

RELATIONAL PSYCHOANALYSIS AND FEMINISM: A CROSSING OF HISTORICAL PATHS

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ABSTRACT This paper examines the impact on and interaction between feminism and psychoanalysis over the last 30 years, including the contribution of its authors. It argues that the rise of the relational approach in psychoanalysis corresponds to, and in part stems from, a feminist vision. Gender-conscious psychoanalysis demands a change from a unilateral, analyst-centred, patient-as-object reality to a therapeutic encounter of a mutual reality co-created between two emerging subjectivities, analyst and analysand, in ways that parallel feminism's transformation of and critique of the univocal, male-centred worldview to bring in the voices of the marginalized. The relational approach to psychoanalysis allows fixed categories of gender to open up, and supports creative use of the analyst's subjectivity. The struggle to be connected and yet autonomous in the analytic relationship offers a possible model for relationships in society in general.

Key words: feminism, psychoanalysis, relational psychoanalysis, history

Twenty years ago we began writing a book proposing a new theory of women's psychological development based on the understanding we had gained from our work at The Women's Therapy Centre in London (Orbach and Eichenbaum, 1982). Listening to and working with the hundreds of women from all backgrounds who had come to the centre for therapy, we developed a feminist-oriented psychoanalytic psychotherapy, and a new way of understanding women's psychological distress, which emerged out of the social movements of the late 1960s – most influentially the Women's Liberation Movement.

With other feminists, we had entered the field of psychoanalysis in the late 1960s and early 1970s to gain an understanding of

the ways that inequality becomes internalized as part of psychic structure (Mitchell, 1976; Lerner, 1980). We looked to psychoanalysis for help in the project of understanding and conceptualizing psychological development and psychological change in women. We were especially interested in the ways in which femininity is constructed within patriarchal culture. That is, we wanted to understand the path from sexed infant to psychological being – the way one becomes a woman. We saw the tenacity of unconscious forces that inclined women to cooperate psychically in their own subordination and we were interested to see the ways in which psychoanalysis might be a tool for personal and social change. In this endeavour we found much

of interest in the work of contemporary psychoanalysts such as Person (1974), Stoller (1968), Chasseuget-Smirgel (1985), Miller (1978) and social theorists Dinnerstein (1976), Chodorow (1978) and Gilligan (1982) who were also pondering the tenacity of the intrapsychic internalization of femininity.

We were well aware that psychoanalysis's story of women's psychological development up to that time had been complex. Despite Horney's (1970) and Thompson's (1971) attempts to discuss women's experience from a different lens, it had necessarily been a patriarchal story, a psychoanalysis that mirrored the prevailing patriarchal culture even though we could recognize in the descriptive work of Helene Deutsch (1944, 1945) for example the conflicts that women in the 1970s were facing.

The Women's Liberation Movement had grown on the basis of personal testimony; on women finding a voice from which to speak their experience; on an examination of the private lives of individual women; on women's exploration of the relationship between their social role and their personal experience. Psychoanalysis was a natural ally because, despite its particular patriarchal lens, it was *the* discipline that addressed the personal, the private, and the family in intricate detail. Its practice was about finding the words to say that which hadn't been said or couldn't be heard – what Bollas has called the unthought known (Bollas, 1987). Its concerns, interest, process and subject matter overlapped with many of feminism's, and so, despite certain differences, we saw psychoanalysis as an adjunct to theory making and change.

What this paper details is not so much the influence psychoanalysis has had on feminism but the often unseen and unrecognized influence feminism has had on

psychoanalysis. This influence is often underestimated because psychoanalysis has seen its development as internal to itself. While this is accurate on one level, on another it ignores how much psychoanalytic theory and psychoanalytic practice, like all disciplines, lives and develops within historical moments. Its patients and its practitioners are born of their time and share the concerns of their time. Since the early 1970s, at the heart of feminism's project – a project that extended outside feminism into society at large – was the reworking and rethinking of sexual arrangements and the disposition of social power between men, women and children.

Within the feminist community we were in the minority at that time in arguing that Freud's discovery of the unconscious had much to contribute to the feminist project. Feminists wanted to change the culture and the constricting structures that hampered women's development. The feminist political project worked at the level of structural change, but our interests and analysis led us to an approach not only to changing those institutions but to understanding and changing the seemingly intractable psychological realm of internal object relations. As feminists within psychoanalysis we hoped to create a new map to guide us through that internal world.

