

“Remembering Walker Percy’s Psychoanalyst: Commentary on Janet Rioch’s ‘The
Transference Phenomenon in Psychoanalytic Therapy’”

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In this, her only psychoanalytic article, Janet Rioch (1905-1974) expresses large areas of agreement with Freud on the meanings of transference, without slavishly restricting herself to such agreement. In fact, she offers an instructive example of what Leo Rangell called “total composite theory”—retaining what is valid and helpful from older psychoanalytic theory, while also adding new ideas that prove to be valid and helpful. It is unfortunate that maladaptive individual and group dynamics have led our field to splinter repeatedly into subgroups that turn competing theories into straw men as they promote as new discoveries analytic perspectives that have been around for longer than they acknowledge. Those who reject Freud tend to replace him with some substitute “monotheistic” theory, rather than embracing the more clinically useful pluralism that is inherent in total composite theory.

The first sentence of Rioch’s article speaks of Freud’s gradual development of his central discovery of transference in psychoanalytic work. (We might notice in passing that one of her quotations from Freud is her translation of his original German article—i.e., she read it in German.) Rioch adds that “it would be a mistake to deny the value and importance of his [Freud’s] formulations regarding transference phenomena...I agree that the main work of the analysis consists in analyzing the transference phenomena, though I differ somewhat as to how this results in cure” (p. 148). Temperamental differences led

other analysts such as Sullivan to minimize Freud's insights, and instead to highlight their disagreements with him. In turn, this widened the split between "interpersonal" and "classical" analysts. In the process, all were deprived of the ways that "total composite theory" could have better served them in their clinical work. Certainly, Freud did not help matters by his intolerance of analytic "heterodoxy."

Rioch's article has been anthologized at least twice, and has been cited more than 60 times in the literature. It was reprinted in 1990 in *Essential Papers on Transference*. That book's editor, Aaron H. Esman, chose this paper and one by Frieda Fromm-Reichmann to represent the interpersonal school. As Esman writes, "this essay anticipates a number of themes that will emerge later in 'mainstream' analytic thought. In particular Rioch observes that... transference phenomena will emerge in large part in reaction to the characteristics of the analyst, rather than as automatic and internally driven repetitions" (p. 9). Esman notes that Rioch thus anticipates the work of Merton Gill, D.W. Winnicott, and others. Her article was also reprinted in 1995, in *Pioneers of Interpersonal Psychoanalysis*. In his introduction to her article in that volume, Earl G. Witenberg offers a personal view of Rioch, who was his training analyst, and later his supervisor. He emphasizes her deep respect for confidentiality, when Rioch and Witenberg were treating a husband and wife, respectively.

Rioch grew up mostly in India, where her parents were missionaries. Her father led the Campellite sect; her mother was an English-born physician. During Rioch's senior year at Butler College in Indianapolis, her failure to appear for induction into Phi Beta Kappa was unusual enough that it was written up in the *New York Times* (no reason was given). After medical school at the University of Rochester, she did internships in

medicine, then in surgery (sexism thwarted her original plan of becoming an orthopedist). Rioch began her psychiatric training at Sheppard-Pratt Hospital near Baltimore in 1933, a few years after Sullivan left its staff. She was the first President of the American Academy of Psychoanalysis. She was also a co-founder of the William Alanson White Psychoanalytic Institute in New York City¹. After many years of practicing and teaching in New York City, Rioch joined the staff of Chestnut Lodge in Rockville, Maryland in the early 1960s.

Some of Rioch's publications are under her later married name, Janet Rioch Bard. She did research with the physiologist Philip Bard (1898-1977) following her internships. Her older brother David had earlier collaborated with Bard on neuroscience research. Jay Tolson reports that Janet Rioch had an affair with Bard while working with him, and that she struggled to recover from his eventually rejecting her (it was many years later that they married). Her sister-in-law Margaret Rioch told Tolson that Rioch "never got over the fact that her mother had preferred her brother, David, giving him most of her attention and affection" (p. 139). This may have been one reason she took Bard's rejection so badly. A year after Bard's wife of 42 years died, Rioch married Bard and moved to Baltimore, in 1965. Witenberg wrote that the final ten years of Rioch's life were her happiest.

