WRITING ABOUT PATIENTS: IV. PATIENTS' REACTIONS TO READING ABOUT THEMSELVES

When analysands read about themselves in reports, their reactions range from anger, disappointment, or condemnation to a sense of appreciation or even idealization of the analyst. The eleven interviews reported here reflect only conscious responses; the unconscious layers were not probed for. It should be kept in mind also that the analysts of these patients might report very different stories. Other limitations are the small sample size and the representation only of patients who volunteered. Nonetheless, the information they provide may help analysts consider how and when writing about patients may influence their representation of themselves, the analyst, and analysis itself.

Over the past two decades analysts have become increasingly focused on the effect they have on patients. The ways patients react are a mixture of transference stirred by intrapsychic conflicts and responses to actual characteristics and behaviors of the analyst. Most analysts now accept that their characteristics and behaviors play a role in the work. Oddly, however, until recently the effect of analysts' writing about patients was not included in most analysts' reflections. This extraanalytic activity was thought of primarily as a scientific activity separate from the analytic work itself. And in respect to patients' reactions, it could be separated, provided patients never knew that their analyst had written about them. In some instances, however, patients do discover they have been written about and read the papers. But for at least several decades some analysts have made a point of asking their patients' permission to publish clinical material about them, and among these analysts are some who also show their patients what they have written (Kantrowitz 2004a,b). Some solicit the patient's input in addition

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to asking permission. Under any of these circumstances, patients undoubtedly have reactions to reading about themselves.

Analysts want to minimize the effect that this experience can have because they want to continue to write without feeling concern about a negative clinical impact. The psychoanalytic field needs written clinical reports so that we may understand the effect of differences in theory and technique, transmit knowledge to younger colleagues, and share what we have learned with peers. The field cannot continue to develop without such a literature. At the same time, it is essential that analysts stay alert to the effects that publishing clinical examples may have on the patients concerned.

Difficulties can arise regardless of when one asks for permission: at the outset of treatment the patient is not understood well enough to assess whether requesting permission would be disruptive; in the course of the process, asking imposes the analyst's agenda and may enact dynamics that may then go insufficiently analyzed; and after termination the request both intrudes on the patient's life and makes any negative reactions that occur difficult to discover, either because of limited exploration or because the former patient does not want to reopen this kind of inquiry. Consent itself may never be truly "informed" because of the influence of the transference (Arons 2000; Gabbard 2000; Goldberg 1997; Kantrowitz 2004a; Stoller 1988; Tuckett 2000). But not to ask always leaves open the possibility that patients will discover they have been written about and then feel injured and betrayed (Kantrowitz 2004b).

In a series of articles about analysts' attitudes and practices when writing about patients, I have explored how analysts think about this problem (Kantrowitz 2004a,b,c). Sixty-six analysts who published in the *Journal of the American Psychoanalytic Association (JAPA)* and the *International Journal of Psychoanalysis (IJP)* from 1995 through 2001 and forty-three analysts who published in these same two journals from 1977 through 1981 were interviewed. These analysts reside around the world. In the earlier era, 70 percent of those interviewed used only disguise when writing about their patients. Analysts in the later group were almost evenly divided between the approaches of asking consent or employing only disguise. Most analysts who publish in *Psychoanalytic Dialogues* seek permission on at least some occasions. While only 8 percent of these employ only disguise, 57 percent regularly disguise and ask permission only if they are publishing an extended clinical

example or writing about a patient who works in the mental health profession. Normative behavior changes over time. Both patients' and analysts' attitudes are affected by what is thought to be current practice.

During the past two decades, analysts have also become increasingly sensitive to the effect of their subjectivity. This awareness means that it is not reasonable for analysts to assume that their patients will necessarily share their views about what has gone on between them. Research data support this skepticism. In interviews conducted with patients and analysts following the termination of an analysis, the views of the participants about various aspects of its outcome did not always show a high level of agreement (Kantrowitz et al. 1986, 1987a,b). Clearly, if analysts are to learn what their patients think and feel about having been written about, it is essential to have patients report their reactions themselves.

These accounts reflect patients' conscious reactions; the deeper, unconscious layers may remain hidden, though sometimes they may inadvertently be revealed. Nonetheless, having patients recount their experiences to a person who is not their analyst provides information that can aid us in more carefully considering how and when writing about our patients may influence their representation of themselves, their analyst, and their reactions to analysis itself. I am not suggesting that recounting to a person who is not their analyst is transference-free (Pfeffer 1963). The interviewing analyst is, however, not subject to the countertransference issues or publishing agenda that affects the treating analyst.

In this paper, I present the views of patients about their experience of reading about themselves. I do so not to provide any formula for how to deal with this complex problem, but only in the hope that illustrations of egregious, hurtful, neutral, and facilitating experiences will help analysts reflect on their own ways of dealing with this dilemma. All quotes in this paper are with the patient's permission.

THE SAMPLE

Eleven patients who are not themselves analysts volunteered to be interviewed for this project. Eight terminated patients and one current patient were referred to me by their analyst or by a friend or relative who was an analyst. These analysts had seen, on a psychoanalytic online bulletin board, my request to interview patients who had read

something written about them. All but one of these patients initiated the contact with me. Another two terminated patients heard me talk about my work on this topic and contacted me. Both had had very negative reactions to reading about themselves. Three of the other patients were mixed in their reactions, while six had had primarily positive reactions. Two of these six described how the written clinical example became an active focus in the analytic work, with a positive outcome.

NEGATIVE EXPERIENCES

One former patient heard me give a lecture on the topic of confidentiality. Her former analyst was also present. She had not seen him since having left the analysis twenty years earlier. At the meeting he offered some comments on the topic, emphasizing the importance of maintaining patients' privacy. This former patient called me to say that what her former analyst said and did bore little relation to one another and that she wanted the discrepancy to be made public.

