WRITING ABOUT PATIENTS: V. ANALYSTS READING ABOUT THEMSELVES AS PATIENTS

The narratives of twenty analysts who were written about when they were patients are presented. Their narratives provide suggestions about practices to avoid when writing clinical material, but no generalized prescriptions emerge. Individualization and sensitivity to the situation for each patient-analyst pair remain the best guide. The experiences these analysts recount run the gamut of emotions, from negative through neutral to positive. The neutral responses came mainly from twelve analysts who in the course of an interview about their own writing told of having been written about as patients. The other eight, volunteers who initiated contact for the sole purpose of reporting their experience of having been written about, appear on average to be motivated by stronger affective reactions. The era in which the analyst wrote also seems to have influenced the reactions; in earlier times, not asking permission was accepted professional practice. Today, however, it is increasingly common to ask permission when extended clinical examples are published. One problem specific to analyst-patients was concern about the loss of their role as patient when their analyst engaged them collaboratively in the writing.

Writing about patients poses many problems. When the patient is someone who is, or is training to become, an analyst, another dimension of complexity is added. On the one hand, people with analytic training are apt to be both psychologically minded and able to express their self-understanding in complex ways that illustrate points writing analysts wish to make. On the other hand, they are also the group most vulnerable in regard to preserving their confidentiality. Colleagues and friends are more likely to recognize them.

Differing views about the use of candidates' material exist among the 106 analysts publishing in the *Journal of the American Psychoanalytic Association (JAPA)* and the *International Journal of Psychoanalysis*

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(IJP) that I interviewed (Kantrowitz 2004a,b,c). Many state they would never write about candidates, even if they believe they could successfully disguise them and had their permission, because there is always some potential that they may be exposed. In contrast, other analysts believe that candidates, if they can be successfully disguised and give their consent, are the very best group to write about; presumably they value publications and want to contribute to the development of the psychoanalytic field.

Patients who are, or are training to be, analysts and themselves want to write have a double identification when their analyst is a writer. They also hold a dual perspective on their analysis and on their analyst's writing about it. They are both patients and the subjects of papers, even as they learn through the process to become analysts; their reactions to being written about contribute consciously or unconsciously to their attitudes and practices when writing about their own patients. They are inside and outside the process. Because intellectualization can interfere with affective experience, showing analyst-patients what is written about them creates yet another problem. Not to do so, however, is risky. They are certainly likely to recognize themselves and may be recognized by others and then feel exposed. They may also experience the analyst's behavior as disrespectful and feel betrayed if they are not asked. These patients are the current or future colleagues of their analysts.

In this paper, I will describe and discuss the reactions of patients who are themselves analysts or analytic candidates. Twenty analysts reported their experiences around reading something their own analyst had written about them. Twelve of these analysts reported their reactions as part of interviews I initiated; these interviews were part of a larger study on analysts' attitudes and practices regarding writing about patients. Eight other analysts contacted me in response to a request, posted on an online psychoanalytic bulletin board, for volunteers to describe their reactions to reading what their analysts had written about them. All quotes in this paper appear with the analyst's permission. The analysts of these analyst–responders might have a different story to tell.

RESPONDENTS WHO WERE CONTACTED

Twelve analysts told me of their reaction to having been written about in the context of communicating their attitudes and practices when

writing about their own patients. Their accounts of being written about were reported as asides. As a result, the amount of material given by each varies considerably. Five of these analysts had been asked for their consent; seven had not and discovered the material themselves.

Those Asked Permission

Two of the five analysts-then-patients interviewed in the course of this study who had been asked permission read the material and found it innocuous. However, one of these two analyst-patients emphasized that though confidentiality had been maintained, it did not assure anonymity.

> A former analyst of mine wrote about me and asked permission. He disguised me. I gave permission. I mentioned this to a colleague who said, "Oh, you must have been John." He was right on. He'd read and remembered the paper. I felt a little embarrassed, but nothing in the paper was that troubling. But it's a cautionary tale. I think we underestimate the perceptiveness of the readership [Kantrowitz 2004b, pp. 113–114].

The third analyst, when a patient prior to analytic training, was asked permission before his analyst submitted the paper for publication. He had been very upset by the analyst's insensitivity to preserving his confidentiality.

> Before I was a candidate, my first analyst, though in other ways abstemious, wrote about me without asking me. He gave me a copy of the article to read while I was in the third year of analysis for me to approve it. It wasn't disguised enough. If it were to appear, my friends in the field could easily recognize me. I refused permission for it to be published at that time. I said I might feel differently later. Ten years later I did feel differently and told him it was fine to publish it. But by that time he had lost interest in it; it was never published. At the time, it shook me. I felt what he did was wrong. It breached analytic confidentiality at a vulnerable time of analysis around material not fully explored and closed off those issues with a conclusion about the material; that was a foreclosure of work that had not yet been explored enough. It was inexplicable to me that he would do this. I got a lot of help from this analysis; it was very helpful and I was able to talk about and explore what he did and how I felt about it. He was very open to hearing my complaints, understood, and said he hadn't realized I'd be recognized and felt that having done this was something he needed to explore in himself. He agreed not to publish the paper unless or until I gave permission [Kantrowitz 2004b, p. 114].

