



## Disguised Autobiography as Clinical Case Study

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Since the earliest days of psychoanalytic scholarship, observations gained from self-analysis or from the author's own psychoanalytic treatment have often been disguised as data obtained from clinical practice with patients. Some significant portion of our intellectual history originates in the analysis or self-analysis of analysts themselves, and this paper assumes the task of reviewing a collection of known or suspected autobiographical accounts and the associated theoretical developments and clinical concepts that can be traced back to these works. Though not a comprehensive survey, we begin with Sigmund Freud's discovery of screen memories through self-analysis and discuss examples including Anna Freud, Wilhelm Stekel, Melanie Klein, Sándor Ferenczi, Heinz Kohut, and others.

Among the most important shifts in the recent history of psychoanalysis has been the growing recognition of and appreciation for the subjectivity of the analyst as a critical variable in the therapeutic process. The acknowledgment of the importance of the analyst's unique subjectivity and of how this subjectivity joins together with that of the patient to form an analytic or intersubjective third is at the heart of the relational turn (Aron, 1999, 2006; Benjamin, 2004; Ogden, 1994). Whether we speak of the relational or interactive matrix (Greenberg, 1995; Mitchell, 1988) we are addressing the emergent properties of two minds in interaction, shaped, from moment to moment in every treatment, by the personal characteristics of the patient and of the analyst. Though we had always known that the patient's personality characteristics mattered, we were much slower to recognize both the importance and the ineradicable impact of the analyst's wishes, beliefs, commitments, hopes, fears, needs, perspectives, and experiences.

Efforts to create an objective science of psychoanalysis led to attempts to eliminate the variability introduced by the analyst's subjectivity. Freud tried to reduce what he called, in a letter to Ferenczi, "the subjective factor," which he equated with arbitrariness and with the analyst's unresolved personal complexes (letter of January 4, 1928, cited in Grubrich-Simitis, 1986, p. 271). Nevertheless, in the context of reflecting on Ferenczi's clinical contributions, Freud (1937/1964e) wrote: "Among the factors which influence the prospects of analytic treatment and add to its difficulties in the same manner as the resistances, must be reckoned not only the nature of the patient's ego but the individuality of the analyst" (p. 247). In spite of this insight, the official view spoke of the theory of technique as if an analyst could interchangeably apply a particular theory to a given patient. Treatment was guided by a "technical rationality" (Schön, 1983) that had little room for the analyst as a person whose uniqueness was

central to the analytic process. With the increased recognition of the centrality of the analyst's subjectivity has come to a parallel identification of the theorist's subjectivity. In their pioneering contribution to intersubjectivity, Atwood and Stolorow (1979) demonstrated the relation between the internal world of four major theorists (Freud, Jung, Reich, and Rank) and the personal preoccupations and motivational principles of the theory they created. They convincingly argued that the broad metapsychological abstractions in each theory are defensive or reparative reifications of the internal psychodynamics of each theorist. If psychoanalysis is a science of subjectivity, then its object of study is not only the patient's subjectivity, but the analyst's, and the theorist's as well.

In this paper, we will examine one practice that strongly demonstrates the significance of the theorist's subjectivity in a dramatic fashion: the publication of case studies of patients that have been demonstrated to in fact be disguised autobiographical accounts. We are interested not only in acknowledging the pervasiveness of this longstanding tradition, but in bringing it out of the shadows, so that we may begin to explore an area of study that has not been sufficiently addressed. It is our contention that many notable contributions to the psychoanalytic theory are the result of our forbearers' own analyses and self-analyses, but also that we must acknowledge and explore the problems created by this approach. These include the potential for altered case material to undermine confidence in psychoanalysis, the use of disguised material for settling scores and advancing political agendas, and other forms of "acting out" around conflicts, some of which originated in these same analyses and self-analyses.

We psychoanalysts point to an archival record of more than a hundred years of published clinical case studies as our scientific database, the empirical record by which we establish our scientific and professional *bona fides*, the source, as well as the evidentiary annals, of our accumulated knowledge. Of course, we know that to some degree these cases have been presented in disguised or altered form to protect patient privacy. Since the earliest days of psychoanalytic scholarship, (and even in the pre-history of psychoanalysis, as we will show) insights gained from self-analysis or from the authors' own psychoanalytic treatments have been presented and published as reports of scientific data obtained from clinical practice with patients. Not only did presenting these insights as if they were discovered in the analysis of patients allow them to be presented as objective and scientific data, but it also served to highlight the writer's authority as clinician and contributor. There would be no confusion about who was the patient and who was the analyst, the source of interpretive wisdom.