Now 30 years on, when many aspects of the feminist project are integrated into Western society, it is an opportunity to ponder the past quarter of the century and to reflect on the feminist influence on psychoanalysis. No one would deny the monumental effects of the women's movement around the globe. Changes in employment, the meaning and disposition of work, education, health, the family and child-rearing practices have been dramatic and sustained in the West. Disciplines within academia, most notably, philosophy, literary criticism, linguistics and

the newer gender studies, have all been highly influenced and altered by feminism while cultural studies, gender studies, queer scholarship and women's studies are a direct outgrowth and expression of feminist theory.

Over the past 15 years psychoanalysis itself has undergone a metamorphosis. There is little doubt that the field has undergone monumental changes that have affected psychoanalytic thinking and practice in what has come to be called the move from a one-person psychology to that of a two-person psychology. This paradigm shift emerged from and reflects the political and cultural influences of the decades that preceded and gave birth to it. The paradigm shift towards the relational model of psychoanalysis was nurtured within, and grew out of, a culture that was being changed and deeply affected by feminism. The vital role of feminism has mostly gone unrecognized so that the changes within psychoanalysis appear to simply be a natural progression within the field rather than an expression of the dialogue that each discipline has with the culture in which it lives.

The 1980s saw the exchange and cross-fertilization of several schools within psychoanalysis from both sides of the Atlantic. A fertile dialogue began between, most notably, the British school of object relations – Klein, Fairbairn and Winnicott – and the American interpersonal school of Sullivan. Self-psychology, attachment theory, infant research and the work of Searles, Bollas, Gill and the Sandlers contributed to the mix. This dialogue makes tremendous sense in light of the relational nature of each of the theories. As a result of this 'union', for over a decade now, the journals have been filled with the nuances of a two-person intersubjective field and its bearing on the analytic relationship. Contemporary disciples from each of these analytic schools are shaping a practice that

seems to allow for a pluralism that had not previously existed. The meticulous dissection of the countertransference and the analyst's use of her or himself has been at the very heart of this discourse. The role of interpretation and insight, the objective of authenticity, the mutual endeavour of analyst and analysand, the revival of the corrective emotional experience, the issue of working in the present, here-and-now situation and the questioning of the place of historical reconstruction, the analyst's subjectivity and issues of self-disclosure, and the fiction of analytic neutrality, are the very stuff of today's psychoanalysis.

The ways in which these most important developments dovetail with the feminist account and critique of the past two decades should not be underestimated. During the early 1980s, the decade following the explosion of the women's liberation movement, perspectivist theories evolved promoting the position that there is no one single, objective reality to be deciphered and uncovered by the analyst. Contemporary psychoanalysts accept the premise that both the action within and the interpretation of experience is comprised of the contributions of each party within the analytic dyad. Together analyst and patient create a way of being and relating that make up the intersubjective playing field of the analysis.

This approach, which analyses and challenges existing power relations, reflects a feminist vision. Woman was the second sex, the Other, the silenced Other, and through the efforts and vision of the women's movement the silenced voice of the Other was encouraged and heard. The feminist demand for equality of status meant moving from a social position of second-class citizenship to one of respected recognition. Anti-discrimination laws were passed, challenges to differentials in income

were made and the glass ceiling was named if not shattered. The realities of violence in women's lives, whether in the form of domestic violence or sexual abuse, was exposed. These crimes against women, so long hidden behind closed doors, were now recognized as serious social problems that required equally serious social responses. In the past 25 years women have become visible in profoundly different ways. The perspectivist and social-constructivist approach within psychoanalysis is thus parallel to the developments that feminism was making possible. These may have been developments within separate spheres, but the ways in which they correspond is significant. It would be a mistake not to see that psychoanalytic practice is affected by the social climate and the changes that occur within that climate. A psychoanalysis built on the patriarchal foundation of the analyst being the authority and interpreter of reality was no longer viable. The patient is now understood to be an equally significant player in the shaping of the treatment. The analytic relationship is seen as mutual but asymmetrical (Arons, 1992). A democratization of the analytic relationship has been occurring and it is important to realize that this process of change did not occur in a vacuum.

In recognizing the joint influence of patient and analyst, the understanding of the transference changes. The plausible perspective of the patient is no longer interpreted as a distortion of a fixed reality to which only the analyst is privy (Gill, 1979). The patient now becomes a more powerful character whose words and perceptions must be worked with differently. The co-constructive nature of the analytic endeavour has, at any moment, at least two viable perspectives.

