CHAPTER 5

Reupholstering the Couch:

Women and

the Refashioning

of Psychoanalysis

The great question ... which I have not yet been able to answer, despite my 30 years of research into the feminine soul, is, "What does a woman want?"

—Sigmund Freud

If Freud were alive today, he most likely would be surprised to learn that what increasing numbers of women want is to become psychologists, psychiatrists and psychoanalysts.

—Kathleen Hendrix (1992)

Psychoanalysis always has been central to all of psychotherapeutic practice, the paradigm of thought from which all others have emerged, do battle, and measure their success. Due to the early influence of Sigmund Freud on the "new psychiatry," the child guidance movement, and, of course, the practice of psychoanalysis, and because the vast majority of alternative treatment modalities—from Fritz Perls's Gestalt therapy to Salvador Minuchin's family systems approach—were founded by psychoanalysts, psychotherapy in this country has always borne the imprint of Freud's basic developmental theories that privilege the phallus, the Oedipus complex, and the role of the father.

In the past 10 to 15 years this imprinting has begun to be reexamined and rethought. While such theoretical scrutiny and willingness to challenge orthodoxy certainly is not new to the field, up until now it has been the intellectual property of the dissenters and outlaws within psychoanalysis in the United States. From Carl Jung and Sandor Ferenczi to Franz Alexander and Harry Stack Sullivan, men who challenged Freud and his fundamental principles were relegated to the pe-
riphery of the discourse and profession in this country. This is not to say that they did not have their own adherents, but once they expressed deviant ideas, they were never accepted by or admitted to the mainstream of the discipline. When referred to within most psychoanalytic institutes or journals, it was in order to convey part of a bygone history without relevance to the present, or as a means of demonstrating a sense of superiority and derision toward those who dared to challenge Freud or his opus.

It seems fairly clear that today this monotheism is falling. It is being challenged in different quarters through varying means and by a wide range of authors. However disparate the language of these writers, their points of agreement are great and their willingness to challenge and revise the most sacrosanct of Freud's tenets has allowed them to effect a genuine paradigm shift that is currently transforming psychodynamic theory and practice.

My purpose in this chapter is to place this paradigm shift in the context of the feminization of the field. I see this as an important goal because the impact of this shift is evident throughout the psychoanalytic world, but the ways in which feminization has been ingredient in this shift have surprisingly gone unnoticed. This is not to say that psychodynamic practitioners are unaware that their field is undergoing a process of gender recomposition, but rather that no one acknowledges the linkage between this and changes in the theory to which these clinicians subscribe. As we shall see, the explicit manner in which women's perspectives have been addressed within the field of family therapy is utterly absent within the worlds of psychoanalysis and psychoanalytic psychotherapy. Yet it is possible that women's increasing participation in the analytic world has effected change that is far deeper and even more global than anything feminists have expressly brought about within the theory or practice of family therapy.

**From Drives to Relationships**

Within the past decade there has been an explosion of interest in object relations, self psychology, interpersonal psychology, countertransference, and what
some have termed the transition from a one-person to a two-person psychology (Modell, 1984). Stephen Mitchell (1988) states this most clearly:

Psychoanalytic theories of the past several decades have undergone what [Thomas] Kuhn, in his depiction of the evolution of theories in the natural sciences, calls a paradigm shift. The very boundaries around the subject matter of psychoanalysis have been redrawn, and that broad reframing has had profound implications for both theory and clinical practice. Mind has been redefined from a set of predetermined structures emerging from inside an individual organism to transactional patterns and internal structures derived from an interactive, interpersonal field. (p. 17)

This shift has refocused theoretical scrutiny from the oedipal to the preoedipal period of development. According to Jessica Benjamin (1988), this reorientation has had many repercussions: it has given the mother–child dyad an importance in psychic development rivaling the oedipal triangle, and consequently, it has stimulated a new theoretical construction of individual development. This shift from oedipal to preoedipal—that is, from father to mother—can actually be said to have changed the entire frame of psychoanalytic thinking. (pp. 11-12)

Janet Sayers (1990) is far more blunt and dramatic in her assessment of this transformation.

Psychoanalysis has been turned upside down. Once patriarchal and phallocentric, it is now almost entirely mother-centered. Its focus has shifted from the past and individual issues concerning patriarchal power, repression, resistance, knowledge, sex and castration, to the present and interpersonal issues concerning maternal care and its vicissitudes—identification, idealization and envy, deprivation and loss, love and hate, introjection and projection. (p. 3)

However much individual authors might disagree over what to highlight, since the 1970s, psychodynamic theory and practice have been characterized by a shift
away from drives to interpersonal relationships, from the goal of autonomy to that of "mature dependence" (Fairbairn) or a "lifelong need for self-objects" (Kohut), from the salience of oedipal to pre-oedipal phenomena, from countertransference as exception to countertransference as norm, from emphasis on interpretation to a focus on empathy and the real relationship between therapist and patient.

While there are substantive differences among the various authors and schools contributing to this theoretical reshaping, what is striking to me is the similarity of their critique and the correspondence of their reformulations. All share a more relational focus than Freud's in that they conceptualize the basic human condition as one of needing connection to others, rather than mediating biologically based drives that resist human society or civilization. They do not view the oedipal period as the developmental point wherein culture is introduced, but understand the child to be embedded in a social and cultural matrix from birth. Therefore, the developmental picture is reframed so that the preoedipal period is focused upon in contradistinction to Freud's almost unyielding gaze upon the oedipal, the father, and the phallus. This illumination of the preoedipal period leads authors from differing schools to similarly transform clinical technique away from authoritative interpretations (associated with the oedipal father) to the creation of an empathic environment (associated with the preoedipal mother).