The fourth analyst-patient in this group had been asked by her analyst if he could write about a dream of hers, but it seemed he never did. She asked if she was correct in her assumption, and he said she was. She was "very disappointed but didn't tell him." Her "idealization" kept her from expressing "anger and disappointment to him." It was not until her second analysis that she worked this out. As a result, she never asks a patient's permission until she has written a rough draft.

The fifth analyst-patient was initially unable to voice her objections to her analyst's having used her material, but felt a strong negative reaction to his having done so. Even when she was finally able to express this, she felt totally ineffective in conveying her feelings in a way that stopped him from writing about her. She was unable to extricate herself from what she experienced as a hurtful situation.

> He told me he was going to do it. He didn't ask. I wasn't in a place in my analysis where I could have felt free to object. I did object later and did so strongly. I was so embedded in the regression I couldn't leave. At the time he first wrote about me, and he wrote about me repeatedly, he said it wouldn't stop him if I didn't agree. He said being in analysis implied consent. At the time, where I was, that was a common view. The first article he wrote about me made his career. He tried to disguise me, but all my friends recognized me. It was humiliating. He then wrote papers I heard at conferences—a retraumatization of the narcissistic issues that brought me to analysis. I was livid. I told him I wanted him to stop. I think he genuinely believed he was doing me a favor by telling me at all. He did show me the first paper and I changed one word, but it wasn't a question of my permission. Even when I could object, I couldn't leave. I stayed with him for both my personal and my training analysis.

These last three analyst-patients still retain anger and hurt in relation to their analyst's insensitivity toward them. Two of them never voiced their feelings; the third felt unresponded to when she did. In this last instance, the problems in the analysis seem far greater than issues limited to being written about. Of course, this report is only from the patient's perspective; her analyst might offer a different view. But it is clear that they were never able to work out her sense of being overpowered. Informing patients that you will write about them is not the same as asking their permission. The last two examples point to a difficulty regarding what we mean when we say a patient has been "informed." In one example, the patient's idealization interfered with any possibility of refusal or later exploration of her hurt. In the other,

the patient was clearer about her feelings but even less able to act on her own behalf or work out the difficulty in the treatment.

Those Not Asked Permission

Seven analysts interviewed as part of the larger project were not asked permission for the use of their material. All of them found and read what their analysts had written. Four considered what had been written about them as totally benign. One was amused and delighted to discover an article in which his former analyst gave an example from his childhood. He was charmed to think that something he had viewed as relatively insignificant was considered valuable enough to be reported by his analyst in a publication. The fact that his permission had not been asked did not trouble him. He viewed not being asked for consent as standard professional practice at that time.

Two of these analysts seemed unperturbed to discover that material from their analysis had been published. One of them said, "It occurred, no big deal"; the other offered a somewhat, but not much more, elaborated reaction:

> One of my analysts made a one-sentence description of something between us. I found it. He didn't ask me. It was innocuous and didn't bother me. It was while I was in analysis but didn't identify me at all; he hadn't asked my permission [Kantrowitz 2004b, p. 114].

The fourth analyst was told by her analyst, sometime after her termination and just prior to her graduation from the institute, that she had been written about. In other words, she was informed that he had written about her, but he was not asking her permission.

> My former analyst told me he had written a paper about incorporation and introjection and asked if I'd recognized myself in it. I hadn't read it. When I did, it never crossed my mind that he would have my permission. He had used only a dream of mine. I had been curious to see how he evaluated my dream. When I read it, I was relieved to see that he saw my dream as a more mature way of processing, that he saw it as more healthy than sick. I think he was right not to consult me; it was just a dream and nothing else. No one other than I could have recognized it as me. When he told me, it was a communication colleague to colleague and never analyzed. I was gratified I'd made a dream that signified a step forward in my analytic experience. Theoretically, if he had written about me and seen me as less mature, I would have felt exposed to myself and felt badly. But knowing the kind of man my

> analyst was, he wouldn't have written it in that case. This instead was a positive acknowledgment of analytic work. I saw no problem with it.

These four analysts were all totally accepting of a hierarchical relationship. Two of the analysts were flattered by what their analysts had written about them.

In contrast, three other analysts-then-patients interviewed in the project were very upset by their analyst's use of them. These analysts were not disturbed by the fact that the analyst had not asked permission or had written about them; nonetheless, each experienced a particular kind of injury from the experience. One of them stated that the illustration about him was "highly distorted and had several factual errors." He had never objected but was delighted to have the opportunity to do so as he reported this to me. The second of these analysts was hurt by the disguise her analyst used, believing it revealed the analyst's unflattering view of this analyst-then-patient. The third analyst elaborated the experience of discovery as an intrusion:

> This intrusion happened to me as a patient. I think my analyst used material about me in a classroom situation and may have written about me. It wasn't the issue of my analyst doing it, but my knowing, that was the intrusion. I felt a disappointment and a sense of being misused, being an object. I don't think I really worked it out, but maybe she would have disappointed me in some other way. It was hard to start another treatment. I knew I felt betrayed [Kantrowitz 2004b, p. 115].