Sigmund Freud established a tradition of discourse in which theoretical and clinical advances are delivered as reportage from the consulting room, the laboratory of psychoanalytic study and research. As a result, new concepts and discoveries derived from other sources, such as self-analysis, needed to conform to this model and were therefore disguised as clinical case material. This tradition was reinforced by other factors as well. It is not difficult to imagine the impulse to disguise one's own personal experiences as a clinical case material. For psychoanalytic theorists to reveal deeply personal details of their own psychology and psychopathology might impede their careers and discredit the discipline. This may still be true today, but in the early years of psychoanalysis, when the goal of demonstrating the scientific integrity of the field was paramount, it was essential. Freud himself, while courageously making use of his own dreams and associations, nevertheless discussed at some length the need to set limits and not go too far in personal revelations. In the early years of psychoanalysis, and especially up to the Second World War, it was also quite commonplace that analysts analyzed their own

children, spouses, lovers, nephews and nieces, and other close acquaintances, so that in writing case reports analysts were often writing about intimates. Summarizing his historical research on this era, Falzeder (2015) observed that “a host of clinical papers written at this time are disguised accounts of the author’s own analysis, of the analysis of a son or daughter, or of a lover, or perhaps most frequently, of an autoanalysis” (p. 78). In order to protect themselves, their patients, and psychoanalysis’ claims to scientific integrity, analysts published case reports that both covered and uncovered.

In this paper, among many other sources, we cite the work of Fredrick Crews, an author, and historian who has for years attempted to illustrate the lack of scientific objectivity in Freud’s published work as evidence that the entire psychoanalytic enterprise is invalid and fraudulent. We will make use of Crews scholarship but put it to our own ends, which are quite the opposite of his. Perhaps the growing presence of empirical research evidence supporting the efficacy of psychoanalytic treatments allows us to approach some Crews’ work as a useful contribution to the history of psychoanalysis, and not, as originally intended, as a threat to the legitimacy of our theoretical claims. While case studies may not satisfy contemporary standards of research in providing evidence of the success of our methods, other forms of research do. We can gain confidence in refuting Crews and responding to critics and skeptics by increasing our awareness of this research. But case studies are not unimportant even if they fail to demonstrate the efficacy of our methods. In fact, the case study is most valuable as a source of theoretical advances, as a teaching instrument and as a tool for illustrating and exploring the clinical experience (Pletsch, 1982). We hope that it is possible to do all of these things without insisting on the impossible: That a case study must capture with complete veridicality the facts of a clinical encounter. (For further discussion of veridicality in “narrative tales” and “case presentations”, see Atlas & Aron, 2018.)

As psychoanalysis has increasingly acknowledged and championed the centrality of intersubjectivity, and as we have moved further away from a strictly objectivist epistemology, we may now be in a position to examine and reflect on the practice of thinly disguised autobiography disguised as case histories. Makari wrote:

All philosophy is veiled autobiography, Nietzsche suggested. Similarly, Freud’s repeated use of disguised personal experiences, Kohut’s crucial test case of Mr. Z., now widely believed to be the author himself, Adler’s focus on organ inferiority and his own history of childhood illness, all of these cases can be seen as examples of psychoanalytic theory developing out of a deep conviction that the theorist holds regarding him/herself. (Makari, 2000, p. 260)

In her paper, “The Analyst as (Auto)biographer” (1998), Adrienne Harris traces the roots of this development to examples of disguised autobiography. In doing so, she anticipates a central thesis of this paper, and she echoes the observations of Falzeder (2015) quoted above, namely that psychoanalytic writing and theory-building have long been influenced by insights gleaned from self-analysis and authors’ own treatments, disguised as case studies of patients. Or in Harris’ words, “Psychoanalytic writing might be said to be haunted by autobiography as well as biography” (p. 261).

We offer one more speculative comment on the dynamic forces that shaped the tradition of disguising personal experiences as encounters with others: Perhaps we can see within this genre of psychoanalytic literature a symbolic representation of the dialectical tension between our need to evacuate illness and psychopathology into our patients and the more synthetic – but threatening – awareness that psychoanalysts and analysands represent potentially indistinguishable and

interpenetrating identifications underneath the asymmetric structure of our formal roles and titles. We psychoanalysts are also always patients.

## Sigmund Freud

The history of writing disguised autobiography masquerading as medical history may now be shown to go back to Freud, but even prior to his creation of psychoanalysis. In his 1884 paper “on coca,” Freud wrote that he had observed certain signs of the effects of cocaine on himself as well as on others, mostly other people his own age. Crews (2017) argues that even when describing the reactions of these others, Freud was still predominantly describing the effects of cocaine on himself while making it seem that he had observed an improbable number of others. In describing these patients, Freud indirectly reveals how it is only with cocaine that he feels productive and in control of himself, as well as how it served as an aphrodisiac, remedying occasional weakness in sexual function.

Freud struggled with cardiac arrhythmias. In a book review that he wrote in 1895, reviewed by Crews (2017), Freud proposed two new diagnoses, “back migraine” and “heart migraine.” A patient of about 50 who suffered from attacks of arrhythmia and severe anxiety was used to illustrate heart migraine. Crews concluded that this patient was obviously Freud himself. While Crews uses these kinds of revelations as further evidence that psychoanalysis is a pseudoscience, the same material may lead to a very different conclusion, namely that under certain circumstances important but deeply personal insights that can only arise about oneself may be conveyed through creative disguise in such a way that they become useful to others.