By stating rather simply what unites these theorists, I am undoubtedly doing a disservice to the nuances of self psychology, interpersonal psychology, and object relations. But to not acknowledge how much they share in common is to continue the long-standing psychoanalytic tradition of reinventing the wheel and confusing new jargon with new ideas. By hypostatizing the ideas of Heinz Kohut or Donald Winnicott so that their adherents remain unaware of the similarities between self psychology and object relations theory (or the "Middle School" to draw a yet finer distinction), allows the world of psychoanalysis to remain sectarian and surprisingly undynamic. As long as each school publishes its own journals,

---

1 The work of Jacques Lacan is not seen as part of this paradigm shift as he has had virtually no influence on clinical psychoanalysis in the United States. The appropriation of psychoanalytic theory within academia in this country, however, has been greatly influenced by Lacanian thinking.
holds its own conferences, and speaks its own unique dialect, the debates that stimulate and enliven other disciplines are stifled. What remains is each school doing battle with the Freudian legacy in parallel isolation, as though each has developed its critique and reformulation sui generis.

While most psychoanalytic clinicians writing today incorporate some aspect of this paradigm shift into their thinking, few actually acknowledge the range or degree of the transformation, and far fewer still attempt to explain why this shift has occurred. When any explanation is offered as to why theory and technique have been altered, it is most often suggested that because new forms of psychopathology have arisen, new means of understanding and treating such pathology have been required. This has been the premise of Heinz Kohut's self psychology, which he developed as a response to the emergence of narcissism as a relatively new and extremely prevalent form of mental disorder encountered in psychotherapy. Simply put, because the narcissistic personality arises out of faulty empathy in the preoedipal period, not only is a full understanding of that period warranted but a new means of treatment is called for that compensates for the early developmental deficit rather than works through the sort of neurotic conflict seen by Freud in his patients. Today a psychodynamic clinician is far more likely to treat patients who suffer from vague complaints, who feel lifeless and unfulfilled, rather than people who come for help in eradicating specific symptoms, the lifeblood of Freud's practice. Due to this historical shift, it is argued that new ways of understanding and treating are needed, and that the paradigm shift underway simply speaks to this need.

Another explanation occasionally offered for why developmental theory in particular has changed is the claim that new empirical infancy research has brought forth new scientific discoveries that demand alterations in a theory that holds claim to a scientific basis. In this regard, it is the work of Daniel Stern that is most often cited. His work demonstrates that infants begin life not as part of an undifferentiated symbiosis with the mother—a long-held mainstay of psycho-dynamic thinking—but primed to distinguish themselves from the world of others. Due to this discovery, separation and autonomy do not become the only developmental
tasks, as in traditional developmental schemas, but rather connection and interrelatedness—the ability to relate to rather than separate from—also become signs of growth and maturity.

This developmental emphasis on interrelatedness lies at the heart of what Robert Stolorow and others have termed "intersubjectivity," that is, the interface of interacting subjectivities that exists between mother and child, therapist and patient (see Atwood & Stolorow, 1984). Due to human beings' irreducible capacity for engagement with others, the fundamental stance of psychotherapy must be relational. And this is precisely the term under which Stephen Mitchell (1988) subsumes object relations, interpersonal theory, and self psychology to describe the paradigm shift in psychoanalysis:

The relational model within psychoanalysis is a social theory of mind. . . . Freud . . . portrayed the human being with mental content outside of and prior to social experience. For relational-model theorists . . . the individual mind is a product of as well as an interactive participant in the cultural, linguistic matrix within which it comes into being. Meaning is not provided a priori, but derives from the relational matrix. (pp. 18-19)

While both the greater prevalence of "self disorders," such as narcissism, and the new infancy research have effected theoretical and technical shifts in psychotherapy, I believe that they alone do not account for the fundamental transformation toward the "relational model" that has taken place. Given the scope of the change, I assume that its antecedents are overdetermined and multifaceted. Therefore, it is important to focus on those determinants that have been entirely overlooked and are, I will assert, at least as significant as the high incidence of narcissism and the work of Daniel Stern.

Feminization and many of the correlative phenomena associated with it can be understood as fundamentally contributing to the paradigmatic shift that has taken place in psychodynamic theorizing and practice. In fact the very shift under discussion has corresponded temporally with the dramatic feminization of the field. This is not to suggest any form of direct causation, but only to point out that the rise of the "relational model" has gone hand in hand with the rise of women's nu-
merica's domination of the field. While feminization's lasting influence on theory and practice are only suggestive at this time, three social—historical trends interdependent with feminization seem to have exerted a significant influence on the paradigmatic shift that has taken place, and yet they remain unacknowledged by writers in the field. In this chapter we will look at two of those trends, and in Chapter 6 we will examine the third.

From Shaman to Comforting Friend

In previous chapters, a nexus of trends within the field of psychotherapy has been shown to account for a diminution of therapists' authority. Lower status and remuneration, deskilling and declassing, oversupply and greater competition, and the ascendance of a biological model both within psychiatry and among the lay public overlap conceptually and empirically with the feminization of psychotherapy. It thus can be argued that due to these simultaneously occurring phenomena, therapists may no longer command the same respect and authority they once did. This may be particularly true for the psychoanalytically oriented clinician, who, in addition to most typically not being either a male or a psychiatrist, is an exponent of a theoretical perspective whose currency has been declining in most departments of psychiatry and psychology on university campuses, and by growing sectors of the population at large.²

It seems unlikely then that such significant realignments in the field would fail to impact clinical theory and practice. In fact, the relational model's critique of the classical psychoanalytic stance in therapy may evolve, in part, from such realignments.

² This stands in marked contrast to the renewed popularity of psychoanalytic thinking within the humanities, where nothing less than a total fascination with both classical Freudian thought and current French psychoanalytic thinkers is de rigueur.
ments. The tradition of abstinence, detachment, and objectivity as methods of eliciting frustration, anxiety, and insight is founded in an authority relationship between analyst and analysand. The therapist is the unquestioned authority figure who cures by reason of his prestigious training and superior insight. He skillfully identifies and eradicates a patient’s resistances through timely and well-articulated interpretations, thus permitting the surfacing of memory and the renunciation of infantile wishes. The relational model therapist, however, eschews such an authority relationship in favor of a "real relationship" between therapist and client. The therapist is a participant in the therapeutic encounter far more than an observer. She not only acknowledges her own countertransference as a normative component of therapy but she utilizes it as a means of deciphering what her client is experiencing. Rather than emphasizing interpretation, she privileges the therapeutic relationship as curative. And that relationship is always collaborative rather than hierarchical in nature.

