

# Contents

About the author	ix
About this book	xi
1. A “hunter” of men	1
2. Psychoanalytic perspectives on addictions	7
3. Built-in transference	13
4. Twinning	17
5. Judy’s analysis begins: Establishing a psychoanalytic foundation and linking interpretations	23
6. The first dream and Judy’s first year of analysis	29
7. Animals, birds, fish, or insects “on the couch”	35
8. Judy’s dog	43
9. Analysands’ actions	49
10. Therapeutic play	53
11. Therapeutic neutrality and countertransference	59

viii CONTENTS

12. Reaching P and renovating a new house	63
13. Finding R	69
14. What happened to Judy after I stopped working with Dr. Rowan?	77
References	83
Index	91

## About the author

**Vamık D. Volkan** is an emeritus professor of psychiatry at the University of Virginia, an emeritus training and supervising analyst at the Washington-Baltimore Psychoanalytic Institute and an emeritus Senior Erik Erikson Scholar at the Erikson Institute of the Austen Riggs Center, Stockbridge, Massachusetts. He is the emeritus president of the International Dialogue Initiative and a former president of the Turkish-American Neuropsychiatric Society, the International Society of Political Psychology, the Virginia Psychoanalytic Society, and the American College of Psychoanalysts.

Dr. Volkan was the founder and the director of the Center for the Study of Mind and Human Interaction (CSMHI) at the School of Medicine, University of Virginia. CSMHI applied a growing theoretical and field-proven base of knowledge to issues such as ethnic tension, racism, terrorism, societal trauma, immigration, mourning, trans-generational transmissions and leader–follower relationships. CSMHI conducted years-long unofficial diplomatic dialogues between Americans and Soviets, Russians and prominent representatives in the Baltic States, Croats and Bosniaks, Georgians and South Ossetians, Turks and Greeks, and studied post-revolution or post-war societies such as Albania and

Romania after the time of dictators Enver Hoxha and Nicolae Ceaușescu and Kuwait after the Iraqi invasion.

Dr. Volkan was a member of the International Negotiation Network (INN) under the directorship of former President Jimmy Carter; a temporary consultant to the World Health Organization in Albania and Macedonia; a member of the International Advisory Board, Leonard Davis Institute for International Relations, Hebrew University, Jerusalem, Israel; an inaugural Yitzhak Rabin Fellow, Rabin Center for Israeli Studies, Tel Aviv, Israel; a visiting professor of psychiatry, University of Ankara in the Turkish capital, Ege University in Izmir and Cerrahpaşa Medical School in Istanbul, Turkey; a visiting professor of political psychology, Bahçeşehir University, Istanbul, Turkey; an honorary supervisor and consultant, Società per lo studio dei disturbi della personalità in Milan, Italy; a visiting professor of law, Harvard University, Boston, Massachusetts; a Fulbright/Sigmund Freud-Foundation visiting scholar of psychoanalysis in Vienna, Austria; a visiting professor of political science at the University of Vienna; a board member of the Freud Foundation in Vienna; a member of the Working Group on Terror and Terrorism, International Psychoanalytical Association, and a visiting professor at El Bosque University, Bogota, Colombia.

Dr. Volkan is a recipient of the Nevitt Sanford, Elise Hayman, Bryce Boyer, Hans Strupp, Sigmund Freud (given by the city of Vienna), and Mary Sigourney awards and the Margaret Mahler Literature Prize. He was nominated for the Nobel Peace Prize five times; letters of support were sent from twenty-seven countries. Dr. Volkan holds honorary doctorate degrees from Kuopio University (now called the University of Eastern Finland), Finland; Ankara University, Turkey; the Eastern European Psychoanalytic Institute, Russia; Eastern Mediterranean University, North Cyprus; and Kyrenia-American University, North Cyprus.

Dr. Volkan is the author, coauthor, editor, or coeditor of sixty psychoanalytic and psycho-political books, some of which have been translated into Chinese, Finnish, German, Greek, Japanese, Russian, Serbian, Spanish, and Turkish. He has written hundreds of published papers and book chapters and has served on the editorial boards of sixteen national or international professional journals.

## About this book

In 2002, I retired from my position as a member of the Department of Psychiatry at the University of Virginia in Charlottesville, Virginia after thirty-eight years. Over a decade later, I received a call from Dr. Rowan. I remembered him as a young physician when he was doing his psychiatric residency at the university. At that time, due to my administrative duties, I was not supervising psychiatric residents' cases, but Dr. Rowan had been present when I gave a few lectures for the trainees. When he called me I learned that, following the completion of his residency training, he, his wife, and their little son had moved far away from Charlottesville to a big city where he opened an office and started a private psychiatric practice. Later he became a candidate at a psychoanalytic institute, but had not yet graduated. He was asking me to supervise his therapeutic work with a difficult patient, Judy.

