had given her a lot of problems in her life. She perpetually ran into trouble with the sexual responses she aroused in men. If she was in a relationship with a male analyst who pretended to have no such feelings, it would be artificial and ineffective. It had to be accepted that inevitably the analytic atmosphere would be sexually charged. It took several years simply to establish trust. Though overtly flirtatious, she needed to be able to trust that her male analyst was not going to take advantage of her. The question is not whether to have such feelings but whether they are scrutinized and used in the service of the treatment.

Judy Kantrowitz, praising the panel, noted that all analysts can recognize egregious lapses but tend to be blind to the more subtle ones. She emphasized the importance of consultation: analysts need to have others involved and must work at self-reflection all the time. Otherwise they won't grow, and their patients will be in danger.

Regarding the challenging case of Masud Khan, Richard Waugaman (analyst and Shakespearean scholar) posed the question, "What would Shakespeare do?" His answer was that the Bard would think with greater complexity about the nature of Khan's difficulties—the way his male self and female self may have manifested to make him a high-functioning person with dissociative identity disorder. Then he would think about where Khan was going with his clinical writing, trying to understand his seeming attempt to gain the self-care and self-cure he needed. He would recognize the situation as much more complicated than Winnicott's simply needing to be idealized or being blind to his patient's inner struggles.

Alana Spiwak liked Scarfone's Ulysses metaphor; however, she pointed out that all analysts have needs and desires that determine their decision to become psychoanalysts. She reminded us to beware: Ulysses thought he had it all figured out, yet still the winds blew him off course.

Martin Silverman emphasized the importance of the analyst metaphorically tying himself to the mast in child work, where the acting out can be so egregious. Dangerous enactments can happen when the analyst gives in to the "pull."

Scarfone commented that behaviors on the "acting out" spectrum are not "all-or-nothing" phenomena, offering a take on them different from Slochower's. He views the relatively small, day-to-day behaviors in question (not the utterly destructive forms of acting out in which boundary lines are crossed) as potentially useful if the analyst constantly monitors them. To his mind, the key to using these minor behaviors is for the analyst to maintain an optimal internal analytic attitude toward them.

Coen challenged this view as too vague, asking how analysts can know when such behaviors are manageable and an optimal analytic attitude prevails. How can analysts be sure they will subject enough of what they feel, imagine, and do in the consulting room to self-scrutiny for the sake of their patients? Isn't this the goal for everyone to take away from this panel? He felt that Parsons and Scarfone had evaded this central issue.

Slochower explained it was not a matter of disapproval of such behaviors—it was easy to conflate her attempt to stimulate curiosity and

self-reflection about them with condemnation. From her point of view, certain aspects emanate from the analyst and are not all grist for the analytic mill. She was far more intent on analysts thinking about their need to idealize self and others than trying to become a new branch of the moral police.

Further discussion ensued regarding the importance of having a consistent internal compass. Irene Cairo mentioned how in the aftermath of 9/11 she came to recognize some aspects of her work, experienced at first to be in the interest of her patients, as actually in her own interest, in an effort to deal with the trauma. She emphasized the difference between internal and external fantasy, thinking and behavior, and the spectrum of transgressions that can result. These considerations pointed to the importance of ongoing analysis and peer supervision for the analyst.

Katharine Porter gave the example of a married couple, pointing out that the potential to grow goes with an awareness of flaws. She cautioned analysts not to think of temptation in a simplistic way but instead to view it more complexly.

Charles Wasserman gave an example of his work with a difficult adolescent and pointed out that simply being with the patient in a mirroring way is not sufficient. Far more is required of the analyst.

Coen urged analysts to imagine themselves into the shoes of the analyst in trouble, because there is such a tendency to deny it. He urged them also to think about their constrictions, not just instances of egregious acting out.

Karen Potter volunteered that she was analyzed by Winnicott's wife, and pointed out that analysts' areas of vulnerability are where they do not analyze well. As for Masud Khan, she said she did not know what happened there, but she was around when it happened.

This panel did not reach a consensus. It may be that these matters are highly individualized and that different styles characterize different analysts—to the benefit (or detriment) of different patients. Whatever the case, all would agree that any analytic approach facilitating optimal listening, immersion, and creativity within an ethical frame that engages the hard work of analysis is in the best interest of a given treatment. Perhaps analysts must face the fact that in our field “one size fits all” does not apply.

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Behind the Couch: Uses and Misuses of Temptation

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