While the relational model's stance in fact may be superior for working with the self disorders that are the psychopathological hallmarks of our time, and may have arisen precisely in order to work with these disorders, it also may be possible that the relational model assumes the historical diminution of the therapist's authority. In order for a therapist to be accepted as a blank screen who cures through abstinence and interpretation, the therapist must be regarded as an authority whose expertise remains reasonably unquestioned. Because of the trends surrounding feminization, the authority of today's prototypical psychodynamic clinician may not be strong enough to support such unquestioned acceptance. If the public perceives psychotherapy as an occupation that anyone can graduate into, that comes with few of the trappings associated with high-status occupations, and is continually under siege by new discoveries in biological psychiatry that the media herald, then it is possible that when that public enters psychotherapy it will not invest its practitioners with the same authority it may have in the past. While the relational model's technique might better fit today's client, and may simply be a better means of treating people than classical practice, it may also be true that it tacitly incorporates into its tenets the historical decline of therapeutic authority.
Psychoanalyst Arnold Cooper (1990) depicts this decline of authority in his comparison of two Hollywood films that portray psychotherapy. Describing the 1945 film Spellbound, Cooper states:

We were given the picture of the psychoanalyst as the magician who could unfold the mind and discover the dark secrets that are hidden there. That role of the finder of secrets, the holder of arcane special privileged knowledge closely linked with the role of the physician or shaman in society, is no longer the standard role of the psychoanalyst. Currently, the psychoanalyst tends to be viewed as the comforting friend and sharer of knowledge. . . . [In the] recent movie, sex, lies, and videotape . . . the therapy session shows patient and therapist sitting on a couch together. The therapy is a shared piece of life, not an interpretive experience. The therapist mirrors the patient's life experience and seems himself to be reasonably seduceable. The earlier movie has its climax in an intrapsychic experience—the discovery of the repressed secret—while the later one has its climax in change through a new experience. All of this could be understood as attuned to our new views of transference and countertransference. (p. 193)

Why the therapist has been transformed from "shaman" to "comforting friend" is obscured if we focus entirely on the move away from drive psychology to the relational model, solely on the history of ideas divorced from their social context. The psychodynamic clinician was more likely to be regarded as a shaman in 1945 in part due to the social realities of his occupational role: He was a man in a predominantly male profession that was accorded high status (Ingrid Berg-man's role in Spellbound not withstanding). He was most likely a physician who worked in a prestigiously appointed private setting or in a public arena where he was in a position of authority over others. His clientele was educated and drew from the upper classes of society (although this already was changing). Most likely educated in a university, he faced stiff competition in being admitted to and graduating from his postbaccalaureate training program. With insufficient numbers of clinicians practicing, his services were greatly in demand.
In contrast, today’s clinician is more likely to be seen as a comforting friend because she is a woman in a predominantly female profession that is accorded declining status. She is most likely a psychologist or social worker who practices in an office that is homelike and unassuming, an HMO, or community clinic. Her clientele can draw from virtually all classes of society. Increasingly she is a graduate of a program with minimal admittance and graduation requirements. And with a oversupply of clinicians similarly trained and eager to provide like services, her possibilities for employment are tenuous.

The Feminization of the Psychotherapeutic Audience

Thus far I have suggested that the relational model may be ascendant due to its ability to speak to contemporary psychopathologies, its reflection of the new infancy research, and its implicit incorporation of therapists' declining authority. A fourth reason may reside in the question of who composes the receptive audience for this model, that is, who is choosing to read and listen to its theorists rather than to those who are more traditionally Freudian.

While it is generally assumed that the relational model heralds a fresh departure from psychoanalytic orthodoxy, I would like to argue that in many ways it is more firmly rooted in psychoanalysis' history and less truly pathbreaking than its various proponents suggest. By looking beyond the new dialects and formats, the relational model represents in a variety of ways the resurrection of past theorists and the importation onto American soil of the work of theorists long deceased.

Stephen Mitchell (1988) identifies Harry Stack Sullivan and W. R. D. Fairbairn as the "purest representatives" of the relational model (p. 18). Both men published their most influential work in the 1940s and 1950s, the former always remaining on the outskirts of mainstream psychoanalytic thought in America and the latter, as a critical follower of Melanie Klein, being virtually unknown to an American audience in his lifetime. As Arnold Cooper (1990) writes:
In the not-so-distant past it was relatively easy for American psychoanalysts individually, and for the American Psychoanalytic Association organizationally, to dismiss without serious discussion versions of analytic theory that did not fit our preconceptions. "Kleinian" was an epithet rather than a description and the term "object relations" was not part of our vocabulary. (p. 187)

Mitchell (1988) suggests that Donald Winnicott and Heinz Kohut are representative of the next level of "pure" relational theorists. Again, Winnicott's work, as part of the object relations school, was ignored by the American psychodynamic audience until relatively recently. Kohut, on the other hand, began to develop a significant audience after the publication of his The Analysis of the Self (1971) and The Restoration of the Self (1977). While both of these works represented a fundamental and increasingly explicit departure from classical psychoanalytic thought and presented a new jargon for conceptualizing the mind and clinical work, it can be argued that they bear a striking similarity in substance to the long-discredited ideas of Franz Alexander, Winnicott, and object relations theory in general. Therefore, the "purest" representatives of the relational model are not really new in the truest sense. Their work, however, has been rediscovered, augmented, and contemporized by theorists such as Stephen Mitchell, Jay Greenberg, Merton Gill, Arnold Goldberg, Irwin Hoffman, Thomas Ogden, Arnold Modell, Robert Stolorow, and others. Basically it resided for 20 to 40 years in Britain, where object relations theory was founded and flourished, and within the confines of the William Alanson White Institute, the bastion of Sullivan's interpersonal psychology.