This challenge to a unilateral perspective is precisely what feminism struggled to

achieve. Feminists articulated the ways in which women's experiences were different from men's, insisting that one could no longer assume that a male or simply one perspective was the correct and only one. The marginalized and authoritative voices were in dialogue.

The interactive nature of the current paradigm in the practice of psychoanalysis reflects a similar change. As the relationship becomes one in which mutuality is enhanced, it is not only the patient who emerges as more of a subject. The analyst, no longer the sole authority, also changes her participation. She or he now becomes a participant in an analytic relationship. Her openness to analysing that participation becomes as much of a tool as her theoretical knowledge. No longer does she view herself as simply a detached, objective, neutral transference object responding in the form of interpretation to the patient's material. The therapist is now a subject who is inevitably seen and known in certain important ways by the patient.

The supremely powerful, but invisible stance of the analyst bears a close resemblance to the pre-1970s mother. A mother who on the one hand had ultimate power and responsibility for her children's development, at the same time as she remained a somewhat undefined, unknown person. Again we posit that the social changes that have occurred over the last 25 years vis-à-vis the position of women (and mothers) have affected the practice of a psychoanalysis in which the analyst (mother) moves from an undefined character to a fuller and more knowable subject. We can elaborate on this parallel movement from object to subject by both women and analysts by way of tracing its evolution in our own theoretical work.

In our early work the concept of emotional dependency was without question the hinge upon which all else rested. From

very early on we knew that it was within the therapy relationship and its ability to accept what we called the woman's dependency needs that the future success of the treatment would rest. We argued that because girls were raised to become the women who would provide nurturance (both emotional and physical) to others, that women were profoundly conflicted about their own needs for care and connection in a relationship in which they might feel dependent. It was striking to us that although women were considered to be dependent people (with an implication of weakness) that was not what we found in the therapy relationship, a relationship that was set up to provide for and attend to the needs of the patient. In fact our women patients had elaborate defences to deny, control, contain their longing for attachment and much-needed attention. Many women patients feared that their emotional hunger would overwhelm us and lead to inevitable rejection. Others found it unfamiliar and awkward to be in what they considered a 'one-sided' relationship in which there was no obvious way for them to do the much more familiar taking care of the other. At that time we theorized about the developmental routes of these relational conflicts and understood them to be born of the mother-daughter relationship and the earliest identifications based on a shared gender, a gender shaped and defined within a very specific set of cultural requirements for femininity. We suggested that the mother, feeling deprived of emotionally satisfying attachments, unconsciously conveyed the inevitability of these conflicts to her daughter. The mother unconsciously and sometimes consciously looked to her daughter to be the person who could care for her.

We suggested that from very early on, then, girls learn to respond to the needs of others, and, in the process, very often

become distanced from their own needs. As a result, women come to feel emotionally hungry, with accompanying feelings of insatiability and unentitlement. These shared feelings, passed on from one generation to the next, meant that the woman entering our consulting room did so with a yearning and a deep need for her therapist to withstand her emotional hunger and not be frightened of her need for both connection and recognition. There was a split, however, in her internal world, for she simultaneously covered, denied or attacked those very needs (Orbach, 1978; Eichenbaum and Orbach, 1982; Eichenbaum and Orbach, 1983).

In detailing these processes, we proposed a gendered naming of the schizoid split that Fairbairn and Guntrip addressed. We saw a hungry and needy 'little girl' inside of each adult woman: a hated part who suffered anti-libidinal attacks continuously and who was trapped in feeling that her desire, her libidinal energy was potentially devouring and insatiable. She had little experience with the expression of emotional need, with its acceptance within a safe relationship and her own sense of satiation following her need being attended to. Perhaps nowhere do we see this as clearly as in women's eating problems, where the most basic physiological need of hunger can be a terrifying experience. Her relationship to her body is but one manifestation of the more general feeling that her appetite, desire and need is dangerous. In therapy both therapist and patient consistently encountered the embryonic developing subject within the woman and the anti-libidinal, attacking introjects that denied the legitimacy of her desires (Orbach, 1978, 1986). As feminists we understood the elaborate way a woman's internal object world went hand in hand with an external world in which her subjectivity and personhood needed to be curtailed. The dialectical relationship

between the psychological and the social meant that we never had to separate our feminism from the practice of our psychoanalysis. It was central to it. Our practice was one of a feminist relational psychoanalysis.

