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Stirred by Kafka's *A Country Doctor*:

An Exploration of Psychoanalysts' Styles, Vulnerabilities, and Surrealistic Journeys

By

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Abstract

Using Kafka's (2012) short story *A Country Doctor* and clinical examples as vehicles, the author demonstrates the centrality of psychoanalysts' *styles* and life experiences to the psychoanalytic process. Albeit charged with a distinct facilitative task, psychoanalysts inevitably bring their qualities as "fellow sufferers" (Orange, 2011, p. 4) into their sessions. They experience pressures placed upon them as the "subject presumed to know" (Lacan, 1998, p. 232). They encounter the ubiquity of self-deception, facing many unknown and unpredictable elements as they surrealistically travel through time with their patients. While understandably wanting to take refuge from their vulnerability, psychoanalysts cannot escape the influence of their individualistic and idiosyncratic natures on the transformational encounters they facilitate.

Article

Roaming the aisles of an independent bookstore on a Sunday afternoon, I became transfixed by Franz Kafka's (2012) short story, *A Country Doctor*. The bizarre, surrealistic tale brought to mind how significantly our humanity affects our psychoanalytic work. Even though it describes but a few hours in the life of a rural physician, the brief narrative reminded me of how much psychoanalysts practice in an intensely personal and idiosyncratic manner. More specifically, the story offers insights into how psychoanalysts' personal styles and life experiences inform their efforts in general, how they experience pressure as "the subject presumed to know" (Lacan, 1998, p. 232), and how self-deception plagues them as much as their patients. Further, it exemplifies how significantly many unpredictable, and even mystical, factors affect their work.

Originally published in 1919, Kafka's (2012) *A Country Doctor* tells the story of a rural physician called to treat an ill child. He fails to help him, ultimately lamenting the entire experience. Distracted by the bewildering depths of his personality and his life situation, the doctor races to the scene ill prepared to deal with the anxiety and rage of the patient's family. He represents a helpful man rendered helpless, a physician rallying against ignorance, selfishness, and superstition. Many judge Kafka's doctor inept and too distracted by personal issues to work. I argue the opposite. Kafka conjures a doctor-patient relationship that is analogous to the exquisitely unique and individualistic nature of psychoanalytic practice. Although other psychoanalysts have previously written about Kafka (Hecht, 1952; Eilitta, 2001), and some have specifically referenced *A Country Doctor* (Hopper, 1978; Stockholder, 1978; Golomb-Bregman, 1989), no one, to my knowledge, has interpreted it as offering lessons about the idiosyncratic nature of

psychoanalytic work. Using Kafka's story to frame this discussion, I intersperse examples of how my own style in combination with certain recent life experiences impacted my patients. I intend this investigation of psychoanalysts' individual differences to enrich the psychoanalytic literature in three distinct ways.

First, I broaden the exploration of the impact of psychoanalysts' subjectivities on the psychoanalytic process by expanding into the broader concept of how psychoanalysts' styles and immediate life experiences are also influential. I investigate how *style*—a word that includes psychobiological features, sociocultural backgrounds, ideologies, historicity, age, clothing, mannerisms, and other features of psychoanalysts' personhood—affect clinical work. The *Shorter English Oxford Dictionary* (2002) defines style as “a mode or manner of living or behaving; a person's bearing or demeanor” (p. 3079). I extend the idea I presented in a previous paper (Karbelnig, 2014b), in which I used another Kafka story, *The Hunger Artist*, to show how murky, fleshy human fallibility governs the working field in which the psychoanalytic process unfolds.

For more than two decades, psychoanalytic theorists have explored mutual influences in interactions between psychoanalysts and their patients, specifically focusing on their subjectivities. Too innumerable to list comprehensively, Aron, 2000; Baranger, 2012; Brandchaft, 2001; Coburn, 2000; Fonagy, 2003; Fosshage, 2003; Goldberg, 2002; Greenberg, 2012; Hoffman, 1991; Jacobs, 1991; Orange, 2003; Renik, 1993, 2004; Ringstrom, 2001; Safran, 2003; Stern, 2013; McLaughlin, 1981; Tansey and Burke, 1989, and; Zeddies, 2012 have been among the most significant contributors. I fear that the manner in which many of these authors privilege the concept of subjectivity reveals a

lingering adherence to objectivism. In other words, these psychoanalysts imply that their subjectivities can somehow be isolated from these other features of psychoanalysts' broader status as persons, i.e., their styles, their historicity, their sociocultural status, etc., and can be used with technical precision.

For example, Fajardo (2000) proposes that "enduring change takes place in the context of the subjective experience of the transference" (p. 32), excluding references to other elements of the psychoanalyst-patient dyad that may be transformative. In her extensive writings on the use of psychoanalyst's subjectivities to bring disowned areas of patients' sexualities to light, Davies (1994, 1998, 2000) makes few allusions to actual features of psychoanalyst's styles. She fails to comment upon non-subjective features of patients or psychoanalysts, such as their physical appearance, their age, their modes of dress, their use of cologne, their office furnishings or other elements of psychoanalysts' styles that could potentially elicit sexual reactions in patients.

In fairness, psychoanalysts intrigued by subjectivity and inter-subjectivity often acknowledge, even without using the precise word, the effect of psychoanalysts' styles on their work. Renik (1993), for example, notes:

Every psychoanalysis inevitably consists of an interaction between the patient, with all his or her values, assumptions, and psychological idiosyncracies, and the analyst, with all his or hers. (p. 553).

His use of the word, "idiosyncracies," reveals his incorporation of the concept of style. Interestingly, Raphling (1997) uses the same word when he refers to psychoanalysts' personal styles. He writes, "the analyst's idiosyncratic transference disposition makes his

or her view of the patient a subjective one” (Raphling, 1997, p 242). Again, however, the reference to style remains ensconced in the concept of transference. Raphling (1997)

later acknowledges that style has a broader effect, noting that,

when analysts are most affectively engaged in the analytic process, they are subjected to enormous pressures from their patients, whose wishes to transform them directly influence analysts' ways of perceiving, thinking, feeling, and acting. (p. 242-3).

Through his use of the phrase, “perceiving, thinking, and feeling,” Raphling (1997, p. 243) refers to psychoanalysts’ experiences in a more general fashion, i.e., including reactions other than only in terms of transference or counter-transference.

In exploring psychoanalysts’ styles as distinct from their subjectivities, I also expand upon ideas Szasz (1963) offered. Well before the interest in psychoanalysts’ subjectivities became popular, he observed that the concept of transference introduced “the notion of the *therapist as symbol*” (Szasz, 1963, p. 442) as isolated from other features of the psychoanalysts’ being. Szasz (1963) believed the symbolic function of the psychotherapist “renders the *therapist as person* essentially invulnerable” (p. 442), warning that if

the therapist is accepted as symbol—say, of the father—his specific individuality becomes inconsequential [...] Herein lies the danger. Just as the pre-Freudian physician was ineffective partly because he remained a fully 'real' person, so the psychoanalyst may be ineffective if he remains a

fully 'symbolic' object. The analytic situation requires the therapist to function as both, and the patient to perceive him as both. Without these conditions, 'analysis' cannot take place. (Szasz, 1963, p. 442).