Since Rioch's work at Chestnut Lodge is not well documented, I will quote a comment she made in a weekly staff conference there on March 6, 1963. Harold F. Searles gave the case presentation that day, about a woman he had been treating at the Lodge for a decade. Near the end of the conference, after Otto Will raised the issue of

¹ The White Institute and its members recently joined the American Psychoanalytic Association, which makes this reprinting of Rioch's article especially timely.

Searles's and the patient's goals for herself, Rioch agreed with Will. She then made an intriguing observation about the group process² during the conference—"It struck me...that...it is a rather unhappy and sad story of this long time spent in the hospital, which was reacted to by this group [with] a certain amount of anxiety. Because each time that it was remarked that she had been here ten years... there was a ripple of laughter that did not sound as though it were funny. It was rather ...an impression of anxiety than humor...I think that might relate to some genuine feelings of distress about the length of time [at the Lodge]." Searles replied to Will and to Rioch that he had become reluctant to set goals with patients, other than that of helping the patient "become increasingly conscious of what goes on between her and other people."³

Each analyst's personal approach to treatment and to theory is influenced by many subjective factors. Among these are the caseloads that each analyst works with. We know that one of Rioch's patients was the prominent novelist Walker Percy (1916-1990). It is interesting to speculate how her work with Percy may have influenced Rioch's views about analysis.

Rioch analyzed Percy five times per week for two or three years in the late 1930s, while Percy was in medical school at Columbia. Sullivan visited Percy's family in Louisiana for a month, and he then referred Percy to Rioch. He told Percy, "What you need is a nice, good-looking woman psychiatrist" (Samway, p. 104). Percy later compared Rioch's appearance to that of Ingrid Bergman. It is always interesting to hear what former patients remember about their analyses. Percy wrote, "What I remember is

² Rioch's brother's wife, Margaret Rioch, was a leader in the field of group dynamics.

³ Quotations are from the transcript of this staff meeting. Searles refers favorably to Rioch in his writings.

not too much the analysis...but being nervous about being on time and arriving thirty minutes early...and planning what I was going to say” (Samway, p. 105). We can only speculate as to why Percy was so terribly anxious not to be late. Clearly, he sounds eager to see Rioch, while afraid of speaking spontaneously. At some level, did he also think that Rioch would worry he might have suicided if did not arrive on time?

Surprisingly, Samway implies that Percy told him Rioch “wanted to avoid the analysand’s displacement of deep-seated feelings toward a mother or father onto herself” (p. 108).⁴ Did Percy experience Rioch as trying to withdraw from him if he felt she did not want to be a mother-figure for him? If so, this may have stirred a traumatic transference to Rioch, considering his mother’s depression, and her suicide when he was 15. It would also be understandable if he was hypervigilant to the slightest hints of lowered mood in Rioch.

There had been several suicides in Percy’s extended family. He was only eight months old when his paternal grandfather killed himself. When he was nine, his father had a psychiatric hospitalization for depression at Johns Hopkins. His father killed himself when Percy was 13. Percy told Robert Coles that his father and paternal grandfather were both manic-depressive. His paternal grandmother has also been described as manic-depressive (Samway, p. 457). Percy initially planned to become a psychiatrist. Percy’s younger brother LeRoy said in an interview that Walker intensely disliked medical school. “The only part of the medical school that he liked was the psychiatric part” (Harwell, pp. 102-103).

⁴ Lawson observes that “collectively, mothers and fathers in Percy’s novels are dead, missing, peripheral, or at best, vague or ineffectual” (1996, p. x). Lawson speculates that Percy’s writing career “amounts to a self-analysis” (p. 239).