In 1899, Freud published “Screen Memories,” a paper exploring the veridicality and reliability of memory. Freud frames much of his paper in a clinical/didactic exchange with an analysand, Mr. Y, a “man of university education, aged thirty-eight.” He attributes particular value to the phenomenon of screen memories in this account because the patient is “someone who is not at all or only very slightly neurotic” (p. 309). Mr. Y is troubled by masturbation fantasies of gross sexual aggression against women including fantasies of brutally deflowering a bride in a manner that hints at homosexual impulses. In this paper, Freud claimed to have relieved Mr. Y of a slight phobia.

It was only in 1946 that Siegfried Bernfeld revealed that Mr. Y was, in fact, Freud himself. In the 1962 printing of the *Standard Edition*, James Strachey introduces this paper with the observation that, “The intrinsic interest of this paper has been rather undeservedly overshadowed by an extraneous fact. It was not difficult to guess that the incident described in it was, in fact, an autobiographical one, and this became a certainty after the appearance of the Fliess correspondence. Many of the details, however, can be traced in Freud’s published writings” (p. 302).

Toward the end of the “Screen Memories” paper, Freud doubles down on his effort to disguise the autobiographical roots of his sole supporting clinical example, stating, “This analysis, which I have reproduced as accurately as possible, will, I hope, have to some extent clarified the concept of a ‘screen memory’ as one which owes its value as a memory not to its own content but to the relation existing between that content and some other, that has been suppressed” (1899/1964a, p. 320). Neither Bernfeld, Jones, nor Strachey expressed any reservations or qualms about the ethics of Freud’s deception, which constituted medical fraud, as Crews (2017) argues. Freud decided not to include the essay in his first collected papers,

because he knew that he might well be identified as Mr. Y. Peter Rudnytsky discusses the “public” and “private” readings of the “Screen Memories” paper in his book *Freud and Oedipus* (1987), suggesting that at the time of publication only Fliess, Freud’s longtime correspondent, would have understood certain references that position Freud as the patient in the narrative.

Whether one is convinced or not by the evidence that Freud had an affair with his sister-in-law, there is no room for doubt that Freud was sexually frustrated in his marriage for many years. In his 1908 paper on civilized sexual morality and modern nervous illness, he describes his own personal predicament and feelings with little disguise while making it seem that they were conclusions drawn from medical observation, rather than from personal experience. As Crews (2017) states, “If there is a confessional element in virtually all of his psychological writings, here there seems to be nothing but autobiography writ large” (p. 419). Freud wrote that sexual intercourse within marriage is satisfying for only a few years at most. Contraceptives are unsatisfying, limiting pleasure, and leading to illness. Freud dismisses varieties of sexual play other than intercourse, calling them perverse, and viewing them as degrading, unethical, and harmful. Masturbation too is regarded as harmful. Freud concludes that extramarital affairs may be the only salvation to neurosis.

In *The Psychopathology of Everyday Life* (1901/1964b), Freud offers the story of his analysis of the “*Aliquis*” slip. The slip, he says, was made by an acquaintance of his, a young Jewish man of academic background who has a momentary slip of memory and forgets the Latin word *aliquis*, meaning someone. Freud solicits his associations, including one in which the young man separates the forgotten word into *a* and *liquis*, the Latin word for liquid. The paper depicts Freud, in Sherlock Holmes’ style, brilliantly deducing that Mr. Aliquis, as he is referred to, was preoccupied with the worry that he had impregnated a woman. As a result, her periods stopped – the *liquis* in his associations.

It was Peter Swales, in a most controversial paper (1982), who first made use of this narrative to conclude that Freud had an affair with his sister-in-law, Minna, impregnated her, and then paid for her abortion. Whether or not agreeing with every detail of Swales’ detective work, a series of historians now accept that Mr. Aliquis is none other than Freud himself (the ongoing scholarship about this case is summarized by Crews, 2017).

## Anna Freud

Anna Freud began attending the meetings of the Vienna Psychoanalytic Society, with her father, when she was 14 years old. It was Paul Roazen (1969, 1993) who first publicly revealed that she had been analyzed by her father, and as a result of his publication, Roazen was held in contempt by much of the analytic world. Grosskurth (2001) writes that “historians who were responsible for embarrassing revelations such as Anna Freud’s analysis by her father were dismissed as prying busybodies or unscrupulous snoopers” (p. 381). Yet, Kurt Eissler (1974) asserted that he had himself known about the analysis, and that it was widely known in analytic circles, long before Roazen published his book.

Lest it be thought that it was unusual for an analyst to analyze his own daughter, it is worth reminding ourselves that Freud was hardly alone. Karl Abraham analyzed his daughter Hilda; Jung analyzed his daughter Agathli; Ernst Kris analyzed his two children; Melanie Klein

analyzed all her children and had her grandson analyzed by her trainee, Donald Winnicott. We could go on to discuss Ferenczi analyzing his lover's daughter, with whom he fell in love, and Erich Fromm analyzing his lover, Karen Horney's daughter, Marianne (see Falzeder, 2015, p. 70).