Other psychoanalytic theorists later chimed in. For example, Kantrowitz (1992) specifically refers to “an analyst’s style” (p. 170), acknowledging that “in all analyses, features of style, along with other attributes of the analyst, such as skill and areas of partially unresolved conflict or countertransference, will determine, in part, the limits of the analytic work” (p. 170). Similar to Szasz and me, she considers countertransference as but “one particular facet of the match” (p. 175). Kantrowitz (1992) writes, “we are all limited by our characters” (p. 175), adding, “other aspects of the analyst’s style may be far more important for other patient-analyst pairs as well as for me with other patients” (p. 193). Bernstein (2001), who compares psychoanalysis to performance art as I have (Karbelnig, 2014a), acknowledges the impact of psychoanalysts’ morals, aesthetic sensibilities, imaginativeness, and originality (p. 188-9) on their psychoanalytic work. Levine (2007) considers psychoanalysts’ self-disclosures a function of their personal style. She coins the phrase, “the analytic persona,” (p. 82) to refer to how psychoanalysts’ identities or personhoods affect their work, identifying that persona as including “material, both conscious and unconscious, intended and unintended, transference-based and real” (p. 103). Although obviously not a new idea, ample room exists for further study of the concept of how psychoanalysts’ styles and life experiences affect their work.

Second, this discussion further establishes subjectivism rather than objectivism as the underlying philosophy of psychoanalysis. Psychoanalysts facilitate “transformational encounters” (Karbelnig, 2014a, p. 2) that starkly contrast with the modern, Enlightenment period vision of psychoanalytic practice epitomized by Freud’s (1912/1958) scientific, surgical analogy. Freud (1924) himself struggled with remaining true to scientific methodology while acknowledging the personal, stylistic features inherent in psychoanalytic processes. In a letter to Fliess, for example, Freud (1924) stressed how he wished to keep his “objective examination [of patients] as free as possible from our subjective impressions” (p. 560). Freud (1928) wrestled with subjective and other influences of psychoanalysts on patients, calling them “tact” (p. 332), a term that he attributes to Ferenczi. In a letter to Ferenczi concerning just these non-objective features of psychoanalysts’ influences, Freud (1928) describes how these should be resisted, even marginalized. In doing so, Freud nonetheless acknowledges their existence as well as their potential impact. He describes these as “temptations that work against analysis” (Freud, 1928, p. 332). Freud (1928) rallies against

a justification of arbitrariness, i.e., of the subjective factor,
i.e., of the influence of one's own unrestrained complexes.

What we undertake in reality is a weighing out, which
remains mostly preconscious, of the various reactions that
we expect from our interventions, in the process of which it
is first and foremost a matter of the quantitative assessment
of the dynamic factors in the situation. (p. 332).

Still later, Freud's (1933/1958) struggle is evident in one of his introductory lectures where he notes:

We wish to make the ego the matter of our enquiry, our very own ego. But is that possible? After all, the ego is in its very essence a subject; how can it be made into an object? (Freud, 1933, p. 58).

In the final analysis then, Freud (1912/1958, 1924, 1928, 1933/1958) acknowledges subjective, even personal features of psychoanalysts affecting their patients, but considers them negatives that detract from the psychoanalysts' objectivist viewpoint. Even as the field subsequently drifted away from its foundational empiricism, it resisted accepting that the highly individualized style and life experiences of its practitioners feature significantly in psychoanalytic processes. Its early theoreticians proposed that the "Gemini twins of abstinence and neutrality" (Davies, 1994, p. 156), and similar *technical* procedures, could be effectively applied by any psychoanalyst. Psychoanalysts can do no such thing. Personal styles and life experiences of psychoanalysts, as well as the unique nature of each of their professional relationships, significantly affect all mutative qualities.

Psychoanalysts provide a distinct professional service. Regardless of their theoretical orientations, psychoanalysts *frame* the professional encounters they facilitate by maintaining professional boundaries while providing a reparative interpersonal experience. They bring *presence*, commonly described using words such as "empathy" or "empathic attunement," to their patients. They *engage* their patients in various means of dialogue intended to elucidate their subjectivities. However, psychoanalysts'

application of these methods depends significantly upon their particular styles and life experiences.

Third, I intend this investigation to further efforts already underway to create a more unified clinical psychoanalytic model (Gedo, 1997; Greenberg and Mitchell, 1983; Katz, 2013; Kernberg, 2001; Klein, 1976; Rangell, 2006; Schafer 1975; Wallerstein, 1990, 2013). Particularly during our post-humanist (Wolfe, 2010), audit culture era (Strathern, 2010) in which all professions seek an empirical, evidence base for their work, such an exploration of the centrality of psychoanalysts' idiosyncrasies may seem heretical. And yet unifying the profession around cross-theoretical methodology does not require psychoanalysis to minimize or negate the uniquely individualistic way that its practitioners work. I believe that the problematic splintering of psychoanalysts into oft-competing schools, noted by psychoanalysts as divergent as Rangell (1974, 2006), Stepansky (2009) and Aron and Star (2013), has occurred, at least in part, as a result of the field's discomfort with the uniqueness of each psychoanalyst-patient "signature" (Ingram, 1994, p. 175).

Schools of psychoanalysis created institutions, followers, journals, and conferences that claim the *true* understanding of unconscious structure or of the *best* methodology for accessing it. Such institutionalized narcissism (Symington, 1993, 2002) fosters the false belief that psychoanalysts offer something akin to algorithmic, procedural interventions. They emphasize psychoanalysts' ideologies rather than patients' subjective worlds. They shield the profession, and the public that consumes its services, from ready acceptance of the uniquely personal nature of psychoanalytic work. Further, each school promulgates a new and unique language to describe innovations of

potential value to the profession. A particular school's contributions thereafter become inaccessible to those who speak in a different tongue. I argue that these various languages—ironically arising from the personal styles and life experiences of the theorists who introduced them (Stolorow and Atwood, 2002)—provide a rich, collective grammar of metaphors for describing unconscious phenomena, an idea captured well by Wallerstein's (2013) phrase, a “diversity of explanatory metaphors” (p. 36).

The clinical methodologies recommended by these various schools have more similarities than differences. Moreover, and as I already suggested, practitioners' professional behaviors are significantly affected by their styles and their life experiences. Rapid adaptation, fluidity, improvisation (Ringstrom, 2001, 2008, 2012) and other interpersonal skills are required of we psychoanalysts—no matter our ideological differences. We essentially customize each professional transformational relationship.