The last two analysts, though an aspect of their analyst's writing about them had upset them, did not view the writing itself as central to their analytic experience. The first patient believes her analysis to have been very beneficial and informative; the second sees her distress about exposure as a place that gave her the opportunity to express an internalized sense of disappointment in the transference. Again, these analysts' overall acceptance of their analyst's use of their material may reflect the fact that this was common professional practice at the time.

From the reports of these twelve analysts, it is clear that whether permission was asked or not was not the determining issue in their reaction to being written about.

RESPONDENTS WHO INITIATED CONTACT

The second group, comprising eight analysts, contacted me either in response to an on-line request for volunteers I had posted on the psychoanalytic bulletin board or through being informed about my work by colleagues. They did so specifically to describe their experience of reading what their analyst had written about them. Seven of these analyst-patients were asked permission, six of them while in treatment. All six had negative reactions to the manner in which their analyst handled writing about them. The seventh, whose permission was requested after termination, reacted positively and believed that reading what her analyst had written was therapeutically beneficial. Only one analyst in this group was not informed and asked permission. While still in treatment, she discovered the paper, but she reported taking pleasure in having been written about and saw it as no issue that her permission was not sought.

NEGATIVE REACTIONS

Permission Asked and Paper Read during Treatment

Six analyst-patients reported being asked permission by their analyst during the course of their analysis. Five of these patients, candidates at the time, had negative reactions to their experience. The sixth had at first felt negatively but changed her view over time.

In one instance, the candidate had selected her training analyst because she had been impressed by something she had read by him. She herself wanted to write. When during the course of the analysis her analyst mentioned that he was writing a book, she suggested that he include her material in it. He asked if she was serious.

> I said I was serious as long as I could read it. He wrote it and I did read it and edited it. It went back and forth and we talked about what it meant to me to have it written and that he wanted to do it. That was all fine. I thought it would be okay because we were doing it collaboratively. But subsequently something else happened. I had a forced termination with him because a charge was made against him for abuse of a patient and he was dismissed as a training analyst. Later he lost his license. I stayed in analysis with him for six months after this. I knew I was going to have to change training analysts. The book didn't come out during that time. I wish I had been more cautious. The book will come out with my material in it and I won't be able to talk with him about it. I'm stuck with this and can't discuss it, except in my current analysis.

I think there was an element of a boundary problem for us, too. I was emulating him as a writer, idealizing him. The writer and the analyst part got mixed up. I don't think either of us recognized that. I read other things in addition that he was writing, not just my example. I started to feel like a collaborator in the writing. We got excited about it as a process. I was excited to be seen as a colleague and a writer. He said he knew people would say it was not a good idea to do this while I was in analysis, but this situation was an exception. Well, why did I need to be an exception? But it was very gratifying to both of us. I was an interesting case. But the exhibitionism and the feeling I was a colleague—I couldn't see all that then, but I wish he could have. I was the only current candidate in analysis with him when all this happened.

The way he presented me had such a positive spin on it, everything working out; it all looked so good. There were parts of what I worked out in analysis that did go well, but then things slipped. I don't know if it was because of all these messy events. I'm in analysis with another training analyst now. I have mixed feelings about it. But it has helped me to see that there were these small boundary issues, not a gross one. But I feel my stuff as a patient was neglected.

Another candidate whose training analyst was in personal crisis when the request for permission was made recounted his experience. A year and a half into the analysis, his analyst asked his permission to present some of his material at an analytic meeting. The analyst gave the patient a copy of his report of the sessions, as well as the comments of a discussant.

It was disconcerting to me that he chose these particular sessions, because they were not characteristic. They showed us at odds with each other. The discussant's comments were overly pathologizing. What was said was sort of glib. The discussant thought that as a patient-analyst pair we were "heavy." I thought we were more vital than that. I felt having people write about my personality was intrusive. I thought when I gave permission I was being helpful to the field. I didn't think carefully enough about what it would be like to read about myself. These sessions were presented at a panel discussion at an analytic meeting.

But what happened didn't end with the issues about being written about. Something bigger overshadowed that. My analyst offered to let me read what he presented, but in the folder containing this material was also enclosed a note, clearly from his lover, not his wife—dearest so and so. I tried not to read it once I realized what it was. I returned it the next day. That was a turning point. I realized my analyst was having troubles and this was a clear example of his being out of control, an inability to contain his own struggles.

I think it's not a good idea to write about someone actively in treatment. It told me too much of what my analyst's thoughts and feelings were. If I were writing, I wouldn't do it while someone was in treatment. I thought what he said about me presented me in a way that was not very sympathetic. The sessions he picked were ones where he was put off, frustrated. He didn't think I was thinking in a useful way. He was irritated and bugged by me. After I read this I became more anxious and was trying to please him. I told him it was disturbing, but that didn't really go anywhere. I knew he was in an extramarital affair. He didn't believe me that I stopped reading the letter. He felt I did something that he thought made it so it couldn't be analyzed. I was describing feeling sort of dissociated. I described it as etherized. I went to see another training analyst for a consultation. Later, after my analyst told me he was relocating, I went back to this consultant as my new training analyst. I left this first analysis extremely confused about how we didn't work it out. With my new training analyst I came to understand why I stayed so long and idealized my first analyst at that time.