> I was a patient over twenty years ago. My former analyst presented a paper, a lecture, in which he used my material. He was young and so was I. While I was seeing him, I sent my husband, my house manager, and [someone I worked closely with] to be his patients. He told me if my husband weren't in analysis our marriage wouldn't last. Then I sent [another relative], who decided to pursue training as an analyst where my analyst taught. He must have seen me as a "cash cow." I virtually filled the practice of this newly trained analyst. My analyst gave this paper at this center. [My relative] and [the person who worked with me] were both at the lecture. They both came back and said it was clear he was talking about me. I was shocked. I had seen him for twelve years. I confronted him. He said he had a right to do that. I said I didn't think so and said I was leaving, that I wanted to see someone else. He refused to give me a name and said we could work it out. I said I didn't care what he thought. I wasn't staying and if he wouldn't give me a name I was going to talk with [the director of the training center]. He said okay, he'd give me a name. [My relative] and [my coworker] sued him for other breaches in ethics and won. Then there he was at the meeting and speaking as if he were a moral, ethical person, which he is not. At the meeting I had the urge to out him as he did me, but that would be inappropriate and I'm not that angry anymore. I'm in a very good treatment now. But people should know that he was talking out of both sides of his mouth . . . [and] that even analysts can do that.

If this patient's account is accepted as representing what actually occurred, the example is dramatically egregious. The patient was, of course, young and for many years seems to have remained blind to the powerful influence of transference. Nonetheless, the analyst abused his authority in numerous ways. In addition, the analyst's public comments about confidentiality, unless he has been transformed, reflect an hypocrisy that goes along with his unethical and immoral behavior. The analyst, of course, may have a different version of what occurred, but this patient has now had the opportunity to present her own.

A second former patient had been asked permission for the use of her material, but had not been shown what was written. She found and read it some years after termination of her treatment.

> My analyst had asked permission to use a dream I told him. It occurred when I had been in analysis about two or three years. I was pleased it was interesting enough to him to be asked. He did not show me what he wrote. I saw him for three and a half years. I think it was a failed analysis. About eight years after I left analysis, I came across this example by chance on the bookshelf of a psychiatrist friend. I recognized the dream. He gave the dreamer a pseudonym that I looked up in the index. What affected me was not his using the dream but his take on me as the dreamer. It confirmed everything I thought he was thinking about me. It had been a very classical analysis. He had said very little in analysis, but I sensed his negative judgments about me. In the book he said that my professional ambitions were part of my competitiveness with my brother. I was not married at that time and had an active social life. In the book, he called me "promiscuous." He said that as an adolescent I was uncontrollable and unmanageable. I felt he was very judgmental and nonempathic. Very early in the analysis, my marriage broke up. He never asked me anything about it or how I felt. Everything I felt dissatisfied with he said was negative transference. With his insistent nonresponsiveness, who wouldn't react that way! It was upsetting that he felt this way about me, but it validated my view of his view and validated my reasons for leaving the analysis.

This example reflects an insensitivity and arrogance about "knowing." Sociological ideas about "a woman's place" were treated as if they reflect pathology when not adhered to. The presentation in the published material shows disrespect for the patient. As she states, reading it provided a validation that her analyst thought about her as she had intuited and confirmed the rightness of her decision to leave.

MIXED REACTIONS

Three former patients conveyed their mixed reactions to the experience of reading what their analyst had written about them. The first was referred to me by a friend of his who is an analyst.

> My analyst didn't ask my permission while I was seeing him. He sent me the paper a year or two after termination. He wrote and asked my permission and asked if I wanted to come in and talk about it. Reading the example felt strange. I didn't recognize the dynamic he described. What concerned me was how much was he involved with me and how much with the paper. I didn't understand the theory, but I'm not a psychiatrist. What he said about me in general seemed right. I didn't know my story was so special and unique that it warranted a theory. I didn't think my analysis was that successful. I wasn't that connected with him. I think the paper had been presented at a meeting before he showed it to me. The disguise was pretty good; only family would have recognized it. I didn't have that much feeling about it—just surprised. I was a little put off that he presented it before discussing it with me, but I don't know how these protocols go. I wasn't insulted. It made me feel I was a little special, in a positive way because he made a theory out of my example. I don't spend a great deal of time thinking about this. It just comes up now and then.

What troubled this patient was that there were some aspects in the account that he could not identify as himself and a concern that his analyst may have been more interested in a theory than in him. However, these negative feelings are balanced by his sense of being special because his analyst had singled him out for this attention.

Another former patient, referred by a friend of hers who is an analyst, described mixed reactions to her experience of being both written about and tape-recorded. Her experience is unique in this sample because she received a low-fee analysis in exchange for permission to use her material for research.

> I was a graduate student in [a field unrelated to psychoanalysis]. I sought an analysis at a low-fee clinic. I was told that a senior analyst would be willing to treat me if I agreed to have my analysis audiotaped and written about for research purposes. I thought a senior analyst sounded better than a trainee, so I went. I said it was all right with me as long as the research was not on father and daughter relationships, my particular area of conflict. He said if at any time I decided that I didn't want my sessions taped, we'd have to do it differently. I was pay-

ing very little. The taping never bothered me. The tape didn't work two times and I felt something was wrong. It had just become part of the setup.

I learned a lot. But at times I thought he was working out his ideas and trying them out on me at the expense of my treatment. It enraged me. When I'd confront him about this, he'd back down and I'd feel guilty. But I was appalled when I learned that parts of my sessions were played for psychiatry residents. I wasn't told that was part of the deal. I was told that if anything was written I could read it in advance. I'm in a chapter. I felt I sounded tongue-tied. Nothing that I said troubled me. I thought it made him look a lot worse than me.

Once I decided to change fields and [enter a field related to psychoanalysis], he said he wasn't going to use any more of my material, but he did continue to tape it. I moved. I asked if I ever wanted to have access to the tapes, I could. He agreed and said they would be in a secure place. He was very dear to me and on balance it was helpful. . . .I was [still] in analysis [with him] when I read it. Before I read it, I said, "If I don't like what you've written I can tell you not to publish it, right?" He said, "Wrong." I said, "So what's the point?" But it didn't come to that. His comments were about the process, not about me.

