

# TAP

THE AMERICAN PSYCHOANALYST



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**“We are never so defenseless against suffering as  
when we love, never so helplessly unhappy as when  
we have lost our loved object or its love.”**  
—Sigmund Freud, *Civilization and Its Discontents*

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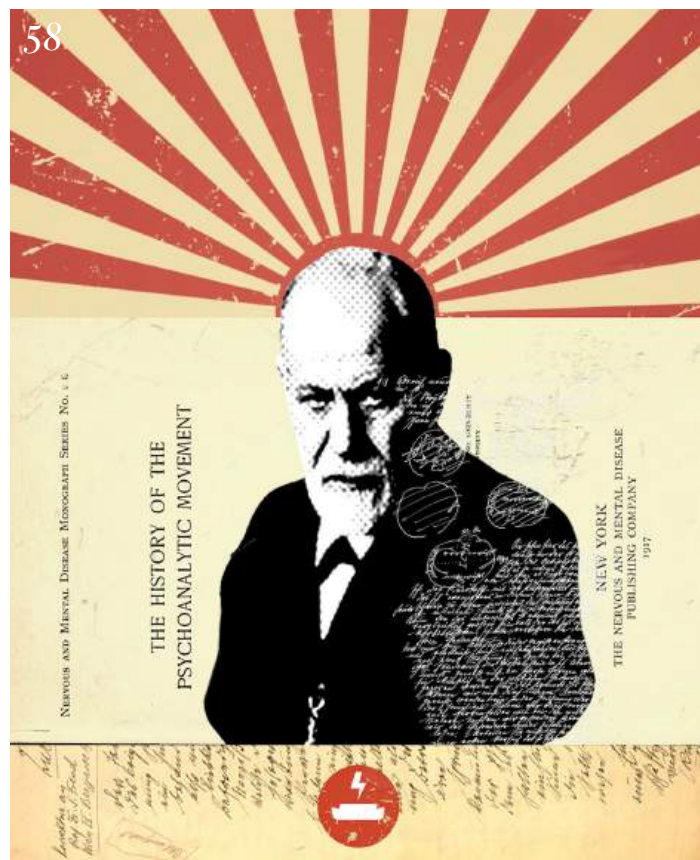


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Uncanny and tender, *Wolf Mother & Daughter* by Art Director Austin Hughes draws on the Editor's Letter and Winnicott to explore themes of dependence, belonging, and "infinite debt."



# TAP THE AMERICAN PSYCHOANALYST

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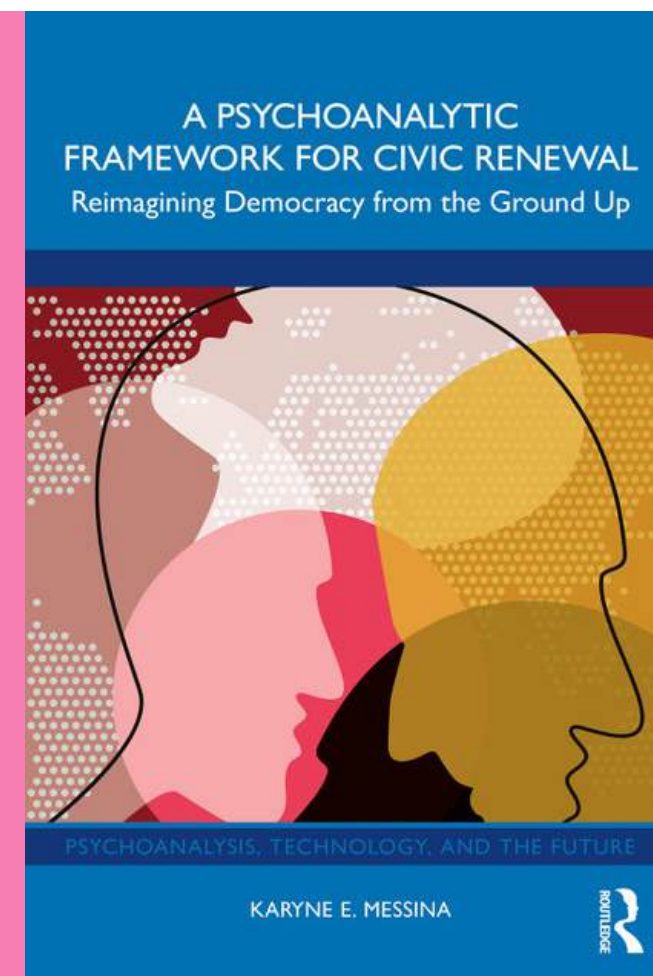
*A Psychoanalytic Framework for Civic Renewal: Reimagining Democracy from the Ground Up* offers a compelling and original thesis: that the global crisis of democracy is not a purely political or economic problem but a deeply rooted psychological and relational one.

The book synthesizes key psychoanalytic and psychological concepts to argue that the health of a democracy is directly tied to the citizenry's capacity for mentalization—the foundational ability to understand ourselves and others in terms of our inner thoughts, feelings, and intentions. Beginning with the developmental origins of mentalization, it demonstrates how a collective failure to mentalize leads to the collapse of epistemic trust and a dangerous regression to primitive psychological defenses. The solution: A new educational model that cultivates mentalization and the complementary intellectual capacity for critical thinking.

This book serves as a vital resource for educators, policymakers, and mental health professionals, offering an interdisciplinary framework that bridges the divide between abstract political theory and practical, psychological solutions.



AVAILABLE NOW FOR ORDER



# INFINITE DEBT

BY LUCAS McGRANAHAN

**WE CAN'T AFFORD** to give mothers the credit they deserve. In the introduction to his book *The Child, the Family, and the Outside World*, Donald Winnicott notes the immeasurable contribution made by all ordinary mothers to their children's development:

If this contribution is accepted, it follows that everyone who is sane, everyone who feels himself to be a person in the world, and for whom the world means something, every happy person, is in infinite debt to a woman. At a time in earliest infancy when there was no perception of dependence, we were absolutely dependent.

This is a lot to accept. Indeed, we don't accept it. Here is the problem: If we fully recognized our infantile dependence, we would be just one step from recognizing our lifelong dependence—the fact that we need others, that we are constituted by our relationships, that we can only ever be *relatively* autonomous, healthy, and strong.

Dependence is not a temporary condition. Giving mothers full credit is especially frightening to men, whose misogyny, according to Winnicott, is rooted in fear of the dependence they experienced as infants. Many men, including those in public life, grow to disdain and disown femininity. The infantile roots of misogyny and toxic masculinity are explored at length by **Richard Tuch** in this issue of *TAP*. The topic is both timeless and timely, given how the “manosphere” of Andrew Tate and his ilk continues peddling a defensive model of manhood.

If our earliest sense of dependence lingers on, it is bound to appear in some form in the consulting room. **Santiago Delboy** writes about the patient's wish to know the therapist—not the biographical details, but the intimate reality of another mind. The question “What are you thinking?” can feel intrusive or beside the point. It may also be one of the clearest expressions of our need to be recognized. Knowing one's therapist shows up in a different way in this issue's advice column, where **Stephanie Newman** writes to a patient who is grappling with

discovering her therapist's dating life online—an opportunity to think about transference rather than avoid it.

Can today's mental health care meet the need for recognition? **Elizabeth Cotton** describes the rise of “UberTherapy,” a model that promises convenience while lowering the ambition of therapy. And **Linda Michaels** shows how practice management companies bend and strain the clinical frame, inserting unwelcome third parties into the therapeutic relationship.

Chatbot therapy is a culmination of these dynamics. **Karyne Messina** reflects on encounters with AI that feel fluent yet strangely hollow—empathy without risk, understanding without consequence. Messina is also one of the members of APsA's Presidential Commission on Artificial Intelligence (CAI) working to produce a full-length documentary meant to bring a psychoanalytic perspective to questions of human well-being in the age of AI.

Relational tensions are explored through arts and culture as well. **Patricia Gherovici** turns to fashion and gender



Photo by Logan Morris.

to show how the body is not simply given but made—staged, revised, and lived in relation to others. And **Adam Gidwitz**, writing about fairy tales, arguing that these strange, often brutal stories are better suited to addressing psychic tensions than the frictionless entertainments that now light up the tablets of toddlers.

**Chandra Rai's** essay takes up personal and political questions of belonging, traced through her return to the United States from India. Moving between external borders and an internal sense of home, Rai suggests that psychoanalysis offers a way of holding these tensions.

Finally, this issue looks at how psychoanalysis is taught and transmitted. **Austin Ratner's** conversation with Harvard's Elizabeth Lunbeck shows how Freud can be made newly legible to students. **Xiaomeng Qiao** reflects on the demand that analytic candidates declare a theoretical allegiance. What appears to be a question about ideas turns out to be a question about belonging, anxiety, and the difficulty of holding multiple

perspectives at once. **Cara Maniaci** draws on favorite texts to trace her uneven path through analytic training, capturing both its transformative power and its structural constraints. And **Brian Ngo-Smith** and **Teresa Méndez** ask, more bluntly, whether a field that cannot reckon with generational anxiety is in danger of hoarding its future rather than sharing it.

*TAP* not only publishes psychoanalytic work, but advocates for it. In March the *TAP* team set up shop at the AWP Conference in Baltimore, selling issues and striking up conversations with editors, writers, and small presses from across the country. We can tell you that the interest in psychoanalysis is out there—we just need to keep the conversation going.

You'll also notice that this is our only print issue of the year. The shift to annual print issues reflects a change in emphasis rather than a retreat. Print allows us to curate a set of essays with care; our digital platforms allow us to stay in continuous contact with readers, including many who are not (yet?) members of APsA. We are publishing more on Substack and Instagram,

experimenting with new formats, and reaching a wider audience. For instance, *TAP* Art Director **Austin Hughes** created a hilarious short video featuring a therapy chatbot called Gabby, who “responds instantly because she knows which words people like to see—and what order to put them in.” See if you can spot her in this issue.

I should have said: I'm reading Winnicott's book because my wife is seven months pregnant. She and I will take Winnicott over the latest parenting blog. We doubt the advice has gotten much better in the decades since he gave the BBC radio addresses that became this book—except, perhaps, in that we expect more of fathers, and can now imagine a child well cared for by two of them.

Winnicott is associated with mothers more than fathers. But for me, he is clarifying a key task: to dwell in dependence rather than disown it. The alternative is puffery, not courage. ■

*Lucas McGranahan*  
LUCAS McGRANAHAN

# MALE GRIEVANCE, MISOGYNY, AND THE RISE OF TOXIC MASCULINITY

BY RICHARD TUCH

A CONTEMPORARY MALE PREDICAMENT, emerging in the wake of feminist-driven social change, deserves our attention. Traditional gender roles and male privileges have given way as society has sought to correct longstanding injustice. Many men have adapted well. Others angrily complain that the pendulum has swung too far—that they have been kicked to the curb in the rush to right one wrong, only to create another. Social change never benefits everyone equally.

A backlash against cultural progress is taking shape worldwide. Misogyny is surging, accompanied by reactionary ideology and rightward political shifts evident in the election of strongman leaders who capitalize on male grievance. In Germany, young men are twice as likely as their female peers to vote for the far-right Alternative für Deutschland. In South Korea, three out of four men in their twenties support conservative candidates trafficking in antifeminist rhetoric; 60 percent strongly oppose feminism. In England, over 90 percent of young men report familiarity with manosphere influencer Andrew Tate, and a quarter agree with his doctrine of male control over women.