At one point in this first training analysis, I had thought of moving and transferring my candidacy to another city. My analyst had been very hurt, it seemed. Then it turned out *he* was leaving and moving away. He had recently been made a training analyst and he didn't have any other candidates in analysis yet. Before I was a candidate I had gone to a conference where he was a discussant. He had a lightness and freedom that I admired.

When he asked about writing about me, he thought because I was a candidate I would understand the value of writing. I think he confused our relationship. He was treating me as a mature colleague who wouldn't react. The potential for writing about a patient to be hurtful has to be carefully considered. It can even be a boundary violation.

Actually I realize more was going on for him. He'd fall asleep during the three or four months that preceded this incident. I'd talk about it, but I didn't have the courage or strength to really confront him. I'd get angry but I didn't consider getting a consultation or anything. We terminated eight months after he told me he was leaving. He took a long trip after telling me and after that I told him off, sitting up, but then I found myself back on the couch. I feel very grateful to my second analyst for helping me understand my part in all this and make some sense of this experience.

The third candidate had been in analysis several months when his analyst asked his permission to write about him. This candidate, unlike the former two, states that he felt positively about his analytic experience, although he felt negatively about his analyst's having asked permission. He knew his analyst wrote and would have preferred not being told his material was being used. The candidate himself

is a writer and has clear views on how writing about patients should be done.

> I write and never ask permission. I was on the couch when he told me he had written about me. I asked what he had written about. He gave it to me to read. He had disguised me as a woman! I thought it was bizarre—bizarre that he thought he had to ask permission for this very small example using my material, and bizarre that he had to let me know that he thought of me as a woman. Why did he have to do that? I didn't want to go there.
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> I knew from something that he said in a class that his analyst had died three days after he ended his analysis. I think maybe he saw me as threatening because after his termination his analyst died. I would bring that up, but whatever his disguising me as a woman brought up—whatever this hit about my bisexuality or fear of being a woman—I couldn't deal with. We dealt with homosexual feelings, but it was creepy to think he thought of me as a woman. And when you inform patients like he did, it's not very analytic.
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> In general, I thought my analysis was very helpful. But I know there were things we didn't get to. There was a whole level of regression where he was not willing to go with me. I had a dream of a hand in a toilet. I thought this was like a psychotic part of myself. I was interested in learning about it. I don't think I'm psychotic, and I wasn't worried about becoming psychotic, but I wanted to understand that regressed level in me. I regressed on the couch but not when I got off it. He told me that when he was a candidate he had a patient he had to hospitalize and that the analytic community not only was not supportive but also condemned him. He was afraid to go more deeply. I had to threaten to quit on three different occasions because he refused to reconstruct. I'd relate it to stuff in my childhood. Finally he'd related it to my past and what he said was brilliant and helpful. But he wanted to keep everything in the here-and-now relational school exclusively.
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> I was his first training analysis, and he told me he was in supervision and asked my permission to discuss my case. I said of course. He asked if I wanted to know who his supervisor was. I said no, but I did eventually ask. I think a layer of my unconscious didn't get exposed. We didn't get to any female identification.
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> The way he brought that to my attention wasn't analytic. I have no interest in my analysis being used for scientific purposes. If my analyst wanted to use it for that, that's fine. That's my analyst's life, and desire, and I feel it's better for patients not to know. I'd have been happier not to have been asked as long as it was well disguised. I just didn't want this issue of his in my analysis. He and I debated about this asking permission. I said how I felt obligated to only disguise and he said he felt obligated to ask permission.

> Another example of where he brought himself into the analysis where I thought it shouldn't be occurred: One day he left the foot cover off the end of the couch. He asked if I'd noticed and I hadn't. He asked if I wondered why. I hadn't. He said he had forgotten my session. I didn't need to know that. My father died when I was thirteen. I didn't need that. Really I think this interrupted and disrupted me by an issue of his. It was his issue thrust on me.
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> Basically I feel positive about my analysis and thought for the most part he was excellent, but these are areas where I think he screwed up. I think everyone does about something.

While the first two analysts crossed boundaries and intruded their issues, I presume unconsciously, into the patient's treatment, in the third example the analyst consciously intended that his patient know his thoughts. The patient, while maintaining that overall this analysis was useful, strongly objects to these intrusions of the analyst's personal reactions and the limits he thinks this created in this analysis. Inexperience may account for some of the analyst's behavior, since this patient is the training analyst's first candidate; however, it may be that this training analyst maintains a theoretical belief in the usefulness of these disclosures, though clearly the candidate does not agree. As in other examples I have given, this behavior in relation to writing seems just one in a series of other behaviors that were disruptive to the patient.

Many analysts who believe in disguising their clinical examples but not asking permission believe that to introduce writing about a patient during the course of treatment is always an intrusion and should not be done. These three patients agree. The last patient wishes he had never been told. None of the three object to having been written about; their only quarrel is with the way it was handled. But different procedures are not guarantees of a more successful outcome.

Permission Asked and Paper Read after Termination

When analysts write clinical examples using a patient's material, they need to be sensitive to the patient's reactions and attend carefully to boundaries—after treatment, as well as during it.

The analyst-then-patient whose views changed over time had begun her analytic training but was not yet in a training analysis. During a summer break she received a letter from her personal analyst asking for her permission to write about a dream she had reported. She wrote back giving her consent.