Psychoanalysis' Slow, Hesitant Evolution from Objectivism to Subjectivism

Although Ferenczi (1988) and Strachey (1934/1976) questioned psychoanalysis' original logical-positivistic slant within a few years of psychoanalysis' arrival on the world scene, the field's mainstream thinking only evolved past objectivism after the British object relations theorists, Self-Psychology, Intersubjectivity, and Relational psychoanalysis introduced dynamic, nonlinear, and interpersonal field viewpoints. Using different nomenclature, countless psychoanalysts began describing these clinical phenomena during the mid-20th century. Early examples include Bion's (1963) concept of “container and contained” (p. 3) and Winnicott's (1960) “holding environment” (p. 591) (which, along with other of his central ideas, Abram [1996] called a “new theoretical matrix” [p. 1462]). More recently, many theorists have expanded these two-

person-psychology or field theories further. Baranger and Baranger's (2009) "bipersonal field" (p. 3), Stolorow's (1997) "intersubjective systems theory" (p. 338), Sucharov's (2002) "quantum relational holism" (p. 687) and Stepansky's (2009) "interpenetrating relational fields" (p. 198) feature various words and phrases that describe the same idea: Two individuals participate in the transformational psychoanalytic process, constantly influencing one another along the way.

When Renik (1993) described psychoanalysts as "participant-observers" (p. 553) whose "actions" contributed to the psychoanalytic "interaction" (p. 553), and when he recommended that psychoanalysts more aggressively account for their "unavoidable, pervasive subjectivity" (p. 570), the modernist ship of early psychoanalysis began to take on water. Later, when Hoffman (1996) traced the evolution in psychoanalytic thought from Freud's solitary self-analysis, to the psychoanalyst-as-objective-observer, to viewing psychoanalysis as a "relational struggle" (p. 132), he metaphorically telegraphed an SOS that the objectivist ship of psychoanalysis had sunk. He added,

[...] we participate as intimate partners with our patients as they wrestle with conflict and as they choose from among, and struggle to realize, their multiple potentials for intimacy and autonomy, for identification and individuality, for work and for play, and for continuity and change.

(Hoffman, 1996, p. 133).

Renik (1993, 2004), Hoffman (1996, 1998), Aron (1996) and similar theorists have, unfortunately, been relegated to the Relational camp. Some critics of my writings have also assigned me to that same group. I am *not* a happy club-member. I do not self-

identify with schools or groups. Psychoanalytic work requires such artistry that relegation to one school or another constricts, even oppresses; it is like identifying Picasso with his vast artistic range as an Impressionist. Scrutiny of their ideas does not support such overarching categorizations. These theorists simply highlight the interpersonal field in which the psychoanalytic process unfolds. For example, they nowhere insisted that highly introverted, reflective patients should engage dynamically any more than they asserted that patients prone to bring in their quiet reflections in dreams, symptoms, preoccupations with lovers or more not do so.

These developments in psychoanalytic thought freed psychoanalysts to acknowledge the ways that they improvise (Ringstrom, 2001, 2008, 2012), to flow with the *being* of particular patients, and also to consider their own contribution to the psychoanalytic process in the way that I study here. Again, clustering into Kleinian, Jungian, or Intersubjective groupings has potentially harmed patients by inferring that hat their minds exist in a certain way rather than allowing them to develop their own idiosyncratic ways of understanding themselves by using one or another psychoanalytic model or by constructing one, as suggested by Hoffman (1998).

Relational theorists tend to credit Sullivan (1953, 1954) for these more interpersonal angles of understanding psychoanalysis, but views of the field as a uniquely human, interpersonal encounter have much broader roots. Within psychoanalysis itself, Adler (1914/2014), Horney (1939), Fromm (1941), Thompson (1955), and Fromm-Reichmann (1960) privileged the interpersonal as well as broader social contexts much earlier in psychoanalytic history. Even wider-ranging considerations of the psychoanalytic relationship as complex, multi-determined, and bi-directional are

traceable to Romanticism's dynamic reaction to the stasis of the Enlightenment. White (2014) writes that individuals through the late 18th century identified

with tribe, kingdom, church, nation, and, brutally, social caste. Romanticism offered a revolutionary and enduring alternative to being absorbed by the culture into which you happened to be born: alienation. (p. 59).

Along similar lines, Peckham (1967) adds, "the Romantics for the first time distinguished the self from the role" (p. 292), and elaborates:

This created the Romantic paradox: the Romantic could participate in human life only by playing a role: but if he did, he ran the risk of obliterating the distinction between role and self, of losing self. How a man could be at once an existent self and a successful role player was the Romantic psychic problem, and still is. (p. 292).

Contrary to Freud's (1912) original intention to create a specifically medical, objectivist intervention, psychoanalysis evolved instead into a Romantic endeavor. It addressed the problem of alienation in a different way: by privileging patients' unique subjectivities or "singularities" (Ruti, 2012, p. 13) while still acknowledging the powerful influence of culture and social groups on their individualities. This investigation of the way that psychoanalysts' natures affect their work further liberates psychoanalysis from its modernist, objectivist shackles.

Why Kafka?

Kafka's interest in the unconscious, his fascination with alienation, his style of writing, and his own psychological injuries render his work of particular relevance to practicing psychoanalysts. He was clearly influenced by psychoanalytic ideas (Deleuze and Guattari, 1986). Yet he

considered them always as a very rough and ready
explanation which didn't do justice to detail, or rather to
the real heartbeat of the conflict. (Brod, 1988, p. 20).

Kafka likely objected to the reductionist elements of the psychoanalytic project because he, too, was part of the Romantic reaction to the Enlightenment. Because psychoanalysis' transition away from modernism was occurring at around the time he died in 1924, Kafka did not live to see the field's evolution into a humanistic endeavor. He missed learning how the field evolved to better encompass the "real heartbeat" of human experience.

In addition to his existential focus, Kafka's work resonates with psychoanalysis because his manner of writing mimics the psychoanalytic process itself. Describing his literary style, Crick (Kafka, 2012) notes:

The reader is not invited to consume the text passively, but
to join actively in the task of puzzling it out, in resisting
simple interpretations, and in working, not towards a
solution, but towards a fuller experience of the text on each
reading. (p. x).

Brod (1995) remembers Kafka as having said,

“Our art consists of being dazzled by the Truth. The light which rests on the distorted mask as it shrinks from it is true, nothing else is.” (p. 97).

In striving to elucidate the patients' subjectivities, psychoanalysts similarly seek to pull away masks of distortion and illuminate patients' truths.