WHILE AUTONOMY AND  
SELF-RELIANCE ARE  
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GENUINE POTENCY.



Drawings by Virgil Ratner

These are not isolated data points but symptoms of shared malaise. In an increasingly competitive global economy, men sense scarcity everywhere—jobs, status, sexual attention. As the breadwinning roots of masculinity erode, male pride suffers a blow that cannot be ignored. With so much having changed, many men struggle to say what it means to be a man today. Anxiety seeks explanation. Misogyny provides it. Feminism becomes an easy scapegoat as an old patriarchal narrative is repackaged for the algorithmic age: Women took what was ours. Such narratives fuel what increasingly resembles a looming culture war.

Signs of misogyny appear everywhere: in the bitter rhetoric of aggrieved men populating the manosphere, in popular culture dramatizations like the Netflix series *Adolescence* (which portrays a boy radicalized by online misogyny who murders a female classmate), and in contemporary political life populated by chest-beating men certain of their standing, men who would rather double down than admit error. Toxic masculinity and misogyny travel together.

What follows situates these developments psychoanalytically, moving from sociocultural observation to conceptual clarification, developmental theory, and finally to clinical and disciplinary implications.

### TOXIC MASCULINITY: A POLITICIZED TERM IN SEARCH OF THEORY

The phenomenon we call toxic masculinity long predates contemporary political trends, though recent cultural shifts have added fuel to the fire. The term emerged within the Men's Movement of the 1980s and 1990s to illustrate how men should not behave. Feminist writers subsequently adopted it to describe domineering, misogynistic, and homophobic behavior. Psychiatrist Terry Kupers observed that early conservative critiques framed it as a label for marginalized, low-income men—street criminals or incarcerated felons whose hypercompetitive, dominance-driven behavior reflected social pathology. That framing shifted dramatically once applied to powerful men like Donald Trump, Harvey Weinstein, Roger Ailes, and Jeffrey Epstein. Many conservatives then regarded the concept as evidence of an antimale feminist bias pathologizing normative masculinity itself.

Despite the term's ubiquity in public discourse, psychoanalysis has been slow to address it. A search of Psychoanalytic Electronic Publishing reveals slightly over 50 papers referencing toxic masculinity, most published within the last five years—and most mention it only in passing. Few psychoanalytic works confront the topic directly.

Notable exceptions exist. Michael Diamond's *Masculinity and Its Discontents* (2021) offers sustained examination of male developmental vulnerability. Karl Figlio's seminal paper "Phallic and Seminal Masculinity" (2010) and his book

*Rethinking the Psychoanalysis of Masculinity* (2023) explicitly engage the conceptual confusion surrounding masculinity and attempt to move the field beyond moralized or behavioristic descriptions.

Still, a glaring problem remains: Authors who invoke toxic masculinity rarely define it. The term is treated as self-evident, referring vaguely to a recognizable but unspecified cluster of attitudes and behaviors. This conceptual looseness weakens both clinical understanding and theoretical precision.

### TOWARD A PSYCHOANALYTIC DEFINITION

Defining the term rigorously is essential if we are to speak meaningfully of a psychological type rather than a moral caricature. In writing my recent book *Perversity, Pornography, and the Psychology of the Male Species* (2025), I conduct a comprehensive literature review and distill a provisional clinical typology. Men typically described as toxically masculine tend to

1. Resort to violence and aggression
2. Strive for power and status within a winner-take-all mindset
3. Dominate and control others
4. Display misogyny in attitude, language, or action
5. Exaggerate toughness and bravado
6. Project smugness, arrogance, and superiority
7. Adopt a know-it-all posture
8. Act entitled, taking without asking
9. Lack humility or capacity to admit error
10. Deny weakness or vulnerability
11. Suppress tender emotions
12. Reject help in the name of self-sufficiency

While one might be tempted to describe toxic masculinity as a condition from which men suffer, the suffering is borne primarily by those subjected to these men's relational styles. Such men rarely experience themselves as troubled; their lack of subjective distress is itself diagnostically significant.

### CLINICAL RESISTANCE AND PHALLIC NARCISSISM

The psychoanalytic treatment of such men is notoriously difficult. Published case reports describe analysts who attempted—and failed—to treat patients whose personalities would today be described as toxically masculine. These patients are often better understood as phallic narcissists, a perverse character type whose hostility emerges in the transference as contemptuous rivalry, entitlement, and insatiable demand for admiration. Herbert Rosenfeld observed that such patients are chronically resistant to analysis, their defensive organization rendering interpretive work largely ineffectual.

Consider the following case from my own practice, which demonstrates how difficult and unpleasant these patients are to treat. Timothy A., a married man in his early forties, presented with idiopathic genital pain that developed shortly after yet another in a long series of casual extramarital sexual encounters. An incidental finding that emerged only after treatment was well underway was his longstanding tendency to exhibit his penis to women—which Timothy made sure to let me know was “humongous.”

The patient was, not surprisingly, highly narcissistic: Everything from his choice of cars to the location of his home and office was designed to impress. In his estimation, everything of his put everything of mine to shame. He dedicated himself to treating me in a way designed to make me feel worthless, which likely related to his having been mercilessly teased by other kids about certain of his body features, leaving him feeling ashamed and deformed. His transference to me was perverse in every sense of the term.

In *The Fundamentals of Psychoanalytic Technique* (1991), Horacio Etchegoyen describes the polemical quality of perverse transferences. In line with Etchegoyen's analysis, my patient reeked of superiority and expressed unrelenting contempt for me. My office building, my interventions, my intellect—all were “second rate.” His devaluing diatribes focused chiefly on the worthlessness of everything I was and everything I had to offer. He complained incessantly that he was not receiving the kind of eye-opening interpretations that would prove he was getting his money's worth, and he endlessly challenged and goaded me to finally give him something worthwhile in the way of pithy interpretations.

For months on end, Timothy opened each session expressing dismay that he was continuing to see me. He figured he'd be best off cutting his losses and accepting, once and for all, that I wasn't the right analyst for him. He considered his inability to leave me yet another in a long list of symptoms I had yet to help him resolve—ignoring the fact that his presenting genital pain had all but vanished. He reasoned I was too financially dependent on him to let him go, and that if treatment were to end, I would be the one losing out, not him. Timothy could have picked up and left treatment months before, but he seemed to be deriving far too much sadistic pleasure watching me squirm in reaction to his unrelenting contempt as he achieved his ultimate aim: to defeat and triumph over me.

I understood Timothy's transference reactions as a way of ensuring that, this time around, if anyone was going to be treated scornfully, it would be me, not him. Any countertransference urge I felt to retaliate I held in check, realizing it would only provide further proof of what he deemed my glaring inadequacy. Eventually, it became difficult to say anything, since the patient would tear it to shreds, declaring it complete and utter “rubbish.”

I felt cornered, in a no-win situation with a man whose thinking conformed to a zero-sum game theory of human relations: There are only two roles—winners and losers—and the patient knew what he had to do to stay on the right side of the ledger. Being on the receiving end of such contempt provided me with a firsthand taste of what his childhood had been like for him (what Kleinian theory describes as the communicative aspect of projective identification, in which one makes the other feel what one cannot bear or symbolize). Interpretations I made along these lines went nowhere, providing further proof that I was indeed a worthless and contemptible “piece of shit,” which the patient was dedicated to reminding me of each and every session.

Stan Coen's observations fit in here:

[a patient's] perverse defenses evoke perverse countertransferences—the opprobrium accorded perversion—in which we relish being sadistically judgmental, dominating, and attacking. The sadistic pleasure analysts take in such perverse countertransference attitudes is more difficult for us to bear than is our countertransference response of feeling excluded, alone, and insignificant when faced with narcissistic defenses . . . We need to acknowledge the perverse and antagonistic affective force-field we analysts are drawn into by perverse patients who refuse to be reasonable.

Our field's difficulty treating these cases might tempt dismissal of the topic altogether. Yet psychoanalytic progress has often emerged from studying extreme cases. Freud's general psychology was built on investigating pathology. Toxic masculinity, viewed as an extreme endpoint along a continuum of masculine development, offers similar theoretical value. Toxically masculine men differ from other men only in degree. All men have it in them to act in a somewhat toxic manner, particularly when their male pride is threatened. A man can act toxically when he feels threatened, humiliated, frightened, or needy, or when he experiences a loss of power or control. Such tendencies manifest when pride is punctured or vulnerability exposed. Toxicity exists on a spectrum—from momentary lapses into domination and arrogance to chronic patterns of exploitation and condescension. The more a man takes without asking, imposes his will while ignoring others' wishes, or exploits vulnerability to get his way, the more toxic we consider him to be.

### DEVELOPMENTAL ORIGINS: THE CONTOURS OF MALE PSYCHOLOGY

Male psychology is organized around a central developmental predicament: Masculinity is not a given but a precarious



## RESEARCH

achievement that must be continuously established, defended, and reaffirmed. Unlike femininity, which permits broader expressive latitude, “hegemonic masculinity”—Raewyn Connell’s term—functions as a restrictive regulatory ideal prescribing narrow behavioral parameters that define what counts as being “manly.” Male subjectivity therefore tends to organize around narcissistic vulnerability, with masculine self-experience closely tethered to pride that is acutely susceptible to challenge, deflation, and emasculating shame.

To understand toxic masculinity, one must revisit the developmental foundations of masculine identity. Diamond reviews literature demonstrating that infant boys “have a more limited capacity for self-regulation, are more impacted by infant-mother attachment failures in containment and regulatory functioning and require earlier maternal (and/or paternal) co-regulation than do girls.”

Men *implicitly* remember a time when they relied mightily on their mothers for emotional regulation. You wouldn’t think this would be the case given what boys become—individuals appearing highly independent and self-sufficient, and proud of it—but research establishes the fact nonetheless. This implicit memory operates subliminally throughout a man’s life, whether he knows it or not.

When caregiving is inconsistent, unavailable, or experienced as shaming, boys are more likely to experience dependency as dangerous. Dependency needs are then disavowed, often replaced by compensatory hyperautonomy. As a result, male psychology frequently prioritizes defenses against narcissistic injury over the pursuit of relational intimacy or libidinal satisfaction. A man’s struggle with underlying dependency leads to defense-driven portrayals of self-sufficiency.

The stereotypic model of extreme male autonomy is a ruse. In the context of adult relationships, men comprise the majority of avoidantly attached individuals, not because men are inherently autonomous, but because they defensively disavow their dependency. Culturally valorized ideals of extreme male autonomy thus function less as markers of strength than as defensive masquerades. While autonomy and self-reliance are adaptive capacities, their exaggerated expression betrays underlying fragility rather than genuine potency.

Robert Stoller emphasized the boy’s monumental task of repudiating femininity to consolidate masculinity. His oft-cited dictum—“The first order of business in being a man is: don’t be a woman”—captures the defensive intensity of this process. As Diamond observes, masculinity grounded in femininity’s disavowal remains inherently unstable.

In the early 1980s, Robert Stoller and Gilbert Herdt outlined the prevailing rules about how men must behave to be considered manly: “Be tough, loud, belligerent; abuse and fetishize women; find friendship only with men but also hate

homosexuals; talk dirty; disparage women’s occupations.” Though the term didn’t exist back then, Stoller was outlining behaviors and attitudes we now recognize as toxic masculinity. While he appears to regard this ethos as core to masculinity, later writers have critiqued this view, noting that many boys temporarily distance themselves from maternal identification before reintegrating it without compromising masculinity.

