Hell's Kitchen Revisited:
Mortality and Self-Disclosure in Psychoanalysis

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Introduction

It is a pleasure to be invited by NCSPP and Dr. Tillotson to discuss this very powerful paper. It is elegantly written, thematically rich, emotionally evocative, and metaphorically multi-layered. The clinical interactions presented are complex, unusual, and thought provoking. With time being limited, I've had to choose between focusing on the clinical vignettes described or taking up the broader theme of the analyst's vulnerability. I've chosen the latter; I will hover somewhat above ground zero with the metaphoric aim of charting the terrain and mapping it to the rugged landscape we inhabit in potential space. To use another metaphor, one that may help if I seem to be wandering too far afield, I will attempt to circle the subject of the analyst's vulnerability in a manner analogous to a CAT scan that captures multiple images from a 360-degree rotation in order to produce as three-dimensional result.

There are many apt metaphors for our clinical work. This paper invokes the metaphor of 'analytic angels' helping to contain the demons of psychic hell. The cutting-edge Italian analyst, Antonino Ferro, invokes the metaphor of 'analytic cooks' gathered round the kitchen pot where unprocessed raw emotional elements are contained and simmered into food for thought, that is, food for mental nutrition rather than psychic indigestion. So, with apologies to both for a 'mash up' of metaphor, I've entitled my discussion: *Angels in Hell's Kitchen.* For convenience, I'll use the term 'psychoanalyst' in this paper to mean all of us who as therapists are attempting to create and sustain a psychoanalytic potential space in our work.

A New Genre of Psychoanalytic Writing

I want to start by reflecting on psychoanalytic writing itself. It could be said that being a psychoanalyst is like being a novelist: both lines of work concern themselves with emotion,

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narrative, and personal drama….and both require endless re-writes! So, I want to begin by making a few comments about the analyst in literature, and by positioning Dr. Tillotson's paper as part of an evolving trend in psychoanalytic writing, a trend characterized the analyst presenting his or her own personal emotional turmoil behind the calm professional facade.

We certainly have had many attempts to imagine this inner turmoil by writers from outside the profession. The psychoanalyst is a well-worn trope in 20th century fiction making its appearance novels such as Italo Svevo's *Zeno's Conscience* (1923), Virginia Woolf's *Mrs. Dalloway* (1927), Nabokov's *Lolita* (1958), Doris Lessing's *The Golden Notebook* (1962), Sylvia Plath's *The Bell Jar* (1963), Philip Roth's *Portnoy's Complaint* (1969), and Sylvia Brownrigg's *The Delivery Room* (2006).

A few analytic therapists have themselves also become novelists and put the analyst's inner dynamics at the center of the action. To name just a few sterling examples: Alan Wheelis' *The Doctor of Desire* (1987), Irv Yalom's *Lying on the Couch* (1996) and *The Schopenhauer Cure (2005)*, and Christopher Bollas' *Dark at the End of the Tunnel* (2004).

Writers such as these are mavericks with chutzpah and their revelations have been couched in fiction. But in our formal 'scientific' literature, there has been much more reticence in revealing the inner life of the analyst, particularly when it involves the analyst's vulnerability. Dr. Tillotson writes:

> Surprisingly, little has been written regarding adult-onset trauma in the analyst, probably because to do so risks a level of professional vulnerability. (p. 7)

Dr. Tillotson's paper risks professional vulnerability by being intensely personal and revealing. He shares himself with us, not simply under the conventional cover of countertransference, but also as straightforward autobiography. He is representative of a modern breed of analytic writers who have been collectively creating something of a new genre in analytic writing. It is a genre in which subjective experience is given center stage rather than kept behind the curtain of objectivity. It is a literature characterized by increasing self-disclosure, both to the analytic readership and, sometimes, to the patient. Its theoretical

home base is relational psychoanalysis, and its cultural context has been characterized by a steady shift from the *Classical* ideals of stoicism and reserve to the more *Romantic* ideals of self-expression and elaboration of one's subjective idiom (Strenger 1989, 1998, 2005; Rather, 2008).

