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DIALOGUES

A conversation with Deborah Luepnitz | originally published on April 16, 2005



By Alex Crumbley

On January 6, 2005, I had a chance to speak with Dr. Deborah Luepnitz, author of *Schopenhauer's Porcupines: Intimacy and its Dilemmas* (Basic Books, 2002), who visited us at City in October 2004.

Dr. Luepnitz lectured and conducted live supervision at City as part of the program's lecture series sponsored by the FAR Fund. The FAR Fund, which has generously funded our program in a variety of ways, is a small, private foundation interested in issues of poverty, minority issues, autism, and psychoanalysis.

Alex Crumbley: Could you please start by talking a bit about your formation as a graduate student and your gravitation toward analytic thought?

Deborah Luepnitz: I had no analytic formation as a graduate student. In the seventies, Freud was quite out-of-date in the academe, and his work was considered quaint and disposable. We were encouraged not to read him at all, and it was quite possible, maybe even the norm, to get a Ph.D. in clinical psychology without having read a page of Freud. My interest in him came outside of the psychology department. I did my Ph.D. at SUNY-Buffalo, and there happened to be an excellent program for the study of literature and psychoanalysis there. I audited some classes there, and it changed my life. The first point when I read Freud, Klein, Winnicott, and Lacan, was 1977, in the English department at Buffalo.

AC: I know that literature departments are places where psychoanalysis is very much alive and well currently. What's your perception of the way psychoanalysis is now regarded by our culture at large, outside the field of psychology?

DL: Well, I think there's a love-hate relationship with psychoanalysis. On the one hand, you hear a lot of negative stereotypes. You hear a lot of crazy things. Freud was a sex maniac; he blamed your mother for everything that went wrong; psychoanalysis is only for rich people without real problems. On the other hand, as W.H. Auden said, "Freud is no longer a man but a whole climate of opinion." It's absolutely true. You can't go a day without hearing people speak about Freudian slips, sibling rivalry, dream interpretation, unconscious meanings—and it seems to have filtered through every educational level of society, to very good effect, I think.

AC: What do you think about the growing emphasis on empirically-based treatments?

DL: Ah, evidence. I was trained as a researcher, not a clinician, in graduate school and started out believing in "empirical methods." I was forced to stop believing in the relevance of collecting psychological data after I had collected two years' worth for my dissertation comparing three kinds of child custody arrangements. Fairly early on in the data analysis, I realized that, without lying or exaggerating, I could use the test scores and other numbers, so carefully collected and tallied to argue for my hypotheses, or against my hypotheses, or countless positions in between. This is all not to mention the fact that the credibility of the test scores rested on a belief that strangers are willing and able to rate their self-esteem, well-being, interpersonal conflicts, and those of their children on a five-point Likert scale. It assumes not only that interviewees are willing to be transparent, but that the unconscious doesn't exist, and that transparency is indeed possible.

My personal analysis changed my life for the better, but try to imagine a paper-and-pencil test that could capture its meaning in my life! Some people cry less, go on more dates, and make more money after psychotherapy. But others cry more, are less social and make less money. Take the case of "Don Juan in Trenton" from Schopenhauer's *Porcupines*. You may recall that the patient felt much worse during most of the treatment than he did on entering. He was a better human being by most standards—less apt to exploit people, less apt to lie to partners about his STD, and less likely to obsequiously support an incompetent boss. But he felt a loneliness and an inadequacy he had never experienced before.

The so-called evidenced-based therapies are, not surprisingly, the ones that work at a level more superficial than psychoanalysis. The research deck is stacked—and always is—by the way the research questions are framed. If people

want to go to behaviorists or CBTists—it's o.k. with me, but the evidence-based zealots are against people choosing something they disapprove of. At bottom, it's an attack on depth. Just another attempt by this culture to make the unexamined life worth living.

AC: You know, our doctoral program is, along with a couple of other programs in New York, a bit of a rarity in its emphasis on psychoanalysis, and it sounds as if the situation you described from the seventies is very much still the case in this country. Could you compare for a moment the clinical training that Americans tend to receive in programs here with what goes on in, say, France for example?

DL: Sure. I think that France is generally much more pro-psychoanalytic, and students even in high school have read some Freud. You know, they will have read *Civilization and its Discontents* or something like that. They even read Lacan; there he's not considered to be so preposterously difficult as he is here. Conversely, there aren't as many people in psychotherapy, so Americans have a much more therapeutic culture, and in France it's a much more psychoanalytic, intellectual culture. There are advantages to both, obviously.

AC: What do you think about the tensions within psychoanalysis currently, and in particular, the idea of a strictly classical analysis versus a broader approach?