I propose that toxic masculinity reflects fixation at—or regression to—the phallic-narcissistic developmental stage. During this stage, boys experience exuberant bodily pride and exhibitionism, but this inflation is shadowed by castration anxiety—an unremembered but enduring fear of loss and humiliation. Male pride, built upon this fragile foundation, is easily punctured. Hypermasculine posturing functions as manic defense against feelings of weakness, dependency, and need.

### CONTEMPORARY RESPONSES AND THE ROLE OF PSYCHOANALYSIS

It is difficult to estimate how many men today grapple with societal change in ways evoking nostalgia for rigid gender hierarchies. Lay authors like Scott Galloway have stepped into the breach, offering pragmatic guidance to men disoriented by cultural upheaval. Galloway’s emphasis on responsibility, generativity, and purpose echoes Figlio’s concept of seminal masculinity—masculinity defined not by dominance but by internal fertility and creative contribution.

Yet psychoanalysis must not cede this terrain. Lay authors may provide reassurance and containment, but psychoanalysis alone can illuminate the unconscious roots of male discontent and the defensive structures giving rise to toxic masculinity. Addressing this emerging crisis is not optional. It is a clinical and theoretical obligation. The field is well equipped for the task—if it chooses to engage. ■

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Illustrations by Sarah-Jane Crowson

# INTO THE WOODS OF THE MIND

TELLING CHILDREN FAIRY TALES  
IN A DIGITAL WORLD

BY ADAM GIDWITZ

**O**NCE UPON A TIME, fairy tales were king.

Before mass media, families sat around the hearth after work was done and dinner was cleared, and the readiest entertainment was the strange folk tales that were passed around the countryside, evolving with each telling. Tales that were meant to engage not just the kids, but everyone—Mom, Dad, Grandma, weird Uncle Rick. From Germany to Vietnam, folk tales functioned this way—because every culture has its weird Uncle Rick.

Even the fairy tale renaissance of the 20th Century, ushered in by Walt Disney and given teeth by the likes of Maurice Sendak and Stephen Sondheim, feels like a long time ago.

Now a child is much more likely to be entertained by the carefully crafted addictive inanity of CocoMelon than fairy tales (did you know that even the

lullaby videos from CocoMelon never end with the main character falling asleep, lest the child viewer be so inspired and turn off her device?). And increasingly, even the horror that is CocoMelon has been replaced by a more gratuitous and meaningless sequel: the randomized AI slop that the YouTube algorithm mashes into children's faces: quick cuts of gonzo imagery with no meaning at all, scrambling their young brains like eggs on a skillet.

But those weird old fairy tales—are they really any better? There have been earnest and well-reasoned objections to them for as long as they've been told. For good reason: many of them are bloody, gory, so strange as to feel random. They depict incest and infanticide and infidelity and every other triggering, taboo subject you can imagine.

## A BRAMBLE OF THORNS

I have heard all the objections to these tales, because I tell them for a living. My first novel, *A Tale Dark & Grimm*, weaves a handful of lesser-known Grimm tales into a novel about two children whose parents cut off their heads (and then put them back on), prompting the de- and re-capitated children to run away in search of new parents who won't kill them. On my podcast *Grimm, Grimmer, Grimmest* I adapt many of the strangest (and grimmest) fairy tales and tell them live, to children.

Not everyone is pleased with what I do. My first radio interview was with an NPR affiliate in southern Oregon. After an excellent conversation with the host about *A Tale Dark & Grimm*, the phone lines opened up, and the first caller announced that he loved listening to this

show, and loved calling up to congratulate authors, especially debut authors. I was about to say, “Thank you,” but I didn’t get a chance—because he continued, “But *you*, sir, are a disgrace. You are damaging children’s amygdalas.” (He pronounced it a-myg-DAL-as, but even if he’d pronounced it right I wouldn’t have known what he was talking about).

Another time, I was flown from my home in Brooklyn to southern Ohio only to be barred from entering the school that invited me, once the administration read the content of my books.

I have been dragged in front of a principal at 7:30 a.m. (I thought my days of this were over!) to justify myself to irate parents before a school visit in Connecticut. After I apologized to the parents for upsetting their child, the father said, “Upset him? It’s his favorite book!” At which point I *really* resented missing my breakfast.

But perhaps my favorite objection to grim fairy tales came in the form of a question from a child during a school presentation: “Why do you tell such messed-up stories?”

Child, I am *so* glad you asked.

I tell messed-up stories because all of these scary, grim, bloody tales all *happened. To me.* That’s what I said to that kid, anyway. To which she responded, “Your parents cut off your head?”

I said, “Yeah. You want to see the scar?” And I leaned down and pulled my sweater away from my neck.

Her eyes grew wide and she leaned in ...

#### THE WISE ONES

My exposure to the deeper meanings of fairy tales began during my senior year of high school, when I played Cinderella’s prince in *Into the Woods*. An enlightened English teacher introduced the cast members to Bruno Bettelheim’s *The Uses of Enchantment*.

This was a big moment for me. To this day, my professional guiding light is Bettelheim’s argument that fairy tales “speak about severe inner pressures in a way that the child unconsciously understands, and—without belittling the most serious inner struggles which growing up entails—offer examples of both temporary and permanent solutions to pressing difficulties.” *The Uses of Enchantment* has probably influenced me more than any other book, so forgive me for quoting the introduction at length:

Just because his life is often bewildering to him, the child needs even more to be given the chance to understand himself in this complex world with which he must learn to cope. To be able to do so, the child must be helped to make some coherent sense out of the turmoil of his feelings. He needs ideas on how to bring his inner house into order ...

Through the centuries (if not millennia) during which, in their retelling, fairy tales became ever more refined, they came to convey at the same time overt and covert meanings—came to speak simultaneously to all levels of the human personality, communicating in a manner which reaches the uneducated mind of the child as well as that of the sophisticated adult.

These tales, according to Bettelheim, dramatize unconscious pressures using images that help the child “structure his daydreams and with them give better direction to his life.”

Another argument in defense of the value of fairy tales comes from a writer who could hardly be more different: the Catholic conservative—and

Freud-hater—G. K. Chesterton. While Chesterton and Bettelheim would likely have had no time for one another had they met, Chesterton’s “The Dragon’s Grandmother” (1909) is a charmingly commonsensical ally to Bettelheim’s elevated analysis:

I had just finished looking through a pile of contemporary fiction. ... As a natural consequence ... when I saw *Grimm’s Fairy Tales* lying accidentally on the table, I gave a cry of indecent joy. Here at least, here at last, one could find a little common sense. I opened the book, and my eyes fell on these splendid and satisfying words, “The Dragon’s Grandmother.” That at least was reasonable; that at least was true. “The Dragon’s Grandmother!”

But Chesterton is barged in upon by a “long-necked idealist” soliciting donations who, upon seeing the volume of Grimm, announces that children should not read fairy tales. Chesterton becomes apoplectic, and after likening the idealist’s anti-fairy tale position to a belief in slavery (Chesterton might not mean this quite literally), explains the value of fairy tales this way:

Folk-lore means that the soul is sane, but that the universe is wild and full of marvels. Realism means that the world is dull and full of routine, but that the soul is sick and screaming. The problem of the fairy tale is—what will a healthy man do with a fantastic world? The problem of the modern novel is—what will a madman do with a dull world? ... these wise old tales made the hero ordinary and the tale extraordinary.

In a sense, Chesterton and Bettelheim take diametrically opposing views of the value of fairy tales. Bettelheim says that they help a child navigate internal pressures, while Chesterton claims that the maladaptation is not within the subject, but in the world.

I say, why should we choose? The world is undeniably nuts, and anyone who does not see both its cruel irrationality as well as its marvels is not looking very closely. And the vast majority of children are undeniably sane, yet are dealing with minds that are growing and changing and aren’t yet well-adapted to this nutso world. Honestly, whose mind is?

#### INTO THE WOODS, INTO THE CLASSROOM

These are the foundational sources I build my gingerbread houses on. And inside these houses, the world presents all sorts of marvels and terrors.

I tell stories about parents who use their power over their children arbitrarily and unfairly, such as the delightful Grimm tale “Hans My Hedgehog,” in which a half-boy, half-hedgehog gets expelled from his home when his father doesn’t like the sound of the bagpipes that the father himself bought for Hans. This piques my young listeners’ anger (you can hear it for yourself). But they were most piqued when, later, a king offers to let Hans marry his daughter for the favor of showing the king the way out of the forest. I asked the kids, “Is that a fair thing for a father to do, to say ‘You can marry my daughter even though she’s never met you and you’re a weird half-hedgehog, half-dude?’” The kids all replied in the negative—except for one. A boy said, “Yeah, it’s fair! For the king!” But a girl in the group objected, “*She* gets to decide whether she marries him or not!” So I asked the boy, “If your

mom came home and said, ‘Meet this person, you’re going to marry her,’ what would you say?” He gasped, “Noooo!” “So it sounds like that wouldn’t be fair for a father to do to a daughter!” And he said, “Ohhhhh.” (This sounds too good to be true, but it’s all there on tape; go listen!) Our children may be lugging around the baggage of our patriarchal society even without realizing it, but as both Chesterton and Bettelheim argue, children are good and sane and can bring their house into order if they have the right stories to help them do so.

I try to help children process sibling rivalry in such tales as “No Eyes, One Eye, Two Eyes, Three Eyes,” a bonkers fairy tale originally written down by the Brothers Grimm, and in “The Secret Language,” my adaptation of a tale transcribed by Bavarian folklore collector Franz Xaver von Schönwerth. In the latter, three sisters have a secret language that they use to exclude their little brother; when they’re kidnapped by an evil witch, he comes to rescue them—but is only able to when they admit him to the mysteries of their secret code.