If the relational model at its core is not entirely new, and in fact finds its "purest" exponents in the work of men whose writings have been available since the 1940s, why then would it suddenly come to ascendancy within the past 10 to 15 years? In addition to the three possible determinants suggested thus far, I would add the fact that there has been a recomposition of the audience for psychodynamic theory. I believe that the feminization of psychotherapy has created an intellectual environment that is more receptive to a picture of human beings and
the clinical process that is fundamentally relational. Gender recomposition of the field, therefore, can be seen as one more material reality underlying the paradigmatic shift from classical drive theory to the relational model.

I think the appeal of this model to a feminizing audience can be best understood through contrasting it with the traditional Freudian paradigm. In classical theory, at the center of human development stood the oedipal conflict, with father and son center stage. Females as mothers occupied the murky, uncharted, pre-verbal terrain of that which led up to the oedipal period and, therefore, did not justify an appellation of its own—hence its designation as simply preoedipal. Females as daughters did not have their own developmental narrative, so their psychological formation was rendered by homology: They too had an oedipal conflict, but since girls were already "castrated," Freud introduced the concept of "penis envy" to account for a girl's turn away from her mother to her father. Even though classical psychoanalytic theory took as its subject matter the preoccupations and concerns of most women's lives—intrafamilial experience, childhood, sexuality, gender difference, and emotional life—many of its theoretical concepts were inhospitable to women—penis envy, women's lesser capacity for sublimation and hence work outside the home, female masochism, and so forth.

The relational model, in contrast, places the mother at the center of the developmental scenario. She is rendered so powerful that fathers and the oedipal period they had dominated are virtually invisible or of far less consequence. Rather than being murky and merely anticipatory or precursory, the preoedipal period is doggedly examined and theorized, and in the work of some, has its own unique stages. By way of example, Thomas Ogden (1989) postulates not only the Kleinian paranoid–schizoid and depressive positions within the preoedipal period but adds the "autistic–contiguous mode," which is "an even more primitive pre-symbolic, sensory-dominated mode . . . operative from birth that generates the most elemental forms of human experience" (pp. 30, 31). With this kind of attention to charting and scrutinizing pre-oedipal phenomena, coupled with the deterministic weight with which the mother–child relationship is now invested, Janet Sayers (1990) characterizes the ascendant psychoanalytic paradigm as "mother-
centered" (p. 9) and the field in general as "mothering psychoanalysis" (pp. 9, 262):

The mothering approach to therapy of Winnicott and others is also often preferred because it attends so much more than Freud to the importance of mother-love, and to the all too real effects of its deprivation, loss, and abuse—realities of which Freud seemingly lost sight. ... Mother-oriented therapy, unlike Freud's theory and therapy, recognizes the very real importance of women in shaping our psychology—not least because of the continuing social assignment to them of childcare, of overseeing the earliest and seemingly most psychologically formative phase of our life. (pp. 10-11)

Chodorow and Contratto (1990) show how what they call "post-Freudian psychology" is dominated by the "fantasy of the perfect mother," who is simultaneously idealized as the potential provider of a perfect "holding environment," to borrow Winnicott's phrase, and blamed for any developmental imperfection in her offspring. The work of Kohut, Stolorow, Ogden, Winnicott, and a host of others who fall under the "relational" rubric presents the mother–child relationship as deterministic. Rather than being undertheorized or undervalued as in classical theory, the role of the mother within the relational model is omnipresent, all powerful, and the cornerstone upon which developmental theory, the etiology of psychopathology, and clinical theory are constructed.

Because mothering and its vicissitudes are understood to play the deterministic role in psychological development, it is the repair or replacement of that mothering function that has come to dominate the relational model's theory of technique. What relational model theorists tend to focus on is not conflict—between the individual and society, or instinctual wishes and superego constraints—but rather deficit and deprivation that result from infantile needs to which a mother inadequately responds. In the hypothetical presence of good enough mothering, a child develops a cohesive sense of self through a series of nonconflictual intersubjective experiences. In the absence of such mothering, development is stymied and pervasive deficits are built into the child's fundamental self structure.
Since psychopathology is characterized in terms of deficit and an unfulfilled need for recognition, mirroring, or holding, as various theorists would term it, psychotherapy becomes the location for filling the deficit. According to Harry Guntrip (1971), a follower of object relations theorists Fairbairn and Winnicott, psychotherapy is

the provision of the possibility of a genuine, reliable, understanding, and respecting, caring personal relationship in which a human being whose true self has been crushed by the manipulative techniques of those who only wanted to make him "not be a nuisance" to them, can begin at last to feel his own true feelings, and think his own spontaneous thoughts, and find himself to be real. . . .

At the deepest level, psychotherapy is replacement therapy, providing for the patient what the mother failed to provide at the beginning of life. (pp. 182, 191)

From this perspective, interpretations, the traditional lifeblood of classical technique, are seen instrumentally more as a means of conveying understanding and empathy rather than ends in their own right. According to Winnicott, whose work, from Sayers's (1990) point of view, "marks the apotheosis of mothering psychoanalysis" (p. 262), "whenever we understand a patient in a deep way and show that we do so by a correct and well-timed interpretation we are in fact holding the patient, and taking part in a relationship in which the patient is in some degree regressed and dependent" (Winnicott, 1958, p. 261).

Winnicott (1965) concludes that the "analyst will need to be able to play the part of mother to the patient's infant" (p. 163). Thus, the relational model suggests that the real relationship between therapist and patient is potentially curative in itself, providing an attachment to a good object, a holding environment, or a self-object that was inadequate or missing in the early mother—child relationship. If good enough mothering can elicit nonconflictual growth, in its absence, psychotherapy can serve as a corrective developmental experience.