It wasn't a perfect analysis. Would it have been without the research part? I doubt it. Later he said he was sorry about his interests intruding. That affected me. But he didn't do a great job helping with father-daughter issues. He just became like my father, not inappropriately, but he was as pleased about my deciding to go into a field related to his as my father had been earlier when I started out in his as a graduate student. That didn't get analyzed.

In this instance, the writing was part of a larger bargain between patient and analyst. The patient is not sure how much this bargain limited her analysis. She knows she gained a lot but is aware of what didn't get analyzed. Of course, not everything gets analyzed for patients, even when no such bargain has been struck. She also minds that her analyst seemed more interested in his ideas than in her; however, his apology for the intrusion of his own interests mitigated her anger. This example, however, highlights the point that when consent is obtained, patients and analysts may have different ideas about the nature of the agreement.

Another former patient, referred by her former analyst, retained very positive feelings about her analyst, but the experience of having been written about created some negative reactions.

I had a four-year analysis and then a later short return. I was having trouble getting pregnant. That's what my analyst wrote about. He called and asked how I'd feel about his writing about me. It was a year after this second stint. He said I could come in and discuss it. I had a strong response. I felt very positively about him, but this wasn't how I had expected this to happen. I thought he'd call me and we'd discuss it before he wrote it. He'd say what he saw and ask what I thought, that it would be collaborative, because the analysis had been collaborative. So I was shocked. I felt left out when he said he had a rough draft written. I told him that when I went to see him. I said that he'd taken what we had done together off to a high-powered publication, intellectual and professional, and away from me. And I also had concerns about confidentiality. I had told a friend in the professional community things that could be identified in what he wrote. We met for two or three sessions to talk about it. I was also extremely protective of [a relative about whom sensitive material was revealed in the article]. He understood and worked to disguise it. We talked together about how it could be done. I thought the revision was very good and felt protected.

I don't think I fully discussed with him my narcissistic hurt about factual information that was incorrect. I'd mentioned it in our first meeting about the paper, but it wasn't changed in the second write-up. I was bothered by that, but I was probably trying to please him. I should have said something. It related to a central trauma in my life. . . . He got the details wrong in terms of the age that it happened. I felt very differently at eleven than at thirteen, which was when he said it happened. . . . He also said that other children had helped me, but really they ran to get help and I was left alone. In my analysis I felt so supported and not alone, and he never shut me up, so it was a shock to me when he didn't recall it correctly. I felt left alone again. I told him the details were wrong but probably not how it made me feel. Then it wasn't changed in the second draft. I think I didn't want to deal with it. It hurt that this was in the second draft, when I'd already told him. I was protecting my narcissism. I didn't talk about my hurt that he got it wrong. My most major concern was protecting the confidentiality of [my relative], and that came out fine in the second writing. It didn't change the dynamics.

I think I decided to put it aside. It wasn't important in the larger scheme of things. I've never felt not valued by him—though I had a negative transference, it was always worked out and I felt close and trusted him and [felt] that I could always go back and talk with him. Maybe I wanted to be more of a colleague. Maybe if I realized that in analysis I would have delved into it more, but I didn't want to be back in that dependent role and revive all that. So it was a narcissistic blow but not terrible. I still feel my analysis is the best thing I ever did. So one narcissistic pinprick won't undo it. I still feel valued, understood, cared

about, and I'll go back when something comes up. Maybe after having talked about this with you, I will tell him then.

This patient was able to put a perspective on her hurt and disappointment that her analyst both misremembered and then did not correct his error in his revision. She does not allow this experience to disrupt her overall positive sense of her analysis or her analyst. The long-term effect will not likely be detrimental, but she was left with a hurt that likely could have been addressed and lessened had her analyst been aware of it. They clearly had a relationship in which repair could occur. Her explanation that she avoided further elaboration because she did not want to open up the more dependent, regressive feelings seems credible. Discussing her reactions in the interview appears itself to have lessened the lingering feelings of pain.

POSITIVE REACTIONS

Six patients reported primarily positive reactions to reading about themselves. Two patients of the same analyst, both referred by the analyst, had been shown the written material about them.

I was in analysis for about six years. Sometime in the last year my analyst asked about writing about me. She sent me the article sometime after I terminated. I was flattered. She said she'd camouflage it.She told me she was writing for the psychoanalytic community. I think she said she was writing about two patients. I don't remember a lot of discussion about it. She said I could see it before it was printed to see if I had any objections.

I found it interesting and was rather moved by it. The language was more technical, so I didn't fully understand it. . . . It was interesting to read about oneself in an objectified way. I might have had more mixed feelings about it. I took parts of it as kind of negative. But we talked about it and then I felt differently. It was a self-conscious experience. . . . In some ways it made me feel rather special; in most ways it was positive. I believe she felt it was a successful analysis. [Question: recall what bothered you.] I really don't remember . . . maybe like she wrote and said I was . . . [I'm] trying to remember . . . I'm not sure if she said something more problematic about me or characterizing some pattern I didn't acknowledge or see. But she clarified it and that made it all right. [Question: you asked her to change that?] Oh no, I wouldn't ask her to change things. It was her piece. . . . I experienced it mainly as a special and satisfying experience. She took an important moment in the analysis, and at the time it seemed important to me too.

> It was a long time ago and I don't remember a lot. But at the time it informed something important about the analysis. After, when it was published, she sent me a copy. I went to talk with her about it. I don't know if it was an excuse to go back. All this was at least three years ago. Recently I went back to see her again, once a week for a couple of months. She asked me if it would be all right to talk with you about this experience. I was happy to do it. I'm curious by nature and interested in what you would ask. We had good rapport. I think it was a positive, intense experience. I found her writing about me validating. Now as I'm thinking about it, I think I may have compared myself with the other patient and thought she thought the other patient's analysis was more successful. Maybe that was competitive of me. But she said I had misinterpreted what she wrote. Then I felt better.