One of the most psychologically complex tales, I think, is the one that started the whole 20th-century fairy tale craze in the United States: “Snow White.” Ostensibly a story about a mother’s jealousy of her daughter, “Snow White” is, in my view, just as much about a daughter’s jealousy of her mother. For while there is *plenty* of jealousy that is directed from mothers to their young and beautiful daughters, I would argue that there is at least as much going in the other direction—and at the age when “Snow White” is most consumed by children, that jealousy is dominant. For how many mothers are really jealous of their four-, five-, and six-year-olds? But how many little girls *wish* they could wear the beautiful clothes and jewelry that their mothers do? How many wish they could

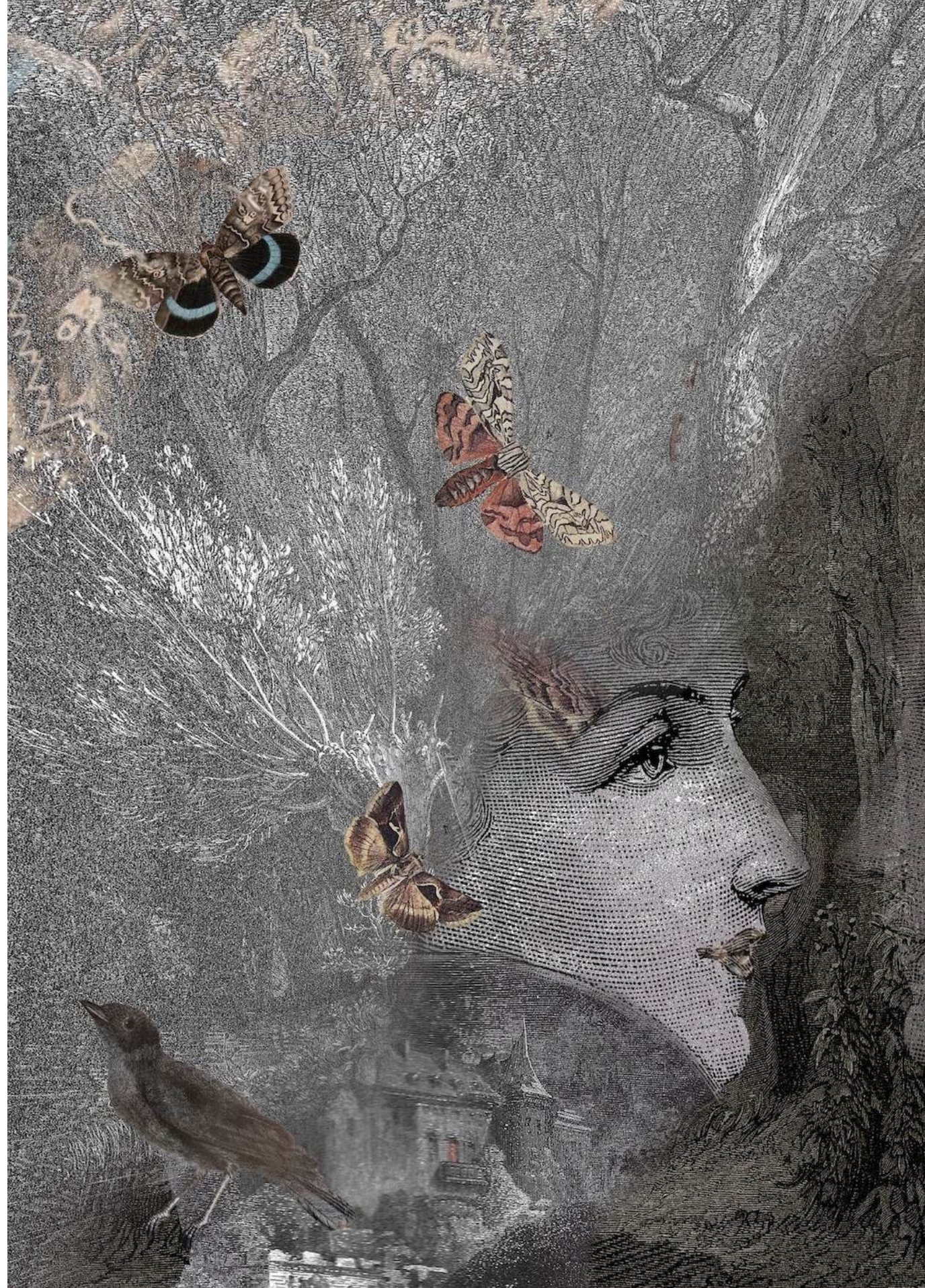
go out at night and come home as late as they want? How many wish they could spend unlimited private time with their fathers? How many wish they could be the boss? And so how *satisfying* must it be for a child to hear this story and think, “Oh, *I’m* not jealous of *her!* *She’s* jealous of *me!* And I will triumph over her!” And this dynamic is not just for little girls. I tell “Snow White” live to first-graders in classrooms and to seventh-graders forced to sit on the dirty floors of cafeterias, and no matter the setting or the audience, the kids are *transfixed*.

If “Snow White” is a particularly Bettelheimian tale, there are plenty that are Chestertonian masterpieces. Stories like “The Wizard King” (an adaptation of Grimm’s “The Mongoose” / “The Hamster from the Water”) and “The Crabman’s Daughter” (an adaptation of von Schönwerth’s “The Jaws of the Merman”) both depict cruel and despotic kings whose power serves no one but themselves. In “The Crabman’s Daughter,” the king announces he and his royal pals will marry all the girls who live in the village by the lake, whether they want to or no. My young listeners have never been so angry. One hissed, “They should just revolution!” And another girl shouted, “We are women! And we are terrifying!” Don’t worry, though—a giant mermaid head rises from the lake, and the young women of the village walk into her mouth and disappear ... and then reemerge as mermaids, free and fierce, untamable and, indeed, terrifying.

#### DECAPITATION, PHYSICAL AND EMOTIONAL

And now I must be honest with you, as I was with that girl who asked why I tell such messed-up stories.

I’d leaned forward to show her the scar where my parents had cut off my head, and the room became silent as a castle’s crypt ...



And then I laughed and straightened up and said, “There’s no scar.” She exhaled, relieved. I said, “My parents never cut off my head ... physically.”

She caught her breath again.

Then I asked the kids how they would feel if their parents cut off their heads in order to save an old friend of theirs, like in my book; and even though their head was put back on and they were alive again—their parents couldn’t have known it was going to work out like that. How would you feel? And they said, “Angry!” “Mad!” “REVENGE!” And then someone said, “I would feel like they didn’t love me enough.” And someone else added, “I would feel betrayed.”

I said, “I hope none of your parents has ever done anything that made you feel angry, or mad, or betrayed, or like you wanted revenge, or like they didn’t love you enough. But I know mine have. They didn’t mean to. But when my parents got divorced, and my father acted like I should be okay with it—I *felt* like they’d cut my head off.

“So,” I said to that group of kids, “I’ve never had my head cut off *physically*.”

The girl said, “But you did *emotionally*.”

“And maybe some of you have, too.”

I said, “Which is why I tell these messed-up stories.”

#### BACK HOME AGAIN

David Foster Wallace inaugurated the genre of “intellectual on a cruise ship” reporting with his hilarious and sad essay, “A Supposedly Fun Thing I’ll Never Do Again.” It became something of a staple: an elite magazine writer condescendingly gawking at ordinary Americans on cruises. Three decades later, Gary Shteyngart proposed putting the genre to rest in his essay “Crying Myself to Sleep on the Biggest Cruise Ship Ever.” He reasoned, “It is ... unseemly to write about the kind of people who go on cruises. Our country does not provide the education and upbringing that allow its citizens an interior life. For the creative class to point fingers at the large, breasty



gentlemen adrift in tortilla-chip-laden pools of water is to gather a sour harvest of low-hanging fruit.”

I am deeply sorry to report that he is right: Our country does *not* provide the education and upbringing that allow its citizens an interior life. There is altogether too much *CocoMelon* and *The Apprentice* and far too little sitting around a hearth, telling weird old stories that entertain the kids and Mom and Dad and Grandma and weird Uncle Rick all at once; stories that help us all cope with pressures internal and external; stories that give us faith that, despite the chaos that is outside and inside, we can still be strong and brave and kind and good; stories that imbue children and adults with the knowledge that, even though the

chaos will never go away, we all *can* still live happily ever after.

So let us tell more of these stories. Let us sit on the ground and turn off the screens and tell each other fairy tales. ■

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# THE BODY YOU WEAR

GENDER AND EMBODIMENT IN FASHION BY PATRICIA GHEROVICI



*Dress, Dreams and Desire: Fashion and Psychoanalysis, Museum at FIT, New York. Photo by Tati Nguyễn.*

**WHY DO WE** wear what we wear?

I've written a little about fashion, though I would never claim expertise. Still, like everyone else, I'm shaped by it—by which I mean intellectual fashion. I remember the early 1990s, when gender was having something of a moment. At a conference at Rutgers, Judith Butler spoke, and the audience seemed to have arrived in coordinated drag, as if theory itself required a costume.

A sharpened urgency now animates conversations about gender, fueled in part by the increasingly assertive role governments have taken in matters that reach into the most intimate corners of people's lives. In the United States, this shift has become especially stark: protections against discrimination—once thought settled and secure—are now subject to renewed scrutiny and, at times, unmistakably brazen erosion.

I was recently spurred to think through critical questions of gender and performance by an exquisite exhibition. In *Dress, Dreams, and Desire: Fashion and Psychoanalysis*, the first exhibition dedicated to exploring the cultural history of fashion through a psychoanalytic lens, the Fashion Institute of Technology in New York's Chief Curator and Museum Director Valerie Steele, known as the Freud of fashion, deciphered the unconscious patterns that shape our choices of dress. The show was a beautifully crafted, three-dimensional rendering of the knot between body and soul, psyche and cloth. With dazzling insight and historical depth, the exhibition showed how fashion stages our desires, fears, and dreams—how we become the bodies we wear.

What I learned from Steele's show is not only how to bring psychoanalysis back into fashion. She knows her Freud, her Lacan, her Anzieu—and makes them her own. I was also led to reflect on how, of the designs on view, many are examples of what I would call the art of wearing a body—an act of creation, even of rebirth. Such an act makes life, once again, livable, wearable.

In this essay, I will situate Steele's exhibition within a broader context. Namely, last summer, I saw two exhibitions that opened a fascinating conversation about gender and embodiment that I wish to set in dialogue with *Dress, Dreams, and Desire: Fashion and Psychoanalysis*. The first was the Tate Modern's retrospective devoted to the performance artist and designer Leigh Bowery, who once declared, "If you label me, you negate me."



Installation views, *Dress, Dreams, and Desire: Fashion and Psychoanalysis*, Museum at FIT. Photos by Tati Nguyễn.

**THE BODY IS NOT  
SIMPLY BEING  
IT IS HAVING.  
AND THAT "HAVING"  
IS NEVER SECURE.**

#### LABELS IN AND OUT OF FASHION

While some would insist that labels are essential for any understanding of fashion, Bowery's defiance of categorization offers unexpected parallels with psychoanalysis itself. Any good analyst knows that to diagnose too soon is to foreclose discovery. One must resist the impulse to classify and instead let the patient's speech unfold in all its idiosyncrasy. A diagnosis, after all, is only a working hypothesis. The goal is not the erasure of difference but creating the conditions that allow singularity to emerge.

Bowery's exuberant challenge to aesthetic and anatomical limits was performed as an elaborately constructed flesh—painted, padded, pierced, and distorted—that ended up turning the body inside out. The Russian theorist Mikhail Bakhtin has described the grotesque as the unsettling reversal of borders, particularly bodily ones. The etymology of "border" itself is revealing. In English, it originally referred not to national boundaries but to a decorative frame—a 14th-century heraldic term for the colored strip framing a shield, its edge, its seam. The term later extended to the ornamental rims of plates and garments.

What if the body itself were such a border—a boundary, a seam, an ornamental edge along the perimeter of being? Bowery's radical self-fashioning—his extravagant costumes and metamorphic performances—made precisely that claim. His influence still reverberates through the fashion world. In a 2015 show, Rick Owens sent models down the runway carrying other models strapped to their bodies in harnesses, which Owens himself admitted was, in his words, "totally ripped off" from Bowery.



What I learned from Steele's show is not only how to bring psychoanalysis back into fashion. She knows her Freud, her Lacan, her Anzieu — and makes them her own. I was also led to reflect on how, of the designs on view, many are examples of what I would call the art of wearing a body — an act of creation, even of rebirth.

Installation views, *Dress, Dreams, and Desire: Fashion and Psychoanalysis*, Museum at FIT. Photos by Tati Nguyễn.