In the recuperation of yet another long-dead analyst whose work fits into nei-
ther object relations or interpersonal theory, Axel Hoffer (1991) offers up Sandor Ferenczi as not merely another authority to challenge Freud but as the heretofore missing "mother" of psychoanalysis:

If Sigmund Freud was the father of psychoanalysis, Sandor Ferenczi was the mother. Psychoanalysis lost its mother through Ferenczi's untimely death of pernicious anaemia in 1933. . . . Psychoanalysis thus became a one-parent child [because] Ferenczi's work on the early dyadic mother—child relationship and its reliving in the analytic situation came to a premature end. (p. 466)

Hoffer (1991) asserts that Ferenczi was psychoanalysis' mother due to his emphasis on the early mother—child relationship and his advocacy of the recapitulation of that relationship within the analytic encounter. In order to achieve this recapitulation, Ferenczi eventually renounced Freud's emphasis on abstinence, privation, and frustration and advocated what he called the "relaxation technique." This involved attempting to gratify a patient's longings in a completely safe, egalitarian environment that was empathic, indulgent, warm, and responsive. In this sense then, Ferenczi's work can now be seen as yet another antecedent to the current paradigm shift.

That female clinicians would be receptive to a theory that privileges the maternal role and conceptualizes the therapeutic encounter in terms of it may be fairly transparent. The relational model moves women from the theoretical periphery to its center, and it conceptualizes clinical practice not only in terms that women can understand intimately but in which they can excel and generally claim experiential authority.

It is clear, however, that redeeming and sanctifying the mother—child relationship as the primary developmental narrative and template for therapeutic intervention has become more than an appealing way of viewing the world for female clinicians. It has become a professional preoccupation, the "hot topic," a chief means of demonstrating that one is no longer chained to the moribund "prison house of psychoanalysis" that is increasingly deemed irrelevant by both dissenters within clinical psychoanalysis and a growing body of clinicians and nonclini-
cians outside the psychoanalytic orbit (see Goldberg, 1990). Through the rediscovery of ever-greater numbers of male "foremothers" from the annals of psychoanalytic history, and the movement away from interpretation toward holding and empathy, psychoanalytic writers are redefining the discipline along what might be considered "feminine" lines.³

From Doing to Being

The relational model not only has rendered the content of psychoanalytic theory more hospitable to women but has fundamentally transformed the goals of the therapeutic encounter in a way that can be more congenial to female clinicians (and probably to many men as well). Classical technique emphasized the activity of the therapist: His charge was to overcome resistances in his patient, "track down the libido," and assert precise, scientifically crafted interpretations (see Freud, 1912). Freud's metaphor for the clinical mission conjured up a battlefield or hunting ground. The therapist, equipped only with the armamentarium of psychoanalytic theory, was pitted against the tremendous force of transhistorical, universally experienced and biologically based human drives. The patient was a mere vehicle for the expression of these drives, so that the clinician's task was to uncover and unmask instinctual wishes in an effort to gain the patient's renunciation of them. According to Nina Auerbach (1981), Freud exemplified the "looming man" of the 1890s, who, like Svengali and Dracula, acted as a dark magician who assumed "the virtually limitless powers" of science, myth and magic in order to achieve his ends (pp. 114).⁴

Conversely, the relational model advocates a far different image and intention for clinical work. It prescribes a particular quality of being for the therapist. Most

³ With this assertion I do not wish to suggest that I believe the relational model speaks to some essentialist conceptualization of femininity. I believe that what is regarded as feminine (e.g., being empathic and nurturant) is socially constructed and that the relational model speaks (often unknowingly) to these constructs.

⁴ It is worthwhile to note that this was what Freud argued for in his theoretical writings on technique. His actual clinical practice, as reflected in his case studies, revealed a more nurturant and less "looming" figure in many instances.
importantly, she must be empathic. The therapist allows for the intersubjective creation of an atmosphere that permits the gradual unfolding of the patient's previously thwarted self. There is no hunt, no battle between adversaries waged here. Rather there is a "holding" or "facilitating" environment that the clinician provides in an effort to establish a corrective developmental experience for her client.

The distinction between doing and being is one that often characterizes differences between men and women in terms of socially constructed gender identity and sex roles. As Nancy Chodorow, Robert Stoller, Karen Homey, and others have pointed out, male identity is never as secure as that of women; it is something that must be proven and demonstrated continually, "re-earned every day" as Margaret Mead observed (quoted in Chodorow, 1989, p. 33).

Since it occupies so much of a man's time and constitutes such a large part of who he is in the world, work is a critical arena for the exhibition of "masculine" behavior, the "every day" activity of "re-earning" and reconstructing one's sense of maleness. Through the classical conception of psychotherapy as a sphere for the clinician's activity, maleness can be asserted and confirmed through waging battle with a patient's resistances, through being active rather than passive. Within the relational model, by contrast, the therapist's role is explicitly or implicitly likened to that of a mother. It is a quality of being, a capacity to be used by the patient as a container, a holding environment, a mirror. It elicits those characteristics with which women are more likely to be identified—nurturance, empathy, caring, relatedness. As Chodorow (1991) contends:

Psychoanalysis falls ambivalently between stereotypic masculine and feminine styles, and this dual status has been and continues to be a subject of major debate. In this context, debates about analytic stance beginning with the Freud-Ferenczi split in the 1920s can be read partially as debates about how "feminine" (responsive, empathic, actively present) versus how "masculine" (uninvolved, rationally interpretive, distantly ungratifying) the analyst and analytic interpretations should be. (p. 24)

The classical model well suits a "masculine" way of being in the world through
advocating a clinical environment based in the triumph of rationality over irrational, unconscious impulses. If nothing else, the therapeutic encounter is scientific. The process of making the unconscious available to conscious scrutiny is enacted in an atmosphere of neutrality, abstinence, and detachment. The therapist has the mien of the objective scientist, completely separated from the subject he is analyzing. He acts on the basis of reason rather than feeling, observation rather than empathic immersion. He does not proceed in an "intersubjective" manner but objectively, with complete separation between knower and known, therapist and patient, preserving his autonomy, separateness, and distance, qualities often associated with masculinity.