Judy was an attractive, thirty-year-old, single woman when she became Dr. Rowan's psychotherapy patient. She held a respectable position at a big business firm with international branches. She was in charge of developing strategies for maintaining and improving her firm's investments in other countries and often traveled internationally. Her French was perfect. She had lived in Paris for over two years before returning to the United States and settling in the city where her firm's

headquarters and Dr. Rowan's office were located. She was living alone in her own apartment.

Judy was aware that she had been feeling very lonely in spite of her busy schedule and responsibilities at work and her ability to appear as a very social individual. While at university, she had the same boyfriend for over two years but since then, she frequented nightclubs or bars to "hunt" men for sex. She called herself a "hunter." She would hunt constantly, at least a few times a month and often a few times a week. When having sex with these men, sometimes she would reach orgasm and other times she would not. Occasionally, she stayed with the same man for a short time, a week or a month, and sometimes she would keep in touch with a few of them over a year or two. But her obligatory habit was to "hunt" different sex partners for one-night stands. Once she caught a virus while hunting. Fortunately, her medical treatment was successful. She knew that she had to stop her sex habit, but she was aware that she could not.

When she faced the possibility of catching a new infection, which in reality did not happen, Judy decided to seek help from Dr. Rowan. Soon after meeting her, he noticed that when describing her experiences of one-night stands with strangers, Judy would always use the term "lovemaking." He sensed that Judy's "hunting" experiences were connected with her wish to collect "love."

In this book I will describe in detail Judy's psychoanalytic treatment during its first three years, the time span during which I was Dr. Rowan's supervisor. Then I will tell what happened to Judy later, from information kindly provided to me by Dr. Rowan. This is not the first time I have written about the psychoanalytic process using case studies in this way. To understand why I believe this to be a valuable exercise, a bit of history is useful.

In 1953, Anna Freud, with then well-known psychoanalysts Edith Jacobson, Edith Weigert, and Leo Stone, discussed the "widening scope of psychoanalysis." During this discussion she asked, "How do analysts decide if they are given the choice between returning to health half a dozen young people with good prospects in life but disturbed in their enjoyment and efficiency by comparatively mild neuroses, or to devote the same time, trouble and effort to one single borderline case, who may or may not be saved from spending the rest of his life in an institution?"

(A. Freud, 1954, pp. 610–611). Anna Freud's bias was toward treating *only* neurotic patients instead of struggling with new technical problems. This type of attitude could not be maintained.

As time went on, with the influence of new theories, new “schools,” and other factors, such as economic ones, psychoanalysts began to treat individuals with narcissistic and borderline personality organizations, as well as individuals with extreme traumatic childhood histories. But generally speaking, people with addictions, especially with chemical addictions, still did not have access to psychoanalytic couches.

Since Sigmund Freud's time there have always been different psychoanalytic “schools.” Robert Wallerstein, during his presidential address to the 35<sup>th</sup> International Psychoanalytical Association Congress, expressed concern about the competition among new psychoanalytic theories and trends and asked the question of whether we would have one psychoanalysis or many (Wallerstein, 1988). In 2002, Leo Rangell, once president of the International Psychoanalytical Association and twice president of the American Psychoanalytic Association, also expressed concern about a “growth of pluralism” (p. 1118) in psychoanalysis. He considered the structural view (the ego, id, and superego) to be the apex of psychoanalytic theory. “Without it,” he said, “much of the power of psychoanalytic theory is lost” (p. 1131). He added: “No explanation of the ubiquitous unconscious intrapsychic process, with its ongoing scanning for safety or anxiety, and its myriad psychic outcomes, from normal to pathological, is possible without the structural view” (p. 1131). In 2006 Arnold Cooper edited a book in which he and the other contributors wondered if we were witnessing “new wine in old bottles or the hidden revolution in psychoanalysis” (p. 51). Different ways of listening to the patient and different styles of handling clinical material started a pointless struggle and began to put analysts in rather different professions. The following questions were raised: What is psychoanalytic treatment? Who is a psychoanalyst? Who can benefit from being on a psychoanalyst's couch? (Böhm, 2002; Green, 2000; Kernberg, 2001).

Following these developments in psychoanalysis, I turned my attention to the benefits and pitfalls of this new growth of pluralism and wrote a textbook that includes new ideas for psychoanalytic technique (Volkan, 2010a). I stated that questioning some classic assumptions

and introducing new ways of understanding human psychology is an enriching process. I also noted that the new “growth of pluralism” has supported resistances against examining some unconscious material in depth. Since individuals with different personality organizations lie on psychoanalysts’ couches, I also noted that there was a need to consider specific technical approaches for analysands according to their having a neurotic, narcissistic, borderline, or psychotic personality organization.

Besides writing a textbook, I began providing psychoanalytic case examples spanning the first to the last days of analysis and reported what comes to the analyst’s mind—and when cases were supervised, also the supervisor’s mind—as the analytic process continued (Volkan, 2009, 2010a, 2010b, 2010c, 2012, 2014, 2015, 2019; Volkan & Fowler, 2009). Writing total case histories allows the reader to question the validity of the link between clinical observations, the psychodynamic understanding of them, and technical considerations based on such observations. It is very difficult to measure scientifically the outcome of psychoanalytic treatment because psychoanalysts deal with unconscious elements. The best way to describe changes in a person’s internal world, I believe, is to recount total psychoanalytic processes without hiding behind psychoanalytic theoretical terms and without becoming a spokesperson for a specific psychoanalytic “school.”