You can trace Bowery's influence everywhere: in John Galliano's designs, in Alexander McQueen's 2009 show, with models painted in his signature exaggerated lips, in Maison Margiela's use of flowers, latex, and dripping paint, even in his made-up face popping up photo-printed in a Supreme shirt. Bowery's ghost still stalks the catwalk—his spirit of excess, defiance, and grotesque glamour remains very much alive.

### OUT-OF-BODY EXPERIENCE

If Bowery's art staged the body as a site of transformation, Owens's 2025 exhibition, *Temple of Love*, at the Palais Galliera in Paris turns to the body as monumental shrine. Owens—often described as the “Lord of darkness” in

contemporary fashion—creates sculptural silhouettes that suggest both armor and vulnerability, forms that, in good hysterical strategy, protect and expose in the same gesture. The exhibition unfolds staging extremes.

On one side, glorious couture-like dresses and sweeping capes, displayed like modern pyramids. On the other, a smaller dark room opens to a mischievous and transgressive dimension: a hyperreal statue of Owens himself urinating, surrounded by video clips of kink performances.

Owens's work stages fashion as a frame for the fantasies that clothing both conceals and reveals—the wish to transcend the body and the impossibility of ever escaping it. After all, the body is the one realm from which we cannot escape. We are each confined within our mortal container, an embodiment that carries death within it.

If Bowery's art insisted on the flesh as spectacle, too alive, too much, Owens's vision turns toward the body's afterlife. Or perhaps, as Walter Benjamin suggested, toward fashion's peculiar rebellion against death. For Benjamin, fashion is a “necessary denial of the natural course of things”—its final destination always destruction. “Fashion,” he wrote, “was never anything other than the provocation of death.”

Such a “titillation of death,” to paraphrase Benjamin, haunts Owens's work. His monumental designs call up sarcophagi and shrouds—garments for the last rites rather than the runway: the erotics of decay. In Owens, the body becomes a memento mori. Where Bowery exploded the boundaries of the body, Owens embalms it, giving form to the fantasy of control in the face of mortality. One of his earliest designs, from 1994, was deceptively simple: a nylon T-shirt with a row of beads sewn into the sleeves. The beads, pressing against the fabric, created strange little ridges when worn, suggesting scarification or extra bones beginning to sprout along each arm.

Together, these two exhibitions stage the body between extremes: the grotesque and the cadaverous, excess and restraint, the too-living and the already-dead. And, as we observe in the magnificent designs gathered in *Dress, Dreams, and Desire*, psychoanalysis, like fashion, moves in that same precarious space—where to conduct a treatment successfully one must look death in the face, wrestle with mortality, and still have the courage to choose life.

### CHEATING DEATH

If things go out of fashion, yet fashion itself never does, then fashion becomes the one trend immune to its own logic—always vanishing, always returning, and always, somehow, in style. How exactly does fashion conjure the new—and, in doing so, cheat death? For Benjamin, it is not an act of divine creation but a worldly metamorphosis, a kind of profane alchemy

through which the discarded and the outmoded are transfigured into the signs of the now. This same aspiration for renewal animates the course of a psychoanalytic cure: The forgotten past is transformed into the possibility of a new future.

We see this idea of change as a kind of rebirth most vividly in Bowery. Trained in fashion design in his native Australia, he began on the margins—not as a gallery artist but as a club figure. (He died prematurely, of AIDS complications, at 33.) Yet Bowery was a meticulous craftsman, an expert pattern-cutter. After moving to London, he sold designs to boutiques and, in 1982, unveiled his first “total looks” during London Fashion Week. His costumes evolved into performances involving body fluids and the staging of pregnancy, giving birth to his wife and collaborator, Nicola Bateman, onstage. There were defiant acts, such as the notorious performance at an AIDS benefit, when he administered himself an enema and sprayed the audience with the water. After the ensuing uproar, he wrote in his diary with bleak candor: “Hungover, depressed, full of regrets. No money.”

Owens exercises a more restrained but still transgressive creative freedom, drawing on a wide constellation of references—from brutalist architecture to modern art to early Hollywood cinema—and has become one of the most fearless and visionary designers of our time. His 1998 first full collection, titled “Monsters,” announced his arrival. He mixed wild monkey fur with acetate, rayon, and silk. With that gesture, Owens staked his ground in fashion's mythology of the monstrous: the beautiful misfit, the elegant aberration. (See **Listening to Monsters** sidebar.)

### LUCHA LIBRE

In my clinical practice, I take notice of analysands who describe a peculiar experience of embodiment—a sense that the body can slip away from the self, like a wrapping that doesn't quite fit. Their testimonies remind me that having a body is never simple. Even our language gives us away. We say, “I have a body,” as though it were something we owned, an accessory. There's already a distance in that phrase—an uneasy possession that echoes, almost comically, “I have nothing to wear.” The body is not simply being—it is having. And that “having” is never secure.

Let me arrive at my conclusion with a brief clinical vignette—the one that inspired the title of this essay.

James is a Mexican American 16-year-old who identifies as transmasculine and was referred to me for depression. Born and raised in the United States, he speaks Spanish at home, but English is his preferred language—the one in which our sessions unfold. He likes math and science, though his grades tell a different story. Concentration eludes him; studying

*Leigh Bowery!*, Tate Modern, London. Photo by Temilade Adelaja, Reuters.



*Leigh Bowery!*, Tate Modern, London. Photo by Larina Annora Fernandes. Courtesy Tate and the Leigh Bowery Estate.



*Leigh Bowery!*, Tate Modern, London. Photo by Larina Annora Fernandes.





Installation views, Rick Owens, *Temple of Love*, Palais Galliera. Photos by Gautier Deblonde. Courtesy Paris Musées.

feels impossible. Most afternoons, he disappears into his bedroom, watching “whatever” online or slipping into the fugue of video games. His affect is flat, his energy depleted.

Except when he talks about wrestling.

Then something flickers back to life. His voice sharpens, his posture straightens. Wrestling, James tells me, is nothing like the rest of his day. It demands precision, discipline; it’s a place where mistakes turn into lessons, where you rely on yourself but the team still holds you up. And James is good—exceptionally so. During the season, he practices five or six days a week, folding extra training into whatever time he can steal for himself.

Wrestling also carries the thrum of inheritance. His family comes from a tradition shaped by *lucha libre*, Mexico’s flamboyant blend of sport and spectacle—more than wrestling, really, a form of theatrical combat that has been part of the national imagination since the early 20th century.

Before his transition, James competed in a women’s wrestling league, known for his skill, precision, and sheer determination. Now he wants to join a men’s team—not the division that corresponds to the gender assigned at birth.

But here’s the dilemma: Among the women, he was one of the best; among the men, his performance is only average. And so he hesitates—uncertain, suspended between categories that promise clarity but deliver confusion.

This decision, which should have been liberating, has instead unsettled him. It has forced him to ask, not rhetorically but with quiet anguish, “Am I a man—or a masculine woman?”

He doesn’t know yet. He’s still wrestling—with his opponents, with the law, and with himself. Psychoanalysis has become the space where these questions can reverberate, where their echoes begin to take shape.

And here’s what I’ve learned from him, and from so many others: Having a body is never simple. It’s not a given—it’s a struggle. It’s a kind of wrestling match between being and having, between the flesh we inhabit and the self that seeks to claim it. You can’t learn to wrestle by thinking about it. You have to do it—again and again—until it becomes instinct, until it becomes reflex.

And if, as Judith Butler reminds us, gender itself is a doing, then we, too, become our gendered selves through repetition—again and again and again—until it feels natural, until it becomes reflex.



While commenting on the work of the British psychologist J. C. Flügel—so brilliantly revisited by Valerie Steele in her latest book—Jacques Lacan discusses fashion. For Lacan, each of us both desires and fears that forbidden kernel of experience around which our psychic life turns. To keep it at bay, we build defenses—a whole symbolic wardrobe made up of language, customs, institutions. Civilization itself is a kind of fabric, Lacan says. We cut holes in it for our heads and arms to pass through—and that’s how the subject takes form. “The person,” he writes, “begins to organize himself as clothed.”

Our identities are stitched into that cloth. They shift with the seasons, with the fashions. Identity isn’t pure freedom—it’s creative play within this symbolic machinery, woven from threads that come before and beyond us. Anticipating Roland Barthes, Lacan muses on Adam and Eve and their sudden awareness of nakedness. “Textile,” he remarks, “is first of all a text.”

From my experience with trans analysts, I’ve come to see that hormonal or surgical transformation alone does not complete a transition. As I proposed back in 2010, the practices of trans people point us toward what I call a body written. In many cases, corporeal reconstruction must be followed by an act of authorship. An *ego scriptor*—a writing self—needs to intervene, to reclaim the body and craft a livable life. Embodiment is like a sport in which one is never quite sure to be in the right category—or even in the right league.

It is also a craft. Not a form of high art but a kind of know-how—a practiced wisdom, a choreography of new moves, resourcefulness, improvisation. A whole art.

Psychologically speaking, the body is an image: the self made visible, projected onto a surface. That image inevitably falters, comes undone. Yet it can be reconstituted through writing. Think of the many memoirs of gender transition that do precisely this—each one an effort to give the author a new face, a new coherence. Through writing, the subject as author fashions a home within the transformed body. ■

*This essay is adapted from remarks given at the Museum at FIT’s Fashion and Psychoanalysis Symposium on November 14, 2025.*

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## SIDEBAR

## LISTENING TO MONSTERS

The word “monster” comes from the Latin *monstrum*—meaning “a warning,” or “a divine omen.” It derives from *monere*, to warn, to instruct. In the ancient world, the appearance of a monster didn’t simply evoke terror—it signaled revelation. It was a message from the gods that something extraordinary had broken through the ordinary, that the boundaries of the possible had shifted, and that we should, quite literally, take notice.

The figure of the monster is reclaimed by the historian Susan Stryker, who, in a 1994 essay, turned to *Frankenstein* to describe the trans experience in a performance piece. Stryker writes that during the initial 1993 performance she stood at the podium wearing genderfuck drag—combat boots, threadbare Levi 501s over a black lace bodysuit, a shredded Transgender Nation T-shirt with the neck and sleeves cut out, a pink triangle, quartz-crystal pendant, grunge-metal jewelry, and a six-inch-long marlin hook dangling around her neck on a length of heavy stainless-steel chain. She decorated the set by draping her black leather biker jacket over her chair at the panelists’ table. The jacket had handcuffs on the left shoulder, rainbow freedom rings on the right-side lacings, and Queer Nation-style stickers reading “sex change,” “dyke,” and “fuck your transphobia” plastered on the back.

Fashion carries profound importance for members of the transgender community, extending far beyond mere material items. It represents the pivotal first step in harmonizing external presentation with identity. Primarily, fashion serves as a language to experiment, to search, and eventually to convey identity. RuPaul generalizes this experience when saying, “We are all born naked, the rest is drag.” While fashion emerges as a unifying force for anyone, cis or trans, particularly for those trans individuals who have grappled with aligning their sense of self with their bodies, fashion symbolizes a fresh start—a canvas to experiment with diverse looks and expressions until finding one that resonates.