This patient's account of reading what her analyst wrote shows again the importance of analyst and patient discussing the patient's reaction to what is written. The patient's initial inability to recall what had troubled her suggests that she may not totally have laid this reaction to rest, as she thinks. However, in the course of reviewing her basically positive feelings about her analysis, she was able to let it become conscious. The primary impact of the analyst's writing was a positive, validating one. However, had the analyst not met with her and discussed her reactions, she might have been left more troubled by her competitive feelings. Of course, this suggests that the area of competition remains a vulnerable one for her. But no analysis deals with all areas as fully as others, and no conflictual area ever completely disappears.

The second patient was also very positive about her experience.

> I was touched that [my analyst] was thinking about my analysis a year after I finished. She contacted me and asked how I'd feel about some of my analysis being written about. She said she would be careful about confidentiality and leave out volatile material or anything I might find damaging to my reputation. She outlined what she had in mind to write about and then sent me a copy. She asked if I wanted to change anything. I didn't. I thought it was terrific. She had asked if I wanted to write something about my analysis and I had. I wrote about some parts that she didn't include. That was fine, because they weren't to the point she was making. What she wrote was completely accurate. It was fascinating to see her reactions. The analysis had been one hundred percent focused on me. It was so different to see her reactions and what [in the analysis] was about her. She described having a screen memory of recalling loss. My analysis centered on the loss of my father. It was very powerful to see my analysis made her sad and go through pain as

> well. I had assumed something like that, but it was different to actually know it. I thought I was significant to her, but this made me see it was true. She disguised me as [working in a profession that related to writing]. I knew she wrote, so it made me family. I don't know who reads this. I assume it's used to train other analysts. I think it would be helpful. The highest compliment was to think what I said was worthwhile and might be something for others to learn from, and that she had ruminated about my analysis afterwards—so loving, so thoughtful, so kind. I suppose someone could think of it negatively. If the analyst's views were different from the patient's or if it wasn't a good analysis, but then why would you ask them? It's hard to imagine what would make someone feel negative. I guess if you weren't carefully concealed, that you could be identified. That would be something to worry about. But the substance of what went on does need to be what happened.
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> I terminated about seven years ago. One issue was that I was afraid about becoming a parent. I married at the end of analysis. About a year and a half later I went back to work on this issue. Then I adopted. I named my little girl after my analyst. My analyst was shocked—she is very self-effacing—but she was so important to me. I don't want to abuse the relationship, but I brought my daughter to meet her and we had tea.

This patient holds continued positive, possibly idealized, feelings about her analyst. Finding that her analyst was writing about her, and that the account was validating, confirmed her feelings that her analyst held her in positive regard. The inclusion of the analyst's revelation of her countertransference response to the patient, a shared feeling triggered by loss, and disguising the patient in a manner that made her similar to the analyst, made the patient feel closer to the analyst. Perhaps these factors contributed to the patient's naming her child after the analyst ("like a member of the family") and bringing her child to meet her. This patient seems sensitive to boundary intrusions. She does not want to "abuse the relationship." The positive feelings have lasted over many years. Perhaps negative feelings have not been looked at as fully. The patient has tried to consider what they could be. Though she can't find any that apply, she has raised the concern in her mind. The danger, of course, is that should she move this relationship to a more social one she would inevitably see her analyst in a fuller way, possibly want more, and be disappointed. Such a reaction is not problematic in treatment; it is what gets analyzed. But whether the patient would then be able to continue analytic work with her is questionable. Perhaps she would need to go to someone else. Or perhaps the analyst

herself will never permit the relationship to evolve into a social one, preserving herself as someone the patient can return to if and when she wants.

Other former patients also feel validated by reading what their analysts wrote about them.

> My analyst told me he was thinking of writing [up] something from my analysis as part of a paper. He said he would show it to me before it was presented and later published in a book. I read it in a session. It was like seeing myself in a mirror. There was an embarrassment of recognition about how I had been, but much more a sense of flattery to be written about—whether that was real or not, it felt like getting attention. There was some sense of my most embarrassing moments being put out for the world to see [laughs], but really there's not such a wide readership. I didn't think I'd be recognizable. I was made anonymous enough. My partner is an analyst, but he was the only one who could recognize me and that was okay.
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> I think I had some sense of sadistic revenge that my mother was conveyed as [extremely aggressive]. There was a moment my analyst reported where he made a relaxed joke about something I had been taking very seriously. He told me that some analysts in the audience where he gave the paper were outraged that he didn't analyze that moment. But to me the way he handled that moment was such an indication of his judgment. I tended to overanalyze things and become self-critical. His being relaxed was wonderful for me. They were off the mark.
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> I didn't remember everything exactly as he did, but there weren't major differences. He left out details or didn't get the sequence right. I'm overly fussy about such things. But reading about myself made the significance of some events become thrown into starker relief. In the analysis I didn't necessarily step back and look at it like that. Reading it summarized things and brought them together. It felt lighter. I had mixed emotions—disappointment and regret that I had made such a big deal or let things have such a big impact, but also relief that they weren't such a big deal anymore, that I didn't have to keep letting it get me down. After I terminated analysis, he sent me a copy. It was gratifying that he was that involved with what went between us and that he saw it as important enough to write about.

This patient underscores the perspective that can be gained by looking back on analysis and seeing it in summary form. Like many patients, he is also flattered and gratified by his analyst's interest and involvement with him that he feels writing about him reflects.

The next patient related a similar experience of validation and gratification in her analyst's willingness to respond to her specific

needs and to believe that it was important to write about the effect of having done so.