Psychoanalysis has had an uneasy relationship with the analyst's subjectivity. Freud's concern with minimizing suggestion in favor of archeology, and his concern with putting psychoanalysis on a scientific footing gave rise to the orthodox ideal of an analyst who tames subjectivity through abstinence, anonymity, and neutrality. However, post-modern currents swirling around psychoanalysis have tended to erode this ideal. Countertransference is increasingly framed less as problematic intrusion, and more as resonant stirring of the subjective to be usefully harnessed. Further elevating the analyst's subjectivity are seismic shifts in the concept of the unconscious itself. There has been an evolution beyond the idea of the unconscious as a seething cauldron of instinctual drives to be conquered by the ego. In the revised version of psychic politics, the unconscious is recognized not as an enemy saboteur, but more as a potential ally and collaborator (Rather, 2001) offering a second opinion to the conscious parts of the self (i.e., Bion 1962a, 1962b, 1963, 1965, 1970, 1976; Ferro 1999, 2002; Grotstein 1990, 2000; Langs 1976, 2005; Matte-Blanco 1940, 1975, 1988; Ogden 2003, 2004).

Dr. Tillotson's paper would have been considered too personal and private in earlier times. In the past, what we could learn of psychoanalysts' internal experience was usually constrained to diaries and correspondence. As examples: Freud's oral cancer, though painful and drawn out, was absent from his publications. The trauma of fascism in German, Austria, and Italy formed a background, but not a presence in analytic writing of the time. In Britain, the Controversial Discussions of the 1940's were actually conducted while London was being bombed, but there was little reference to this in the scientific papers presented.

And what about Bion within whose theoretical scaffolding I am constructing this paper? As a young man, Bion suffered through the violence of World War I, culminating in a tank battle so overwhelming in carnage, that he was to say: "I died on the road to

Amiens on August 8, 1918" (1982, p. 265). Some years later Bion's wife died in childbirth while he was in Normandy in yet another World War (Bleandonu, 1994, p. 64). References to these traumas appear in his memoirs, but not in his formal writing. By 1979, Kohut could write about his own private psychological interior, but only by disguising it as *The Two Analyses of Mr. Z.* But the times are changing. A few years ago, even the relatively staid Otto Kernberg felt it appropriate enough to publish a paper (2010) on mourning, centered on his own experience following his wife's death. The times are still changing and Dr. Tillotson's intimate paper reflects this well.

The Impossible Profession and the Analyst's Neurosis

As we remind ourselves, Freud (1937) considered psychoanalysis to be the third of the 'impossible professions' (along with raising children and governing nations). It is clear enough how difficult it is to deeply understand, contain, and help those we work with to face their demons. It is also clear enough that each analysis is fated to be incomplete and interminable. But I would like to suggest, that on a deeper level, psychoanalysis is also an impossible profession because the unconscious desires which draw us to the field in the first place are, by their nature, impossible to gratify.

It has been observed that those who are drawn to this profession as a calling tend to harbor a grandiose professional self (Brightman, 1984) which rests upon angelic ideals of omnipotence, omniscience, and benevolence in helping others cook their way out of hell's kitchens. We share a fundamental professional countertransference and perhaps, a fundamental neurosis. Friends in other professions sometime ask: "How can you listen to peoples' problems all day?" Despite the comic retort, "Who listens?" we do indeed listen intensely and with great emotional investment. Racker suggests that the analyst becomes an analyst in order to overcome guilt by repairing the objects that he feels he has damaged. To paraphrase Racker, this begins one might say, with the plate on the front door that says *Psychoanalyst* or *Doctor*. What motive (in terms of the unconscious) would the analyst have for wanting to cure if it were not he that made the patient ill in the first place? (Racker, 1957, p. 325)

So as analytic angels, while analyzing patients at one level, we are atoning for our sins at another level. In the timeless unconscious, such atonement is fated to be impossibly interminable. Nonetheless, under ordinary circumstances, we keep alive the illusion of omnipotence. But when something extraordinary or tragic happens, the suicide of a patient, or a violent tragedy this illusion cracks open, cleaves, and shatters. To quote from the paper:

> Achilles walks among us, right up to our consulting rooms and knocks loudly on the inner sanctum's door. He uncannily seems to know where we live and work.