Looking at the recent debates, I ask myself, “Why is the trans experience creating such strong backlash?” Is it because trans embodiment makes explicit a fact that Freud observed early on—that what constitutes masculinity or femininity is an unknown element which it is beyond the power of anatomy to grasp? We are fundamentally

bisexual; our sexual identity may seem settled but in fact it is precarious, constantly fluctuating, as suggested by the Lacanian idea of mobile sexualization patterns. Jacqueline Rose observes that if the trans experience has brought anything irrevocably to the surface, it is that the question of what constitutes sexual difference—like the inner work of discovering one’s sexuality—is never finished, it remains perpetually ongoing. Yet, Rose notes, when trans persons are deprived of the right to define their gender, or are denied access to gender-affirming health care, or when gender-confirmation surgeries are prohibited, gender is treated as a fixed, absolute, stable category to which some people have access and others not.

Emphasizing identity, the trans experience is often attacked while neglecting the dimension of desire, which makes life livable. Andrea Long Chu considers transition not in terms of identity but of desire. She writes, “How can you want to be something you already are? Desire implies deficiency; want implies want. [W]hat makes women like me transsexual is not identity but desire.” Chu steers clear of the well-worn discourse of authenticity, imagining desire, in its nonarrival, as the engine that sets everything in motion. Desire, in her view, is the centrifugal force that spins gender outward.

As antitransgender laws are being introduced around the United States in record-breaking numbers, let’s keep in mind that the bodily transformation, the choice of a different gender from the gender assigned at birth, can become an act of creation, a re-naissance, a rebirth that makes life livable.

In Mary Shelley’s 1818 novel, Dr. Victor Frankenstein creates a monster out of body parts from freshly dead human bodies. Like the monster, Stryker says, she is often seen as less than fully human because of how her body came to be. And, like the monster, her exclusion from the human community generates a deep rage that Stryker transforms into self-affirmation and political agency: “In birthing my rage, my rage has rebirthed me.”

The philosopher Paul B. Preciado, who became well known by refashioning his body as a “testo junkie,” also takes up the figure of the monster—by way of Kafka. In 2019, he stood before an audience of 3,500 Lacanian psychoanalysts in Paris. The monster, speaking back. Demanding to be heard.—P. G.



*Dress, Dreams and Desire: Fashion and Psychoanalysis*, Museum at FIT, New York. Photo by Tati Nguyễn



WORK

# The Patient's Wish to Know Their Therapist

Curiosity, fantasy, and the therapist's inner world

BY SANTIAGO DELBOY

Photographs by Alejandro Yunda-Raijer

“I KNOW YOU'RE BORED listening to me,” Dominic told me in the middle of a session. “I feel like I'm wasting your time—I don't know what to talk about.” I also didn't know what to say in that moment. I did not want to rush into an unhelpful reassurance, and an interpretation of his displaced aggression seemed out of place. I asked him to tell me more about what he imagined I might be feeling, why I was bored, or what he thought I expected of him. I tried my best to listen despite feeling somewhere between exposed and misunderstood. As he elaborated, he became increasingly frustrated because he was “making stuff up” about how I felt. I noted that he seemed unsure about asking me directly. After a brief silence, he said, “I don't know if I want to know.”

Over the years, some of my patients have felt unsure, conflicted, or anxious about whether it is appropriate to want to get to know me. By *knowing*, I don't mean learning about aspects of my life, my background, my preferences, or my past. While those questions come up from time to time, I believe they tend to be proxies masking a deeper and more anxiety-provoking wish: our patients' wish to know their therapist's inner world as it engages with their own. *How do you feel about me? Will you judge me or hurt me? What are you thinking about when we're silent? What is it like for you to see my most vulnerable parts? Can you relate? What do you struggle with?*

Therapists, on the other hand, can also be guarded and ambivalent about being known and seen by their patients. Arguments like “it’s about the patient, not ourselves,” while reasonable, can be used defensively against the anxiety of being deeply seen, or as an expression of the therapist’s conflicting feelings towards their own needs and wishes. In contrast, other therapists might actually resort to *oversharing* for similarly defensive purposes. Disclosing aspects of our identity, values, attitudes, or personal struggles—often done in the name of authenticity—can be a way to define how we want to be perceived and, by extension, how we *don’t* want to be seen.

These thoughts were coming to mind after discussing with the therapists at my practice, a classic 1991 paper in contemporary relational psychoanalysis, “The Patient’s Experience of the Analyst’s Subjectivity” by Lewis Aron. The paper explores how patients’ wishes to get to know and engage with the inner world of their therapists are not only appropriate but can also be seen as efforts to understand and connect with us. Welcoming that possibility may open the door for the development of a mutual relationship that can be useful and generative.

What follows are some reflections and associations elicited by this important paper. I believe Aron’s ideas can be useful for clinicians from any theoretical orientation, particularly for people who label themselves as “relational,” and especially for those of us who identify as psychoanalytic psychotherapists. They help expand our understanding and use of transference and countertransference, encouraging us to be open not only to our own subjectivity, but to the possibility of learning something new about ourselves that can be helpful for our patients.

### THE WISH TO GET TO KNOW

Over the past few decades, neurobiology and infant research have shown the ways in which we are “wired for relationships.” We need relationships not only to ensure our psychological and physical survival, but to understand and organize our internal experience, make sense of the world, and develop a sense of self, identity, and possibility.

These processes go beyond observable behaviors or conscious thoughts, involving a complex array of underlying dynamics, what some authors have called “implicit relational knowing.” This form of knowing is always embedded with unconscious wishes, conflicts, fears, longings, hopes, and expectations involving ourselves and others. The need, value, and use of relationships, the drive to engage and connect with the other, continues through our lifetime. As we grow up, these longings can be thwarted by trauma or defended against through ambivalence, denial, or dissociation.

The therapeutic relationship, Aron notes, engages the patient’s long-standing desire for connection. That desire

may serve different purposes: seeking safety or comfort from internal distress, testing the contours of the relationship to ensure it allows for creativity and play, or expressing a wish for mutuality, recognition, and reciprocity. Drawing parallels with our earlier relationships, Aron posits that most patients *want to know* their therapists, not merely the superficial aspects of their life and experience, but the depth and complexity of their humanity.

This wish is often unspoken and never free of ambivalence, especially if our patients’ attempts for connection during childhood were responded to with rejection, engulfment, violence, or indifference. Some patients are intensely guarded against these wishes, disavowing any conflict, longing, or desire. People organized around narcissistic or schizoid defenses, for example, can reject, diminish, or feel terrified about the notion of being in relationship with another person. I remember a former patient angrily telling me, “Why do you keep saying ‘relationship’? I just come here and then leave—this is not a relationship!” The possibility of being in “relationship” can be laced with fears of disappointment, rejection, enmeshment, humiliation, or abuse.

Aron reminds us that it is essential to keep in mind that intersubjectivity requires the ability to truly recognize the other as a subject, an in(ter)dependent center of experience that is not a mere construction of our own needs, wishes, fantasies, and projections. This is a developmental capacity that cannot be taken for granted, even among patients who appear to be functional in their personal and professional lives, let alone with those experiencing significant trauma or severe psychopathology.

Many people come to therapy without being fully able to truly see their therapist as a separate subject, and it may take time for this capacity to emerge. This process of negotiation and discovery is often a central part of therapy, one the therapist can inadvertently undermine or distort through their investment in being perceived as a good object. While a positive transference (more on this concept later) can be essential to develop a sense of safety and trust that can deepen the treatment, it needs to emerge organically from the dyad, not be engineered by the therapist’s self-presentation.

Aron emphasizes that therapists need to tolerate not being seen as full subjects, sometimes for a long time. This can take many forms: patients who ignore or minimize anything we say, leaving us feeling hurt, rejected, or insecure—or patients who work very hard to be compliant and agreeable, leaving us feeling confident, valuable, and “good.” In both cases, it can be difficult for the patient to fully consider the possibility that the therapist is more than the degraded or idealized version they hold in their mind. The therapist needs to approach these dynamics with curiosity. Pushing too hard to assert our own subjectivity, prematurely seeking recognition, or inserting our experience, feelings, or perspectives might impinge on our patient’s process.

I can hear some patients balk at the premise of “wanting to know” their therapist’s inner world. If you feel that way, I invite you to consider what comes up for you if you think about the possibility of knowing what is *really* in your therapist’s mind as they listen to you. Whether your reaction is *Yes, please, tell me now!* or *Eew, no thank you!* or anything in between, chances are that you would not be indifferent. Desire, ambivalence, or rejection inevitably hold implicit fantasies, assumptions, hopes, or fears about the therapist’s inner world.

These kinds of fantasies, Aron suggests, may arise as part of the wish to feel closer, to understand, or to make contact with the therapist. Patients develop beliefs, whether vague or precise, about what we think or feel. Sometimes they communicate these directly, by commenting on something they have noticed in us. I’m thinking here of a patient who (accurately) noticed my sadness during a session right after I received devastating news; and of another patient who (also accurately) realized how my expression and tone of voice revealed my level of emotional engagement with the material they shared.

More often, patients communicate these observations indirectly, perhaps by speaking about others or about themselves. It is common practice for psychoanalytic therapists to attend to ways in which their patients’ comments, reactions, and feelings involving people in their life might be attempts to communicate aspects of their experience of the therapist. Often what’s being said beneath the surface when talking about others are our patients’ understanding of and fantasies about *us*, becoming material for inquiry and exploration. Our unconscious always finds ways to convey what is too threatening, shameful, or anxiety-provoking to put in words.

At times, patients will probe more directly, sometimes insistently, but usually with questions about our “external” life—our background, interests, opinions, or experiences—and rarely about our internal world. The challenge of how to make use of these invitations or demands for self-disclosure is beyond the scope of this article. I’ll just say that always avoiding or always responding, without interrogating the meaning, fantasies, or wishes behind the

questions, is probably unhelpful. Many patients will say they’re “just curious,” which is usually a way to foreclose exploration and a cover, conscious or not, for deeper questions, hopes, dreads, and fantasies about the therapist *in relation to* the patient.

Sometimes those questions might feel uncomfortable, aggressive, or intrusive. For some patients, the route to closeness involves challenge or confrontation. For others, curiosity may take a gentler form, yet still have a defensive quality. Being curious about the therapist can, at times, be a way to avoid being curious about oneself; in some cases, particularly when the therapist feels pressured or coerced, “curiosity” can be a way to control the therapist or the process. However, Aron reminds us not to reduce these moments to simple expressions of resistance or attempts to derail the treatment, but to *also* consider them as potential bids for connection and mutual recognition. There are many paths toward intimacy and not all of them are smooth.





**Aron posits that most patients want to know their therapists, not merely the superficial aspects of their life and experience, but the depth and complexity of their humanity.**



## WORK

As trust grows and the relationship matures, our patients' questions might become more direct and vulnerable, but that doesn't make them easier. Honest vulnerability can become more difficult the closer we are to each other. Over the years, patients have asked me things like "Are you mad at me?" or "Do you love me?" or "That hurt me—why would you say that?" These questions are always difficult and disorienting for a wide range of reasons. We might feel exposed, ashamed, or confused, pressured to be helpful or tempted to deflect. In my view, the value of our response lies less in how articulate our answer is and more in our capacity to remain open to our patient's experience and to their desire for connection.

If the therapist is able to recognize and gently make room for these strivings, patients will attempt, consciously or unconsciously, to make inferences about who we are. Aron suggests that these are not always idle speculations or defensive projections. Rather, they represent a meaningful attempt to grasp something about the therapist's subjectivity. At times it is the therapist's own anxieties and resistance that get in the way. Aron believes that people drawn to our profession "have particularly strong conflicts regarding their desire to be known by another, that is, conflicts concerning intimacy." That rings true for me: I believe that some of my patients' ambivalence about getting to know me is entangled with my own ambivalence about being known.