My analyst asked if she could use me for a topic in a paper about five years into analysis. I was flattered—that I was interesting enough, to be written about! I was concerned that she disguised me enough, because my background would be identifiable. She did it very well, and what she wrote about were not things that disturbed me. I wanted people to hear my story because I had been pushed to do behavior therapy. I was very symptomatic. I had severe obsessive-compulsive disorder. I couldn't leave my house. But I couldn't do that until I felt that I was understood. My analyst was very patient. After two and half years I felt she understood and I trusted her enough to do it, but only with her. So she integrated psychoanalysis with behavior therapy and I'm ninety-five percent cured. She described this in the paper. So when I read the paper I felt enormously moved. It summarized and pulled together my analysis. The way she wrote it was sensitive. It showed she really got it. There were things she said that I didn't really want to be that bad, but they really were and it was put in context. It was one thing to feel it in the room between us, but to see the same empathy in writing really drove it home. There were a few statements where I felt it even more—"as if half awakened from a nightmare and not able to do behavior therapy until she wakened from it." I think the paper consolidated how much she got it, how much she cared to pull it together. The writing made me even more appreciative. She was very open. She gave me a rough draft. My husband and I made a few changes and she accepted them. I think she just assumed I'd want to read it, just openly offered it, and I definitely wanted to read it. I would have asked if she hadn't offered. That would have been grist for the mill. But her offering made it an open process. I'm sure I told her my gratitude about having the treatment summarized, even though it was painful and humbling to see where I'd been.

I wanted to be truly portrayed. I wished my true self known, but I also didn't want to be exposed. She got my essence without making it specific; she left out the major things that would identify me. I left in one story she told because I took pride in the burst of "wickedness" it revealed. She chuckled about it, but we didn't talk about the pleasure I took in it. There's a little anxiety about some of these personal things, but I was keen that others see the message about needing a personal story told before behavior therapy—really no one would do it. I'd seen so many psychiatrists, and they each wanted to go right to behavioral work and wouldn't listen to my saying what I needed! Only the psychoanalytic world seemed to understand and appreciate it. But this wasn't in the literature.

I was surprised and a little concerned about the confidentiality, exposing myself more by talking to you. But now thinking about it and talking to you, I don't feel that way. I trust her enough to trust her

connections. I trust you to report this discreetly [a great deal of personal detail revealed during the interview, not pertinent to the topic of this paper, has been eliminated from this example].

This patient emphasized that reading about what she had experienced in her analysis had a validating impact, an impact that reinforced and strengthened the original experience. In this respect, the process of reading had itself a therapeutic effect. In this example, patient and analyst do not actively discuss this process. Other examples follow in which the effect of writing was directly employed as part of the analytic process.

READING PAPERS AS PART OF THE THERAPEUTIC PROCESS

Two patients described the effect that reading what had been written about them had in analysis. Both these patients believe that the introduction of writing about them and its reverberations had a beneficial therapeutic consequence. The first was referred by her former analyst.

I was in analysis for some time when my analyst said he would be interested in writing about my treatment. He said he wouldn't do it if I didn't want him to. It would be disguised. I said fine, I'm a scientist myself. I said I'd like to read it. When he wrote it, he gave me the paper to read. I made a correction of a quote. We disagreed about some interpretations. He corrected the quote but did not change his interpretations. We "agreed to disagree," which is okay. Overall I was flattered he was sufficiently interested and motivated to write it. It was a case study on an experiment around the use of Prozac. I talked about why I wanted to try it; he told me the reservations he had. I did it for a specific length of time—a trial. I thought fluoxatine [Prozac], our shorthand for the chemical drug effect of Prozac, was more useful, and he thought the non-drug, psychological effect of his prescribing the chemical Prozac more so. We didn't disagree about what happened—just whether the psychochemical or psychological factors had more weight. We were in agreement that both aspects were important. We discussed it all as part of this experiment. The fact that he was willing to be open to the idea of me doing it, that he'd write about being willing to do it, meant to me that he was taking me seriously; he was looking at me from my point of view. He put what I thought I needed ahead of his beliefs and training. It made a huge difference to me. It was out there from the beginning that he didn't use drugs with analysis. Four years later we did this experiment, and it was reassuring that he looked at his ideas, examined, them, and shared them.

> I read it once and then again when the article came out, which was after I had terminated analysis, about six to twelve months after. I had read the first draft before I terminated. I don't think he started writing until he asked my okay. I have every reason to think he wouldn't have written it if I'd said no. It was a very positive experience, and I talked about it in the analysis.
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> He called to ask if I'd talk to you. It's totally consistent that he'd ask me first. I have no issue about it. I'm open enough to say I was in analysis, not something to be ashamed of or secretive about, just private. I felt he was protecting my privacy; I had a right to say no. But I think people must have a window into the profession. If it's done with trust, respect, and honesty, it was an active demonstration of what he said: that he could be trusted. It was a turning point. I really felt my saying yes or no was the end of the discussion and he hadn't asked me as an afterthought.

This patient then reflected on the importance of publications.

> With any medical profession, there's intensive training. You learn what's known at the time and then practice gets you more skilled, but you also get more isolated from the mainstream of what is being taught. You only get that at meetings. That's dangerous for patients. What is seen is filtered through old training. The doctor makes a hypothesis and becomes enchanted with it. It is conceivable, if there is no opportunity—to not have a check by others' thoughts in writing—that what is thought can move further and further from reality and gradually slip from reality itself. Ongoing discussion and papers with colleagues is so important for everyone, but maybe especially for analysts because they work so privately.

While a number of patients said that reading what their analyst wrote was experienced as validating, this patient emphasized the fact that her analyst both went along with her agenda, which differed from his own and from principles he had learned in training, and then wanted to write about doing so, and that this solidified her trust and respect for him. Similar to the other patient whose analyst was willing to follow her treatment plan (though in that case, it was to do analysis before behavioral interventions, a plan that would accord with the analysts' training), this patient was moved by her analyst's taking her seriously and putting her perspective ahead of his accepted ideas. Both his acceptance of her "experiment" with Prozac and his respect for her autonomy in allowing her to determine if his paper would be written and published resulted in a consolidation of trust and respect for the analyst. Since she referred

to this moment in the analysis as "a turning point," I am assuming that the ability to trust so fully had been an analytic issue. For this patient, it was the act of writing about the experiment, rather than specifically what was written, that provided the therapeutic benefit. In this regard, an action, rather than a verbal interpretation, was symbolic and served as an integrating agent.

