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THE ANALYST IN FICTION

REFLECTIONS ON A MORE OR LESS HIDDEN BEING

Abstract: I rescue a deleted passage from my most recent novel, *The Sorrows of an American*, narrated by a psychiatrist/psychoanalyst, who describes the precarious position his profession occupies in a culture that has jettisoned the psyche for the brain. But the crass caricatures of the psychoanalyst reflect not only this turn toward biology but a genuinely riddled notion within the profession itself: the idea of the neutral analyst. In novels, this withholding, mostly absent being has often been used as a vehicle to frame narrator confessions rather than explore the intersubjective reality of the analytic space. A notable exception is F. Scott Fitzgerald's *Tender is the Night*. I describe the mysterious process of becoming a fictional analyst, which in some ways mimics analysis itself—the strange underground of the unconscious struggling to find an articulate narrative that makes emotional sense.

Keywords: novel, psychoanalysis, neuroscience, neutral, F. Scott Fitzgerald, intersubjectivity.

THE FOLLOWING PASSAGE is from an early draft of my novel *The Sorrows of an American* (2008). The narrator, Erik Davidsen, is a psychiatrist/psychoanalyst, who lives in New York City. I have rescued the deleted passage from my closet, home to dozens of boxes stuffed with rejected material, because, although it never found its way into the finished book, it speaks to the uneasy position psychoanalysts occupy in contemporary American society.

The story of psychiatry has been bedeviled by the problem of naming from the beginning, a tortured puzzle of herding a diffuse cluster of symptoms under a single designation. The wounded psyche is not a broken leg. An X-ray won't reveal the fracture, and the brain images from PET scans and MRIs cannot show us thoughts, only neuronal pathways. What invades or grows within a mind and causes people to suffer is not, as in a case of the measles, a single pathogen. Despite its earnestness and longing for precision, psychiatry's bible, the DSM, now in its fourth edition, is a muddle. "Disorder" is the

word of choice these days. Mental illness is a state of chaos and the job of mental health professionals is to restore order by all means at their disposal. New disorders are added with each edition of the DSM; others fall away; their presence or absence isn't necessarily founded on new science, but on consensus and, for lack of a better word, fashion. Half of Sonya's classmates have been diagnosed with ADHD. The DSM begins its description like this: "Attention Deficit/Hyperactivity Disorder is a frequent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than is typically displayed in individuals at a comparable level of development." *Typically* is the word to notice. Exactly what is typical? I am not alone in thinking that thousands of American boys have been fed stimulants for no reason. I do believe that the disorder is real and that medicines can sometimes help, but its presence as an epidemic is a cultural phenomenon, the product of an evolving idea of what a normal child is supposed to be.

I have prescribed many drugs in my day and have seen their undeniable benefits. When screaming inner voices fall silent, a depression lifts or panics subside, the relief can be incalculable. I've also seen what the profession politely calls adverse effects: ataxia, blackouts, seizures, incontinence, renal crises, akathisia—the restless, wiggling sensations that make it impossible to sit still—and tardive dyskinesia—the tongue wagging, jaw rotating, hand and foot jerking caused by many neuroleptics. The inability to achieve orgasm is such a common "side effect" of SSRIs, drugs of choice for the masses, few doctors even bother to mention it to their patients. Insurance companies will pay for only short-term care, which means that after a brief interview or during a short hospital stay, a physician must assign a name to an array of often murky symptoms and prescribe a drug. Most American psychiatrists have become little more than prescription-writing machines, who leave psychotherapy to social workers. What has been forgotten in all this is how we draw the lines between one thing and another, that the word is not the thing. The problem is not a lack of good will among physicians. It is, as Erwin Schrödinger once mourned, "the grotesque phenomenon of scientifically trained, highly competent minds with an unbelievably child-like—undeveloped and atrophied—philosophical outlook."

I am also a psychoanalyst, a member of that beleaguered group of cultural outcasts who are only now regaining respect with the revelations of neuroscience. Psychoanalysis, too, has suffered from "hardening of the categories," as a colleague of mine once put it, of treating metaphorical concepts as if they were chairs or forks, and yet, it is, at its best, a discipline that values patience and tolerates ambiguity. What happens between two people in the analytic room cannot be easily quantified or measured. Sometimes it cannot even be understood, but after years of practice I have become a man changed by the stories of others, a human vault of words and silences, of speechless sorrows and shrouded fears.