The relational model departs from this rigidly constituted form of science. It posits a fundamental relationship between knower and known. The therapist's primary tool, empathy, mandates a capacity to enter into the other's experience, and this in turn requires a profound level of connectedness and relation. Reason and feeling are not necessarily counterposed, but can be used simultaneously, particularly through the therapist's countertransference. By integrating her understanding of her own internal experience with what she is perceiving in the client, a therapist can make use of inter-subjective and interpersonal data to inform her knowledge of a client's intrapsychic life. Above all, psychotherapy is seen as a collaborative effort, not founded in objectivity and detachment, but empathy and engagement. The relational model's understanding of the clinical situation, therefore, corresponds much more readily to what is traditionally thought of as women's ways of being in the world. Not only does it provide a theory that is more hospitable to women but its technique privileges those very qualities of empathy and connectedness that positivist science and classical psychoanalysis traditionally eschew or disregard.

The paradigmatic shift in psychodynamic theory and practice that has occurred within the past 10 to 15 years thus seems to be related to the simultaneous shift in the psycho-dynamic audience from male to female majorities. That the woman practitioner would be more receptive to the picture of human development and clinical practice painted by the relational model seems fairly clear upon ex-
amination. A theory that replaces the "autonomous self" of Freud with the "relational self" of Winnicott, Kohut, and Sullivan as the apotheosis of maturity and mental health can only serve to attract women practitioners who can more readily locate their own experience and that of their predominantly female patients within its precepts.

By claiming this, however, I do not wish to rigidify gender categories nor imply their inevitability. The relational model may also be more welcoming to many men who cannot locate themselves within a paradigm founded on detachment, abstinence, and scientific authority. The very fact that the relational model has been articulated by male theorists not only demonstrates how masculine does not bear an intrinsic relationship to men nor feminine to women but may reveal the oft-noted discomfort many men experience within "masculine" domains. Undoubtedly, part of the relational theorists' critique resides in their personal unease or inability working with traditional drive theory and its attendant technique.

But as much as these men may have been unable to practice optimally within the confines of Freudian dictates, it appears that it is quite common for women to find themselves at odds with that technique. As many authors have pointed out, the traditional psychoanalytic stance has often stood in opposition to both patients' expectations of how women should behave and women practitioners' own expectations of themselves. The work of numerous researchers demonstrates that women in nonnurturant roles are consistently experienced more negatively than men in the same roles. Schachtel (1986) also points out that female analysts are seen by others and by themselves as more withholding when performing their therapeutic role than their male colleagues (p. 250). Similarly, Lisa Gornick (1986) observes that:

whereas the nonresponsive style of psychoanalytically oriented treatment is consonant with the traditional male role, it is dissonant with expectations that women therapists will be nurturant and emotionally expressive and, consequently, evokes aggressive feelings toward the woman therapist. (p. 262)

Because both patients and therapists alike expect women to be nurturant,
gratifying, and emotionally expressive, a professional role that demands abstinence, privation, and frustration is apt to elicit negative responses in patients and some sort of feelings of discomfort and dissonance in female clinicians themselves. Adhering to a model that affords the ability to reconcile gender expectations and professional role would therefore tend to diminish the experience for both patient and therapist of role incongruity. If the psychoanalytic project within psychotherapy becomes identified with mothering, the majority of its practitioners—now being women—will find their work ego syntonic. If patients expect women to be nurturant, their experience of seeing a female therapist who practices within the relational model will confirm many of their expectations. Therefore, the popularity of the relational model, in part, has to reside in its capacity to synchoneize women's gender role and work role in the increasingly feminized field of psychodynamic psychotherapy.

The Missing "Masters"

As opposed to family therapy, psychodynamic psychotherapy and psychoanalysis proper have been slow to recognize women's influence. That the shift to the relational model has been effected through its appeal to women clinicians remains unseen within the profession. That women fill the halls when relational theorists speak, clutch copies of Winnicott's and Kohut's work as they travel to their practices, and are the ones who sign up for seminars entitled "The Discovery of the Self in Interaction," "Representations of Motherhood," "Psychotherapy as Negotiation: A Discovery-Oriented View of Psychotherapy Process," and "The Legacy of Sandor Ferenczi: Discovery and Rediscovery,"\(^5\) appears to be taken for granted, unworthy of comment. But a paradigm shift has occurred, and, I believe, it has occurred, in some part because the composition of the audience for this new paradigm has been feminized.

Women's influence in family therapy has been direct and ideological. It comes

\(^5\) These were some of the panels offered at the Annual Spring Meeting of the Division 39 of the American Psychological Association (Psychoanalysis) held in Philadelphia in April 1992 that attracted large numbers of women.
in the form of explicit feminist criticism and advocacy of attention to sexism and women's ways of knowing. Conversely, within psychodynamic circles, feminism has had very little influence, and women have had an impact more as the respondents to new ideas and the resurrection of old ones than as the initiators. They symbolically applaud theories that fit their ways of understanding the world, vote with their feet and their pocketbooks. And because they now constitute a majority, they can throw their weight around and tacitly determine what is popular and what is not. But theirs is not a self-conscious voice within the field in the way that women in family therapy have united and spoken. Due to women's presence and the influence of feminism, there definitely is more attention in psychoanalysis to gender than ever before. But in many ways gender is still seen as a specialty, an area of interest in which women are authorized to speak.

For American psychoanalytic psychotherapists there is no feminist "Women's Project in Family Therapy," no Journal of Feminist Family Therapy, no Stonehenge meetings, no Olga Silverstein, Peggy Papps, Betty Carters, Monica McGoldricks, to name but a few. That is, there are no widely recognized women of stature who are explicitly feminist in their writings and teachings and who routinely take their field to task for its failures to attend to women's concerns and needs.

The topics of psychoanalysis and feminism, and psychoanalysis and women have generated a large body of literature in the last 15 years. And there are quite a number of women who now self-consciously identify themselves as "psychoanalytic feminists." Yet these developments have occurred primarily outside of clinical psychoanalysis, in the realm of academia. Within the humanities, and, to a lesser degree, the social sciences, psychoanalysis has been embraced by feminist academicians who routinely use it as a tool for deconstructing texts and investigating how people give meaning to their social experience. Since the subject matter of psychoanalysis is sexuality, childhood, interpersonal relationships, and life within the family, it makes sense that feminists would adopt it for their own purposes and reinterpret or disregard its phallocentrist shortcomings.