Anna Freud's analysis was conducted 6 days a week, in two phases, between 1918 and 1922, and then between 1924 and 1925. She described to her father her unsuccessful efforts to stop masturbating accompanied by beating fantasies. (Freud's long-held view was that masturbation was harmful.) In her biography of Anna Freud, Elisabeth Young-Bruehl tracked in great detail the course of Anna's analysis by weaving Freud's reports in "A Child is Being Beaten" and "Some Psychical Consequences of the Anatomical Distinction between the Sexes" together with three types of material written by Anna Freud herself: poems and prose pieces dating from the period of the first analysis, her correspondences, especially with Lou Andreas-Salomé and Max Eitingon, and her first clinical paper, "Beating Fantasies and Daydreams," published in 1922, which is both a commentary on "A Child is Being Beaten" and a thinly disguised report on her own case (Young-Bruehl, 1989). Young-Bruehl (1988), argues that the girl in Anna Freud's paper was none other than Anna Freud herself. A second detailed study of the case report by Blass (1993) conclusively established that the patient in the paper was indeed Anna Freud.

Though Anna Freud denied the autobiographical source of the case (Young-Bruehl, 1988), this paper is widely understood to be a disguised account of her treatment by her father. Anna Freud's analysis revolved around beating fantasies and masturbation. In her own writing as a child analyst she focused on children's masturbation fantasies more than any other child analyst in the literature. Young-Bruehl (1989) concluded that it was clear that Freud's papers on masochism depended upon his analytic work with his daughter.

### Wilhelm Stekel

Wilhelm Stekel, an early proponent of psychoanalysis and later a significant contributor in his own right, has been identified as perhaps the first physician to be treated by Sigmund Freud in a short-term psychoanalysis, an estimated eight sessions (Falzeder, 2015). Writing about "The Autobiographical Stekel," Bos and Groenendijk (2004) address Wilhelm Stekel's imitation of Freud as a writer and theorist, concluding, "In his attempt to appropriate Freud's methods, Stekel had imitated Freud's autobiographical style to the detail, copying his use of (covert) self-analysis in his publications" (p. 726). They show how Stekel, in his book *Impotence in the Male* (1920), provides an account of a patient's sexual encounter with another child at age 3, a story that is later mirrored in his autobiography, *The Autobiography of Wilhelm Stekel: The Life Story of a Pioneer Psychoanalyst* (1950), which in its first few pages details the memory of an early childhood sexual encounter. In both cases, the young subject goes to a shed with a female playmate and attempts sexual intercourse. Later, in both the clinical paper and the autobiography, Stekel connects the sexual act to a subsequent memory, described identically in both papers: the boy is leaving the village in a cart and drops his toy flute. He cries, and the cart stops, but the flute is not found and the cart pulls away. In *Impotence in the Male*, Stekel's patient exclaims, "The lost flute! Is it not a symbol for the abandonment of the pretty girl, the first of my long series of erotic adventures?"

Bos and Groenendijk write broadly of Stekel's history of impotence and his disagreement with Freud about the pathological role of masturbation, making the case that removing the inhibitions to masturbation appeared as a frequent curative element in Stekel's "active therapy" for reasons as much personal as theoretical. While Stekel's theoretical position regarding masturbation was never

established as a viable alternative to Freud's, it nonetheless demonstrates the use of autobiographical material in theory building, as well as the publication of disguised autobiographical material in the explication of the theory.

### James Jackson Putnam

Nor was Stekel alone among the early analysts to imitate the master. Ernst Falzeder (2015) presents evidence suggesting that James Jackson Putnam's 1913 paper, "Remarks on a case of illness with Griselda fantasies" is an autobiographical account, inspired by both a brief series of analytic consultations with Freud (totaling 6 hours) and an effort to emulate Freud's self-analysis. Putnam, an esteemed neurologist from Harvard and an early American proponent of psychoanalysis, came away from his encounter with Freud convinced of the importance of the analyst's own analysis. Falzeder cites two letters from Freud, one to Ferenczi and one to Jones, that reference Putnam's paper and his self-analysis as evidence for the autobiographical nature of this paper.

Putnam's "Griselda" paper (1913) focuses on the treatment of a depressive but successful lawyer who is troubled by the fraught and unsatisfying nature of his relationship with his 18-year-old daughter. The patient's narcissism, sadistic and masochistic desires, and chronic masturbation are a primary focus for Putnam. He relates, years prior to Freud's paper, "A Child is Being Beaten," and a full decade before Anna Freud's "The Relation of Beating-Phantasies to a Day-Dream," the childhood fantasies of his subject, wherein sado-masochistic relations are played out in elaborate stories about fictional characters who are forced to endure various humiliations.