The other patient who described her analyst's use of the paper in the treatment said the experience had led to new analytic understanding, as well as being therapeutically beneficial. This patient was referred by a relative who is an analyst.

The background: A woman, whose husband is an analyst but who herself is in an unrelated profession, was disrupted by her analyst's abrupt cancellation of an analytic hour. The patient had been in therapy with this analyst for two and a half years and then in analysis for another two years when this incident occurred. The patient sensed this cancellation as different from any other that had occurred. After it she felt the analyst was preoccupied and different from her usual self. The patient thought and talked about this occurrence and her reaction over a period of time. Then the patient dreamed that her teenage daughter had cancer. Both the patient and the analyst kept coming back to this dream. Eventually the analyst disclosed to the patient that the analyst's child had cancer. In the hour of the disclosure, the analyst answered all the patient's questions about her son's disease. Following that hour, the analyst returned to her usual abstinent stance. From then on, the patient stated, she was affected by knowing her analyst's son had cancer. But she was affected also by both the fact of the disclosure, which made the patient feel very "special," and by the analyst's subsequent return to being "just analytic," which hurt her.

> A few months later she, my analyst, asked if she could include this experience of her disclosure and its ramifications in a paper she was writing about the effect of her son's illness on her work. I was thrilled and felt very special again. Early in analysis I had read a lot of analytic papers and had had a fantasy of being written about by my analyst. I readily agreed. I can't remember if she said she'd show the paper to me or not. But she did show me the excerpt about me. She gave it to me during an hour and wanted me to read it in her presence. She was really clear that she wouldn't publish it if it was not okay with me. That moved me.
>
> Reading the paper, seeing what she said in black and white, was different from the fantasy of being so special. She went into details

about my fantasies, some of which were embarrassing to me. Early in the analysis I had been very curious about her and done everything I could to find out about her. She referred to this as "extraanalytic detective work." I felt that didn't take into account my internal processes and was a put-down; it made me feel bad. I asked if she would remove the phrase. She had no problem with removing it. I basically felt fine about what she wrote.

Later she told me the paper would be presented at [a national meeting] that I was going to with my husband. I felt like a star. At the meeting I was totally focused on her giving the paper, when it was, what had been said. During the whole meeting I never saw my analyst, but just after she gave the paper I passed her in the hall. I knew from the program when it was given, but naturally I didn't go. She didn't acknowledge me. I was really hurt.

The following Monday my analytic hour was scheduled for an unusual time. When I got there no one answered. I was very upset. I thought I had violated her boundaries and she was pushing me away. I called. The reality was that she was there, but had fallen asleep—I assume really suffering from jet lag, as I know I was. But it was a real turning point in my analysis. I began to get that I wasn't special, that I wasn't going to be her friend, that I wasn't the star of this paper. It got me into a darker side of me. I'd been a happy child who never got angry. I learned a lot more about other parts of myself. It was painful but very important.

Later, when the paper was going to be published, she added a section about the process of writing and how she had thought about it, how it had affected our work together. She told the publishers that she could not publish it without conferring with me before doing so. That really touched me. She wrote about some reasons she was reluctant to tell me about her son—my initial seductiveness with her and trying to find out about her. And then her reluctance to write about me because she thought that I had come to think of myself "as a coauthor!" That was true, but the exclamation point hurt me and I asked her to remove it and she did. It felt like she was looking down on me—sarcastic. When I read it, what initially I was looking for was how much she loved me, to be the best and the brightest. I saw she did care about me, made me special in that there were five or six cases and mine was the most elaborated, took up the most pages. She had felt my dream was a gift to her, that I had intuited something of her situation. I was filled with my sense of my importance, specialness. I really thought that paper was about me. But all that became a reference point in my analysis, after which I began to understand things about myself differently. The issue of the paper faded as important in itself.

I reread the paper this morning for the first time since I read it before it was published. I found it amazing because I knew I used to think the paper was about me, and it was so clear that that wasn't true.

It made me realize how much I've changed since then. That was three or four years ago. I don't think until I read it this morning I could take in my analyst's way of processing things and thinking. She was writing about why she did and thought what she did. The paper was about her, not about me. She wrote about how she didn't think it was a good idea to have disclosed to me the fact of her son's cancer.

The experience of reading the paper really made me deal with my feelings of being the most important, the favorite. She had to be really clear that this brief disclosure was not what our relationship was going to be like. It was tough, her keeping the boundaries and at the same time keeping her loving connection with me. We ran into each other a lot at analytically related things. So there was a lot of work on establishing appropriate boundaries. I really pushed boundaries to make her my special friend, and momentarily I thought I had won. Ultimately I'm so grateful she was so clear, because I wanted and needed to learn things about myself that I couldn't if she hadn't stayed so analytic. I used to think, and sometimes still do, that to terminate one of us has to die. That was one way I interpreted the dream about my daughter having cancer—separation. I think I'm afraid of getting too close because if I do I won't ever be able to terminate. I think there were moments with her disclosure and with knowing about the paper that I felt seduced, but she really made me work with it. That made working on this issue central. And it was central for me, but I hadn't known it until then. So I really learned something.

This example conveys many mixed feelings of the patient that occurred in the process of reading the paper. Nonetheless, the patient's capacity to focus and articulate her experience conveys the overall beneficial effect of reading about herself. This patient-analyst pair were able to use the analyst's paper for the growth of the patient by working with the ramifications of her reactions to it over time.

DISCUSSION

Limitations of the Sample

First it is necessary to consider the limitations of these examples. Their number is very small. Generalizations from only eleven illustrations need to be made cautiously; they cannot be viewed as more than suggestive of trends. Then there is the question of who volunteers and why. Patients and former patients are motivated to report experiences when their affects in relation to them are strong. It is not surprising, therefore, that these examples fall mostly into polarities of anger/disillusionment/condemnation and appreciation/idealization/tribute. Most

analyses have times that capture both components. Complexity and range of affect and experience are what characterize deep and meaningful analyses. So when patients present examples that seem more unidimensional, one needs to question the factors that account for such representations. Perhaps the material represents a current state of experience; in that case, the representation may change over time.