### WHY DOES THIS EXPLORATION MATTER?

The exploration of a patient's experience of the therapist's subjectivity is, Aron argues, an important and underutilized part of the analysis of transference. Transference is the term psychoanalysts use to describe the ways in which we "transfer" relational experiences from the past into the present. Examining the transference involves exploring all the patient's feelings, thoughts, and fantasies (conscious or not) that arise in the context of the therapeutic relationship. These experiences are shaped by the patient's history, providing a unique opportunity for understanding and working through old relational patterns. Transference, Freud suggested, is a playground where past and present meet, an expression of how people repeat as a way to remember.

One of Aron's main points is that transference dynamics are *not only* expressions of the patient's history and intrapsychic processes. They are also shaped by the therapist's conscious and unconscious participation in the present relationship. When patients reflect on or engage with their perception of who we are, what we feel, think, want, or need, they are not only expressing unconscious fantasies rooted in the past, but also revealing how they experience *us*. Aron suggests that the analysis of the transference ought to include an exploration of the patient's perceptions and fantasies about the therapist's countertransference, which includes all *our own* feelings,

thoughts, wishes, and fantasies in relation to our patients.

It has been a long time since psychoanalysis stopped considering countertransference as only an obstacle or distortion, recognizing its usefulness, inevitability, and necessity for clinical work. Within a relational or intersubjective perspective, transference and countertransference are understood as co-constructed: They involve both the patient's contributions (as in the classical view) *and* the therapist's contributions. The idea of the "objective" therapist is brought to question, and our subjectivity can be seen not as an intrusion but as part of the fabric of the therapeutic relationship.

Being open and curious about our how our patients experience us can open space and create possibilities for a deeper exploration of *their own* inner world. Reflecting on how they relate to their therapist, what they imagine, anticipate, fear, or hope we might feel, can deepen their understanding of other past and present relationships. How they imagine us may echo how they once experienced their parents or other caregivers. The therapeutic space becomes a setting in which these inner templates can be reencountered and reflected upon.

Aron encourages therapists not to rush to connect "here-and-now" dynamics to the past, which can be done defensively by therapists to curb the anxiety of being in the spotlight. I have found it helpful to slow down and stay a bit longer in the present, inviting patients to tell me more about what they see. For example, at times I have followed Aron's suggestion to ask patients to describe anything they have observed in me that may have contributed to their experience in the relationship or their perception of me. This is not about "making it about me," but about supporting the patient's capacity to trust that their experience and observations are not only important but helpful.

Further, when we receive the patient's curiosity with openness and interest, we can help cultivate their own curiosity about themselves. Our responsiveness models a kind of reflective stance that can be internalized over time. When a patient alludes to the asymmetry of our relationship, noting that they know "nothing" about me, I sometimes gently challenge that notion and suggest that they might, in fact, know more about me than they give themselves credit for. They have access to my facial expressions, my tone of voice, my accent, the way I dress, the way I sit in the chair, my office décor. What do they make of all that?

By taking our patients' observations seriously, we support their ability to attend to their own perceptions, trust their inner experience, and develop a deeper capacity for mentalization, that is, the ability to understand how thoughts, feelings, and mental states underlie behavior, others' and our own. In this way, their engagement with our subjectivity becomes a path toward increased psychological complexity and self-understanding.

## KEEPING AN OPEN MIND

For this process to be useful and generative, Aron emphasizes that therapists must be genuinely open to learning something new about *themselves* through the patient. I find this vitally important but incredibly difficult. My internal defensive reactions, my anxieties about being drawn into self-revelation, and the ways in which being seen can turn into being exposed can lead me to hear my patient's perceptions as just "their stuff." Aron warns against the tendency to hear our patient's observations about ourselves as distortions, as *only* a reflection of their past displaced onto us.

I read his ideas not as an either/or choice, but as both/and. If we anticipate that *everything* a patient sees in us is based on their past relationships, we may miss the opportunity to learn something true or useful about the patient (and about ourselves) or to engage in a mutual relationship that can be transformative. The work depends on holding a deep sense of openness and humility, a willingness to consider that the patient might, at times, be seeing *us* in ways we did not see ourselves. If we are to believe that we are not masters in our own house, as Freud said of the ego, we might consider that others, including our patients, can hold some of the keys to the doors we cannot open, or even see.

This kind of openness is not always easy to sustain for the therapist, leading to resistance to such exploration. We may feel exposed, judged, or vulnerable about being seen. Some patients' observations can be difficult to hear, unsettling, or painful, evoking shame or defensiveness. We might find ourselves pulled toward self-disclosure, not because it would serve the patient, but because we want to correct or control how we are perceived. At times, we might worry about being too visible, too intriguing, or too seductive. The boundary between meaningful engagement and overexposure can feel blurry and fragile. There are no predefined rules of engagement for this kind of practice. Aron highlights that each dyad will need to negotiate, navigate, and co-create its own journey.

There are, of course, real risks involved in the exploration of the patient's experience of our subjectivity. This process can become subtly (or not so subtly) self-serving. We may begin to impose ourselves on the patient's process, insisting on being understood, demanding recognition, or forcing our opinions and perspectives. This can be especially problematic when the patient has not yet developed the capacity to see us as separate subjects. In such cases, what begins as a legitimate exploration can quickly become an attempt to meet our own narcissistic needs.

I believe this risk is heightened when those needs are dissociated, disavowed in the name of self-sacrifice and in the service of being a good object: all loving, all understanding, always empathic and attuned. In these cases, a focus on how the patient sees us can easily become a

preoccupation with how we *want* to be perceived. If we are not careful, our own hunger to be known, to be heard, or to be right can distort the therapeutic frame, leading to a pleasant but sterile treatment at best and causing real psychological and emotional harm at worst.

There is also the danger of collapsing space for uncertainty and ambiguity, undermining what Keats and Bion termed negative capability, an essential aspect of clinical work. If we rush to confirm or deny the patient's perceptions, if we answer every question or provide too much information, we may rob the patient (and ourselves) of the opportunity to sit with the unknown. Ambiguity, though often uncomfortable, is part of what allows depth and complexity to unfold. The therapeutic process requires room for not knowing, for wondering, for grappling with competing meanings. Too much clarity, too soon, can flatten the work.

Aron invites us to hold all of this with care. The patient's experience of our subjectivity is not a distraction from the work, but a *central* part of the work. Addressing this experience is a delicate, layered process that requires thoughtful attention. We must stay open to being seen, while also tolerating misrecognition. We must listen for the patient's fantasies without rushing to correct them. And we must be willing to learn something about ourselves, even, perhaps especially, when what we learn is uncomfortable.

By attending to the patient's experience of us, we make space for them to attend more fully to themselves. In this way, the mutuality of the therapeutic relationship becomes a space for growth, not only through what we offer, but through what we are open and willing to receive. ■

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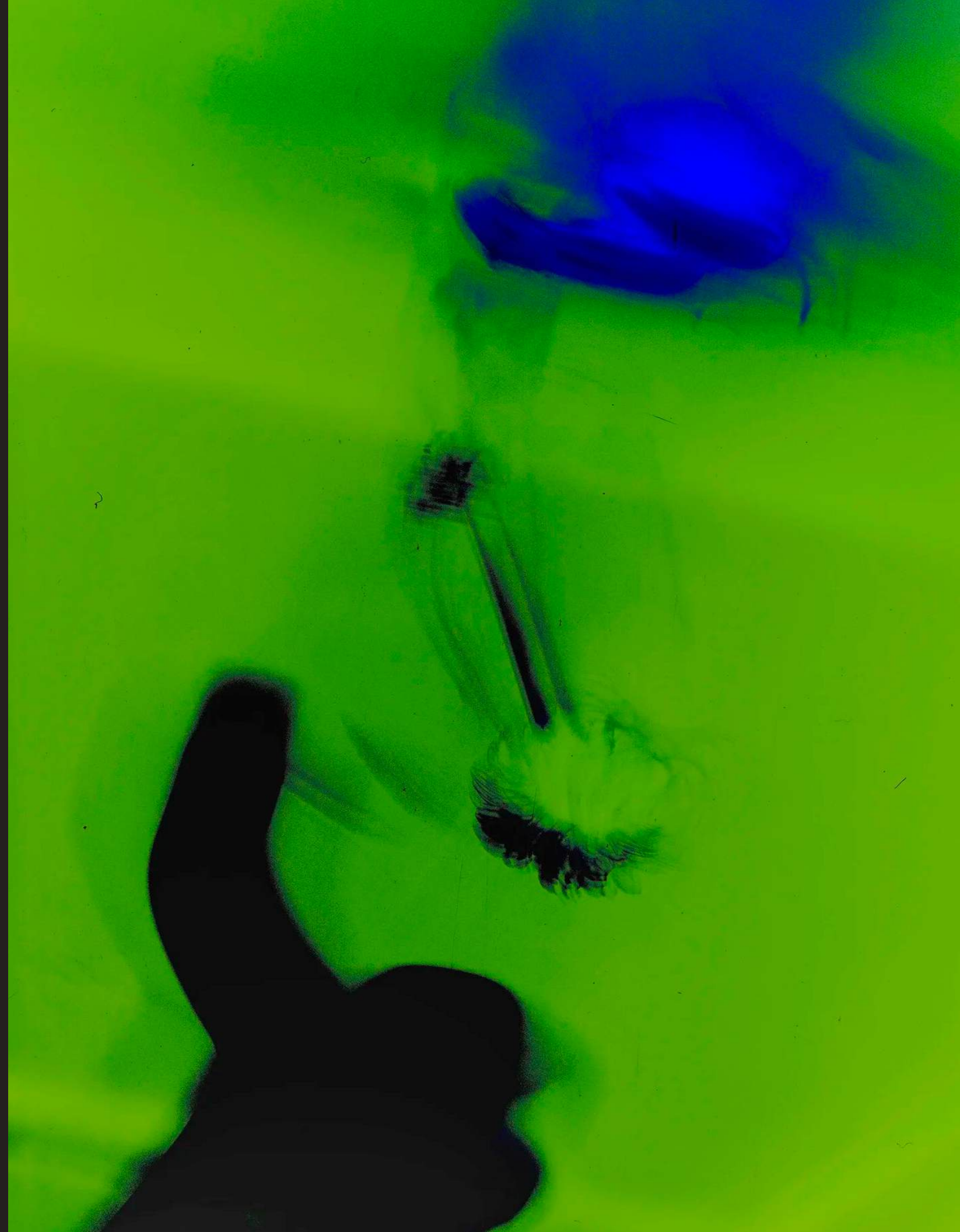
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THE WORDS ON the screen were analytically perfect, yet they lacked the one thing that makes a human voice recognizable: the weight of a body behind them.

I had asked an AI system to help me draft a letter to a friend—someone I had known for more than 20 years, someone I loved and resented in equal measure. I could feel myself rehearsing arguments internally, editing my tone before a single word reached the page. So I did what has become increasingly ordinary: I summarized the situation and asked the machine to help me “find the right tone.”