Further, Kafka's personal life experiences essentially affected his fiction much like psychoanalysts' styles essentially affect their work. Kafka grew up in the shadow of his “powerful and extraordinarily imposing father” (Brod, 1988, p. 5) who dominated the household, leveling criticism at all family members, including Kafka's mother. Kafka (1996) nonetheless revered him, famously writing a letter to him exceeding 100 pages in length that was published as a book. Brod (1988) described Kafka as a “nervous child” (p. 21) who yearned for but never received his father's love. Crick (Kafka, 2012) believes that Kafka “suffered also from his mother's emotional remoteness” (p. viii). Published a few years before his death, Kafka (2012) dedicated *A Country Doctor* to his father who, when he presented it to him, told him to “put it on the table by my bed” (Brod, 1988, p. 31). Unsurprisingly, Kafka's writings contain themes of abandonment, loneliness, and alienation almost certainly influenced by his own psychological trauma. Kafka wrote his stories intending an interpersonal impact on readers; psychoanalysts similarly facilitate an unfolding, intimate if asymmetrical relationship (Aron, 1996) to elicit transformation in their patients.

Perhaps it is no accident that Kafka wrote *A Country Doctor* at the same time that the transition within psychoanalysis from objectivism to subjectivism was only beginning. Referring to *A Country Doctor* specifically, Corngold (1979) writes, “the story

thematizes the doctor who cannot cure both his patient and himself" [suggesting] "the impossibility of cure except at the cost of a wound" (p. 90). In truth, within the lonely consulting rooms in which they encounter their patients, psychoanalysts cannot help but reveal their own styles, psychic injuries, and life experiences regardless of whether or not they attempt psychoanalytic neutrality and equally regardless of their preferred theoretical orientation. They cannot help but incorporate "the cost of a wound." How better, then, to understand the impact of psychoanalysts' beings on their work than by using a story from an injured, alienated writer combined with examples from my recent clinical experiences?

Stylistic and Situational Factors Affecting My Work

Kafka's fictional doctor wrestles with his personal style and his life situation in a way that impacts his work. So do all psychoanalysts. So do I. Likely the result of receiving mothering equivalent to Kafka's, fathering of a similarly powerful, if less critical variety, and inheriting an overly excited nervous system, I have felt extremely driven my entire life. I find it difficult to rest. My wife reports that I garden "like a man going to war." I begin my days with an imaginary list of tasks to achieve, typically feel excited by my accomplishments by mid-day, and then usually descend into feeling disappointed that I have failed to attain my fantastic goals by days' end. I schedule sessions with patients, meetings with couples, and forensic evaluations with insufficient regard for my personal resources. On the one hand, my style has many positive effects: I actively engage with patients; I strongly advocate for their transformation; I work hard to create an intense, dynamic encounter intended to achieve Fairbairn's (1952) goal of sufficient interpersonal intimacy to dislodge patients' conscious and unconscious

devotions to their intractable internal conversations. I rarely, if ever, lose hope, even with the intensely despairing patients who have lost theirs.

But my personal style also has many negative features: Years ago, a patient of mine complained that if he had a crisis, and requested a third or fourth session that week, I was unlikely to find a time for him. He was correct. He still is correct. I also struggle with the passive elements of psychoanalytic work, e.g., listening quietly while a patient weeps or tells a long, painful story of trauma or loss. I believe that I work harder than many of my psychoanalytic colleagues to provide that quiet, more patient element of psychoanalytic work. I hope that, most of the time, I succeed. I never had much of a capacity for the kind of psychoanalytic neutrality characteristic of Eissler's (1953) once popular standard model. However, I believe that teaching the more interactional methods advocated by the Relational models to a more emotionally reserved, introspective psychoanalyst would equally prove difficult.

Ideally, psychoanalysts learn about the strengths and weaknesses of their particular styles, use the positive elements to further their psychotherapeutic work, and above all maintain a focus on elucidating the subjectivities of their patients. I have pursued this theme by comparing the psychoanalytic process to a form of performance art (Karbelnig, 2014a). Like actors who proclaim that their body is *their instrument*, psychoanalysts can *only* deliver their *framing*, *presence*, and *engagement* services filtered through their own personal styles as they have been shaped by biology, history, and culture, as well as through their immediate life experiences.

As an example of how personal life experiences affect my work, I wrote this article while in the process of relocating my offices after 26 years in the same building. I

found the move extremely unsettling. My reaction influenced my patients who, in turn, had varied reactions of their own to my move. The first few weeks I was in the new location, I assumed my own anxieties at the unfamiliarity of the new setting would be obvious. Some patients noticed it; others did not. Similarly, some patients made spontaneous references to their own reactions to the move whereas others walked into the new office without missing a beat, leading me to wonder if the external features of transformational encounters would ever impact them.

Psychoanalysts' Unavoidable Status as Fellow Sufferers

The doctor that Kafka features in this particular story dramatically exemplifies the influences that so many psychoanalytic scholars, such as Renik (1993, 2004), Davies (1994), and Hoffman (1996, 1998), consider unavoidable. Again, while they refer specifically to psychoanalysts' subjectivities, I broaden this concept to encompass personal styles and life experiences. Kafka's (2012) *A Country Doctor* begins by introducing readers to the doctor's servant, the groom, and the patient and his family members, but he takes readers most deeply into the doctor's mind. Kafka (2012) presents the doctor as being in "sore straits" as he prepares for "an urgent journey" to a village where "a seriously ill patient" awaits him (p. 13). The doctor's horse had died the night before, depriving him of means for travel. He feels "hopeless" that his "servant girl," failed to successfully borrow a horse. He stands there "pointlessly" (p. 13).

Although they will soon learn more about the doctor's overall style, readers immediately learn of his current emotional status. The agitated physician feels pulled by forces within his own household, e.g., the lack of horses and by the sick patient who awaits him miles away. The doctor experiences relief when, suddenly and mysteriously,

a groom appears, delivering fresh horses. When the groom assaults the female servant with sexual intent, leaving “two rows of teeth [...] impressed red on the girl’s cheek” (p. 13), the doctor reacts with rage. The groom refuses to accompany the doctor on the journey, preferring to remain in the home with Rose, the servant, and leaving the doctor to travel alone.

Once the physician arrives at the patient’s home, the ill boy’s family members anxiously approach and “almost lift [him] out of the trap” (Kafka, 2012, p. 14). He remarks that, “I can’t make anything from their confused words...” Once inside, he inhales the “scarcely breathable” air worsened by a smoking, “stove, neglected” (p. 14). Reeling from these sensations, the doctor falls into reverie:

It is only now that Rose comes into my head again. What can I do, how can I save her, how can I drag her out from under this groom, ten miles away from her, with unruly horses in front of my trap? (Kafka, 2012, p. 14).