Erik's use of the word outcast may be strong, but his view that for years psychoanalysis has been losing ground to drug-oriented psychiatry is a fact, and our culture's representations of analysts have suffered as a result. To see this clearly, one need only ask, How many absurd or demeaning caricatures of neuroscientists have you encountered in the media lately? Surely, it would be easy to poke fun at some of their widely reported studies: A "God spot" discovered in the brain, for example, or MRI results of Republicans and Democrats in the throes of "partisanship," as if religion and American politics can be found in the temporal lobe or the amygdala, wholly isolated from language and culture. Neuroscientists often ridicule such research as examples of "a new phrenology." But the doubts articulated by people inside the field do not reach the hoards of journalists eager to record the explorations of "the last frontier" and embrace the newest brain discoveries, as if they were absolute truths handed down from some divine source.

I am deeply interested in the neurobiology of mental processes, in brain plasticity and its role in the development of every human being over time. But I do not believe that the subtle character of human subjectivity and intersubjectivity can be reduced to neurons. As Freud (1891) wrote, "The psychic is therefore a process parallel to the physiological, a dependent concomitant" (p. 55). The conundrum of the brain/mind relationship is as mysterious now as it was when Freud wrote those words. Erik's observation that the insights of neuroscience (some of which appear to confirm long-held psychoanalytic ideas about the unconscious, repression, and identification, as well as the effectiveness of the talking cure) have helped redeem psychoanalysis is, I think, accurate. But it also reflects a truism: if you can locate an illness in some body part, it is more *real* than if you cannot. Although this belief is philosophically naïve, it is nevertheless held by multitudes of people, including any number of doctors who have spent little time examining the taxonomies that shape their perceptions of illness and health.

Mass culture is often crude. The portraits of the analyst as a bearded, tight-lipped, aging character with a Viennese accent, a sly seducer hopping into bed with his clients, an egghead spouting jargon, a deranged monster, or merely an innocuous buffoon reflect various clichéd, and often hostile, views of psychoanalysis that have become familiar to many of us. But silly as these images are, they may also unearth a genuine suspicion of a discipline, which, despite its enormous influence on popular thought, remains fundamentally misunderstood.

Priests, physicians, and psychoanalysts are repositories for, among other things, secrets, and the need for trust and the fear of betrayal are always present when a secret is told. Like a priest, an analyst inhabits a realm outside the ordinary social world. He or she is neither friend nor family member but nevertheless becomes the container for another person's intimate thoughts, fantasies, fears, and wishes—precious materials that must be handled carefully. There are forbidden behaviors in the psychoanalyst's office, but no subjects that cannot be spoken about.

The patient's rare freedom of speech in a sacrosanct space has provided a number of writers with the perfect frame for the fictional confession. In the very first psychoanalytic novel, *Zeno's Conscience*, Italo Svevo (1923) opens with a preface written by our hero's analyst: "I am the doctor occasionally mentioned in this story, in unflattering terms. Anyone familiar with psychoanalysis knows how to assess the patient's obvious hostility toward me." In J.D. Salinger's *Catcher in the Rye* (1951), Holden Caulfield unburdens himself to a hidden psychiatrist. Nabokov's *Lolita* (1955) also includes a Foreword, written by one John Ray, Jr., Ph.D., who offers Humbert Humbert's story as a case study and, while acknowledging its author's literary gifts, also excoriates him as "a shining example of moral leprosy" (p. 7). In *Portnoy's Complaint*, Philip Roth (1969) begins his novel with a brief introduction in the form of a dictionary entry, which defines "Portnoy's complaint" and refers to the doctor who has coined the name for this particular "disorder," O. Spielvogel, author of an article, "The Puzzled Penis." After this little parody, the reader meets the garrulous narrator, who for 270 pages prattles, expounds, and fulminates at his analyst, who then famously utters a single line at the end of the book: "So (said the doctor). Now vee may perhaps to begin. Yes?" (p. 274)

Those books are essentially bracketed monologues. There is no back-and-forth, no dialogue, no world made between therapist and patient. They are not fictional versions of therapeutic practice but narratives that employ psychoanalysis as a literary device to unleash an uncensored first-person confession. The analyst or psychologist remains mostly *outside* the narrative. Svevo's doctor, as he himself points out, plays only a small role in the pages to come. He also proclaims that he is publishing the memoirs "in revenge" for his patient's untimely departure from treatment, and adds the vituperative quip, "I hope he is displeased." Nabokov's condescension to American academics displays itself, not only in the text of his foreword, but in the addition of "Jr." after his psychologist's name. In both Salinger and Roth, the analyst is a remote, hidden being, not a *you* for the

narrative *I*. Salinger's psychiatrist never speaks, and Roth's is never answered. They are objects not interlocutors. The image of a distant, implacable doctor who nods, says "Ah" or "Vell" and only occasionally offers an abstruse comment, usually involving complexes or fixations, has become a stereotype, but it is one rooted in the history of psychoanalysis.

