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Secret Agonies in Analytic Communities:
Unspeakable Transferences

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Abstract

This paper addresses the difficult experiences in analytic communities of hearing information from confidential sources that cannot be spoken about to the sources of the communications. We then carry feelings toward others in the community that cannot be processed, leaving us with prejudices and biases that can be neither confirmed nor corrected. How are our communities affected by these prejudices we have about one another that cannot be discussed? Questions are raised and possibilities presented about handling these experiences in ways that will avoid harming the community. The purpose of the paper is to raise consciousness about dealing with these unspeakable experiences that result in negative transferences between members of our communities.

Keywords

Transferences, confidentiality, ethics, splitting, boundaries.

A patient tells me about a judgment a colleague has had about me, maybe about a presentation I gave, or maybe about something another analyst reported I did or said that is not true. What do I do with this information? I cannot speak to the analyst about it, nor can I necessarily clarify the information with my patient. Sometimes I may even do so, because I cannot "hold" the misinformation and I want my reputation purified. However, if I am being a "good analyst," I should simply ask my patient for whatever thoughts and feelings were aroused by the information.

Sometimes I hear critical things about other analysts or candidates from patients or other sources that need to be kept confidential, so I may then be biased against people whom I do not necessarily know. Sometimes the information may even have been distorted as it passed from these sources to me. Although the information may be misinterpreted, I am still affected since I am unable to clarify the information with the original source.

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There are myriad instances of this in our analytic communities. I wonder how we "hold" such information and how having this kind of information affects the way we relate to one another? Does it support splitting? Does it affect how we decide whether or not to refer to someone? How can these situations be clarified, or taken with a "grain of salt?" Another analyst might do something I think is a boundary infraction (not a serious one) and that might affect how I think about that person forever! The boundary infraction might be an aberration in the way that analyst works and the analyst may be very uncomfortable about it, but I have no way to learn about this unless there is some "fluke" that happens, giving me the opportunity to learn more about the situation.

With patients, I think the ideal is to come to an understanding what the meaning might be of the communication he or she has passed on. For example, is the patient trying to tell me something negative he or she is experiencing about me? What is the patient's experience of hearing negative things about me when also having idealized me? I am sure most of us would work with the meaning the communication has for the patient and the patient's relationship to us. But how do we work with ourselves and the pain, anger, and hurt aroused when we hear these second-hand communications that we cannot process with the original source?

I am especially concerned about our professional community as a whole and the affects these unbearable transferences have on the way we relate and care for one another. I believe some of our critical reactions to others has to do with these unspeakable transferences. I call them transferences because they are ways we think about the other. They may have little to do with who that other is; rather they are responses, either inwardly or outwardly, to the person we have created in our heads. Not infrequently, they are also related to someone else in our lives who has hurt or offended us more directly.

What do we do with such information? How do we contain ourselves? How do we address the issue when patients say, "I don't want to tell you this because I'm afraid it will influence how you think about the person, but…?" How do we help our patients, many of whom may be therapists, analysts, and candidates who will become analysts? For example, our ways of responding to the questions raised by our patients about our being "influenced" will affect how they respond when they have such experiences themselves.

I suggest that we need to examine ourselves as honestly as possible. What wounds are being resurrected when we are talked about in derogatory ways by others and when we hear about the criticisms we would normally not know about? Does the criticism have some merit? Do I need to wonder with myself if I have been offensive in some way to the person who has been critical of me? Have I hurt that person in some way that I have not realized? Or, could the person have learned about something I did or said to others that stirred their criticism of me? I need to search my soul for ways I have been hurtful to others that are now coming back to haunt me.

What makes this difficult is that I cannot make amends because of the confidential nature of the situation in which the disclosure is made. I have to find a way to process the experience that will allow me to feel differently toward the person who is critical of me. Is this perhaps about being able to love your enemy? It seems to me to love your enemy is to have a strong awareness of the alchemical idea of

unus mundus. We are all connected and a part of one another. In a certain sense, the criticism of me is also a criticism of the one who is making it of me, and my hurt, anger, pain, and so on are part of the person who has criticized me.