Putnam uses his case example to demonstrate the power of psychoanalysis to explain the patient's sadism toward his daughter, the early childhood roots of his current urinary difficulties, and the value of dream interpretation in explicating internal conflicts, not to mention the value of psychoanalysis in relieving the patient's depression. Among the various pieces of evidence that Putnam's paper was indeed autobiographical is a letter of Freud to Jones where he wrote that Putnam was "a man of doubt, we know by his self-analysis (you remember the Griselda paper)" (cited in Falzeder, 2015, p. 119). Falzeder argues that Freud referred to a self-analysis only to hide from Jones that he had analyzed Putnam himself.

### Melanie Klein

Melanie Klein was among the most important extenders of Freudian thinking and the creator of the school of object relations and of child psychoanalysis. Her conceptualization of the "depressive position" was a central contribution.

Klein's life was filled with tragedy. As a child, she experienced several personal losses. When she was five she lost her admired protective older sister, Sidonie, who died at the age of 9. Not too long after, she lost her older brother, Emmanuel, who had been her close friend and coach. These losses, evoked and intensified when Klein's elder son died in a mountain climbing accident (possibly a suicide), probably account for the depressive streak that colored Klein's life, and may have contributed to her conceptualization of the depressive position (Katz, 1985).

In her 1940 paper, “Mourning and its Relation to Manic-Depressive States,” Melanie Klein writes in general terms about the psychological impact of the loss of a child on a parent, stating, “If, for instance, a woman loses her child through death, along with sorrow and pain, her early dread of being robbed by a ‘bad’ retaliating mother is reactivated and confirmed” (1940, p. 136). Later in the paper, she details a clinical example of this phenomenon in her account of Mrs. A, a patient who endured “the shattering loss of her young son, who died suddenly while at school . . . ” This case example, one of two cases offered in the paper, uses dream material to advance the argument that mourning reactivates early threats of loss and, in a healthy process, allows for continuing modification of the early depressive position.

Phyllis Grosskurth (1986) takes as a matter of course that Klein’s portrayal of Mrs. A is “quite obviously herself” (p. 251), following the loss of her son Hans in April of 1934 in a hiking accident at the age of 27. Grosskurth’s biography examines Klein’s depression in the years following Hans’ death, and offers examples of aspects of Mrs. A’s case that correspond to Klein’s life and mourning.

### Margaret Little

Margaret Little was among the earliest theoreticians to systematically explore the importance of countertransference in psychoanalytic treatment. As the title of her 1951 paper, “Counter-Transference and the Patient’s Response to it” suggests, she explores the analyst’s countertransference as something accessible to the patient. In making her argument, she disguises an episode from her own analysis, detailing the negative impact of an analyst’s interpretations on a patient, and attributing the interpretation to the analyst’s jealousy of the patient.

In her memoir, *Psychotic Anxieties and Containment: A Personal Record of an Analysis with Winnicott* (1990), Margaret Little writes with clarity and candor about her first analysis, with Ella Freeman Sharpe, where she believed the depths of her own psychopathology were under-recognized and badly mismanaged. Sharpe, known for her clarity in teaching and in writing about technique, was experienced by Little as dogmatic and inflexible. She is explicit in her criticism of Sharpe’s unwavering allegiance to her theoretical perspective and technical approach, which Little felt failed to accurately address her illness. In her memoir, Little details an experience in analysis with Sharpe at the time of the death of her father, wherein Sharpe pressures her to deliver a paper at the British Psycho-Analytical Society a week after his funeral, fails to attend to her grief and mourning, and interprets her resistance to presenting the paper as an expression of her guilt over her envy of Sharpe. In her memoir, Little writes, “I gave a disguised account of this in my paper entitled “Counter-transference and the Patient’s Response to it” (p. 36). It is worth noting that in this account, both patient and analyst are changed from women to men, a common form of case disguise that has its own complications (Aron, 2016).

Little begins “Counter-Transference and the Patient’s Response to it” (1951), with the disguised story, concluding “The analyst’s behaviour in giving such an interpretation must be attributed to counter-transference” (p. 32). The story serves as an introduction to an important and compelling paper, informed by a Winnicottian critique of Klein, that addresses the role of countertransference in the rush to interpretation, (especially interpretations based on envy of the analyst), and the associated costs to treatment, including missed opportunities to empathize with loss, attachment, and personal experience.

Here, we have in our literature both an important clinical conceptualization on the leading edge of psychoanalytic exploration of countertransference and a piece of acting out from within Little's treatment with Sharpe given form in words published and circulated throughout the psychoanalytic community. How shall we wrestle with the impulse to censure and reject and the call to recognize valuable ideas and insights that have the potential to positively impact our theory and our patients' lives?