DL: That's a little tricky. When people say "classical" they tend to think of a certain kind of American version of "classical" as *echt* psychoanalysis. To me, people called "classical" are absolutely the opposite. They seem to me to be anti-Freudian in spirit. The best source on that particular topic is Russell Jacoby's *The Repression of Psychoanalysis* that came out in the early eighties. He described what happened to Freud's original radical project when it came to the U.S.. Freud had said he wanted to save psychoanalysis from both the physicians and the priests. He thought medical training was the worst possible training for a psychoanalyst. What happened, as soon as his work came to America, was that Americans decided only medical training would prepare a person for psychoanalysis. Since, in the U.S., only six percent of physicians were women as late as 1963, the medicalization of psychoanalysis was also a defeminization. In addition to that, Freud did so much courageous work to defend homosexuality as not a pathological condition, but in the U.S., as you know, it was considered to be pathological, and that wasn't changed until the seventies.

What "classical" or "orthodox" Freudians in the U.S. had done was to destroy the very spirit of psychoanalysis. So, do I look up to them as doing the real thing, the pure form? No, just the opposite. I don't recognize what they do at all as psychoanalysis. If such a person were to say to me that psychoanalysis has to be done five times a week with all these parameters, I just don't recognize that as the genuine article. That would be of no account to me. I am a Freudian in the sense that I have read Freud, unlike, apparently, a lot of American so-called "classicals," right? I know that Freud was not rigid about technique. He was very clear about the importance of silence and on the importance of using the couch, and about the position of the analyst, but nowhere did he say that you can't do this and that. Patients have told me that they have been in these so-called "classical" analyses, and they weren't allowed to take a sip of water. A pregnant woman told me she wasn't allowed to drink water during the session because her classical analyst told her that that would interfere, that he would be taking care of her oral needs in a physical way. It's just absurd! When the Rat Man came to Freud, and he hadn't eaten, Freud sent him down to the kitchen to have dinner. A lot of the stuff that is supposed to point to original intent is an absolute distortion of what the founder of psychoanalysis did. I have absolutely no patience for it, and, luckily, Russell Jacoby did a really beautiful and thorough expose of this Tartuffery, this piousness of the classical approach.

AC: How important is theoretical integration? Do you see yourself as integrating Winnicott and Lacan or as vacillating between the two?

DL: That's an excellent question. I'm still trying to figure that out. I'm giving a talk at Division 39 in New York this spring, for example, called "Between Winnicott and Lacan: Towards a New Middle Group?" The question mark is the most important part of the talk because I want to say to people who are interested in the British and French schools, "What's our next step?" Should we be trying to talk about a new independent tradition, a new middle group? Or, would that dilute both of these brilliant traditions, the British and the French, and should we be trying to keep them as distinct as possible? And yet, it's important for students to be aware of both because, if anything, to be steeped in one helps sharpen your understanding of the other. My intention is not to be the person who argues for one master discourse, or who sort of conflates them in some way because of the risk of diluting both. I want to pose this question to my psychoanalytic colleagues and take it from there. I sort of like being in that position instead of announcing, "Here's my idea. Everybody react to it." I intend to present papers in this fashion over the next year or two and see how people respond.

AC: You mention in *Schopenhauer's Porcupines* that, in your career, you've had to turn away only one potential patient

because of profound political differences. At what point do political differences with a patient become intolerable?

DL: In that case, a young woman came and said she wanted help becoming stronger and more focused as an individual, especially so that she could do her job better. So I asked, “What’s your job, by the way?” and she said she was the head of a local branch of a well-known anti-abortion group. Now, the question is, if somebody comes to me and says, “I happen to be anti-choice,” would I see them? Sure. You know, I don’t have a checklist that says, “Describe your political commitments and how you vote, and if your score is below a twenty-five then you can’t see me.” Of course not. It’s important to be able to go beyond all kinds of differences and to deal with the work that psychoanalysts are trained to do. But I will stop short of working with someone who is devoting his or her professional life to overturning my constitutional rights. If that were just her political position, and it didn’t have to be part of the treatment, it would be one thing. But this woman was the head of an organization, and her goal was to become better at that. I couldn’t in conscience accept her as a patient.

AC: Well, this is a more extreme example, but it is the same basic disagreement as with the patient in the “Don Juan” story, where you illustrate very well that you certainly can work with someone who has an opposing view, and even someone with a hypocritical stance on it.

DL: Right, I didn’t have a problem working with him, even though he had felt strongly enough to demonstrate for it. You know, it’s just different. He was expressing a personal thing, but being the head of an organization that is trying to garner the political will to change lives and that would destroy the reproductive fates of all American women is just totally different.

AC: I’m sure many of us students would be interested to know about your writing process, especially in writing about clinical material. How does the act of writing these case histories later on affect your understanding of what occurred in the treatment?

DL: Sometimes I feel like I haven’t understood a person well until I write about them, or that there’s a different kind of clarity. That can be misleading, of course: Maybe lives are not as coherent as we’d like them to be. Still, it is, to me, very satisfying. I always feel like I discover something about the person in writing about them, and sometimes I feel I become clearer theoretically as well.

