Papers and Articles

Reflections on gender in initiating analysis[1]

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Abstract

Psychoanalytic consultations at the London Clinic of Psychoanalysis result in referral on, either to private practice, or to low fee analysis mainly with candidates in training. Drawing on clinical material from the Clinic, I will discuss situations where we do – and do not – consider that gender is of particular significance, and where gender issues do – and do not - emerge as significant in the initiation of psychoanalysis. There are three main areas where gender has significance in the work of the Clinic: 1. in relation to the training, 2. where patients express a preference for an analyst of specific gender, and 3. where Clinic staff feel it is important to specify the gender of the analyst for a particular patient to see. When the gender 'match' between patient and potential analyst has emerged as an issue at this early point, a question arises about whether it is helpful in successfully initiating psychoanalysis to take this into account, or whether this may indicate being drawn into an unhelpful enactment?

Paper

There is a great deal going on in the first meeting between an analyst and a potential patient. A first meeting may be a consultation resulting in a referral to a colleague, or it may be the beginning of an analysis. But whatever the purpose of the meeting, the 'real' attributes of both participants will play a significant part in their conscious and unconscious assessment and transferentially loaded perception of each other. And as Freud said, "when you meet a human being, the first distinction you make is 'male or female?'" (Freud, 1932,113). And what 'male' or 'female' may mean or evoke for either party even at that initial point is of course a highly complex, socially, culturally and subjectively determined matter.

In the paper given at the same Panel by Paul Denis, he also made the important observation that 'gender' is a very complex concept: in any individual there is not only the biological sex, but also that individual's gender identity, and also that person's sexuality. Both analyst and patient bring all of these into the analytic encounter, right from the first 'initiating' meeting. Any generalisations about the influence of 'gender' on the initiation of analysis need to be qualified accordingly. However, that does not mean that it is not a fundamental element of any psychoanalytic encounter. In specific cases it may play a highly significant part in the initiation of psychoanalysis that should not be overlooked.

My involvement with the 'initiation' of psychoanalysis is mainly through the London Clinic of Psychoanalysis. As Clinical Director, I am concerned with bringing people into analysis who might not otherwise have that opportunity, and also with supporting analysts in training in getting these analyses underway. Psychoanalysis is not available as part of public health provision in the UK and it would be very unusual for private medical insurance to pay very much, if anything, towards the costs. Therefore in the UK, psychoanalysis is limited to those who can afford to pay the fees themselves or to analysis provided at a low fee, usually by those in training.

People come to the Clinic requesting psychoanalytic consultation with an experienced analyst and are then advised or referred according to the consultant's recommendation. In cases where psychoanalysis is recommended, some may go to a low-fee analysis with a candidate in training, and some are referred to private practice analysis or psychoanalytic therapy.

Gender of analyst or patient is something that requires some consideration in certain specific

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circumstances in the work of the Clinic: Firstly, all our candidates are required to see both a male and a female patient for their training. Secondly, very occasionally, a prospective patient will state a preference to be seen for consultation or analysis by an analyst of specific gender. And lastly, in thinking in a Clinic panel about the patients recommended for a low-fee analysis, we sometimes find ourselves concluding that a particular patient should be seen by an analyst of specific gender – sometimes we feel clear about that, and sometimes we will wonder why the group has come to that view and go on to perhaps learn more about the patient through further discussion.

There has been a 'rule' in the British Psychoanalytical Society training, that not only must the candidate see both a male and a female training case, but that the *first* of the two cases should be of the opposite gender to the candidate analyst. This rule is no longer applied with any rigour and in preparing for this paper I took the opportunity to ask a number of senior training analysts across different theoretical perspectives about it. All of them agreed that this rule has lapsed but that this does not cause concern. Most thought the 'rule' has just 'always been there', 'probably imported from Vienna', and dates from a time when the concept of 'the transference' was considerably less complex than it has come to be in more recent years.

However, what is most interesting is that no one thought that breaking 'the rule' has caused any difficulties for candidates in training. Several of the senior analysts expressed the view that this is not something that they consider at all important and rarely give any thought to it when helping a candidate select a first case for analysis. This shift in practice in our training reflects developments in understanding of the transference and specifically how it relates to 'gender'. That is, it would now I think be agreed that it would be impossible to isolate the gender of the analyst 'from such a complex, multidetermined phenomenon as the transference' without running the 'risk of distortion and superficiality' (Kulish 1984).