Yet the tremendous theoretical developments that have been made within
academic psychoanalytic feminism largely remain hidden from clinical practice proper. Rarely is Nancy Chodorow, Jessica Benjamin, Juliet Mitchell, or Jane Flax, for example, referred to in the prestigious psychoanalytic journals. As Benjamin, an academic turned practicing psychoanalyst, describes:

At the level of conscious thought, feminism has played a minor role in changing psychoanalysis. You seldom find anything cited. Many psychoanalysts have no contact with what is going on in the broader intellectual, academic world. They have no idea of the extent to which psychoanalysis is being used in other disciplines outside of their own province.⁶

When the feminist movement became a major force in American society in the 1970s, family therapy was a treatment modality practiced largely by women who remained virtually powerless within their profession. It was also a field that was composed of competing theoretical and technical orientations, a field that was constantly redefining itself. In other words, conditions were such that a feminist perspective could relatively easily enter the mainstream of family therapy discourse. By contrast, psychodynamic psychotherapy and certainly psychoanalysis were not only dominated by men in positions of authority, they were practiced by them in large numbers. The female clinician was certainly more isolated professionally than her counterpart in family therapy. And perhaps of even greater import, she operated in a theoretical and technical domain encumbered by the omnipresent legacy of Sigmund Freud. As Arnold Goldberg (1990) has noted, "no science was ever born without a parent, but most survive without the continued invoking of parentage" (p. 36). Yet psychoanalysis, unlike any other psychotherapeutic modality and almost any other discipline of secular thought, repeatedly and insistently relies on the invocation of its founder.

Feminist family therapists never had to challenge the divine truth of a deified founder but only had to criticize the comparatively slender output of a handful of mere mortals like Salvador Minuchin and Jay Haley. Feminists' mere presence

⁶ Interview with Jessica Benjamin, April 15, 1992.
never constituted a heresy in family therapy. Being a relatively new field with no long-established traditions, family therapy could incorporate even the most blistering feminist indictments without their threatening any monistic belief system.

In academia, another domain of thought where feminism has been more accepted, feminists have fundamentally redefined psychoanalysis' tenets. In a review of 12 of the most recent books on psychoanalysis and feminism, Judith Keegan Gardiner (1992) reports that "the most startling congruence among many of the books under review is their concerted attack on 'the oedipus'" (p. 442). Freud's beliefs that the Oedipus complex is the cornerstone of civilization and that fathers, by definition, initiate children into society are psychoanalytic articles of faith that feminists tie directly to male domination. Through denying Freud's necessary link between the father and civilization, and focusing on mothers as subjects who actively permit their children's separation and facilitate their entry into the symbolic realm of culture, psychoanalytic feminists challenge Freudian theory at its core.

In the only recently feminized field of psychoanalytic psychotherapy, where men still hold both theoretical and organizational seats of power, the kind of direct attack on hegemonic ways of thinking that has taken place within family therapy and academic psychoanalysis has not occurred. It seems as though the field is too brittle and unsure of itself and/or too fixed and preservative to be able to withstand or incorporate the kind of assault feminist family therapists have waged with marked success in their field.

This is not to say, however, that much of the academic feminist critique has not been echoed within the confines of clinical psychoanalysis. It, in fact, reverberates throughout the profession, but often in disguised form. It is explicit in individual articles written on such topics as eating disorders or the much-maligned issue of penis envy. But it remains only implicit in the core, contemporary debates. This has meant that the "attack on 'the oedipus'" and its various corollaries has had to come from other quarters, that is, sources that would be perceived as both more benign and more beholden to the Freudian legacy than any form of feminism could present.
Much of the academic feminist critique of psychoanalysis appears reframed in the relational model. Through its rediscovery of some of the great men of psychoanalytic history (along with one woman, Melanie Klein), relational theorists of today can claim a respectable lineage that eventually finds its roots in Freud. Even if it is to recuperate the work of an early dissenter, such as Ferenczi, it can claim a certain historical legitimacy through the invocation of men who were initially Freudians and who always couched their work in reference to psychoanalysis' "father" and his ideas. This sort of deference and "in-house" dissent differs markedly from a feminist perspective that arises from outside the Freudian legacy. American psychoanalytic feminists within the academy have not been compelled to tie their theory construction to Freud in order to disseminate their views in classrooms, journals, and books. They draw heavily from literary theory, sociology, anthropology, and history, that is, fields that have no standing within the insular world of clinical psychoanalysis. Their repeated references to patriarchy, structures of domination, women's desire, maternal discourse, coparenting, the idealization of motherhood, and goals such as "achieving culture without masculine mastery or domination" (Gardiner, 1992, p. 446) not only stand outside the discourse of clinical psychoanalysis but would be seen as nothing less than heretical within it. Even the early work of Nancy Chodorow (1978), which was singularly responsible for introducing object relations theory to a whole generation of feminists and scholars, spoke through the language of sociology and anthropology, aimed to end male dominance, and therefore was rendered invisible within the clinical orbit.

Although it has taken different forms, the centrality of the attack on the oedipus characterizes both the relational model within psychoanalysis and academic feminist appropriations of psychoanalysis. Yet these two discourses remain mutually unaware of each other's existence. The large body of feminist psychoanalytic literature is rarely cited by relational theorists, and vice versa. In the book that

---

7 The exception to this general rule is the feminists who write for the new psychoanalytic journal Psychoanalytic Dialogues: A Journal of Relational Perspectives. Contributing editors such as Virginia Goldner and Jessica Benjamin uniquely bridge academic and clinical psychoanalytic discourses. The journal, however, stands outside the mainstream of psychoanalysis proper and certainly does not command the prestige of journals such as The Psychoanalytic Quarterly, Journal
most clearly identifies the relational paradigm shift, *Relational Concepts in Psychoanalysis*, author Stephen Mitchell (1988) has no references to psychoanalytic feminism despite the publication of a plethora of books and articles that preceded the appearance of his book by at least a decade. The relational model is both articulated and perceived as having nothing to do with feminism or the female voice.