By analogy, psychoanalysts enter their transformational encounters with varying emotional experiences. They cannot help but bring their styles and their immediate life experiences into their consulting rooms. Once they close the door and begin their sessions, they exude whatever they may be experiencing at the time, regardless of how carefully they strive to maintain neutrality or simply be present with their patients. Apropos to the description just offered, my patients quickly feel the impact of my own style, ranging from my proactive, talkative, engaging manner to my informal style of dress. Further, my recent office relocation left me feeling somewhat lost, even alienated, for some months, which clearly affected the way I worked with my patients.

During sessions, after sessions, or between sessions, psychoanalysts may similarly feel distracted by any number of difficulties in their professional or their personal lives. They may, for example, feel irritable because they worked all weekend, exhausted because they slept three hours, and hungry because they skipped breakfast. At other times, they may feel highly present and attuned, enlivened by a joyful weekend, rested after a good night's sleep, and energetic after a satisfying breakfast. Their capacity for presence and engagement is definitively affected by these variations; even their ability to frame their professional relationships morphs in accordance to these changes.

In the way of more ominous possibilities, one psychoanalyst might listen to a voice mail message from her husband telling her to return a call regarding her gravely ill father—this while her acutely suicidal patient waits for her session, set to start in two minutes. Fearing more for the status of her patient than her father, she may proceed with the session, only to learn afterwards that her father has died. Alternatively, another psychoanalyst, a single parent, may feel detached from his other patients, and from his two children, hours or days after hearing one particular patient's horrific description of having been sexually assaulted the prior day in her college dorm room. That psychoanalyst will likely also facilitate the transformational encounter immediately after hearing the traumatic story differently. He may avoid reacting to a particularly painful story told by that next patient or, perhaps, may divert the patient's attention away from the arguably more poignant topic. I highlight this feature of psychoanalytic work in the interest of exalting the extremely humanistic nature of the profession of psychoanalysis.

Returning to his story of the rural physician, Kafka (2012) offers still more details of the doctor's overall style as the tale unfolds further. The doctor examines the sick

child, reaching the initial impression that the child was “healthy” albeit with “circulation rather poor” (p. 15). Later, the doctor reaches a completely contradictory conclusion. After the child’s sister shows the doctor the boy’s blood soaked towel, he conducts a more thorough examination, discovering that

indeed the boy is sick. In his right side, in the region of the hips, a wound as large as the palm of my hand has opened. Rose-red, in many shades, dark in the depths, growing light towards the margins, delicately crusted, the blood welling intermittently, wide as an open-cast mine. (p. 16).

Investigating still further, he finds that:

Worms, as thick and long as my little finger, coloured rose from their own blood, but also bespattered, caught fast in the heart of the wound, with little white heads and many little legs, writhe towards the light. (p. 16).

Here, the doctor’s words betray his obvious distraction by Rose. Kafka (2012) has the doctor speak the name, Rose, directly, for the first time. He also references her symbolically through the descriptions of blood and to the color red (including, earlier, his using the word red to describe the teeth marks left by the groom).

At this point in the story, readers realize that the doctor, an arguably repressed, if not entirely oblivious man, has little awareness of his romantic feelings for Rose or of how that informs his rage at his groom. Crick (Kafka, 2012) observes that *only* the groom had spoken the name, Rose, who the doctor, up to that point, simply referred to as “my servant girl” or “the girl” (p. xx). In other words, the doctor in Kafka’s story relates

to others—even someone residing in his own household—in an impersonal fashion. This style would prove a particular liability for psychoanalysts who require sufficient capability for interpersonal intimacy to dislodge patients' attachment to their own internal worlds (Fairbairn, 1952).

I can only hope that my intense, highly energetic nature does not have the same level of adverse impact on patients as Kafka's doctor would. It nonetheless behooves me to reflect on how my personal style and life situation contributes to my psychoanalytic relationships. The patient mentioned above is not the only person who observed my somewhat frenetic nature. Others have. My awareness of my style also offers, at times, indirect insights about patients. I often run a few minutes late, a confession that cannot be too surprising. I equally notice when patients comment on such behavior as when they do not, the latter often suggestive of masochistic features of their own styles that I strive to bring into our conversation when relevant.

Kafka's (2012) tale further exemplifies how professionals exist as highly vulnerable persons themselves even while serving a specific social role. Late in the story, the doctor magically moves into the bed with the patient, lying next to him, "on the side of the wound" (Kafka, 2012, p. 16), while hallucinating children singing:

Rejoice, rejoice, ye patients,

The doctor's put in bed with you! (p. 17).

Corngold (1979) interprets the doctor's movement from the supine position to the prone one next to the ill patient as causing the doctor to be "immediately robbed of his superior vantage point and laid to bed with the boy" (p. 90). Here, Corngold (1979) brings to mind Orange's (2011) concept that psychoanalysts and their patients are "fellow

sufferers” (p. 4). They similarly lie in bed with their patients. They risk exposing, or even inflaming, their own wounds in their facilitation of transformational encounters.

While licensed mental health professionals have ethics codes that require them to step away from their work if significantly impaired, the reality is that we psychoanalysts tend to be highly sensitive people. We often react strongly to our own troubling developments in our lives. We often enter our encounters with patients feeling rather wounded ourselves—enough to heighten our own feelings of empathy for whatever pain our patients experience. Further, Kafka's (2012) description of the worms reminds psychoanalysts that they and their patients never know how they may feel invaded by their patients' painful experiences, delivered as they are in the “interpenetrating relational fields” (Stepansky, 2009, p. 198) of psychoanalytic processes.

The patient in Kafka's (2012) story complains that a “beautiful wound” (p. 17) is all he brings to the world. In reply, the doctor says:

Your wound is not all that bad. Made in a spot where you can't see with two blows of an axe. There are many who offer their side and can scarcely hear the axe in the forest, let alone that it is coming closer to them. (p. 17).

Here, the doctor reveals how his own wounded state overrides his capacity to contain the child's distress. He continues to tell the child, “your mistake is you don't have an overall view of things,” adding “I tell you—and I have been in every sickroom far and near—your wound is not all that bad” (Kafka, 2012, p. 17). In other words, while offering a kind of reassurance that all humans struggle with wounds of some sort, Kafka's doctor flatly lies about the severity of the injury to the patient.

Shortly thereafter concluding that “there is nothing to be done for you” (Kafka, 2012, p. 16), the doctor contemplates fleeing the scene (representing yet another failure on his part to be present with the patient and his family despite whatever stressors from his personal and professional life impact him). The patient’s family gathers his coats for him. He throws his bags into the trap, swings himself onto his mount, and urges the horses to move. The doctor then falls into despair, imagining his “flourishing practice” (p. 17) faltering, his successor robbing him, and the groom abusing his beloved Rose. The horses move forward “as slowly as old men” (p. 17). The story ends with the doctor thinking:

[...] and not one of that agile gang of patients moves a finger. Deceived! Deceived! Once you have been led astray by the sound of the night-bell, it can never be put right. (p. 18).

