

### #3. Carola Mann:

Early in my training a senior supervisor said "any intervention that takes longer than 20 words" is probably not worth it. She stood for pithy and to the point. I shudder to think what she would say about some of our debates or clinical discussions. Maybe a limit of 500 words makes sense in this context - but it will hardly scratch the surface of our topic. Fortunately you will hear from many more colleagues. 75 words so far - I better get serious!

Why are we no longer the main game in town? We have gotten too wordy and too enmeshed in our theories, in our comfort in "talking to the converted." We sometimes forget that there is a real world out there where individuals suffer "from difficulties in living", Their sense of themselves, their inner experience and their interaction with their world are not in sink. In the public media we are often mocked as being concerned only with the "worried well"; in our training programs we try to protect the candidates from patients that we deem unanalysable by criteria handed down to us by our elders. Relief from psychopharmacology is often seen as a cop out, yet such relief may at times permit the patient to become more able to communicate and establish an analytic relationship. This need not invalidate psychoanalytic work; but it does strike a blow at our wishes to be purists.

In some ways we seem to have managed to become irrelevant in many of our pre-institute training programs. Some four or five years ago two psych interns contacted me about information about psychoanalytic training but requested it be sent to their homes, not their work place - their supervisors would hold their interest in analysis against them. In true analytic fashion we need to look to ourselves as having some responsibility for having become somewhat irrelevant. To the extent that the world has become more globalized we have not moved far in our psychoanalytic thinking or understanding. We are good at formulating ever more exciting and interesting theories, enjoy debating their implications and applications, but fundamentally we have a "Western" take on what represents mental health, and how the individual should fit in his world.

Lest I be accused of advocating "wild analyses" or "shooting from the hip," I am really trying to underline two important aspects of psychoanalytic work, maintaining an analytic attitude and listening with a third ear, while remaining alert to the fact that much of what we may experience ourselves in a session may be countertransferential because of an almost unavoidable Western bias. So while we need to maintain an analytic attitude, we need to go beyond that by asking questions, be

attuned to evidence of anxiety in a patient's communication and feel free to know that we don't know. Maybe there should be a course in our curricula given by a respected analyst titled "I don't know what I am doing," it might go a long way to help candidates embrace and use not knowing!"