Carl Elliott, Bertram Wyatt-Brown, and others have speculated that Rioch wrote about Percy in disguise in her 1943 article on transference. She presented the paper on which this article is based about three years after Percy terminated his work with her. Elliott also believes Percy, for his part, was influenced by his treatment with Rioch when he wrote about Will Barrett's analysis with Dr. Gamow in his novel *The Last Gentleman*. Rioch was probably one influence that led Percy to contribute two articles to *Psychiatry* [1961, 1972], the very journal in which Rioch published. It is likely that Percy identified himself in Rioch's 1943 article, and had it in mind when he complained, "No one has ever explained how a psychiatrist can be said to be 'responding' to a patient when he, the psychiatrist, listens to the patient tell a dream, understands what is said, and a year later writes a paper about it" (1972, p. 1; emphasis added).

Writers often want to protect their privacy. When readers assumed Percy's characters were based on people he knew, he got annoyed and said they were all composites. His best friend for 60 years was the eminent writer Shelby Foote. Foote agreed--"I've never identified myself as a specific character in Walker's work. I've seen him making fun of me in parts... he used bits and pieces of [people], but he never puts an actual person in a place [in his novels], and neither do any good writers. They put four or five people together; otherwise, the character would be flat" (Harwell, p. 133). Foote also commented, "There's a whole secret side of Walker that he hid from various people... He never told me when he was in med school... that he'd been seeing a psychiatrist" (Harwell, p. 120).

In 1974, Percy told an interviewer that he once believed Freud had the answers—"I elevated him far beyond the point that even he would place himself" (Elliott and

Lantos, p. 119). Analysts may similarly move from excessive idealization of Freud to disillusionment, then to angry derogation of him. In 1984, Percy told his biographer Linda Hobson that he was fond of Rioch. He also told her that the use of transference in psychiatric treatment is effective, even “redemptive” (ibid., p. 120).

Elliott underlines the complexity of Percy’s feelings about psychiatry. “Depending on his artistic requirements [when writing fiction] or mood when being interviewed, he offered quite different readings” (p. 119). He told Linda Hobson in 1984 that “The analyst is able to transfer the patient’s love to the outside world in a rational way” (Elliott, p. 120). Ironically, some (e.g., William R. Allen, 1986) have written that Percy stopped seeing Rioch because he considered her to be too “Freudian.” Perhaps that was Percy’s way of referring to Rioch seeming more emotionally withdrawn. He then had another year of analysis with Gotthard Booth (1899-1975). I suspect it was under Rioch’s influence that Percy wrote that the expert psychoanalyst is more likely to be eclectic (cf. total composite theory) than those with less experience.

Richard M. Cook, in his biography, states that the prominent literary critic Alfred Kazin began seeing Rioch professionally in 1944. Rioch allegedly connected Kazin’s interpersonal problems—especially with women—to his early relationships with his family. In his own journals, Kazin writes that, in their very first interview, Rioch told him “that I was always in love with those who rejected me” (p. 63, from August 30, 1944). Kazin agreed with Rioch that his undescended testicles were not the primary cause of his emotional problems—“it was a condition that joined psychic experiences; it was not itself the cardinal cause of trauma” (2011, p. 63). Cook says that Kazin responded “enthusiastically and gratefully” to Rioch’s efforts to help him, seeing her three times per

week initially. He continued in treatment with her for nearly 20 years, until she left New York City for Chestnut Lodge. “He later claimed that without her he would never have written his memoir *A Walker in the City*” (p. 90). Little is written about patients’ relationships with their analytic “siblings” (see Waugaman, 2003). So it is intriguing to learn that Kazin visited Percy for several days in 1970 (Quinlan, 1996). It was then that they discovered they had both been in analysis with Rioch (Tolson, p. 369).

In her 1943 article, Rioch seems to anticipate Peter Fonagy’s (1999) misguided attempt to eliminate reconstruction as a vital analytic tool when she writes, “The therapeutic aim...is *not* to uncover childhood memories which will then lend themselves to analytic interpretation (p. 151; emphasis added). However, Rioch states earlier on the same page that the patient’s emotional injuries “can not be fundamentally cured until those interpersonal relationships which caused the original injury are brought back to consciousness in the analytical situation” (p. 151). So Rioch is simply emphasizing that it is not childhood memories in isolation that matter; it is rather their interpersonal context. And it matters a great deal that these neurosogenic relationships are re-experienced toward an analyst who is sufficiently different from the primary objects in personality that the distortions in the patient’s transference attitudes can be convincingly shown to the patient.