In focusing on the vicissitudes of emotional dependency we analysed the defences in the transference-countertransference that disrupted a safe and healthy connection in relationship. Our goal, if you like, was a relationship that might allow for the possibility of both connection and differentiation. This may, at first glance, just sound like one's most basic idea of good treatment, but what we came to see was that our women patients did not have a belief in the possibility of receiving care, having those emotional dependency needs within a relationship addressed and being an adult with a subjectivity that was not based on how others needed her to be. An adult relationship based on mutuality without surrender to the other was not a known phenomenon. Could the therapy relationship provide an opportunity for both the re-enactment of the complexities of the transference in all of its manifestations and at the same time provide a new kind of relationship – one in which the woman's developing sense of personhood, entitlement, competence and security could exist? Could the therapy relationship provide an experience in which the patient could rely on the other (the therapist) while still maintaining a sense of herself as adequate? In 1988 (Eichenbaum and Orbach, 1988) we wrote of the struggle for separated-attachments in which differentiation did not preclude connection.

We were critical of the view, popular during the early 1980s, that the goal of treatment should be to help women to become more psychologically separate, the

ubiquitous phrase overheard in seminars and case conferences. This view was based on a version of a girl's development that saw her as unable to separate from the pre-oedipal mother thereby keeping her in an infantilized position. Even Chodorow's (1978) position, one with which we are in much agreement, suggested that boys have a harder time separating from the mother because they must let go of their identification. Our view was somewhat different. We suggested that mothers, from day one, both consciously and unconsciously, are aware of their sons' gender difference, of them as other and that therefore the identifications and merged attachments with sons are different from those with daughters. The gender difference creates a boundary, if you will, that does not exist between mother and daughter, thereby making it more likely that a merged (undifferentiated) attachment will occur between mother and daughter. This means that for the girl the task of creating a separated attachment is a highly complex one. Feeling secure in the connection whilst differentiating herself from mother is a monumental psychological achievement – one that few women reach. Boys, of course, have a different and equally complex process of differentiating from mother without repudiation. Our theory proposed that girls needed a safer and less ambivalent attachment in order to then differentiate from a position of security and strength. Girls being pushed out into the world away from a mother's nurturing was nothing new. Unconsciously a woman feels that either she can remain connected or stand alone. That in striving for autonomy she is risking connection.

We always maintained, as did Sullivan, Fairbairn, Bowlby and Kohut, that the need for emotional holding and security went on throughout life. This was no less true for

girls and women than for boys and men. For the toddler, the adolescent girl and later the woman, maintaining a secure connection and anchor is a requirement of healthy differentiation.

It was within the therapy relationship that we saw the opportunity for women to be in a relationship in which those needs for recognition and attachment could stand side by side with the developing sense of an authentic, mature and connected self. Our approach was, and is, at its core a relational approach (Mitchell, 1988), very much designed by the two people within it engaged in the dialectical task of living in the re-enactments of familiar attachments while simultaneously creating a new relationship, one less familiar, in which two subjects can emerge.

This relational approach was born of an intersection between feminist insight and object relations theory. In our early work we saw ourselves as providing a relationship which could engage with both the little girl inside and the more adaptive aspects of the patient. Did we see ourselves as providing a corrective emotional experience? Yes, in a way. For we never defined ourselves as working within the classical framework where non-interactional, neutral interpretation was the method of change. Our interpretations were inseparable from our use of ourselves as present within the relationship and, therefore, our communication was always relational (Levenson, 1983). Although we saw ourselves as attempting to provide a different kind of relationship, perhaps, from those of the past, we never set out as Alexander did originally to formally construct a different way of being. Some who read our work were critical of it, imagining that we attempted to fill in the holes, feed the emotional hunger, and gratify the longings of our patients (Bar,

1987). That reading of our work overlooked our understanding of the patient's defences; defences that were tenacious in not allowing the 'new' to come through. If only it had been that easy to see a need and provide for it, therapy would have moved so much more quickly! But we always felt ourselves to be in complicated transference-countertransference configurations wherein we had to work hard to maintain our own subjectivity, an awareness of our reactions to our patients' pulls and pushes while making efforts to connect and to maintain that essential sense of differentiation. By doing this our work evolved in yet another, and we think very important, way (Eichenbaum and Orbach, 1993, 1995).