The analyst as a *neutral* figure has long struck me as a flawed idea, but then so does the notion of *objectivity* in the sciences. Is it possible to drain any person of subjectivity, whether she is an analyst or a researcher in a laboratory? Even in the lab, human beings must interpret results, and those interpretations cannot be expunged of the interpreters' thought, language, and culture. There is no third-person or bird's eye view detached from a breathing bodily presence. Despite the fact that they are not free from human prejudice, the experiments of the hard sciences can be controlled and repeated over and over again. This is not true of the nuanced atmosphere of the analytic environment. From its early days, psychoanalysis has had to defend itself against the accusation that mutual suggestions passing between analyst and patient would contaminate the process and destroy its legitimacy. As George Makari (2008) points out, "In the hopes of containing the analyst's subjectivity, Freud created the ideal of an analyst whose desires and biases were held back. But there was a hitch. The imagined analyst floating in evenly suspended attention must be without resistances, without blind spots" (p. 334). In other words, the ideal demands that the analyst be superhuman, that his or her first-person reality be transformed into the disembodied third-person view heralded by science. It is not difficult to see how this perfectly neutral floating personage might be employed for comic or satirical purposes, or how that same withdrawn and mostly silent figure might vanish from a story altogether.

Although some psychoanalytic theorists, such as Kernberg (e.g., 1985), continue to champion an ideal neutrality, many have let it go for a more attainable posture that recognizes therapy as an intersubjective process, but not one between equals. The effective analyst holds back, maintains distance through her role, her professional attitude, and her considered interventions. An analysis is necessarily hierarchical. The patient puts himself into the hands of an expert, but the substance of analysis is the patient and his inner life. The analyst's thoughts become apparent only in moments, and only in relation to the patient. The analyst's family, her joys, pains, and anxieties remain hidden unless she chooses to share information for a particular purpose. If intimacy becomes truly two-sided, the treatment has failed. Alex Portnoy is free to rave, but his analyst is not.

In some fundamental way, the psychoanalyst must be a mystery, a mystery filled by the patient's loves and hates, emotions that can turn very quickly from one to the other.

The most vulgar depictions of the psychoanalyst in our culture may be a form of splitting. The idol falls, and an evil demon takes his place. A truly human portrait of a working therapist, therefore, depends on a point of view that can accommodate ambivalence. It must also address the problem of the between, the charged space that is neither analyst nor analysand, but a mutual creation. This is not an easy territory to articulate. It is not subject and object, but two subjects who necessarily mingle. This is a human reality, which analysis magnifies and which the history of the discipline has tried to find words for: transference and countertransference, Bion's container and contained, Winnicott's (1958) transitional object all touch on this bewildering area of the middle. Novels use many languages that slip and slide. Their diction moves from high to low and in and out of the voices of different characters. As a patient does in analysis, the writer searches for the words that will have a true meaning, not ultimately true, but emotionally true.

Works of fiction that depict the back and forth of psychoanalysis are quite rare. As Lisa Appignanesi (2008) has pointed out, "Shrinks in novels, if they appear at all, are largely devoid of that very inner life which is meant to be their trade; they often strut the fictional stage as grotesques" (p. 4). She mentions the appearance of psychiatrists and analysts in a number of novelists' works and finds the portraits largely hostile except for a couple of recent novels: Hanif Kureishi's *Something to Tell You* and Salley Vickers *The Other Side of You*. Although she mentions Virginia Woolf, Vladimir Nabokov, Doris Lessing, Iris Murdoch, Philip Roth, D.M. Thomas, Sylvia Plath, Simone de Beauvoir, and Erica Jong, she does not write about F. Scott Fitzgerald's (1933) *Tender is the Night*. Fitzgerald's psychoanalyst, Dick Diver, is not a figure of ridicule, an empty sounding board, or an authority introducing a "case." Of all the novels I have read that treat analysis, Fitzgerald's is the one that most deeply enters the land of Between,¹ that wilderness between you and me. The novelist's knowledge of psychiatry came mostly through the many physicians who treated his wife, Zelda, including Eugen Bleuler, who diagnosed her with schizophrenia. The novel's strengths do not come from a mastery of psychoanalytic theory, however, although the ideas of transference and counter-

¹ My use of "Between" and the "land of Between" is my own. It has many sources: Martin Buber, M.M. Bakhtin, Winnicott, of course, all have versions of this place, not to speak of Hegel.

transference clearly caught Fitzgerald's attention. Dr. Diver *marries* a rich patient, Nicole Warren, whose illness is central to the story, and the two are caught in an unsettling tug-of-war. Roles and personalities—doctor/husband/Dick patient/wife/Nicole—merge, dissolve, and disentangle themselves over the course of the book, and, for a time, Dick and Nicole refer to themselves by a single name that suggests a borderless psychosis: *Dicole*.