William Alexander Percy was a second cousin on Walker Percy’s father’s side, a lawyer and a poet. He raised Walker and his brothers after their parents’ deaths. It was reported that Percy’s mother fell in love with “Uncle Will.” An unmarried closet gay, he rejected her. In a “distraught” (Samway, p. 54) state, she drove her car off a bridge and drowned when Percy was 15, just two years after his father’s suicide. Percy concluded

that she took her own life. Chillingly, his younger brother Phin was in the car with her, and had to struggle against her efforts to prevent him from escaping.⁵ Samway, who interviewed Percy extensively, writes, “To deal with this second parental suicide was undoubtedly one of the greatest burdens of Walker Percy’s life. Her departure was the most definitive form of rejection... The loss of his mother was the greatest unresolved event in Walker Percy’s life” (p. 56). Percy’s younger brother told an interviewer that he had never seen his mother smile—she always seemed sad.

Rioch notes that, if the analyst has the same need for deference that the parent had, the patient will not be able to resolve his core conflicts, though he will deferentially create a façade of having been analyzed. We might speculate that, similarly, Percy’s experience of her mother’s suicidal depression after being rejected by “Uncle Will” resonated in Rioch’s countertransference with *her* childhood pain from her mother preferring Rioch’s brother, and with her enduring sadness about being rejected by Philip Bard just a few years before she treated Percy. It is possible that Rioch was not fully aware of these aspects of her countertransference, and that they imposed limits on her effectiveness with Percy.

There are hints that Walker Percy may in fact have developed a traumatic transference toward Rioch, which disrupted his previous more realistically positive and even idealizing relationship with her. She describes this shift in his transference as “sudden” (p. 152), which is consistent with the regressive impact of a traumatic transference. Tolson says that Percy told his friend Shelby Foote, “I could never effect a

⁵ This brother volunteered to serve on a submarine in the Pacific Ocean during World War II. He enjoyed it, explaining that “to me, danger was just fun...I just loved it” (Harwell, p. 156-157).

transference” (Lawson, p. 239). Lawson maintains that it was the incomplete nature of Percy’s analysis that led him to fiction as a form of self-analysis. Literary critics are ambivalent about whether we are entitled to know about authors’ personal secrets-- Lawson rules that “Walker Percy’s personal history is none of our business” (p. 139). Percy himself may have been ambivalent about whether to air his family’s many secrets, such as his guardian Uncle Will’s homosexuality.

Although she does not say this led to an interruption of her work with this disguised patient, we do know that Percy left Rioch to seek analysis with Gotthard Booth, “who shared [Percy’s] interest in existentialism” (Samway, p. 108). It is possible that the eruption of a traumatic transference contributed to his decision to leave Rioch. It is also likely that Percy had powerful longings to reconnect with a father surrogate. Further, just earlier in the same paragraph that describes the patient who has been identified as Percy, Rioch writes, “It is just in the safest [treatment] situation, here the spontaneous feeling [the previously repressed “real self” (p. 150)] might come out of hiding, that the patient develops intense feelings, *sometimes of a hallucinatory character*, that relate to the most dreaded experiences of the past” (p. 152; emphasis added). This is a vivid description of a traumatic transference, perhaps of moments that have been further characterized as a “flashback transference,” using a term referring to a symptom of PTSD.

Among her other contributions in this article, Rioch highlights an intriguing dimension of the original attitudes toward primary objects that get displaced onto the analyst. These attitudes prominently include the defenses the patient formed to cope with troubling or even dangerous feelings toward those earlier figures. For example, she notes that submissiveness toward a domineering parent often defends against rebellious

impulses that would threaten retaliation. Unfortunately, “If the analyst’s personality also contains elements of a need for deference, that need will unconsciously be imparted to the patient, who will, therefore, still repress his spontaneity as he did before” (p. 151). So the analyst will have to be different enough from the parent that the transference *distortions* can help the patient work through the maladaptive need to be submissive toward domineering people.