Thus, it is possible to surmise that the relational model has achieved its popularity and acceptance to some degree through its appeal to the woman clinician and its simultaneous denial of any explicit origins in a woman-centered epistemology. In other words, many of the same criticisms academic feminists have made of psychoanalysis have entered the clinical world, but they entered, in a sense, through the back door. By embedding the attack on the oedipus in a pantheon of great men such as Ferenczi, Winnicott, and Sullivan, the relational model has entered psychoanalysis completely apart from any direct feminist discourse and, in fact, remains oblivious to the existence of that discourse within the academy. In effect, the relational model theoretically achieves much of what feminists argue but without directly challenging male domination and compulsory heterosexuality. Through privileging the preoedipal, recognizing mothers' subjectivity, and reinterpreting psychotherapeutic technique as a form of mothering, the relational model speaks to women's ways of viewing the world without reference to feminism.

This approach has succeeded in part because female practitioners now constitute the professional audience for psychoanalytic ideas. But unlike the field of family therapy, women remain largely responsive to these ideas rather than the creators of them. While this appears to be gradually changing, by and large they are not the new theorists; they do not produce and control psychoanalysis' "hot topic" as do women family therapists in their field.

Undoubtedly "theory" in family therapy and psychoanalysis is not truly comparable. For the former, theory tends to be pragmatic, technical, and readily accessible. What jargon exists tends to be easy to decode, and virtually any clinician

---

of the American Psychoanalytic Association, *International Journal of Psycho-Analysis*, or the *International Review of Psycho-Analysis*, which define the field
can apprehend the major debates within the field. Feminist theory in family therapy borrows heavily from an empirically oriented sociology that focuses on gender inequalities, lack of female participation, blaming mothers, men's economic power over women, that is, overt forms of discrimination as they translate into family life, the consulting room, and professional organizations. Psychoanalytic theory, by contrast, tends to be abstract, global, and arcane. Concepts often have multiple meanings and complex histories. In order to fully understand debates within the field, one must have a fair amount of instruction and the capacity and desire to engage with ideas that are often purely symbolic and representational. Because the domain of psychoanalysis is the unconscious, empirical indicators and material proofs are often in short supply. Therefore, to read psychoanalytic theory, much less create it, represents a formidable accomplishment, one that may be more difficult to achieve than in family therapy.

That women can produce psychoanalytic theory, however, is obvious from the clinical history of the field and the activity of feminist scholars within academia today. Helene Deutsch, Karen Homey, Melanie Klein, Anna Freud, and Edith Jacobson, to name only some of the most famous, stand as equals with any of Freud's male disciples. Similarly, the scholarly work of Elizabeth Abel, Jane Flax, Madelon Sprengnether, Nancy Chodorow, and Jessica Benjamin, again to mention only a sample, demonstrates that women psychoanalytic theorists in the academy are writing on a plane at least equal to the most sophisticated authors in clinical psychoanalysis. Yet there is a shortage of women psychoanalytic theorists writing today for a clinical audience and engaging in the core debates regarding the direction of the discipline. While female practitioners respond to theoretical advances that are in keeping with women's ways of apprehending the world, they typically do not create them.

Psychoanalyst Michele Shackelford (1991) notes this dearth and speculates that it may be due to a number of factors: Women enter the field "as a way of 'helping others,' [and] writing might not necessarily fit in with the accomplishment of that goal" (p. 2). Secondly, "theoretical writing outside the protected domain of

---

8 The latter two no longer can be classified purely as academics since they both have received analytic training after earning their doctorates in sociology and now practice as psychoanalysts.
academia requires two critical ingredients: time and money," that women professionals often do not have simultaneously due to their typical responsibilities for child care and housework in addition to work outside the home (p. 2).

Jessica Benjamin presents yet another explanation:

Women in clinical psychology programs aren't being socialized or educated in any way to think of themselves as intellectually autonomous people who have something to contribute to the development of their discipline. They're really being taught to see themselves as journeymen and never thinking that they'll become masters. That's my biggest concern, the anti-intellectualism, anti-creativity in general. The notion that one is learning a practice, a craft rather than an art or an intellectual discipline, is very limiting.⁹

Since, as we have seen, clinical training programs increasingly envision their mission as the production of large numbers of graduates who are trained only to practice psychotherapy, Benjamin may have noted a trend that interfaces with the feminization of the field. As tuition-driven schools with minimal standards educate large numbers of women in the one skill of psychotherapy, female students may not be inculcated with a sense of being part of any intellectual tradition, much less one to which they can actively contribute. Women's capacity to experience themselves as authoritative, as having the right to participate in the symbolic realm of theory construction, is rarely as accessible as men's. Without the active encouragement of that capacity, it is often extremely difficult for women to identify themselves as intellectuals, writers, and theorists. Since many women seem to be drawn to the practice of psychotherapy as a "helping profession," as one that is an extension of their nurturant activities within the home, it would seem particularly important that such encouragement be available to those women who may yearn for an expanded definition of their professional lives, one which incorporates both helping patients and theoretically conceptualizing that help.

It appears fairly clear that the prototypical psychodynamic psychotherapist is not being trained or socialized to make creative, theoretical, and public contribu-

⁹ Interview with Jessica Benjamin, April 15, 1992
tions to her field. If women within the psychoanalytic orbit do not produce theory and expand the boundaries of their discipline, they will always occupy a lower status than men. That women can create theory has no better evidence than the field of psychoanalysis. But the "great women" theorists of the past can serve to obscure the fact that the vast majority of contributors to clinical psychoanalytic theory, journals, and books today are men. Therefore, it is incumbent on women to begin to see themselves not as mere "journeymen" who effect change as an audience but as "masters" of their discipline, as self-conscious architects of the emerging paradigm within which they work.