For me, the most wrenching passage in the book, however, takes place between Diver and another patient in the Swiss clinic where he works. This nameless woman is described as “particularly his patient.” She is an American painter who suffers from an agonizing skin affliction, which has been “unsatisfactorily catalogued as nervous eczema.”

Yet in the awful majesty of her pain he went out to her unreservedly, almost sexually. He wanted to gather her up in his arms, as he had so often done with Nicole, and cherish even her mistakes, so deeply were they part of her. The orange light through the drawn blind, the sarcophagus of her figure on the bed, the spot of face, the voice searching the vacuity of her illness and finding only remote abstractions.

As he arose the tears fled lava-like into her bandages.

“That is for something,” she whispered. “Something must come out of it.”

He stooped and kissed her forehead.

“We must all try to be good,” he said [pp. 208–209].

The goodness is all Fitzgerald. Throughout his work, there are repeated strains of longing for the moral verities of his mid-Western childhood, a paradise of lost goodness that bears little resemblance to the founding oedipal myth of Sigmund Freud. But Fitzgerald's description of Diver's inner motion toward his patient that is “almost sexual,” his aching compassion, and his understanding that a wide chasm lies between her speech and her suffering—articulates truths about psychoanalytic work. Words are often circling the wordless, seeking an explanation for pain that will bring sense to what feels like nonsense. In art, as in psychoanalysis, what *feels right* must always have resonance, even when it is impossible to explain fully why a passage has taken on that strong emotional echo. It is no accident that the woman in Diver's care is a painter. Just before he feels the urge to take her into his arms, he meditates on her fate, one he feels can never include her work.”

The frontiers that artists must explore were not for her, ever. She was fine-spun, inbred—eventually she might find rest in some quiet mysticism. Ex-

ploration was for those with a measure of peasant blood, those with big thighs and thick ankles who take punishment as they took bread and salt, on every inch of flesh and spirit [p. 208].

While even a cursory survey of the lives of innumerable artists could easily serve as a disclaimer to that statement, its truth-value is not what makes it compelling. Fitzgerald's creatures are generated from the dreamlike action that produces fiction out of lived experience. As is the case with many writers, he robbed his own life and transfigured it. Fitzgerald was adamantly opposed to his wife's ventures into the arts, to her writing, dancing, and painting, and one obvious way to read the passage is to turn it into a fictionalized explanation of his resistance: she was not strong enough. Fitzgerald was no doubt thinking about Zelda when he wrote the paragraph. She suffered from eczema while she was a patient. And yet I believe that the scabrous, bandaged, woman on the bed, whom Diver feels for so intensely, is also an image of himself and by extension his creator. Dr. Diver's narrative wends its way toward alcoholism and failure. Fitzgerald's drinking was legendary. After *Tender is the Night*, he never wrote another novel. He was not strong either. And, although he sometimes feared his femininity (he was homophobic), Fitzgerald, like Henry James, had an imagination as feminine as it was masculine. The miserable spectacle of artistic failure finds itself in the body of a woman too weak for work. Of course, if my little interpretation demonstrates anything, it is how quickly the reader of any literary text becomes like the analyst and how much we writers of fiction are often unconscious of when we write.

In 1933, when Fitzgerald wrote his book with an analyst as hero, the image of the psychoanalyst had not hardened. World War II and its devastation lay ahead, and the field was still in the process of an often messy and fractured creativity. A serious, knowledgeable portrait of a postwar analyst can be found in Simone de Beauvoir's (1956) character Anne in *The Mandarins*. Anne is given extended first-person narrations inside the novel, and all her patients have been traumatized by the war in some way.

The white-haired young woman was now sleeping without nightmares; she had joined the Communist Party, had taken lovers, too many lovers, and had been drinking immoderately. True, it wasn't a miracle of adjustment, but at least she was able to sleep. And I was happy that afternoon, because little Fernand had drawn a house with windows and doors; for the first time, no iron fence [pp. 184–185].