In writing this book I had the following *four aims* in my mind:

*My first aim* in writing this book is to provide another example of a total psychoanalytic process, this time illustrating issues in analyzing, as well as supervising, a case of one who was trying to solve her early life’s deprivations through remembering her deprived childhood self-image and wished-for love-object through actions, including a non-chemical addiction.

*My second aim* is to provide an understanding of the psychology of addiction, a non-chemical one. Judy was suffering from “sexual addiction.” In Chapter 2 I review the psychoanalytic literature on chemical and non-chemical addictions starting with Sigmund Freud’s remarks about this topic in 1897. During my long career as a psychiatrist and a psychoanalyst, I did not treat a person with chemical addiction



and never supervised a younger colleague working with such a case. Psychoanalysts, in general, do not work intensively with patients with chemical addiction. In 2009, Christopher Fowler and I published a book. In it I described the case of a man who started his analysis with me when he was fifty-seven years old stating that he was suffering from “sexual addiction.” As a child in the American South, he had “multiple mothers”: his biological mother, his paternal grandmother, and his black nanny. As an adult he could not reconcile his seemingly opposite mothering experiences. He was searching for a “perfect woman” (Volkan & Fowler, 2009). I also supervised the case of Herman who engaged in compulsive masturbation and whose case I will describe in Chapter 3.

*My third aim* is to illustrate some therapeutic concepts and issues. From the beginning of her analysis and through her treatment, Judy’s case made me pay attention to certain *therapeutic concepts and issues*. Here is a list of them:

- Built-in transference
- Twinning
- Linking interpretation
- Preparatory interpretation
- The first dream
- Reaching-up
- Animals on the couch
- Hoarding
- Externalization, internalization
- Acting out, acting in, second look, pilgrimage, enactment
- Therapeutic play
- New object (analytic introject) (developmental object)
- Multiple mothers
- Crucial juncture experience
- Psychoanalytic neutrality
- Rebirth fantasy, new beginning
- Covid-19 and psychoanalysis.

I will describe these concepts and issues by referring to Judy’s case, but also to the cases of Alex, Herman, Samantha, Rebecca, Jennifer, Pattie, Peter, and others. I will provide historical background, often going back

to Sigmund Freud's writings, for such concepts and issues to illustrate how they appeared in the psychoanalytic literature.

We may not focus on such concepts or see some of these issues while working with routine cases with neurotic personalities. But without paying attention to them, we miss understanding the internal worlds of other patients with preoedipal deprivations, conflicts, and fixations and finding ways for analyzing them.

*My fourth aim* is to share my thoughts and feelings about working with Dr. Rowan and how I handled them as a supervisor. The topic of the psychoanalytic supervisor–supervisee relationship and the supervisor's emotional reactions toward the analysand whom the supervisor never meets are, generally speaking, rather ignored in the psychoanalytic literature. The most recent extensive look at the supervisory experience appears in the 2019 special issue of the *American Journal of Psychoanalysis* and includes contributors' theoretical and practical conclusions on supervisors' and supervisees' communications and responses. Hanoch Yerushalmi (2019), the guest editor of this special issue, brings to our attention the influence of the "analytic community" to which the supervisor belongs in conducting supervision (see also Frawley-O'Dea & Sarnat, 2001). For Yerushalmi, the concept of analytic community "refers to a group of professionals serving as a cultural-professional framework for each other's therapeutic and supervisory interactions" (p. 257). He notes that the analytic community's core beliefs and perceptions have remained basically unchanged during the many years of its existence outside of some alterations and adaptation to new concepts.

In my book *Ghosts in the Human Psyche: The Story of a "Muslim Armenian"* (Volkan, 2019), I refer to the impact of past and present historical events, cultural elements, political movements, and their mental images on the psyche of individuals; and my need, as a supervisor, to bring these issues to my supervisee's attention. Judy's case presented *unusual actions* by the analysand, and supervision included a careful focus on the analyst's keeping his therapeutic neutrality and developing his psychoanalytic identity. I hope that a close look at a supervisor–supervisee relationship will create more

interest in studying this topic, especially in present-day psychoanalysis with its different “schools.”

I keep extensive notes while I supervise a younger colleague’s work. I will tell the story of Judy’s first three years of psychoanalysis by referring to them. As I stated earlier, Dr. Rowan stopped receiving supervision from me for Judy’s analysis after three years.

In order to protect Judy’s and her analyst’s real identities, I have made some changes in my descriptions of their *external lives* with the belief that none of these changes interferes with my illustration of Judy’s internal world and her analyst’s response to my supervision and work with Judy.