According to the myth, when Achilles was an infant, it was foretold that he would one day die in battle from an arrow to the foot. To prevent this fate, his mother dipped Achilles in the River Styx, a river which bestowed powers of invincibility. She held him by his heel, and he was protected everywhere the waters touched him, that is, except the areas of the heel that were covered by her thumb and forefinger. Thus, the shadow of the object falls upon the omnipotent ego of the future analyst, vulnerable like all others to trauma.

Trauma, Dreaming, and Narrative

Trauma may originate in extraordinary situations such as political persecution, terrorism, natural disaster, sexual abuse, or other forms of violence. However, as analysts, we bear in mind that trauma is not exactly what happens to you, but more how you are or are not able to process it. Sometimes, one person's drama may be another person's trauma. It is useful to imagine a continuum of trauma. On one end would be that which is so overwhelming that there are no pre-conceptions for it and no words to think it or speak it. On the other end would be trauma that *can* be thought about but is traumatic because it shakes our sense of safety, invulnerability, and omnipotence right down to the bone. In either case, we are challenged to transform the blow to omnipotence through the emotional work of acceptance, work that transforms us in the process. This is a process I term *'(O)wning'*, a process integrating mourning and dreaming.

This is not the limited dreaming of REM sleep, but dream-work alpha (Bion, 1992, p. 62). This dreaming is continuous night and day, awake and asleep. It is the mode by which raw

emotional experience is alpha-betized and unconsciously processed according to what Matte-Blanco calls logic of symmetry (1975, 1988). Metaphorically, it is a process by which the impersonal notes of O coming at us from the written page in music are *subjectified* or *made personal* by the unique harmonic overtones of the individual voice, phrasing, and interpretation. Thus, the subjective arrangement of narrative overtones composed through the associative symmetry makes it possible to dream our experience and to further *own* it**.** To push the musical metaphor a bit further, dream-work alpha creates a personalized and more acceptable remix of O.

Transcribing O into a personal narrative involves a flow back and forth between conscious and unconscious mentation so that each irrigates the other. It is a sort of 'dream-weaving' stitching together memory, affect, image, reflection, phantasy, and symbol allowing personal intrapsychic motifs to intermingle with the impersonal reality of O. In a letter to Fliess, Freud wrote "…memory is present not once but several times over" (1985, p. 207). Memory and experience are constantly being re-arranged. Whether we think of this as *apres-coup*, Nachtraeglichkeit, '(O)'wning, dream-work alpha, or learning from experience, the necessity for doing so is even more intense in the wake of trauma.

Dr. Tillotson's paper not only contains dreams but is itself also a dream container in which raw elements are stirred, simmered and given narrative flavor. The aromas induct us into a parallel dream-like process. We have the sensation of drifting with him through a dreamscape, sometimes as snowflakes and sometimes as rain. We move fluidly from the heavens to hell. We drift from the lofty invincibility of the Twin Towers, where the financial Masters of the Universe are armored in what will turn out to be a bubble, to the ground level of Hell's Kitchen where a lover has been stricken with AIDS. We float with heavenly angels, angels with Achilles heels, Angels in America, Angels That Troubled the Water, and Blue Angels. The latter are, incidentally, perhaps, examples *par excellence* of the two faces of O: awesome and breathtaking fruits of the Tree of Knowledge on the one hand, destructive Angels of Death on the other. Throughout, we have water in all its transformations as a metaphor for the evolving experience of O: snowflakes turning into rain as they descend from the clouds, the healing waters of Jerusalem flowing upward through the Bethesda Fountain, and the tears of

the Tin Man. Tillotson writes: “While running I imagine a water heater has exploded and customers are on fire”. We also find traces of the dream process at the micro-level of word choice. For example, while contrasting the Blue Angels with healing waters, he even writes: “I was able to access containing functioning that allowed me to be present without *spilling* over into, or losing my patient’s experience: I privileged his without *jettisoning* my own through dissociation”. In another ‘water’ metaphor, the question is raised: “How would I access the containing function after the protective aspect of omnipotence had evaporated in a traumatic state”.