Perhaps because, unlike similar Clinics and trainings in the rest of Europe, ours in London has never had to close due to political upheaval or wartime occupation, it has never been necessary to 'start again' and have the opportunity to re-examine many of our old institutional procedures. If we had, then the rule may have been changed in the light of theoretical and technical developments in understanding of the transference.[2]

One practical reason why our 'rule' has lapsed was quite simply because there have tended to be fewer male than female cases available for low-fee analysis with candidates. However, we no longer have this disparity of gender in our waiting list: This is partly because socio-cultural developments increasingly mean that men are no longer significantly less likely to ask for psychological help. But in observing the ways in which we made our decisions about whom to place on our candidates' waiting list, I noticed that we tended not to include men who had problems of commitment in relationships. Candidates are very cautious about taking on patients who may drop out of analysis and cause problems for them in meeting their training requirements. The Clinic responded to this by not including men with a history of ambivalence for fear that they would not be taken on for analysis. But *many* of these men, in distinction to most of the women[3], had sought psychoanalytic

[2]Similarly, in the selection of suitable patients for analysis, the patient's age if it were near to or over 45 years used to be an excluding factor, due to the 48 year old Freud's observation (Freud 1905) that "…near or above the age of fifty the elasticity of the mental processes, on which the treatment depends, is as a rule lacking—old people are no longer educable—and, on the other hand, the mass of material to be dealt with would prolong the duration of the treatment indefinitely." But in the 1970's and 80's research and case studies were described that have led to age no longer being, of itself, an excluding factor for analysis. Again, the broader reach of the transference in analysis frees us from the presumptions that led to what we would now see as unduly concrete anxieties about an older patient seeing for analysis an analyst young enough to be their daughter or son.

[3]The corresponding problem for women may be that they tend to masochistically stay in a poor relationship without leaving – good for a candidate's training but maybe not good in terms of interminability or being able to use an analysis to move on.

consultation *because* of their difficulties in establishing and maintaining emotional relationships. We now try to understand what kind of an internal obstacle this might be for any individual man when it comes to engaging in analysis by carefully observing how it is expressed in the process of psychoanalytic consultation and assessment. As a result, we now have no shortage of men for our candidates. Interestingly, while we have a low drop-out rate generally, it is lower for men than it is for women.

The rationale given for the choice of a first patient to be of the opposite gender was that the homosexual transference would be more difficult for an inexperienced analyst to perceive, experience and interpret. Dana Birksted Breen (personal communication) wonders if that 'rule' was a male rule, due to an idea that the 'homosexual transference' from a male patient to a man analyst would be particularly challenging.

The presumption has been that the transference may be easier to establish and understand when a candidate's first analysis is a heterosexual analyst-patient pair. However, there is little in the literature to support this idea. A number of authors (reviewed in Kulish 1984) have made emphatic statements about the advisability of such things as allocating neurotic patients to an analyst of the *same* sex as the parent with whom they had greatest conflict, while others state that this very thing would provoke unmanageable resistance to treatment and should be avoided. Similarly, homosexual patients *should* be seen by an analyst of the same sex, but we are also advised with equal conviction that they should *not*. No research study has supported any of these kinds of recommendations, which seem to be based on personal experience or intuition. Kernberg (2000) concludes, from a characteristically comprehensive review, that any difference that the *actual* gender of either participant might make in an analysis will be more to do with how it has activated unconscious transference for that patient, and how this has shaped the particular transference – and presumably countertransference – in the course of the particular analysis.

Chasseguet-Smirgel (1986) discusses the issue in terms of how the femininity of the analyst – whether male or female – affects their professional practice. This relates to Paul Denis' important observations (in paper at same Panel) about the need to be mindful of the neutrality of the setting including the 'genderised presentation' of the analyst (that is, how the analyst presents him or herself, how 'masculine' or 'feminine' they choose to be in appearance etc). This is important to allow whatever is the transference to emerge and whatever combination of the gender and the sexuality of the analytic dyad, some transference and countertransference enactments will, of course, be inevitable. Rosine Perelberg notes (personal communication) that most boundary violations in psychoanalysis are between male analysts and female patients; she suggests that this is due to the tendency that some male analysts have to misunderstand the longing of the pre-oedipal erotic maternal transference as 'grown up' heterosexuality.