Our feminism and our awareness of women's struggles to become full subjects led to our developing critique of object relations theory, particularly the work of Winnicott who, in condensing the mother into the object of her infant, abstracted mother and mothering from its social process. Our theory insisted that one must address the complexity of the mother's psychology, the mother as a social being and someone caught in the bind of having to restrain her daughter's desires at the same time as she fostered her growth. We argued that one could not describe the developing psyche of the infant without a more complex, articulated psychology of the mother. The infant does not just internalize an object who either provides or rejects; the infant internalizes a richly complicated person who has tremendous feelings of ambivalence accompanying her love. For Winnicott the good-enough mother was not a subject in her own right. The good-enough mother adapts herself to the needs of her developing infant in such a way as to provide what is most needed at the appropriate time. Although Winnicott also gave

us brilliant ways to understand the developmental consequences (and necessities) of ending the baby's illusion of omnipotence, and even though he provided us with immeasurable insight into the mechanisms of the use of the object and of hate in the parent/child and therapy relationship (both of which contribute enormously if unwittingly to the mother as subject), all was written from the point of view of what was needed for the developing child and the correct role of the object mother for that task.

Just as our critique of Winnicott's mother resituated her, so this elaboration of the mother's psychology led us directly into an examination of our use of ourselves as therapist. Were we objects or subjects? Was our goal to tolerate and not be destroyed by our patient's love and hate? Were we there to absorb, to adapt, to monitor and to fulfil? Were we as essentially invisible and unknown as the longed-for or hated mother? These kinds of questions brought out a new ability to understand what was required of us in a new analytic relationship. Although we had never been blank screens, now we had a stronger theoretical argument for the necessity of our strong subjective presence.

The developing ideas in the practice of gender conscious analysis were not led simply by the changes in our clinical conception of what was required but by the social movements that deconstructed family, mother, authority. Although the latter were not purposeful in their influence on psychoanalysis, neither is it simply coincidental that, after this major social movement of the 1970s, that the 1980s saw a major paradigm shift in psychoanalysis. Britain and the US, two countries that had very strong women's movements, were also the homes of the leading schools of psychoanalysis that have

contributed to the paradigm shift. Each contributed its own particular history to the new melding process. In the US, Interpersonalists and Freudians were very much influenced by the pre-oedipal focus of object relations theory and self-psychology. And in Britain the post-Kleinians, the middle group and the contemporary Freudians working very directly in the countertransference could be seen to resonate with the American Interpersonalist approach to working in the present.

The shift away from the oedipal period and the father as central character to the first few years of life and mother as primary figure meant that for many male analysts there was a new way of experiencing themselves in the consulting room. No longer were they the more objective or detached oedipal father interpreting pre-oedipal longings and disappointments; now as they surrendered in the transference-countertransference dialogue, they were encountering those longings and disappointments more directly. In the re-enactments of the pre-oedipal mother and child relationship, male analysts who made enormous contributions to the paradigm shift did so, we believe, because they lived out the impossibility of being mother as object. The benefits of a masculine subjectivity came into play. If they were to be the pre-oedipal mother, they would do so as subjects. They would not be the invisible object. This position represents the dialectical advance of feminism within patriarchy. That is, the joining of a masculine subjectivity with the new critique and awareness of the mother that feminism provided forged a new gender fluidity in the person of the analyst.

The successful influence of feminism in the culture in general permeated the analytic culture. It meant that therapist, either male or female, could no longer be the amorphous

or the neutralized object mother. Because of the feminist influence we all knew more about who this mother was, more of the complexity of her internal world, more of what she brought to the relationship. The contemporary relational analyst believes that what she or he brings to the therapy relationship is significant and must be examined, understood and articulated. This is mother as subject. This is mother, no longer the silenced other adapting to the subject. This is the mother that feminism gave birth to. This is the mother whose contribution to creating and shaping language is beginning to be recognized; and as it is recognized so it reshapes the mother whose subjectivity is strengthened. This is the mother who co-constructs reality. This is the undeniable feminist contribution to the reshaping of psychoanalysis.

And so, as we reflect back over the past 25 years, we see an interplay of feminism with the changing paradigm of psychoanalysis and see the progressive advances that have taken place. As we look forward we see the fixed categories of gender opening up and expanding the definition of femininity and masculinity. We see a continuation of the creative use of the analyst's subjectivity and the complex and intimate tapestry woven together by therapist and patient. We see the struggle for separated attachments, the capacity to be connected and yet autonomous as a model for relationships woman to woman, woman to man and man to man. We see a psychoanalysis with a social perspective that writes into its history an inclusive account of those who previously had been marginalized. We see feminism being given its due recognition for maintaining the radical roots of psychoanalysis and elaborating a practice that challenges adaptive and constricting cultural laws.

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