This is how: through the watery alchemy of mourning and dream-work alpha and their condensation into an ever-evolving personal narrative.

Trauma and Death Anxiety

Before moving on to my concluding comments, I would like to offer some brief reflections, and perhaps raise some questions, about the hard reality of death in this paper, and in our work generally. In 1915, Freud wrote:

> To anyone who listened to us we were of course prepared to maintain that death was the necessary outcome of life, that everyone owes nature a death and must expect to pay the debt—in short, that death was natural, undeniable and unavoidable. In reality, however, we were accustomed to behave as if it were otherwise. We showed an unmistakable tendency to put death on one side, to eliminate it from life. We tried to hush it up… It is indeed impossible to imagine our own death; and whenever we attempt to do so we can perceive that we are in fact still present as spectators. Hence the psycho-analytic school could venture on the assertion that at bottom no one believes in his own death, or, to put the same thing in another way, that in the unconscious every one of us is convinced of his own immortality. (1915, p. 288)

For his part, Freud, having decided that the unconscious cannot conceive of death, took death anxiety off the table, much as he later swept aside religion, spirituality, and the ‘oceanic feeling’ in one fell swoop (*The Future of an Illusion*, 1927). This set a tone for a future of denial within mainstream schools of psychoanalysis (i.e., drive theory, object relations, British middle school, American relational, interpersonal, and self psychology).

Looking back on what is now for me a 30-year trajectory from graduate student to therapist, to teacher, to supervisor, to becoming a training and supervising analyst, I treasure having participated in the rich clinical and theoretical tradition of mainstream psychoanalysis. And yet, I have often been surprised that wrestling with the larger issues of life, particularly mortality, death, and the question of meaning, are not taken up more often in our clinical discussions. Perhaps such awareness has pressed in upon me more as I have aged, and perhaps it has pressed in on me as I have observed the impact of aging, diminished health, and narrowing horizons for certain older patients with whom I have had exquisitely intimate clinical relationships for many years. I have been surprised, as my own denial has decreased and my awareness increased, that my patients, both old and young, talk about death far more often than I had allowed myself to notice. It may be dismissed with such comments as "Oh but that's so *morbid*, you must think I'm really depressed to think of such things", but it is there.

Existential therapists who have embraced mainstream psychoanalytic concerns, but have also expanded their sphere of inquiry, would remind us that there are three different sources of anxiety: 1) anxiety about the realistic and objective dangers in life, 2) neurotic anxiety, and 3) existential anxiety about what are referred to as 'ultimate concerns': freedom, isolation, the question of meaning, and death. Yalom, in the title of a recent (2008) book, uses the phrase, 'staring at the sun', to capture the difficulty we have contemplating our own mortality (Yalom, 2008). I would suggest that, regarding the 'examined life', psychoanalysis has 'tri-furcated' leaving questions of transpersonal meaning to the Jungians and questions of personal mortality to the Existentialists, neither of whom are well-represented within the journals, meetings, or training institutions of the IPA, APA, or NCSPP. Mainstream psychoanalysis has taken neurotic anxiety as its slice of the pie. As a result, when concerns about death appear in free association, there is a tendency to interpret it a metaphoric derivative of the familiar: castration anxiety, separation anxiety, anxiety about the dissolution of the self, and other threatening 'calamities of childhood'. Even when we discuss the 'death instinct' clinically, we refer to nihilistic and destructive dynamics rather than to actual death or mortality.

In the end, my impression is that we speak of death and dying mainly when it is traumatic (i.e., extreme and unusual) or when it involves the grief and mourning of survivors. The material in this paper presents the traumatic impact of death in many extreme forms: suicide, terrorism, AIDS, war, and yet we are mortal, and death is normal and inevitable. To return to Bion for a moment, death is part of O, not only the deaths of others, but our own eventual deaths. There is a Latin phrase, 'memento mori' which translates as 'Remember you will die'. Its classical depiction in painting is a human skull placed next to a burning candle on the philosopher's bookshelf or desk.