Because of where I was in the treatment, I did not ask to see what she wrote. A couple of years later, a friend read and recognized this dream as mine and told me about it. I felt exposed, but I never went to read it. I was no longer in this treatment and I didn't want to open up things. I was in a different phase of my life. I felt shamed and betrayed because of the way my friend told me my dream was used. My analyst was making a point she and I never addressed. It wasn't in our work.

The most productive and major theme in my analysis was to be up front and deal with my aggression and envy directly. I had my analyst as an idealized figure so my aggression and envy in relation to her were not brought out into the open. In a dream right before termination I brought up what had gotten swept under the rug. I wish she had asked me to read it, but I wasn't in a place where I would have asked. This analysis was helpful to me in many ways, but we both agreed there were issues we hadn't been able to deal with. That dream she used in writing was about how I couldn't deal with my anger. Her article was about that. Over the years, I came to appreciate that she was working on her difficulty in helping me with this in the treatment. At first I felt bad about myself and idealized her, but over the years I realized we both had our difficulties, not just me. Also, I realized everything cannot be done in a single analysis. It gave me empathy for her and me.

This analyst herself had been up front in her request of the patient, but seemed not to realize that the same inhibited aggression she perceived in the treatment prevented the patient from being direct, or sufficiently aware of her need to protect her own interests. No longer in this treatment and in a different psychological place, the analyst-patient did not want to return to confront or explore her later reaction of betrayal from feeling exposed—both to her friend and to the analyst's views that had not been explored with her. Her sense of shame, however, changed over time as she realized that the limitations were not hers alone, but her analyst's as well, and that any one analysis has its limits.

A former patient who many years later trained to be an analyst offered another example in which the analyst failed to attend sensitively enough to the patient's concerns for confidentiality and the maintenance of adequate boundaries. About four years into a six-year analysis, this patient was asked about having her material written up, but as it happened the paper was not written or read by the patient until about two and half years later, by which time she had terminated and moved away.

When she asked me if she could write about me, I was flattered and said sure. There were at least two papers presented at the local

analytic society. I don't think they were ever published. My former analyst left a message on my answering machine saying she hoped I didn't have a problem with this being presented and asked if I wanted to read them. I said I did. She sent the papers for me to read. I called and said I sort of did have feelings about it and I wanted to talk about it. I never said no, because I felt guilty about it; the papers were written and the meeting was already set. I was sure that I was recognizable and hadn't been well enough disguised. I had been analyzed in a small analytic community and had a relative who was an analyst. I was sure I would be recognized. My analyst disagreed, saying that the disguise was pretty good. I disagreed, but I didn't say don't read it. The paper was read, and my relative who is an analyst called and said it was pretty clear that my material had been presented. It was no surprise. A lot of people in the community knew this was the person I had been in analysis with. It was very painful.

I thought I was being helpful to my analyst and to the analytic community. The synopsis given of the treatment was pretty good but some was oversimplified. Very personal things were included, like sexual history and transference fantasies with sexual content. Since I could be identified, it was very painful. She didn't pick up on the boundary issues.

That analysis was very helpful, but only in my second analysis did I recognize other boundary issues in the analysis. My first analyst had sent me not only this paper about me but also other papers to get my feedback. She knew that I wanted to write. That was hard because this was my analyst, someone I idealized. It wasn't easy for me to do. I recognized two other people my analyst wrote about. It was a small community and I knew some of the other patients.

I went back into analysis twelve years later and into analytic training. In retrospect I realize I idealized my first analyst a lot. My first analyst was friendly with my analyst relative in the place where I was analyzed. Later they went out. I was jealous and appalled and worried that my confidentiality might be violated. It felt unfair.

I don't think anyone in analysis can really give informed consent during the analysis. The analysis itself was very helpful, and my second analysis even more so. But I feel disillusioned by the boundary violations and that I can't talk about what happened and that's hard. I feared being exploited and taken advantage of, but my second analyst was very helpful with this. The writing part was bad but not as bad as the thing with my former analyst and my relative. I see it now as a continuum of boundary difficulties.

In terms of what was written, the things said were very gratifying—calling me brilliant and talking about my accomplishments. I didn't feel I learned anything I didn't know before about my analyst's views about me. But I did find what was written oversimplified, and that was disappointing. But what was more disappointing was that roles got

> confused. My analyst was treating me more as a colleague than a patient. I'm really sensitive to this issue now, and when I write I would be very careful to disguise.

Although this analyst waited until after the analysis to write about the patient, her failure to adequately disguise the material—and, even more, to respond to the patient's expressed concern about the inadequacy of the disguise—reflects an insensitivity that was extremely disturbing to the patient. As the patient notes, there were other boundary insensitivities. Like several other patients reported here, this patient believes there was a confusion of roles. Even though the analysis was terminated, this patient did not want to be related to as a colleague or consulted about her analyst's other writings; she wanted to remain in the role of a former patient. To some extent, her transference lived on. But in this instance the former analyst seemed oblivious that their past patient-analyst relationship should inform future behavior connected to this patient. The analyst felt free to have a dating relationship with a relative of the patient's, the relative also felt free to engage in the relationship, and the patient felt betrayed by both of them. As the patient notes, how the analyst handled writing about her was just one in a continuum of boundary difficulties.