How do I arrive at such a stance? It is not a state of mind I can maintain on a constant basis, although I believe in it and feel it at times. I need to remind myself of our connection and shared humanness. I want to be liked, and very likely the other person wants this as well. I need to remember that we are all "in the same boat," that we all experience these difficult times when we are criticized and cannot talk about it with the person who has spoken ill of us.

We have to work with the inner experience that occurs at such times. What can I learn about myself when I hear comments that I initially feel are untrue? What can I make of what my patient is telling me by reporting a comment about me to me? Are there times when it would be therapeutic to process the experience with the patient by talking about how I am managing the information? What if I were to say that I am offended and could easily feel resentful of the person who talked about me? What if I were to say that I wanted to understand how the criticism could have happened by examining what I might have done or said to stimulate it? Perhaps I need to say that I will work with the material within myself and maybe let my patient know that I will eventually talk with her about what I discovered that may have stirred the criticism. Or, that I will explain how I try to hold the information without carrying a grudge against the person who spoke ill of me.

It is important to process these types of experiences with the intention of freeing oneself of the bad feelings toward the other. My hope is to put the experience in perspective in such a way that I can learn something and can be in a good relation to others in the community. I want to be able to imagine myself as the analyst of the person who has said something offensive, even if untrue, about me. This means making every effort to examine what part I might have played in his or her reaction and to do my best to understand why the negative comments were made about me. And, I want to work with my patient about the impact the experience has on him or her.

It is easy to be offended and irate at the person who intruded on my patient's analysis and on the relationship between us. It is easy to be outraged, along with the patient, toward the offender. This, however, is not helping the patient to express his or her feelings and to discover meaning in the experience. And it is not working toward benevolent behavior within the community. It is acting out the anger at the expense of the patient. Even if I do not speak about it to the patient, I am acting out my anger in the entire community.

In both these instances the patient is not being helped. I am not modeling what is needed in the community and the patient is not given the opportunity to examine his or her reaction to me and to the person who spoke ill of me. The patient needs the opportunity to hear, in some way, that I will work with the material, not merely to hear that I will hold it in confidence. Holding the material in confidence is obviously essential, but it also needs to be communicated that the material must be processed so it does not leak out in unconscious ways that affect the community as a whole. We have honestly to realize, and perhaps say, that the material, when negative, is offensive and needs to be worked with until it is understood.

There are many reasons why an analyst might be talking about a colleague in a negative way. For example, as we age, we get fewer referrals. We are not as valued because of new ideas in the field that we might not be following. And, younger analysts may be chosen by patients because a younger analyst is not as likely to die during the analysis. The analyst who is getting fewer accolades and fewer referrals may be hurt and angry about being rejected. Without a place to talk about these feelings, the hurt and anger may be acted out by talking critically about other analysts.

Until we have these experiences personally, none of us knows how we will respond. Our identities are usually very connected to the work we do. When our services are no longer in demand, we suffer a feeling of rejection, not only financial hardship, which may not be an issue. We need to consider with a generosity of spirit the sources of criticisms that cannot be spoken and work to understand the person who has been critical. We may someday be in the same situation and in need of such understanding. Consciousness of our envy and our fear of being forgotten is to resist the temptation to act out rather than consciously suffer our own pain.

I believe I am talking about acknowledging what we in analytical psychology call *the shadow* and that we all have shadow aspects in ourselves that we work on throughout our lives. When material comes to us that we cannot deal with directly, because the sources are confidential, we need to work hard to examine ourselves in order to love our enemy. We need to work toward the goal of taking care of the community and ultimately on dealing with the horrible ways peoples all over the world treat one another. As analysts our primary task is to affect those few people in the world with whom we have the opportunity to work so they will become better and kinder people for the sake of themselves, those with whom they are intimate, and those who are strangers.

In his introduction to Erich Neumann's book *Depth Psychology and a New Ethic*, Jung (1969/1976, p.17) writes that when someone has a strong sense of what is ethical and of importance in life, the person is likely to come into conflict with others, perhaps also with themselves. The conflict is what brings a person to a greater sense of what is and is not ethical. When there is conflict, we are forced to look within. Thereby we learn more about the negative sides of ourselves and we become more related to what is unconscious.

I am suggesting that one way to appreciate the need to look within and to examine ourselves is when we hear negative things about ourselves that we cannot process with the source. I am suggesting that we consider this an ethical problem that will help in our development if we look within rather than blame the other.

References

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