It is also essential to keep in mind that only one of the participants is reporting and only one part of the analysis is being recounted. Neither a glowing account nor outrage is likely to reflect all that occurred, though there may be good reasons for both.

Reactions as Symptomatic of Larger Issues

When patients feel betrayed, it is unlikely that the publication itself is ever the only issue; it is more likely symptomatic of a larger issue. The incident crystallizes the patient's concerns about how he or she is being treated in the analysis, for better or for worse. Writing about a patient, with or without permission, when done without sensitivity to the patient's issues, privacy, and need for respect, is likely to reflect either a countertransference issue or a character issue in the analyst. Sometimes patients have been mistreated. At the same time, patients' particular narcissistic issues or central conflicts may be expressed in reaction to their analyst's writing about them. Exploration of reactions, negative or positive, may lead to deeper material contained in condensation.

The Effect of Subjectivity

The accounts of eleven patients who have read papers their analysts have written about them afford information about the *actual* effect of this experience, rather than the *perceived* one described by analyst-authors (Kantrowitz 2004b). The impact of patients' reading about themselves varies considerably. It depends on many factors, the most important of which seems to be the relationship between patient and analyst, particularly their ability to process what occurs between them. A caveat is necessary here, however. Subjectivity in writing is inevitable and will skew presentations. These illustrations are all recounted from the perspective of patients. The analysts may have different perspectives on what occurred. When there are discrepancies, analysts' accounts may tend to be viewed as the more credible because they are in the authoritative position (Joffe 2003). However, while the "truth" of what occurred may remain unknowable, as clinician-authors

we need to keep in mind the clinical effect of patients' reading what we write about them.

Difficulties in Defining the Effect on the Patient

Whether a patient is disturbed or pleased does not in itself inform us about the effect on the treatment and its outcome. Considerations of what is harmful, neutral, or beneficial in the experience are essential, but how each of these outcomes is operationally defined is complex. Harm, benefit, and outcome may each be thought of differently at different times and from the different perspectives of patient and analyst, as well as of friends, family, and other outside observers. Halpern (2003) has defined "harm" as something that interferes with healing. As I have stated, the data reported here are patients' current, conscious reactions. There may be many different and contradictory layers of emotion that are not conscious, and, as noted, these reactions may alter over time. Nonetheless, these accounts provide a window into patients' reactions to reading about themselves that may not otherwise be available to their analysts or our field for its edification. Using the subjective experiences presented in these examples, I will highlight areas that may help analysts think about how they write and about how they work with the ramifications when patients read about themselves.

Negative Reactions

Sometimes analysts' insensitivity to confidentiality or to patients' feelings, exemplified in the way they write or present their patients, is revealing of problems whose significance is much broader than the writing itself. The first two examples in this paper fall into this category. If we accept these patients' accounts as factually accurate, then their analyst's paper is part of a larger picture of unethical behavior in one instance and of lack of empathy in both. Unhappiness with the publication is then in the context of unhappiness with the treatment itself.

If the tone in which the analyst writes is disrespectful or judgmental, the patient will be hurt. This observation is so obvious that it should be unnecessary. Unfortunately, it is not. Often when analysts assume that patients will not read what they write, they do not take sufficient care how they present patient material. Sometimes even when clinicians show their papers to their patients, their sensitivity remains insufficient (Brendel 2002, 2003; "Carter" 2003).

Material that is embarrassing to a patient to see in print may be accepted by some patients, as it was in these reports, but others, such as analysts reading about themselves when they were patients (see "Writing about Patients V" in this issue of *JAPA*) have found the experience humiliating. The experience of one's mind or person being represented in a partial way can be a source of injury. Of course, what is shameful to one person may be not be to another, but reflection on how one might feel if this material were presented about oneself might be a criterion to employ.

Concern that their analysts were more interested in their own theory or agenda for writing than in the patient is a reaction expressed by these patients and by others. The patient may not voice this feeling to the analyst, but it is a frequent enough response that analysts should be alert to it as a possibility.

Distress occurs in many different instances when patients are caught by surprise by something their analyst has expressed in relation to them of which they previously had been unaware. Analysts writing observations or interpretations about patients that have not been conveyed to them in the course of treatment stir negative emotions. Not being told, at the time consent is requested, of some particular content or context can also disrupt a patient's sense of trust. The patient who had a low-fee analysis understood that her material would be used for research purposes but not that residents would hear her tapes. One patient felt upset even by the fact that the analyst would write in a preliminary way before asking her permission.

Patients may make negative comparisons when they are one of several patients used as illustrations in an analyst's paper. Competitive feelings that one patient did not believe had been sufficiently explored in analysis were aroused for her under this circumstance. The patient was conscious of this reaction but did not tell the analyst.

Positive Reactions

Patients often report that they are flattered or feel special when their analyst asks to write about them. Residual idealization of the former analyst may also influence patients to think positively about being chosen as the subject for a paper. Their selection boosts their self-esteem. Many analysts who do not believe in asking consent and use only disguise in their clinical examples believe that this gratification is detrimental to a treatment. One analyst has described a concern that

such a feeling, if not sufficiently analyzed, could spoil future relationships; the patient might feel the patient-analyst bond is special, idealize it, and experience other relationships as lacking in comparison (Kantrowitz 2004a). In the present examples, it is not possible to assess whether this concern pertains. In the last example, however, the patient conveyed in a detailed way how the feeling of specialness, stimulated by being written about, became the subject of analytic scrutiny with beneficial results. This patient is the only one of the eleven still in treatment, so a long-term perspective on her experience is not yet possible. However, even if other reactions emerge over time and other complications ensue, it seems that this patient and analyst have used the experience to analyze a central, previously unexplored character issue.

Patients also report experiencing their analyst's writing about them as validating. One patient described reading about herself as a "consolidating" experience. Reading about oneself seems in this respect to be experienced like an interpretation, with the patient able to grasp and hold on to the analyst's view. Patients' seeing the same empathy in writing that has been experienced in treatment is also seen to enhance their sense of trust in the analyst's genuine care for them.