In the Working Party on Initiating Psychoanalysis, in all the clinical material that has been presented and the ensuing clinical and research discussions, the matter of the relative gender of the analyst and patient in a first meeting has not been one that has pressed itself upon us as demanding particular attention. Of course, there are cases where gender has been highly relevant:

For example the case of the male analyst seeing a pretty and blushing young woman who seemed to enter quickly into an oedipal transference with him, where he gets drawn into a conviction that she should have an analysis with him so that he can 'repair' her. Also noticing that he is finding it hard to think, and feeling as if it he may be becoming over-involved, he takes an assiduously 'objective' point of view, conveying this by referring to himself as 'the analyst' in his presentation. He offers analysis, she then half retreats, and over three or four more meetings, he pursues, she withdraws, the seductive 'game' proceeds, and finally he becomes annoyed and effectively tells her to 'take or leave it', sounding somewhat like a rebuffed suitor, and at this point in the presentation reverts to referring to himself as 'I'. At that point, she assures him he is just the analyst for her and treatment starts. Without going into details, this sequence could be understood as an enactment

of a significant aspect of the case. The way in which the transference and the enactment was organised in this opening sequence of an analysis seems to be dependent on the relative gender of analyst and patient; but had the analyst with this woman been female, some other equally salient but different aspect of her internal object relationships would without doubt have been brought to the encounter in the transference, and intermingled with the countertransferential propensities of the particular analyst (Kalb, 2002).

'Gender' as such has not emerged as a key variable in the WPIP research. But in the first meeting between an analyst and a prospective patient, as Freud noted, gender will inevitably play an primary part in organising the perceptions and assumptions which will supply the basic 'information' to form the nascent transference and countertransference. It is likely that both parties will already have started work on this from what they may know of each other before actually meeting – a gender neutral title of 'Dr …' will arouse curiosity about the sex of the person to be seen and thus demonstrate the centrality of gender in the formation of the 'pre-transference'.

Gender will contribute significantly to the nature of the 'emotional storm' that the WPIP has identified as a key element of any first meeting. Bion's (1979) expression of the 'emotional storm' taking place whenever two people meet for the first time captures the sense of the powerful way in which unconscious dynamics are at work in even the most apparently calm of first analytic encounters. Gender, but also other aspects of the persons of the analyst and patient, their language, ethnicity, looks, age and personal style, combined with aspects of the setting and the initial contact will also all contribute to the nature of the 'storm' that takes place, quite apart from the internal organization of the prospective patient, and, indeed, analyst. And then the analyst's capacity to be self reflective, to observe her or his experience in the eye of the storm and to thoughtfully 'respond' rather than 'react', will also have an effect on the eventual outcome.

This brings us to consideration of the situation when a person asks to see an analyst of a particular gender. In private practice, where a prospective patient may be *choosing* to contact an analyst on the basis of gender, the reasons for this may become evident in the course of the analysis. In the Clinic, I will be in the position of deciding whether or not to accede to such a request.

I will briefly describe the case of Miss A where I chose not to. Miss A had been seen for some time by a female colleague in weekly National Health Service psychotherapy. She was recommended to the Clinic as being someone who wanted more treatment and who might benefit from a far more intensive psychoanalysis but had not the means to pay for this privately. When she was sent an appointment with Mr C, a consultant who she could see from his name was a man, she refused this, saying that she could only see a woman. She was an intelligent woman in her early 30's but who had not been able to establish an adult identity in terms of work, independence from her family and forming any kind of emotional or sexual relationships. She had caused the breakup of her family by successfully accusing her father of sexual abuse. Her accusation had come in her 20's after she saw her older sister's childhood diaries where paternal sexual abuse was mentioned but had not been reported to anyone else at the time. This, said Miss A, had triggered her own memories which she then acted on by telling the family and going to the authorities, causing father to leave home. The sister in the meantime said that the story in her diary was not true, just an early adolescent fantasy. Miss A, who suffered from obsessional compulsive symptoms and agoraphobia, gave the impression of fragility and vulnerability to exploitation and asked to see a woman analyst for consultation. I felt the priority was for her to see an experienced analyst, and something about the circumstances of her accusation having led to the exclusion from the family of her father which many, including the patient, felt confused and doubtful about, made me think that it may be important for us to not go along with excluding the 'male', that is, the man consultant who she did not want to see. I encouraged her to see Mr C. Through taking up with Miss A all the confusion and doubt about her father's role and the need to locate the 'bad' firmly in the man, in the context of the way in which the transference was

manifested in the consultation, it was possible for Mr C to establish more about her internal world and to talk to her about this. Although we did not recommend analysis to her, when I saw her later for a review in the Clinic, she told me that she had in fact found it helpful to have seen a man. The sense that this had given her a new perspective on her situation was also, I think, enhanced by the way in which the Clinic and the consultation represented a containing parental couple. In retrospect we would have been enacting in this case to accede to her request.

The invitation from the COWAP (Committee on Women in Psychoanalysis) to reflect upon gender in initiating psychoanalysis has been valuable in directing attention to this very fundamental concept, which without doubt plays a part in every psychoanalytic dyad, and exploring what emerges when we do specifically attend to it.

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