Rioch’s colleague at the William Alanson White Institute, Clara Thompson, was in analysis with Sandor Ferenczi. It is likely that Thompson provided a personal means by which Ferenczi influenced Rioch’s thinking about transference. Rioch cites a fascinating 1909 article by Ferenczi, which is reprinted in his 1916 book, *Sex in Psychoanalysis*. She especially highlights its second chapter, “On Introjection and Transference.” One wonders if she had also read his pivotal article, “Confusion of Tongues between Adult and Child.” It was first published in German (a language Rioch read) in 1933. Freud and some of his followers kept this controversial article from being published in English until 1949. In it, Ferenczi speaks of his frequent clinical experience with “the almost *hallucinatory* repetitions of traumatic experiences” (1949, p. 197). This anticipates Rioch’s statement that “the patient develops intense feelings, sometimes of a *hallucinatory character*, that relate to the most dreaded experiences of the past.” Ferenczi makes the same observation that Rioch stresses, about the pitfall of the analyst’s personality being too similar to pathogenic traits of the patient’s parent. Ferenczi similarly states that “The analytical situation [is sometimes] not essentially different from that which in [the patient’s] childhood had led to the illness” (p. 199). Ferenczi astutely noted that patients often see in their analyst traits for which the analyst may have a blind

spot. When patients confront the analyst with such observations, Ferenczi advised self-scrutiny on the analyst's part, followed by confirmation of the patient's accurate perceptions, when indicated. He felt this could have profoundly therapeutic effects, helping to differentiate the analyst from the patient's primary objects.

What has changed in our view of transference since Rioch's article? I wish to highlight just two developments. When Rioch characterizes the displacement onto the analyst of childhood feelings toward primary objects as a defense against experiencing the analyst as a new object, she is certainly correct—up to a point. However, as Thomas Szasz observes, analysts can use our theory of transference as a defense when we have blind spots for our patient's correct perceptions of our ego dystonic traits. Distinguishing between the two sorts of reactions to the analyst—distorted, and valid—is a crucial but daunting and humbling challenge. Especially because, more often than not, the patient's correct and distorted perceptions of the analyst coexist, in various combinations. It illustrates Freud's (1917) theory of a "complemental series" of causally additive variables. Practically speaking, if we assume there is at least some truth in the patient's negative reactions to us, it helps us guard against being smugly oblivious to our actual flaws. And assuming there is some displacement from past objects when the patient attacks us helps us guard against submitting masochistically to a negative transference.

Rioch says childhood interpersonal experiences which were of a "traumatic character" (p. 149) are especially likely to create rigid, self-fulfilling expectations of future relationships, including with the analyst. During the decades since Rioch's article first appeared, work with traumatized patients has given us a great deal of insight into "traumatic transferences." When attitudes and feelings toward a traumatizing figure from

the past are displaced onto the analyst, the patient is especially likely to lose sight of the “as if” nature of their transference feelings, and believe their analyst is in reality an abusive person. Ferenczi’s pivotal 1949 article still offers profound insights into traumatic transferences. It was Edward Glover who seems to have introduced the term “traumatic transference neurosis” (1955, p. 127). He described patients who unconsciously seek to recreate “a traumatic situation in the analysis” (p. 127). He concluded, “This is a difficult situation to deal with and unless met by a combination of patient yet effective interpretation ends more often than not in analytic stalemate” (p. 127). Those who have specialized in the treatment of dissociative identity disorder (e.g., Richard Kluft, Ira Brenner, and Frank Putnam) have provided us with much better tools to deal effectively with traumatic transferences.

In conclusion, Janet Rioch’s 1943 article is well worth a fresh look. She was an important early contributor to psychoanalysis in the United States. This commentary has especially focused on her analysis of the novelist Walker Percy, which may have been derailed by a complex traumatic transference, and by the countertransference it evoked in Rioch. I hope nothing I have written here will be misconstrued as criticism of Rioch’s work with Percy. For all we know, she may have saved his life, and helped liberate his creative potential, contributing to his distinguished literary career.

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