Another analyst-then-patient described her feelings about her negotiations around being written about:

> I told my analyst from the beginning I did not want to be written up anywhere or presented locally or in New York. I was asked permission to be presented at an IPA meeting the first year of my analysis and I granted this. Many years later, following my leaving analysis, I was speaking to my analyst on the phone. Someone had read a chapter in a book she was in the process of writing, and it was about me. I was recognized. I became a bit upset and following several discussions the chapter was respectfully taken out. This is one reason I have not submitted a paper I wrote—I don't want to use my patient's life story to either glorify my work or compromise my patient in any way. This is a difficult topic.

This analyst's wish to write seems to have overridden her former patient's clearly expressed wish that she not be written about. However, the analyst does ultimately respond to the patient's distress. It is not clear whether this more respectful resolution, compared with the previous example, occurred because the patient was clearer and more forceful in her protest, the analyst more sensitive and responsive, or a combination of both.

POSITIVE REACTIONS

Permission Not Asked for a Paper Discovered before Termination

One patient in analysis as a candidate learned that her analyst was presenting material from her treatment only when she heard it presented at a local scientific meeting.

> In the paper he described a dream I had. The dream related to a particular topic he was writing about. He wrote just a little about the person who had the dream. I was the only one who could have recognized it as me. I had no idea I was going to be presented. He hadn't asked me about it. Then I also heard it presented at a national meeting and read it when it came out in a journal. I got a kick out of it. I was in love with him and thought I was special. I was titillated, flattered, not angry.
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> In my analysis, it fostered my talking about my transference that I had been reluctant to do previously. He asked me how I felt about it but never asked about permission to present it again or about publishing it. I guess he took my not being upset as it being okay. I was in a very unhappy marriage and very much in love with him. It did foster my fantasy, affirmed that he was interested in me, but I don't think it was disruptive. I did tell my husband about it; he didn't think it was so great, but I think it was a gigue to me to give my husband a hard time then, to make him jealous of my analyst.
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> As a training analyst, I listen to candidates today and I know they'd be much more upset about it. Was I being Pollyannaish? I don't think so. You've got to remember the times. There were only three women in my medical school class. I was used to sort of being harassed.

Analysts might feel concern that this analyst-patient was so gratified by her analyst's writing about her that issues of specialness might not have been sufficiently addressed. In addition, the erotic transference seems to have been intensified by the analyst's writing about her and might have further complicated an already troubled marital situation. Nonetheless, the analyst-patient herself believes that discovering she was written about by her analyst opened up transference feelings that had not previously been expressed. Her view many years later remains that this was a positive experience that she seems to have enjoyed and does not view as disruptive.

Permission Asked after Termination

Five or six years after termination, this patient's analyst called to tell her he was writing a paper and wanted to use her material as the

central illustration. He wanted to know if that was all right with her and if she wanted to read it. She said she did.

> I'd had fantasies that I would be a case he'd write about. I knew he wrote. The topic he wanted to write about was a recurring issue in my analysis. We'd done a lot of work on it. About a week after he called, the paper arrived. I read the draft. He was pretty thorough. I thought it was great. I'm a frustrated writer and enough of a ham. I have a past [in a profession related to writing], so I ended up doing two things—looking at style and reading about myself as a patient. On the phone he said he'd worked at disguising it and one thing he had done was change my gender. That got my goat. It's my least favorite way to disguise—it's too radical—but I wasn't going to make a fuss. I made suggestions of other ways of disguising and corrected bits of background history that he got wrong and sent it back. A few weeks later he sent back the part about me as he'd revised it and said that if that seemed okay with me it was pretty much how it would appear. There was one thing we'd both missed, and I corrected that. He hadn't changed the gender back but that was okay, though it felt funny. He offered the opportunity to come in and talk with him about the material, but I didn't think it necessary.
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> One thing that surprised me in the analysis and again in his writing the paper was that he regarded this issue as serious enough that he wasn't sure the analysis would survive it. While I just thought I was doing my thing in analysis working on it, he saw it as a major resistance. When I sent the last draft back, I said I was appreciative of the opportunity to go over this again and clarify it. He was delighted. I felt the experience of reading it was therapeutic, to be going over the therapy again. There was one piece where we remembered it differently. He said he felt we'd done a bit of analytic work in going over the paper. I agreed. The clarification was that he thought this issue had remained incompletely resolved, even at the end of analysis. I was surprised; I didn't feel that. I responded to that in the first draft. It was like he had made an interpretation and I clarified; then he rewrote it, and then it felt more the way I experienced it and I wrote that to him.
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> He did something that upset me and he was surprised that it did; it happened early in the treatment, around eight or nine months. It involved an unexpected, unscheduled absence on his part. His manner of letting me know scared me. It left me hanging, not knowing; it frightened me very much. By coincidence, later I learned the reality and once I did I was no longer afraid. I was angry that he had handled it that way. I thought he should have, would have, understood me better or felt as much compassion as I thought he would that he wouldn't have made this mistake. He handled it as a classical analyst would handle it and that was cruel.
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> What he did made no sense to me in terms of the kind of person I thought he was. It was upsetting, but then it subsided and then resurfaced

again as a resistance, not because he did something again, but a reexperiencing of the feelings. The issue kept resurfacing. He thought it had the feeling of something irreversible. The thing became an issue because to him it was a surprise that I reacted the way I did at that time. He had to work his reaction through and thought I just got a partial understanding of it. It was much less distressing to me than he thought it was.