Psychoanalysts infrequently end meetings with patients *so* intensely affected. But, ideally, they are affected by every transformational encounter. Their patients leave the consulting room and, depending on how long the break before the next patient arrives, psychoanalysts’ life experiences quickly return to the foreground, whether consisting of thoughts of the next patient or of the status of their ill parent.

Perhaps Kafka’s (2012) doctor’s catastrophic fears regarding his practice and his servant betray his guilt at his ineffectiveness. The doctor laments having answered the call and travelling to the patient. Perhaps he displaces his remorse, a form of inner attack, onto his patients who he blames instead. Or perhaps his reference to feeling led astray by the night bell refers to his powerlessness to affect the many forces outside of his

control or to the uncertainty facing all healers, medical or psychoanalytical, when they end any particular encounter with a patient. While psychoanalysts have the option of guarding themselves against their own vulnerability using any number of shields—doctor-like authority, prepared introductory statements, or clipboards with informed consent materials—they ultimately face their patients in a remarkably naked way. Once they escort their patients into their consulting rooms, a unique kind of facilitative conversation commences without any standardized system, ritual, or procedure to follow, rendering the experience more personal, and them more emotionally vulnerable, than occurs in any comparable professional occupation.

I remember a particularly painful week in my own practice in which two patients spoke of just having received cancer diagnoses and another two described highly traumatic events that had affected them since our last meeting. Particularly with patients freshly traumatized, emerging from deep “psychic retreats” (Steiner, 1993, p. 422), or behaving in highly aggressive or persecutory ways, psychoanalysts’ work takes a toll on them. They cannot help but be affected by the tragic losses, painful memories, and startling realizations of their patients, and these reactions affect their patients, who in turn, affect psychoanalysts, and on and on in infinite regress.

My recent office move was hardly an immense psychological trauma, but I have worked with patients in the midst of more serious life events—after the death of my father, for example, or after returning from two significant surgeries that I have had in the past six years. I have long had the habit, in those unfortunate but rare periods in which I myself feel significantly distressed or distracted by external life events, of deliberately utilizing more empathy, or presence (using the word that I prefer), rather than

confronting, interpreting, or otherwise facilitating transformational processes in a more proactive fashion.

The psychoanalytic profession uniquely thrusts the fallible individuality, the singularity of the psychoanalyst, into one intimate transformational encounter after another. Kafka's (2012) doctor characterizes many of the experiences of psychoanalysts who meet with patients in structured, time-limited sessions day in and day out, immersed in their patients' pain, receiving painful projective identifications within the interpenetrating relational field. Psychoanalysts must cope with these feelings in some way. They may seek their own psychoanalytic therapy or consultation; they may use their emotional reactions to increase their capacity for empathy; they may, as I have, provide pro bono psychoanalytic psychotherapy for the economically disadvantaged in a local free clinic or enjoy gardening and an occasional cigar in my backyard—those last two offering terrifically non-intersubjective experiences.

Demands Placed On Psychoanalysts As Subjects Presumed to Know

Offering yet another analogy to psychoanalysts' work, Kafka's (2012) doctor reacts to his patient's expectation of him as the "subject who is supposed to know" (*sujet suppose savoir*) (Lacan, 1998, p. 232). Like psychoanalysts, the physician responds in accordance with his personal style and his immediate life experience. When Kafka's (2012) doctor first meets the patient, family members seem hopeful, pleased that the doctor attends to the boy. An immediate, if understandable, demand is placed upon him. He laments that patients are "always demanding the impossible of their doctor" (Kafka, 2012, p. 16). When the boy questions his honesty, the doctor replies, "It is really so - take the word of honour of a district physician..." (p. 17).

This moment in Kafka's (2012) story reveals the dichotomy inherent in this particular type of projection. On the one hand, the expectation of knowledge burdens; on the other hand, it shields. In his response to his patient, Kafka's (2012) doctor takes refuge in the cloistered position as the subject presumed to know. However, then he mysteriously hears a school choir sing these words:

Strip him of his clothes, and then he'll heal you,

And if he doesn't heal you, kill him!

He's just a doctor, just a doctor. (p. 16).

The doctor seems alarmed, wounded by his auditory hallucination—a further reminder of how psychoanalysts risk having their own vulnerabilities aggravated by their work. The hallucination seems to represent the doctor's own feelings of inadequacy. Perhaps Kafka (2012) additionally intends a critique of the medical hierarchy of the modernist period, implying that healing would occur if the doctor were stripped of his clothes (his white coat of invulnerability). Alternatively, perhaps Kafka (2012) means to validate that healers and, by implication, psychoanalysts, give with their *beings* in the course of their work. Lacan (2002) writes, “the patient is not alone in finding it difficult to pay his share,” adding “the analyst too must pay” (p. 216).

The doctor responds defensively to the voices he hears.

“‘That's right,’ I said, ‘it's a shame. But I'm a physician.

What am I to do? Believe me, it's not easy for me, either.’”

(Kafka, 2012, p. 17).

Here, the doctor becomes more overtly vulnerable than at any other point in the story. He continues,

“Writing out prescriptions is easy” but, in contrast,
“relating to people is hard.” (Kafka, 2012, p. 15).

In this excerpt, readers hear Kafka's (2012) doctor, for the first time, overtly acknowledging his limited capacities for interpersonally relating. He finds relying upon his professional knowledge base, as in offering prescriptions, much easier. Kafka's story analogizes the devilish temptation facing psychoanalysts who, as they nakedly encounter patients, may seek refuge in the illusion of clarity offered by rigid adherence to psychoanalytic theories of mind or practice.

The details of Freudian, Jungian, Kleinian, Intersubjective or Relational theories can all be obtained in the library. Patiently, empathically, and deeply understanding patients proves a much more difficult task. It requires a capacity for presence that, in turn, is affected most immediately by psychoanalysts' styles and life situations. In this particular scene, almost as if this specific encounter finally overwhelmed his personal resources, Kafka's doctor seems exhausted. Lacking empathy, he seemingly fails to receive the patient and his family.

The Ubiquity of Self-Deception

A key organizing feature of their work, psychoanalysts regularly confront the omnipresent self-deception that affects them as much as their patients. Kafka's (2012) physician is rife with examples of unconscious denial or even overt ways of lying to himself. Achieving complete self-awareness will always be impossible. It has been said that all persons have character defects that are obvious to everyone but them.

What a humbling idea. Even if I wrote an entire volume filled with confessions of how my various stylistic features and immediate life situations affect my work, I

naturally could not provide a *comprehensive* list. And thus, even while advocating for psychoanalysts to acknowledge the centrality of their own personal styles and life situations in conducting their work, I equally call for humility as a result of the inevitably limited nature of self-knowledge. Reminiscent of Szasz' (1963) critique of the concept of negative transference, it behooves psychoanalysts to be aware of how their styles affect their patients—even in ways they cannot see.