Adrienne Harris cites Margaret Little's case examples of her patient Rosemary as disguised reporting on her own treatment with Donald Winnicott (Harris, 1998). Winnicott's own disguised accounts of Little's treatment, as well as Little's explicit discussion of her treatment in her memoir, corroborate the claim. Harris provides examples of each, converging on Little's (and Rosemary's) experience of "terror" in treatment and the physical contact between analyst and analysand during these periods of regressive crisis. Regarding Rosemary, Little writes, "She would clutch my hand and I would speak of it as showing me the terror ... " (Harris, 1998, p. 264). From Little's memoir, "... I was seized with recurring spasms of terror ... I grabbed his hands and clung tightly till the spasms passed. He said at the end that he thought I was reliving the experience of being born ... " (Harris, 1998, p. 265). Winnicott writes, "The birth process had to be relived and eventually I recognized how this patient's unconscious need to relive the birth process underlay what had previously been an hysterical falling off the couch" (Harris, 1998, p. 265). Together, Harris argues, these accounts provide multiple perspectives on the same phase of Little's analysis with Winnicott.

Harris demonstrates the connective tissue between disguised autobiography, the analyst's subjectivity, and the relational turn by focusing on Little's theoretical focus on countertransference. Little's disguised autobiographical accounts of her treatments with both Sharpe and Winnicott expose the centrality of her experience as a patient to her theorizing about countertransference, a conceptual development that contributed to the deconstruction of the analyst's objectivity and the eventual development of a new language of mutuality, narrative construction, and intersubjectivity.

### Sándor Ferenczi

Sándor Ferenczi's analysis by his close friend and mentor, Sigmund Freud, has been the topic of a great deal of commentary in the psychoanalytic literature, perhaps most significantly by Freud himself, who wrote about Ferenczi's analysis, without naming him, in *Analysis Terminable and Interminable*. The formal periods of analysis totaled only 6 or 7 weeks, but Ferenczi regarded all of his relationship with Freud as a form of analysis, and his own self-analysis merged with his written correspondence to Freud. While we do not have access to Ferenczi's dreams as they were analyzed during the formal periods of analysis, we do have access to many of his dreams as he wrote about them to Freud. Among those dreams, "the dream of the occlusive pessary," is perhaps the best known, as Ferenczi dreamt this dream shortly before traveling to Vienna to begin his formal analysis. Ferenczi had been ambivalently wishing to begin the analysis, which he actually did on October 1, 1914. Just weeks before, in September, while he was still waiting for Freud to agree to begin the analysis, he had this dream which he sent to Freud on September 8 in the last letter sent before beginning his analysis. Falzeder (1996) has called it the "initiating" dream of Ferenczi's analysis. In the manuscript, which was published in 1915 as "The dream of the occlusive pessary," the patient (Ferenczi)

had dreamt of stuffing an occlusive pessary into his urethra (his partner Gizella used such a pessary for contraception).

The account of this dream was part of a manuscript written for publication in which it was presented as a “patient’s” dream, and its interpretation was depicted as direct speech between this anonymous patient and his analyst, who the reader would have assumed to be Ferenczi himself. “I don’t need to tell you beforehand,” Ferenczi wrote in the letter to Freud accompanying the manuscript, “that it comes from my self-analysis and that I restructured it only after the fact in the form of a dialogue. You will also recognize yourself in it—in the person of the doctor who doesn’t want to analyze me. I have rendered all the essentials word for word as they came to me” (September 8, 1914; 5: 17–8).

Falzeder (1996) demonstrates in some detail how the dream conveys a variety of self and object-related concerns including issues of gender identity, infantile notions of sexuality, pregnancy, feelings of inferiority, difficult relationships with men, and the relationship to the mother, by whom Ferenczi did not feel understood. But in the article, the analyst is depicted as providing an interpretation of this “bloody operation” in accord with Freud’s theory (circa 1910) in the language of libido theory and drive psychology. The analyst reminds the analysand of his being troubled by the disproportion between the “too wide” genitals of his mother and his own little penis, and his tendency to regress to masturbation. Piers (2000) persuasively shows that Ferenczi’s dream conveys his accurate perception of the analysis with Freud already being contaminated by boundary violations and dual relationships. Rudnytsky (2011) makes the fascinating argument that Ferenczi’s primary presenting symptom, his being torn between his love of Gisella and her daughter Emma, parallel and relates to Freud’s triangular relations with his own wife and sister-in-law.

The paper made it seem that this dream was a patient’s dream as analyzed by Ferenczi, while in fact, it was Ferenczi’s dream as he analyzed it in his self-analytic writings to Freud. For our purposes, what stands out is how readily Ferenczi uses his own self-analytic dream material for the purposes of professional publication, presenting himself as the analyst rather than as the patient, and in this manner closely following Freud’s model. As Rudnytsky (2011, p. 27f) writes, “In its intertwined layers of public and private meaning, in which Ferenczi figures outwardly as the analyst of someone else but is seen by the initiated reader to be the patient analyzed by Freud, ‘The Dream of the Occlusive Pessary’ replicates what I have termed the ‘narcissistic formation’ of Freud’s quintessential self-analytic text, ‘Screen Memories.’”