One bit of error of fact surprised me. I thought in talking about my history I'd been clearer. All research about memory says we edit memories, but the mistake he made in my case fit better with the theory he was using than my material actually did. He addressed this in his final note to me. He had not corrected it after the first draft, so I pounced on it as important and said again the way it really was in my history. In the letter he wrote when the paper was all done, he specifically addressed it. He referred to it as something he hadn't previously grasped and indicated he'd address it in the paper. So if it comes out as something he hasn't changed I'd be very surprised. He told me where he was submitting the article. If it comes out, I suspect he'll send me a reprint.

In way, it would have been good if he had asked me about writing this while I was in treatment. I wouldn't have been surprised or offended. I have fantasies of how then he would have been sure to get this right. To read it during analysis would have been helpful. Writing about anything in depth has its own transformative analytic aspect. I think it would have been good and helpful to have it happen then. The disadvantage of it was that I could have gotten into a lot of intellectual bullshit. But I think by the time I was in analysis I knew myself enough to know when I was getting into that. If there had been a problem, it would probably have been along the lines of trying to make the relationship too intellectualized. But on the other hand, it would have made the treatment more collaborative around this particular issue, which would have been a positive thing; it would have smoothed the process out.

It felt empathic to me that he worked on what happened in the paper. It brought home to me how surprised he really was by my reaction. The manner of my reacting hadn't seemed that surprising to me, but it was clear that it was a real shock to him—much more than I ever realized. Realizing that and his working on it and writing this paper made me feel that he was empathic in the way I had originally thought he was. It was therapeutic to see the paper and to clarify things through it.

This analyst-patient illustrates, as do many patients who are *not* analysts, how reading an analyst's account about the treatment can have therapeutic benefit. In this instance, the paper serves to clarify an affectively charged issue that remained more alive for the analyst than for the patient. Its clarification influences the representation that the

analyst-patient had held of her analyst over time; she sees him as empathic in a way she has not since the early days of her analysis. While she had come to accept and tolerate her disappointment, reading the paper provided a reworking of this disillusionment and transformed her internal representation of her analyst. This analyst-patient's reaction may also have been influenced by her theoretical position, which seems to be, at least in part, intersubjective.

It should also be noted that unlike at least two other analyst-patients reported here, she believes that the opportunity to read the paper while still in analysis would have been beneficial. Her reaction highlights how the meaning of being written about, and the specific content of the paper, are idiosyncratic to the particular patient-analyst pair and the nature of their relationship.

DISCUSSION

Differences between Patients Who Were Contacted and Those Who Initiated Contact

Six of the twelve analysts patients I contacted in relation to the larger project did not report distress in relation to reading what their analysts wrote about them. Their neutral reactions seemed unrelated to whether or not their permission had been asked. In contrast, almost all—seven of eight—of the analyst-patients who initiated contact related experiences of mild to severe upset in relation to their analyst's use of their material. All the nonanalyst patients who contacted me for the larger project expressed strong emotions about reading about themselves—though in their case a number of the reactions were extremely positive.

While the two groups reported here are small and not comparable in number (twelve analyst-patients contacted by me and eight who contacted me to volunteer), the differences between the groups suggest that a different dynamic may exist among the latter. Since most of those who actively sought to recount their experiences were distressed, it may be that when negative affects are stimulated there is pressure to tell what occurred and a relief in the telling. As with people who have experienced trauma, recounting a narrative in which something unexpected and painful occurs helps to discharge negative feelings. Especially when people feel it safe to report such events, there is likely to be some deintensifying of the negative affect from the initial experience. In the telling, the person is neither alone nor helpless, as in the initial situ-

ation. Telling provides an opportunity to have someone understand what was misunderstood, as well as to validate the person's reasons for pain and distress. In addition, in the cases reported here, these negative experiences will be publicized, providing the teller a sense of vindication for having been misused. All these factors suggest that people who actively volunteer may have motives for doing so that are different from those of respondents answering the same questions who have not themselves sought to report their experience. The two groups may therefore not be comparable; for this reason, I have presented their reactions separately.

Nonetheless, there is some crossover in the groups. In the group I contacted, one person was as distressed as most of those who contacted me. Five others expressed varying degrees of upset about how they were characterized; for one person, just knowing she had been written about, not the fact of writing or the content per se, was experienced as an injury that was difficult to recover from. And, in the other group, two of those who initiated contact with me did so to report positive experiences. One person, who had enjoyed being the subject of her analyst's paper, enjoyed displaying this again. Another provided an illustration of the beneficial aspects of reading about oneself.