Patients often claim to lead engaging, even thrilling lives. Such excitements often conceal unresolved sadness, loss, or other forms of pain. When Kafka's (2012) doctor first meets his patient, the child throws his arms around the doctor's neck and whispers, "Doctor, let me die" (p.14). Later contradicting himself, the patient pleads for his life, whispering through his tears, "will you save me?" (p. 16). Many psychoanalytic patients, particularly those extremely distressed, express ambivalence about living. They may hint at suicidal thoughts; they may make actual suicidal threats. At the same time, by virtue of their sitting in their psychoanalysts' offices, they behaviorally demonstrate the prevalence of the part of them that wishes to live. The ill child displays the same range of wishes, the same "self-states" (Bromberg, 1998, p. 195), one first wishing to live and another wishing to die.

The boy's wish to die suggests that, as Bollas' (1995) notes, psychoanalysts get paid precisely to *not* take their patients' words at face value. Neither psychoanalysts nor their patients can ever fully understand the many layers of meaning contained within any particular utterance. In Kafka's (2012) story, the ill child knows the truth in much the same way that patients' unconscious minds tell a truth that cannot be told in any other way. Phillips (1997) writes, "a symptom is always the breaking of a confidence" (p. 33).

Patients often mislead their psychoanalysts—much in the same way they deceive themselves—bringing to mind an old joke:

A psychoanalyst runs into a veterinarian at a party and says to her,

“Your work must be so difficult because your patients can’t tell you what’s wrong with them.”

After a pause, the veterinarian replies,

“Yes, that’s true...”

She pauses again, and finally adds,

“But at least they don’t lie.”

Humans create fictional narratives of their lives that combine the real and the imagined. Psychoanalysts delve into patients’ fictions, try to avoid imposing their own plot lines into the work, and strive to find meaning in the narrations—all the while having their personal styles and life experiences shape the psychoanalytic process. As evidenced in the way Kafka’s (2012) doctor deals with his patient, healers of all types are prone to the same degree of self-deception as their patients.

The Unexpected and Surreal in the Psychoanalytic Process

Nonlinear, dynamic, and mystical features of the psychoanalytic process troubled Freud (1912/1958) and most of the other founders of the profession. It disrupted their intention of creating an empirically based profession. They sought to create a definable treatment for mental disorders that comported with the objectivism characteristic of the modern era. Towards that end, they developed what they intended was a reliable, valid, and universal definition of the unconscious and an algorithmic, procedural way to access

it. Freud (1912/1958) initially envisioned an intervention so pure that little, if any, conscious interpersonal relationship would be required. He famously wrote:

I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skillfully as possible.

(Freud, 1912/1958, p. 115).

In arguing that the idiosyncratic elements Freud would have considered contaminants feature prominently in the transformational process, I contradict not only early psychoanalytic theorists but also many contemporary psychoanalytic schools. As I noted earlier, the last two decades of discussions of psychoanalysts' subjectivities have revealed a subtle but persistent adherence to objectivism, suggesting that subjectivity can be separated from much broader elements of psychoanalysts' styles or life experiences. Unexpected factors that help, hinder, or in some way affect the unfolding psychoanalytic process are another feature of psychoanalysts' work that dash any lingering hope for objectivism. Kafka's (2012) *A Country Doctor* contains a sampling of these types of surprises. Early in the story, the horses appear unexpectedly, leading Rose to exclaim, "you never know what you'll find in your own house" (p. 13). After the groom magically appears with the animals, the doctor thinks,

"I don't know where he comes from, and that he is helping me of his own free will where all others have refused."

(Kafka, 2012, p. 13).

Like Kafka's doctor, psychoanalysts require help from *many* others when doing the work. They similarly cannot know where or when assistance will arrive. For example, many patients learn through psychoanalysis to alter their compulsively repeated patterns. However, maintaining these new patterns typically requires external interpersonal support. Although some persons in the outside world may support patients' efforts to break free of their well-trod patterns, others may work *against* their personal growth, perhaps fearing how it will impact their lives. As another example, if psychoanalysts succeed in promoting patients' capacities for enjoying intimacy, a myriad of complex and interacting factors may or may not result in these persons finding partners—real others in the outside world—to consolidate their newfound abilities. Further, if psychoanalysts help patients discover occupational or recreational passions, they surrender to similar variables: Will patients maintain their interest, obtain advanced training if needed, and execute their desires?

If nonlinearity worries scientifically oriented psychoanalysts, then mysticism or surrealism elicits outright distress. Yet the psychoanalytic encounter, by definition, qualifies as surreal. *The Shorter Oxford English Dictionary* (2002) defines surrealism as a:

20th-century avant-garde movement in art and literature
seeking to express the subconscious mind by various
techniques including the irrational juxtaposition of images.
(p. 3125).

In other words, the surreal consists of phenomena in which the boundaries between consciousness and unconsciousness become blurred—a foundational element of any

psychoanalytic process. In confirmation, Grotstein (1999) writes, “each analytic hour is a dream, and a dream reported in it is a dream within a dream” (p. 143).

One specifically surreal element of psychoanalytic work concerns the way that psychoanalysts co-experience with their patients a form of time travel. In a certain sense, psychoanalysts escort patients into their consulting rooms like science fiction characters invite persons into time machines. Psychoanalysts know *where*, concretely, as in their consulting room, their encounters will take place; they do not know *where*, subjectively, they will travel with their patients. Here, again, personal style and life experiences affect the way that time travel occurs.

Some psychoanalysts wait in silence to see how a patient will begin a particular session. They may then interpret the initial spoken words as a “definitory hypothesis” (Bion, 1965, p. 70) guiding the parties towards unconscious themes. Other psychoanalysts may speak first, choosing to inquire about an urgent matter such as a patient’s ill sibling. Regardless, and using myriad methods for teasing out unconscious themes, they facilitate a process in which their patients become “unstuck in time” (Vonnegut, 1969, p. 22). Working with transference and counter-transference configurations represents a distinct form of surrealism: Patients may perceive their psychoanalysts as their father from three decades earlier; psychoanalysts may perceive their patients as they did their children three years earlier.

Variations in the experience of time occur within each session. Five minutes into a session, one patient may express a sadness that leads to a discussion of an earlier loss and then transitions into her sobbing over her father who died when she was 13. Thirty minutes in, another patient may become enraged at his analyst, viewing him as too

fatigued and inattentive, leading the psychoanalyst-dyad to link that immediate experience to historical events—a neglectful father, perhaps, a distracted spouse, or both. Relevant to patients' experiences of the unpredictable nature of where their own subjectivities will journey, Kafka himself wrote, "I am an end or a beginning" (Kafka, 1991, p. 52).