### Elizabeth Severn

Toward the end of his life, Sándor Ferenczi escalated his clinical explorations, culminating in his experiments with mutual analysis. His *Clinical Diary* (Dupont, 1988) has been the main source for our knowledge of his final clinical investigations. The brilliant detective work of Brennan (2015) has succeeded in identifying virtually all of the patients referred to by Ferenczi in his *Clinical Diary*. They were Americans, or had lived in America, all knew each other, and most were wealthy. The patient with whom Ferenczi did his most thorough and far reaching mutual analysis was identified in the diary as R.N., who we know to have been Elizabeth Severn. Brennan summarizes the biographical facts about Severn: “Elizabeth Severn (1879–1959), born Leota Loretta Brown, in Milwaukee, Wisconsin. She took classes at the Armor Institute, Chicago. In 1898, she married Charles K. H[e]ywood, and her daughter Margaret was

born in 1901. Severn's name change occurred in San Antonio, circa 1909, establishing a new identity for herself as a metaphysician and healer. Severn authored several books on psychology and pursued analysis with Smith Ely Jelliffe, MD, Joseph Jefferson Asch, MD, and Otto Rank, before coming to Ferenczi in 1925. After her analysis, she published *The discovery of the self*, (1933)" (Brennan, 2015, p. 16). Freud notoriously referred to Severn as Ferenczi's "evil genius" (Rudnytsky, 1933/2017).

Rudnytsky (1993/2017) has edited and republished Severn's last published work, which has been out of print for more than 80 years. He has written an account of her life, prior to, during, and after her contact with Ferenczi, first as Ferenczi's more conventional analysand, and subsequently as the analysand with whom Ferenczi developed and engaged in "mutual analysis", certainly his most controversial "technical" innovation. He identifies two separate chapters, each detailing her version of what she and Ferenczi did in their project of mutual analysis, one a disguised account of her analysis of Ferenczi and the other a disguised account of Ferenczi's analysis of Severn herself.

Rudnytsky (1933/2017) persuasively argues, "the realization that *The Discovery of the Self* contains a thinly disguised case history of Ferenczi, as well as of Severn herself, immediately transforms the book into one of the essential texts in the history of psychoanalysis and an indispensable companion volume to the *Clinical Diary*" (p. 2). Rudnytsky adds the important observation, which anticipates the thesis of this paper, that *The Discovery of the Self* "takes its place in the venerable analytic tradition—extending from Freud and Ferenczi through Horney and Kohut—of covert autobiography" (p. 2).

The chapter titled "Nightmares Are Real" includes a case history that Rudnytsky identifies as the disguised autobiographical account of Severn's own treatment with Ferenczi. It concerns a "highly intelligent, mentally active, woman of middle age" who was in fact "a very sick woman" who exerted a "superhuman will" to get by in life (Rudnytsky, 1933/2017, p. 14). It is the story of her having survived a highly traumatic childhood, replete with stories, recovered memories, of ritual murder, drug addiction, sexual abuse, a criminal father and enslaved mother. The details all line up with Ferenczi's description of R. N. in the *Clinical Diary*. It seems that both Ferenczi and Severn were convinced that these recovered memories or symbolic reconstructions referred to literal memories of trauma, (just as Ferenczi also believed that Clara Thompson had been sexually abused) but there may be a reason to reserve some skepticism about this claim (as is suggested by Leys, 2000).

Severn's disguised report of her treatment with Sándor Ferenczi provides us with a rare and valuable patient's perspective regarding his clinical experimentation and innovation. As we continue to mine Ferenczi's early explorations of mutuality and affective engagement for their theoretical and clinical contributions, the emergence of Elizabeth Severn's own subjectivity enriches our understanding of the relational context within which these radical ideas and methods developed.

## Heinz Kohut

One of the most famous disguised cases is Heinz Kohut's "The Two Analyses of Mr. Z" (1979), ostensibly an illustration of the changes in how Kohut understands and works with patients as he develops the ideas that become self psychology. In reality, the paper compares his own classical analysis with a later self-analysis based upon the principles of self psychology.

Kohut wrote an entire case about himself that his biographer, Charles Strozier, has demonstrated is a pure autobiography in disguised form. “The Two Analyses of Mr. Z,” presented by Kohut as an earnest psychoanalytic case history and published in the field’s leading journal, in fact, depicts his own deepest psychological experience. Strozier (1999, 2001) has argued that the evidence for Mr. Z being Kohut in disguise is quite compelling. In his review of Strozier’s biography, Cocks (2002) goes even further, claiming that Strozier was not clear enough that Kohut was, in fact, Mr. Z. Cocks feels that if Strozier had been more convinced that he would have paid more attention to the intrusiveness of Kohut’s mother as a prime source of Kohut’s personality difficulties.

It is important in the context of our paper that we look carefully at some of the initial reaction to Strozier’s initial disclosure that Kohut was likely Mr. Z. Consider first the response of John Gedo.