I’ll give an example not from the book. I was writing about a family therapy case of a family I saw for four years. I was trying to give it some structure, and I was thinking of Klein, how Klein talks about the individual development in terms of the paranoid-schizoid position and the depressive position. As I was writing this case, I realized the family, over four years, had gone from the paranoid-schizoid to the depressive position. It was just there in the material. You could see it. It was that sort of clinical data speaking to me that made me say, “Maybe this is something that would be a good heuristic. Maybe this is true of families. Maybe that’s our goal as family therapists, to try to move people from the paranoid-schizoid to the depressive.” And it is a very helpful teaching technique, I’ve found. Klein didn’t use it that way—she wasn’t a family therapist—but why not use it as a trope?

Sometimes I make a theoretical discovery—I don’t want to sound too grand about that, but a mini theoretical discovery—just by reviewing two thousand pages of my notes on a patient and trying to forge some kind of narrative out of it. Still, you always have to understand that another therapist would write a different story and that the patient herself or himself would also render it differently. As Levi-Strauss said, doing his work in social anthropology, every version of the myth is a true version. There’s a lot of myself introduced into these cases, obviously, and every time you change details for confidentiality, you’re also altering it. Sometimes I say that the five stories in Schopenhauer’s Porcupines are true stories that I made up.

AC: Could you please talk about your experiences using an analytic model to work with a less wealthy, less educated population?

DL: My first six years of work in family therapy were with an inner-city population. Most of my patients were people of color, and many were unemployed or on welfare. I developed my model of psychoanalytic family therapy working with those women and men. The technique of family dream interpretation wasn’t something I learned in a seminar. It was something that arose out of a session with 15-year-old Leroy Johnson, who had been in trouble since kindergarten. He had been sent to a number of juvenile offender programs and had failed them all. He was on his way to jail—the family could see it as well as I.

The judge gave him one last chance in our inpatient program. He made progress, then relapsed one day, destroying property on the unit. In the emergency session we had the next day, no one knew what to say, least of all me. They sat in silence, trying not to explode at each other. Then Leroy said the thing no one had expected, that unlocked the rigid family dynamic, and that was to change my life: “I had a weird dream this morning. Could I tell y’all my dream?” He

did, and we worked on it for over an hour. It served, as dreams do, to bring up taboo topics in a safe, disguised form. It was about his longing for the father who had abused them all.

The therapy took off from there, Leroy was discharged home, continued in therapy, and went to college. He was never in trouble with the law again. This case fills the final chapter of my earlier book [The Family Interpreted: Psychoanalysis, Feminism and Family Treatment (1988)]. I started using dreams with couples and families routinely. Supervisees come to me all the time asking, "How can I go deeper with my patients?" That's how. "Ca parle," as Lacan says. "The unconscious speaks."

AC: How has having a popular book affected your practice?

DL: I'm happy to say it's been very good. Lots of people have called, and almost everyone who calls these days has read it. It's nice because it gives some answers that people want to know before they entrust their souls to someone: "Who is this person? How do they think about life?" It's very difficult to pose those questions as a patient in your first couple of sessions, and it's hard to answer those questions, although they're quite legitimate. It's not the worst thing in the world to have read someone's book and at least have some sense of them. It has been a little harder for the people who are already in therapy and had their transference relationship already in process, and it surprised me, actually, when someone said, "I found out in 'Christmas in July' that you're Catholic, and this is a horrible thing. You actually like the Bible, and I think the Bible is an evil book." It was really distressing to her to find that out, and of course, what I couldn't say was, "You know, what it says there in the chapter is that I was raised Catholic. I don't like the Pope." I was raised Catholic, and it has a certain cultural importance to me. I'm a spiritual person, I'm not a Catholic person, right? Well, you can say that to a friend or a colleague, but you can't say that to a patient. You can't. You have to allow them to have whatever fantasy they generate in the material. I find that frustrating sometimes, that patients in therapy will get the wrong idea from the book, and I just kind of have to sit there and let them struggle with it. There is a disillusionment, you see. A person who has read the book and comes in [to begin treatment] after reading it may still have fantasies, but there's not that kind of disappointment: "I thought you were x, but I read that you're y."

AC: Any closing comments?

DL: If I had three wishes in life, I would use one of them on going to graduate school at City College, doing that whole experience over, because my graduate education was completely useless. Seven years, and I didn't have one good course! It was all research methods, assessment, statistics, a little bit of social psychology, and we took something on psychopathology, but all we read was a textbook, nothing original. It's very easy to finish that process and feel you would have spent the time better asleep. I really felt like I had to get my own education afterward, completely on my own in supervision and my own reading. So please, Alex, promise me that you will be grateful every day for what you have. It's an extraordinary program with wonderful faculty.

Dr. Luepnitz's books are available through Amazon.com. She enjoys hearing from readers and can be contacted at babette@webtv.net

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