Now, the point is *not* to be gloomy or morbid, but, quite the opposite, to awaken us to our full vitality. 'Carpe diem'. I know that a substantial period has passed since the events in this paper. So, in our discussion of the clinical process, I would be very interested to hear from Dr. Tillotson in if and how the events described touched upon these anxieties and issues of concerning death in both members of the analytic dyad. How have they been absorbed and how have they evolved? Have they become awakening experiences? Perhaps we can wade into some new territory in our discussion today.

When I read an earlier version of Dr. Tillotson's paper, I was reminded that in the olden days of airline travel, on my very first flight, the captain came around and gave me honorary wings to pin on my sweater. I thought then about Frank Capra's movie, *It's a Wonderful Life,* in which Clarence, the guardian angel, says that every time a bell rings, an angel somewhere gets his wings. I used this as a way of congratulating Dr. Tillotson for being given his official wings as an analyst. Now, recalling that Clarence stops Jimmy Stewart's character at the brink of suicide, I recognize that, from an existential perspective, the movie itself stands as a kind of cultural compromise formation between denial of death (angels from the afterlife) and the awakening to life in the face of death.

Concluding Comments

To quote Dr. Tillotson:

> However, one moment encapsulates the themes germane to this paper, the moment my patient recounted my saying, "I thought I was professional enough to do your session, but I'm not. (p. 11)

Later his patient says *"Trying to do a session after seeing someone dead? It doesn't seem right"* (p. 11). And right he is. There are extreme moments when we need to give ourselves a time out, and there are traumatic moments when the game must be called, at least for the day. To do so *is* to act professionally. To carry on under such circumstances is to carry on the illusion of professional omnipotence. As Bion suggested in his war memoirs, to react sanely within the violence of battle is insane (Souter, 2009).

Freud cautioned against excessive therapeutic ambition (1912a). Too much therapeutic ambition not only interferes with what analyst *can do* but blinds us to what the analyst *cannot do*. In one of his pithy 'recommendation' papers, Freud wrote: "A surgeon of earlier times took as his motto the words 'I dressed his wounds, God cured him'. The analyst should be content with something similar" (1912a, p. 115).

Whether you are a Freudian, Kleinian, Middle-Schooler, Self-Psychologist, an American Relationalist, or a Lacanian, the loneliness of separating from the group (our evolutionary animal heritage) to exercise the psychoanalytic function of the personality is strenuous. And perhaps being an analyst in modern times is more difficult than ever. The recent meeting of Division 39 bore the title" "How We Matter". We feel on the defensive. Belonging to a well-defined ideological group as a form of protection against vulnerability is less tenable than it once was. Now that the orthodox church no longer rules over psychoanalysis, analysts are less certain than we once were. Professional roles have become less rigid, and we are freer, but perhaps at the cost of less holding and containment. All of this both disturbs and heightens omnipotent wishes.

So, we gather in what we optimistically call 'scientific meetings', not only for the exchange of ideas, but because psychoanalysis is lonely and humbling work. Along with

maintaining our frame and our method, meetings such as this one today provide us form of self-care, healing, and fellowship.

And there is good news. The Wizard turns out not to be omnipotent, but all ends well for the Tin Man and the others anyway. We preside over a process in which our patients heal through mourning and dream-work alpha. We are always re-learning this in the impossible profession just as we are existentially in living, two processes which Bion characterized as making the best of a bad job. When fate throws something truly horrific our way, the angelic cooks in the kitchen are challenged to enlarge the container and turn up the heat, as Dr. Tillotson has done so beautifully in the paper he has just served up to us.

I will end by quoting a few lines by Kate Bush, from her album, *50 Words for Snow*. These are from a song entitled "Snowflake":

I was born in a cloud…
Now I am falling.
I want you to catch me.
Look up and you'll see me.
You know you can hear me.
The world is so loud. Keep falling and I'll find you.

**References for this and all other presentations are listed on a separate PDF*