Questioning Previous Assumptions

Analysts' accounts of their experience of reading what their own analyst has written about them make several points clear. First, it cannot be assumed that analyst-patients will necessarily be distressed if their analyst writes about them without permission. An historical perspective is also necessary. One analyst who had this experience accepted it with no distress; she did think that her bland response might have been due to the incident's having occurred in an era when those in authority did not think permission was necessary. I have discovered that until the 1980s (and probably even later), 70 percent of analysts writing for *JAPA* and *IJP* employed only disguise. When this practice was considered normative, fewer patients seem to have been distressed by it.

Currently, with the issue of patients' rights as a focus throughout the world, patients, perhaps especially when they are training to become analysts and are therefore more likely to be identified, may not so easily accept their analyst's writing about them without permission. At present, according to my interviews with analysts, it is becoming more common to ask patients for permission, to show them what is

written during the course of treatment, and to negotiate changes about factual material and the deletion of material that they wish not to appear. It is not surprising, then, that patients now are more apt to be distressed when they discover they have not been accorded this process. It should also be noted that the fact that patients today are more likely to be asked during treatment, rather than after termination, reflects another change in practice. The advantage is that patient and analyst are able to process reactions. An important disadvantage, however, is that how the patient feels about the analyst's request and the publication of this material may change over time. Of course, patients who give permission after termination can also come to regret their decision.

The practice of asking and obtaining permission is no guarantee that patients, in this case patients who will become analysts, will continue to feel that their consent was wisely given. A number of the analysts-then-patients in this study came to regret their consent. Some of them stressed the fact that informed consent was not possible under the sway of the transference. Many analysts who have written about the problems in publishing material have raised this concern about the influence of the transference (Arons 2000; Gabbard 2000; Goldberg 1997; Kantrowitz 2004a,b,c; Stoller 1988; Tuckett 2000). However, other analyst-patients did not regret their decision to grant permission. There are no simple answers or generalizations. It all seems to depend on the particular patient and the particular patient-analyst pair.

Intellectualization

The concern that patients who are analysts or analytic candidates are likely to intellectualize the treatment process when reading about themselves is not supported by the conscious reactions of the analyst-patients reported here. Perhaps those who expressed little reaction were employing this defense, but there are no data that clearly indicate intellectualization as a response. Rather, many of those who shared their experiences expressed intense affect about being the subject of their analyst's writing. However, the sample size is small; it may be that for other patient-analyst pairs intellectualization becomes an impediment to deepening the analysis when patients read about themselves. It is likely, however, that when this happens intellectualization will appear as a defense in many other contexts as well, and will likely come to the fore as a defense to be analyzed one place or another.

Writing as Hurtful

The material provided by these twenty analysts echoes and reinforces the data provided by the eleven patients in this study who are not analysts. Some generalizations about what does not work out well bear repeating. First, when the request to write about an analyst-patient is experienced as a boundary crossing, the analyst-patient has usually suffered from a generalized abuse of authority of which the paper is but one instance. Although the patients who reported these cases were upset, many of them still maintained that other aspects of their analysis were helpful. This may well be true. However, it would seem that despite their distress they were not as outraged as might be expected. The question of the power of the transference remains.

Second, when the written material contains descriptions that are unflattering or pathologizing, analyst-patients are invariably hurt. The same is true when clinical illustrations reveal something that has not been communicated to the patient, particularly negative countertransferences that have not been analyzed as part of the analytic work. One analyst, interviewed for another part of this project, described a former patient who had given permission only to rescind it after reading the material. One of the patient's comments was, "I thought you liked me." Other analysts emphasized that they would never write anything that might shame a patient or expose something that might disrupt the patient's life were it to be recognized.

Another potential problem created by patients' reading about themselves—before or after termination—is the loss of their role as patient. These interviews highlight the slippery slope involved in patients' reading and making clarifications about their material. Most analyst-patients welcomed the opportunity to review and correct factual errors, misunderstandings, or disagreements about what had occurred; in some instances this process was therapeutically and analytically useful. However, interactions regarding the written material could, and sometimes, did, slip over to becoming a more collegial exchange. The analyst-patients then frequently expressed their upset that their analyst had lost the role of analyst and an appreciation of the patient's role as patient. Even after termination, at least one analyst-patient resented being engaged with her former analyst in this fashion; for this particular patient, the distress was due to a much wider insensitivity to boundaries on the part of her analyst. Not all former analysts-then-patients share this feeling. Some welcome a more collegial relationship after termination,

but others do not. Again, it is necessary to try to be sensitive to individual variations.

Individualizing

These recommendations apply to all patients, not just those who become analysts. What is also clear, and should not be surprising, is that what is shameful, hurtful, intrusive, or exposing varies for the particular patient. Sensitivity about how clinical material is written and how the patient will experience it varies as much as any other aspect of the clinical process.

The reports of analysts who were asked by their own analyst for permission to write up and publish their clinical material give a particular window on these experiences. Part of what needs to be considered is that the majority of the analysts reported here are people who themselves write. A number of these analysts, though very critical of their own analyst's behavior in writing about them, believe that based on their experiences they have a better way to approach this issue. However, the particular solutions they have found are ones that have proved unfortunate with other analyst-patients. The fact that particular approaches work with some patient-analyst pairs and not with others may have less to do with the issue of writing per se and more with either the dynamics of the pair or, at times, a more general problem of the particular treating analyst regarding boundary issues.

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