Both my personal style as well as my immediate life situation stimulates the experience of traveling in time differently. My style often reminds patients of significant persons in their past who behaved in a similar fashion. Among the patients who commented on the anxiety they accurately sensed in me regarding my recent move, many reflected back on similar experiences they had. One patient remarked, "I couldn't be more sympathetic; I've moved 21 times," unwittingly opening up that topic for mutual exploration. Another patient spent several sessions tearfully recounting an apartment fire that emotionally traumatized her two daughters and destroyed all of her beloved books, similarly eliciting topics as well as emotions for further discussion. These all exemplify what Szasz meant by "the *therapist as person*" (p. 442).

Differences abound between psychoanalysts regarding their interest in, or comfort with, mystical or surrealistic elements of the psychoanalytic process. I have been in a psychoanalytic study group for nearly 20 years. One of our group members has explored the realm of energy healing, pays close attention to her dreams, and often allows her life decisions to be guided by them. Ironically, despite my passion for individuality, autonomy, and personal freedom, I am much less comfortable with the mystical than her. Although I believe I would welcome explorations into the mystical by patients, my esteemed colleague would be more facile with such ventures. I also think that, if a

particular patient had one session with me and another one with her, they would sense that difference in our styles.

Kafka's (2012) story also offers analogies to the bizarre manner in which time weaves into the two parties' subjectivities during psychoanalytic sessions. Early in the tale, the doctor instantaneously transitions from his chaotic home environment to his patient's home, proclaiming, "for there, as if opening right in front of the gate to my own yard, is the yard of my patient, and I am already there" (Kafka, 2012, p. 14). Analyzing *A Country Doctor* in his overview of Kafka's work, Friedlander (2013) also identifies the sudden exchange of horses that occurs early on in the story as signaling an abrupt shift into the realm of the surreal. He continues,

the death of the horse, the initial disconcerting event,
announces, incidentally, the passing of normal, earthly life;
soon thereafter, the appearance of the two unearthly horses
signals the shift of the events into an entirely different
realm. (p. 114).

Further, Friedlander (2013) believes, the story features "the constant reversal of expected norms [that] creates the feeling of disorientation" (p. 116). In the spirit of the pursuit of the unconscious that unites all the varied psychoanalytic approaches, psychoanalysts and their patients typically descend into the surreal within minutes of their encountering one another.

Despite my three decades of clinical experience, I can still feel surprise, almost startled, when a patient suddenly and unexpectedly begins weeping within seconds of entering my consulting room. Once such an event occurs, I also, of course, begin

travelling in time as we together seek the meaning of the sudden transition in experience. These events affect psychoanalysts as well as patients. One psychoanalyst may end an argumentative telephone call with his wife minutes before escorting a patient into his consulting room. Another may have just hurried back from lunch with a fiancé who, it dawns on her, is terrifically boring. Another takes in a patient one hour after leaving a meeting with an oncologist who spoke of the plummeting prognosis of his teenage child's cancer. Because of the uniquely intimate nature of their work, psychoanalysts can never fully disguise these immediately prior experiences by hiding behind a white coat.

Conclusion

When Freud launched psychoanalysis as a distinct profession during the modern historical period, he intended to render irrelevant anything that could not be measured, weighed, or quantified. Describing sociocultural and historical forces at that time, Horkheimer and Adorno (2002) observed that “anything which cannot be resolved into numbers, and ultimately into one, is illusion; modern positivism consigns it to poetry” (p. 5). In terms of the actual nature of their work as the profession evolved, psychoanalysts work, ironically, within the Romantic, poetic experience of being human, rendering their occupation an unusually humanistic, personal, and idiosyncratic one. The field has strayed far from its original Enlightenment project basis.

Introducing his historical study of the concept of the medical clinic, Foucault (1973) traces the gradual loss of the personal experience of the doctor-patient relationship as patients and their diseases became the subject of objectification and classification. Psychoanalysis exists, in a sense, as a throwback, a cousin to pre-industrial medicine. It

focuses, again, on patients' *experiences*. Regarding the modern medical system, Foucault (1973) writes,

The *restraint* of clinical discourse (its rejection of theory, its abandonment of systems, its lack of a philosophy; all so proudly proclaimed by doctors) reflects the non-verbal conditions on the basis of which it can speak: the common structure that carves up and articulates what is seen and what is said. (p. xix).

Psychoanalysts need not restrain themselves in this manner. They need not carve up their patients' experiences. They proceed with caution in their articulation of what is seen and what is said. In brief, their work consists of elucidating patients' subjectivities.

Burke (1954) writes,

All life has been likened to the writing of a poem, though some people write their poems on paper, and others carve them out of jugular veins. (p. 76).

Psychoanalysts bring their own personal styles, and their own varying life experiences, into their consulting rooms, never knowing in advance whether patients' lives have been recorded in ink or blood. They relate as "fellow sufferers" (Orange, 2011, p. 4). They feel the pressure placed upon them as the subjects presumed to know, face many varieties of self-deception, and practice their craft, literally, within a surrealistic arena that includes time travel. Like actors, psychoanalysts surrender their beings to the transformational process, absorbing patients' experiences (Bion, 1965, 1970; Lacan, 1998, 2002); like dancers, they spontaneously improvise in response to their

patients (Ringstrom, 2008, 2012); like painters or writers working before the blank canvas or page, they face the unknown as they enter each transformational encounter.

On the one hand, psychoanalysts receive payment for provision of a distinct professional service: They facilitate transformational encounters intended to access, and alter, problematic unconscious processes. Within their regularly scheduled sessions, they help patients endure the many forms of pain emerging from unconscious conflicts and deficits—grief, rage, envy, loss, sadness, terror, or other varieties of human misery. Patients expose their catastrophes, buried in the unconscious, within a psychoanalytic relationship that resists influences by problematic, protective interpersonal patterns and encourages the development of more fluid, vibrant ones. Ideally, psychoanalysts stay attuned to their patients and to the dyadic relationship as they descend into the experiential process, engaging at times and reflecting at others (Hoffman, 1998).

On the other hand, psychoanalysts' provision of these services—unique in the world of the helping professions—unfolds in a realm where human vulnerability reigns supreme, where the real becomes the surreal. Despite how well they cognitively understand the dynamic nature of their work, psychoanalysts' capacities for flowing with the nonlinear process as it twists and turns down uncertain paths, affected by many unexpected, unknown factors, helped by some parties and hampered by others, varies according to their personal styles and their immediate life experiences.

Historically, rigid adherence to specific theory or practice methodology may have allowed psychoanalysts to take refuge from their exquisite personal vulnerability that so significantly affects the services they offer. In retrospect, and as Kafka's *A Country Doctor* and my own clinical examples amply demonstrate, no sanctuary exists—not in

theory, not in white coats, and not in technology. Human fallibility will forever remain central to, rather than marginalized from, psychoanalytic practice—a reality illuminated through Kafka's surrealistic story.

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