In my judgment, Kohut’s most damaging lie was the publication of what purported to be a case history, “The Two Analyses of Mr. Z” (1979). Strozier convincingly argues that Mr. Z. was Heinz Kohut, that his first analysis was Kohut’s treatment with Ruth Eissler, and that the second was his self-analysis following his therapeutic innovations of the late 1960s. Both Thomas Kohut and the widowed Elizabeth Kohut concurred with that conclusion. Strozier attempts to excuse this falsification as a venial sin, frequently committed in the literature, and he fails to consider that it deprives the case history of any value as clinical evidence. (Gedo, 2002, p. 93)

Gedo was clearly outraged at what he considered a serious breach of ethics and of the scientific methodology by Kohut, and even takes his biographer to task for rationalizing or justifying the deception as common practice. Gedo argues that this revelation also calls into question the reliability of all of Kohut’s other case histories and claims that it misled a generation of professionals. Nor was Gedo alone in his outrage.

Consider the reaction of Peter Giovacchini who, while acknowledging Kohut as an excellent clinician and charismatic teacher, nevertheless accuses him of “faking a case report” and speaks of his publishing the case of Mr. Z as an “appalling deception” (quoted in Akhtar, 2002, p. 1223). Giovacchini puts his outrage in context saying that he felt indignant and sad because of his friendship with Kohut. He believed that he had to speak up critically about this deception because he believed that the integrity of psychoanalysis was at stake.

## Conclusion

One concern in writing this paper has been the need to establish the value of collecting instances of disguised autobiography beyond simple “prurient interest.” The more examples we encountered in the research, the more convinced we became that they represent a secret/not-secret history of psychoanalytic innovation, and simultaneously offer a compelling counter-narrative of psychoanalytic engagement; one emphasizing the role of the personal and intimate nature of knowledge and discovery, complicating but not invalidating the language of science, the separate identities of analyst and patient, and the acknowledged methods of research and discovery.

In her New York Times Review of Books essay on Fredrick Crews’ *Freud: The Making of an Illusion* (Appignanesi, 2017), Lisa Appignanesi addresses Crews’ efforts to discredit both

Freud and psychoanalysis based on his evidence that Freud's history and psychology irreparably contaminated his efforts to establish a valid and effective system for understanding human functioning and motivation, and to create a method of treatment to address related aspects of human suffering. We agree with Appignanesi: How could it be otherwise? And why must Freud's cultural and historical context or his unique subjectivity render his perspective unfounded and unacceptable?

We believe that, despite his best efforts to destroy psychoanalysis by exposing the all-too-human flaws in its history and its founding father, Crews has in fact offered meaningful contributions to the psychoanalytic community which expand our ability to understand our history, our traditions, and our complex and ambivalent relationship to our ancestors and our ancestors' ideas. Perhaps Crews hopes that we will feel shamed by his expose. What if, instead, we are able to welcome such exposure, to examine without shame the varied and complicated paths to the discovery that we have traveled? If we can explore with curiosity our tradition of hiding autobiography in disguised case reports, we may further our ability to see ourselves in our forbearers and in our patients. Our best theorists and contributors have mined their own minds in the creation of their theories. As we have shown, we have this disguised autobiographical approach to thank for insights as varied and valuable as the concept of screen memories, aspects of childhood and adult sexuality, insights into the developmental underpinnings of depressive disorders, and influential perspectives on clinical phenomena such as reactions to loss and the use of countertransference.

The ethics of writing about patients and the dilemma of disguising case material and obtaining the patient's consent has become a significant source of anguish for many psychoanalytic writers (Aron, 2016). We have not yet achieved a consensus about how to maintain our commitment to patient confidentiality while ethically making public use of clinical experience to contribute to our science and profession. Writing about ourselves and our own personal analytic insights, either openly or in disguise, is a way for analytic contributors to bypass the ethical quagmires of obtaining the patient's consent. Admittedly, this solution introduces a different set of ethical questions and concerns.

In today's world, some writers may be daring enough to write directly and openly about their own personal experiences and its effect on their theories and practices. Kuchuck (2014) has brought together psychoanalytic contributors who describe how their own lives and personal crises have contributed to their theoretical formulations and clinical practices. But even today, some writers may choose to express some very personal discoveries in the form of disguised cases. Both methods seem to us to add value, and the subjectivity of the source should no longer invalidate or diminish the significance of the findings. The personal becomes professional; the subjective becomes our science.

The expression that "the personal is political" is a slogan associated with the student movement and second-wave feminism and the women's movement from the late 1960s. It underscores the connections between personal experience and larger social and political structures. Our review of the psychoanalytic literary genre of disguised autobiography as a clinical case study leads us to conclude that in addition to being social and political, the personal is professional and the personal is theoretical. From the beginning, we psychoanalysts have been taking our own medicine, and finding it a potent tool for transforming and understanding ourselves and for building a legacy of conceptual models and technical approaches to cultivating healing, discovery, and change.

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