De Beauvoir was well versed in psychoanalysis, and Anne's descriptions of her patients ring with authenticity. The passage makes it clear that, although she does not expect miracles, she takes pleasure in small successes. Her attitude is strictly professional. And yet, perhaps because the novel is a *roman à clef*, modeled closely on de Beauvoir's life with Sartre, their circle, and her love affair with the American writer Nelson Algren, Anne thinks about her patients too little and leaves them too easily. There is nothing in *The Mandarins* about the psychoanalytic encounter that comes close to the depth of feeling, the soaring moment of identification Diver feels when he stands beside his ailing patient.

When I began writing as Erik Davidsen, I was not thinking of literary precedents for his character. I thought of him as my imaginary brother, a man who worked at a job I could imagine having had in another life. What if I had grown up with a brother, I wondered, born to parents much like mine? What if, rather than four daughters, there had been one son and one daughter? And, because I was writing the novel after my father's death or rather *out of* his death, a character like my father and grief like my grief, but also not like it, became part of the narrative. I transformed my experience, changed sex, wrote in a different voice, found a doctor self and several patient selves. Being Erik meant having a fictional practice. Writing the sessions between my narrator and the people he treats came from places in me both known and unknown.

I have been reading about psychoanalysis since I was in high school, but being Erik also meant immersing myself in psychiatric diagnoses, pharmacology, and innumerable neuroscience papers. I also read countless memoirs of mental illness, some good, some poor; interviewed several psychiatrists and analysts in New York City; joined a discussion group about neuropsychanalysis led by a psychoanalyst, the late Mortimer Ostow, and a neuroscientist, Jaak Panksepp; and began teaching weekly writing classes to psychiatric patients at Payne Whitney. That is the *known* part. Books, conversations, and perceptions enter us and become us.

The *unknown* part is far more diffuse and difficult to reach. I cut the passage I reproduced in this paper because it was a bit of contemporary sociology that did not advance the narrative, but also because I wanted the novel to take place mostly on the terrain of a man's inner life, a psychic landscape inhabited by both the living and the dead. Erik knows he is not neutral, knows that psychotherapy happens in the land of Between. Although the patient's narration must dominate, the analyst can steer, probe, wonder, and interpret while maintaining a thoughtful, sympathetic

professional distance. A holding environment is not just a space for confession; it is where truths can be discovered and narratives remade.

The sense of hearing is crucial to the novel. The analyst listens, and as I wrote I realized that Erik was extremely sensitive to sounds, not only to the words spoken, but to the intonations and cadences of the human voice, as well as to pauses and silences, and that his auditory acumen extended to the myriad nonhuman sounds of the city. His patients are part of his inner world, and he thinks about them. They variously hurt, arouse, bore, move, and gratify him. During sessions, he has sudden mental images, associates to words his patients use, and examines his own emotional response to what he hears and sees. His experience with his patients is not exclusively intellectual. Unarticulated tensions bristle in the air. Meanings are confused. Ghosts enter the room. Erik loses his balance with a borderline patient and seeks advice from his training analyst. He breaks through with another patient after a long period of stasis. It is that multifaceted reality of being a psychoanalyst which is so seldom caught in fictional portraits. The analyst as purely cerebral or as a convenient deposit box leaves out the substance of psychoanalysis: the unconscious. Discussing the dynamics of transference, Winnicott (1965) commented on transference through a hypothetical statement, "You remind me of my mother."

In analysis the analyst will be given clues so that he can interpret not only the transference of feelings from mother to analyst but also the unconscious instinctual elements that underlie this, and the conflicts that are aroused, and the defenses that organize. In this way the unconscious begins to have a conscious equivalent and to become a living process involving people, and to be a phenomenon that is acceptable to the patient [pp. 160–161].

Obviously, writing fictional versions of psychoanalytic sessions is not the same as being in analysis. There is no *real other* in a novel, only imagined others. But writing novels is nevertheless a form of open listening to those imagined others, one that draws on memories, transmuted by fantasies and fears. And it is an embodied act, not an intellectualization. Unconscious processes struggling toward articulation are at work in both psychoanalysis and art. It is impossible to understand fully how a book comes about, because the words are born elsewhere. In fact, when a work of fiction is going well, it seems to write itself. It is no longer a question of authorship, but of midwifery—allowing a birth to take place.

Writing as Erik, I felt an underground music that determined the rhythms of the book's form. I knew I was writing a verbal fugue, point

and counterpoint, themes chasing themes, and variations on them that kept returning: telling and not telling, listening and deafness, parents and children, the past in the present, one generation's sorrows living on in the generation that follows it. And so, I have come to understand that it wasn't only the parts of the novel that explicitly explored Erik's relations with his patients that were about psychoanalysis, but that the book as a whole was generated from the discipline's particular form of dialogue and search for a story that feels right and makes sense.

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