Other patients talk about the importance of feeling they have been taken seriously. The two patients whose analysts employed adjunct therapies—medication and cognitive-behavioral techniques—both felt that their analyst's willingness to do something he or she would not usually do, and then to write about it, augmented their sense of being respected. Both treatments sound as if they were extremely beneficial to these patients. Both are likely to believe that they have had a significant impact on their analyst. Whether this belief became the subject of analysis is not reported. A potential downside of retaining such an unanalyzed belief might be a conscious or unconscious overestimation by these patients of their actual power.

The Role of Prepublication Discussions

When analysts ask patients for consent after termination, even if they meet and talk with them, patients may not divulge some reactions, particularly those that are upsetting. One patient described the wish not to regress, to not return to the state of being a patient. Since it is the analyst's request, not the patient's life, that has stimulated this reaction, the sense of upset has been iatrogenically induced. It is then a dilemma whether the analyst should simply respect the patient's manifest accep-

tance of what has been written and consented to, or whether the analyst should actively try to detect and explore unacknowledged reactions, positive or negative.

When we compare the reaction of having something important misremembered with the reaction of the patient who felt so valued because her analyst remembered her so well, it becomes apparent that showing patients what is written about them—even when the analyst meets with a former patient, as both the analysts in question did—is not a guarantee that patients will express their feelings. Unless the analyst persists in asking for reactions, a former patient may cover over the meaning this has had for them. Whether the reaction is positive or negative, it may have unexpected reverberations over time. However, persistence in this matter will not always be welcome or desirable to a former patient.

When consent is asked during treatment, patients may or may not ask to read what has been written. Some patients do not want to know that they have been written about (see "Writing about Patients V"). Analysts need to carefully consider this possibility before asking, and also be aware that their conclusion may not be correct. If the analyst believes that the patient would not want to know, then disguise is preferable. But then the analyst must consider how each patient would react to the discovery of an article.

Often, in discussions both during and after treatment, patients express their concerns when allowed to read papers prior to publication. Then negotiations can determine what will be included in the paper and reparative work can be done if the patient feels injured and lets the analyst know. Some patients express positive feelings about "knowing" their refusal will be accepted.

Some analysts have argued that there can be no truly informed consent because of the influence of transference (Arons 2000; Gabbard 2000; Goldberg 1997; Stoller 1988; Tuckett 2000). Nonetheless, patients should know in advance what they are agreeing to, and it is the analyst's responsibility to be sure that it has been explained in detail. Not all patients give consent when asked (Kantrowitz, 2004a). The analyst who offered a reduced fee to a patient in exchange for her participation in a research project did not consider it incumbent on him to negotiate with the patient. It should be noted that though she was angry about his arbitrary refusal, she retained positive feelings about him and their work.

In summary, there are few guidelines about writing that apply in all instances; however, examples in this paper provide some ideas about

ways of writing that analysts can avoid in order not to hurt their patients' feelings. While writing about patients always has its hazards, some of these examples show that it is possible to use writing in ways that may benefit a patient.

Implications for Knowledge of the Field

One concern raised by this study is that published clinical material may be skewed in the direction of positive outcomes. For the sample presented here, five analysts all referred patients who they believed had considerable therapeutic benefit from their treatment and felt appreciative of their analyst. In the larger study (Kantrowitz 2004a,b,c), many analysts stated that they ask permission to write about patients only when they believe they have a good alliance and a positive state in the transference. Although some analysts then write about times when there was discord or impasses, they write only once this disharmony is overcome. But since there is an increasing trend toward asking permission, a danger exists that negative or equivocal experiences may not be adequately represented in the literature. Analysts might then have distorted ideas about what actually occurs in analysis.

While it is understandable and usually clinically wise that analysts are reluctant to ask consent of patients who are in negative states of emotion, if these examples are no longer published, analysts whose patients are in these negative states may come to feel incompetent, ashamed, and possibly reluctant to discuss their cases with colleagues or seek consultation, believing that these experiences are more unique than they actually are. If a balanced view of clinical work is to be maintained in the psychoanalytic literature, then, we must hope that analysts will find ways of disguising their patients that preserve confidentiality while not distorting the material.

The Effect of Awareness of Readers

When analysts consider writing or presenting material about patients, they become aware of the presence of an outside observer. The effect of this other's presence has variable meanings, depending on the perspective of both patient and analyst. Analysts have reported that some patients object to the sense that their private space will be entered and fear they will lose some sense of intimacy with the analyst. One analyst stated that she had told her patient that what she wrote would reveal only a particular aspect of their work to illustrate a specific point. Her

patient found this balance between private and public acceptable. Many patients are clear they want no outside viewer, but there is a continuum. Some patients accept their analyst's wish to write about them as something relevant to the analyst's professional life; others actively welcome being written about. The reasons for their enthusiasm range from an appreciative wish to give back because of what they believe they have gained to a wish for exhibitionistic display. Most often there is a mixture of motives.

As for analysts, the meaning of having others view their work also shows considerable variation. One analyst made the point that some analysts who do not write use their belief that the presence of "a third" is an intrusion as a rationalization for not exposing what they do. While analyst-authors often have more positive views of an "outside observer," the meanings are by no means uniform. Some analysts (e.g., Pizer 2000) view the presence of "a third" as providing a sense of containment and safety; the wider professional community is informed about the analytic interchanges. In contrast, analysts with a Lacanian perspective (Friedlander 1995; Furlong 1998, 2004) believe the introduction of the third facilitates a sense of separateness, interrupting enmeshment in the dyad, by making conscious the patient's unconscious wish to maintain the gratification of a private dyad. Conflict theorists (Gerson 2000) have also described awareness of the third as creating a triadic relationship, making clear that the patient is excluded from the primal scene. Many analysts, however, remain more conflicted and continually struggle between concern about the potential disruption that patients may experience when they know others will read about them and the belief that clinical illustrations are essential for the health and development of psychoanalysis.

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