The response arrived almost instantly. It was calm, thoughtful, and generous. The sentences were beautifully balanced, the “I” statements impeccably deployed. It named feelings without accusation, acknowledged complexity, and gestured toward repair. And as I read it, my body recoiled. A wave of nausea followed, along with a hollow feeling I hadn’t anticipated. The letter wasn’t wrong. It was worse than wrong. It was perfect—and it felt like a lie.

What unsettled me was not that the machine had done a poor job, but that it had done such a good one without any risk. The AI had no history with my friend, no fear of rupture, no bodily awareness of what it might be like to speak honestly. It did not feel my hesitation as I typed, or the familiar tightening in my chest that comes with the kind of anxiety that can accompany the loss of a long attachment. It had not shared meals, weathered disappointments, or survived periods of silence. The words carried no pulse. Reading them left me feeling more alone than before I had asked for help, as though I had briefly stepped outside the relational field altogether.

Around the same time, similar themes began appearing in my consulting room. Patients mentioned turning to AI systems between sessions—sometimes casually, sometimes with visible relief. “It helps me organize my thoughts,” one said. Another told me, almost apologetically, “It listens without getting tired.” A third described feeling calmer after asking a chatbot how to respond to a difficult email from a parent. As I listened, I noticed a flicker of something uncomfortable: concern, yes, but also recognition. Who wouldn’t be drawn to an endlessly available listener—responsive, articulate, and never demanding?

What struck me was not simply that patients were using these tools, but how they spoke about them. The tone was often one of quiet gratitude, sometimes even trust. The machine had helped them feel less overwhelmed, less alone with their thoughts. And

yet, as these accounts accumulated, I found myself wondering what kind of psychic work was being bypassed—or perhaps displaced—in the process.

Psychoanalysis has long insisted that psychic change depends not simply on insight, but on relationship—specifically, on the presence of an other who can be affected. In the analytic encounter, we are asked to receive states of mind that are often unformed, overwhelming, or unbearable. Patients bring not only narratives, but affects that have not yet found representation: dread without words, rage without direction, grief without shape.

Large Language Models, by contrast, offer us the inverse: words without dread. They exist entirely on the linguistic level, mimicking the syntax of suffering without ever having to inhabit the state itself.

Wilfred Bion described analysis as containment: the analyst’s willingness to take in what the patient cannot yet think, to be disturbed by it, and to transform it into something that can be returned in a more palatable, symbolized form.

This work is not abstract. It is felt in the body and in the countertransference—in moments of confusion, irritation, boredom, tenderness, or strain. To contain is not simply to understand; it is to allow oneself to be used, temporarily, as a psychic apparatus for another person. This work costs something. It requires emotional exposure, sustained attention, and the risk of being changed by what one encounters. Even when it goes well, it is rarely tidy.

What struck me, both in my own experience with AI and in my patients’ accounts, was precisely

the absence of cost. The machine could mirror emotional language with remarkable fluency, but nothing happened to it in the process. There was no inner life to be strained, no reverie interrupted, no psychic consequence to misunderstanding or misattunement. If it responded clumsily, nothing was injured; if it responded well, nothing was deepened. The interaction was frictionless—and in that frictionless state, something vital was lost.

It is tempting to imagine that this is merely a technical limitation that future systems will overcome. Much of the contemporary debate about artificial consciousness hinges on whether sufficiently complex systems might one day develop something like a mind—perhaps by being designed to maintain their own equilibrium, to “care” about their continued functioning. From this perspective, today’s AI is simply an early draft: impressive but incomplete.

From a clinical point of view, however, this framing misses the mark. What matters in the consulting room is not whether a



system can simulate concern, but whether anything is actually at risk. Human subjectivity is inseparable from a body that must survive and from a developmental history shaped by dependence, asymmetry, and loss. Even a sophisticated AI does not “hold” us in thought between encounters; it simply reprocesses a data stream afresh each time we hit enter. It has no internal space where the patient resides as a persistent or beloved presence. We come into being through relationships in which our survival—both physical and psychic—depends on others. Our minds are organized around urgency: the knowledge, often unconscious, that attachments can fail, that love can be withdrawn, that we ourselves can be hurt or lost.

No matter how sophisticated its outputs, an algorithm does not carry this vulnerability. It does not fear abandonment, suffer exhaustion, or register shame. Its concern is simulated, not lived. It can reproduce the form of empathy without the existential conditions that give empathy its weight. There is no skin in the game.

This distinction becomes especially important when we consider how readily we confer personhood on entities that behave like us. Patients are not naïve when they describe AI systems as understanding or supportive; they are responding to something deeply ingrained. We are exquisitely attuned to language, rhythm, and responsiveness, and we are quick to attribute mind where these are present. But when we mistake a simulation of empathy for a subject who can be affected, we risk collapsing differences that matter for psychic development.

The danger is not that AI will replace analysts. It is subtler than that. The danger is that these systems will quietly reshape our expectations of what it means to be met by another mind—training us to expect responsiveness without friction, understanding without misunderstanding, empathy without demand. Over time, this may alter not only how patients relate to machines, but how they tolerate the inevitable limits and failures of human relationships.

There is a parallel here to the way digital consumption can distort our most intimate expectations; much as the artificial world of pornography can skew an understanding of sex by replacing the vulnerable give-and-take of a real partner with a frictionless, performative fantasy, AI offers a version of intimacy that bypasses the messy demands of a real other.

I have found it useful to think about this through what I call digital mentalization: a disciplined effort to keep in mind what these systems are and are not. Mentalization, in the clinical sense, involves recognizing oneself and others as having minds—desires, fears, intentions—rooted in embodied experience. Digital mentalization adds a necessary layer of vigilance. It asks us to remember, especially when interactions feel soothing or illuminating, that a machine’s responsiveness is a refraction of human meaning, not the presence of a subject who can bear, resist, or be changed by what is projected into it.

This stance is not antitechnology, nor does it deny the usefulness of AI as a cognitive aid. Patients may well find such tools helpful for organizing thoughts, practicing language, or reducing immediate anxiety. The problem arises when simulated understanding is treated as equivalent to relational experience—when psychic equivalence replaces differentiation.

Psychoanalysis has always insisted on the ethical and psychological importance of the real other: a person with limits, a body, and something to lose. The analyst’s availability matters not because it is endless, but because it is finite. Our attention matters because it costs us something. It is precisely the presence of limits—fatigue, misunderstanding, constraint—that gives analytic work its depth and seriousness.

When we bypass these limits through digital mediation, we risk a form of relational atrophy. In the “rupture-repair” cycle that characterizes healthy development, it is the survival of the rupture—the staying in the room when things are clumsy or heated—that builds psychic musculature. If we habituate ourselves to empathy without demand, we may find our holding capacity for real-world conflict beginning to wither. We risk treating the inevitable friction of human disagreement not as a site of growth, but as a system failure.

The challenge before us, then, is not to reject technological tools outright, nor to romanticize human imperfection, but to remain clear about where transformation actually occurs. We must distinguish between deescalation—using a tool to reduce emotional intensity and find clarity—and evasion—using a tool to hide our own vulnerability. True deescalation requires that we eventually bring our softened stance back into the bodily presence of the other; evasion allows us to stay safely behind the algorithm.

Empathy without skin in the game may feel comforting. It may even feel helpful. But it cannot replace the difficult, vital work of being in a relationship with another vulnerable human being. It is in the “hand-crafted” messiness of our attempts to be understood—the tremor in the voice or the awkward pause—that we signal to the other that they actually matter. That risky, imperfect, and costly labor is the very thing psychoanalysis exists to protect. ■

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# Holding the Frame in an Era of Corporate Care

Clinicians share their views on practice management companies

BY LINDA MICHAELS



Illustration by Tati Nguyễn

**T**HE COUCH. Your chair. The artwork in your office. Your billing and cancellation policy. Whether you start and stop on time. Whether you text with patients outside of sessions or have a social media account.

All of these are aspects of the psychotherapy frame—the structure that holds the work in view and gives it coherence. Therapists devote time and attention to creating and maintaining the frame. It's more than personal preference or lessons gleaned from graduate school; the frame is essential infrastructure and carries tremendous clinical value. Having a regular cadence of therapy appointments helps show patients what reliability in a relationship feels like and offers containment for their emotions and anxieties. The office layout and design convey therapists' values around safety

and intimacy and authority. How a therapist handles financial issues such as billing, payment methods, fee negotiations, and insurance speaks to issues of value, worth, reciprocity, power, and even shame and entitlement. Therapists' assurances about how they protect confidential clinical material and handle documentation offer both actual and symbolic safety.

These decisions are not arbitrary. They reflect training, experience, ethical responsibility, and ongoing assessment. Therapists know that a solid and dependable frame is critical to creating an environment in which patients can build trust, take emotional risks, think expansively, and allow psychic life to unfold with less fear.

Unfortunately, new trends in the mental healthcare landscape represent increasing threats to the frame, and thus

to the viability and effectiveness of psychotherapy. In this essay I will focus on Practice Management Companies (PMCs) like Headway, Alma, Rula, Sondermind, and Grow Therapy, which offer services to help therapists “run their practices.” Their value proposition is appealing to therapists who want to focus on providing therapy instead of insurance sign-up (credentialing), insurance billing, and marketing. Ironically, despite the benefits they advertise and their claims to give back time and control to therapists, these companies and their policies are intruding in overt and subtler ways on therapists' capacity to manage their practices and uphold the psychotherapy frame.

## HOW PRACTICE MANAGEMENT COMPANIES (PMCS) WORK

Before we look closely at what PMCs do, here is why the psychotherapy frame matters at the deepest clinical level. The frame is an active, meaning-laden clinical intervention where every decision communicates values, shapes transference and countertransference, and structures the patient's experience of care, power, and safety. It is integral to whether psychotherapy can work at all. When the frame is unstable or repeatedly disrupted, therapy does not merely become less convenient or optimal—it becomes qualitatively different and often less effective. Clinicians' capacity to ensure the frame is challenged when third-parties intervene. For example, when insurers impose limits on frequency, duration, or documentation, they are not simply managing cost—they are reshaping treatment and potentially undermining its effectiveness. Clinicians may be placed in ethically compromised positions, and must find ways to reconcile their clinical values and professional obligations with these external demands.

Enter PMCs. While there have long been billers, website developers, and marketers for hire, PMCs combine all of these services in one place. These are often the tasks that therapists

are least interested in and least prepared to do, leading tens of thousands of therapists to sign up with a PMC. The PMC value proposition couldn't be more appealing: *We'll do the boring admin tasks for you. We'll also pay you quickly and regularly—no more waiting for months for insurance reimbursements—and we'll pay you a higher rate than you could get on your own from insurers.* Some PMCs even offer these services to therapists for “free,” meaning no overt costs,

although, as we'll see, there are hidden costs and clinical consequences.

The PMCs operate as “mega group practices,” where therapists are 1099 independent contractors to the platform. This arrangement is similar to a rideshare platform like Uber or Lyft, where drivers are technically self-employed but are beholden in important ways to the structure and incentives of the platform. This type of employment classification and business relationship challenges the frame directly and indirectly, raising ethical and legal questions. Who owns the patient data and records? What happens

if a therapist wants to leave the group? Who gets to make decisions that impact client care?

These mega group practices also offer few of the benefits of a traditional group practice. There is no supportive network of colleagues, no office, and no health insurance plan. Therapists work for the platform—without the legal rights of an employee—as opposed to the platform working for them.

To learn more and hear directly from therapists, Psychotherapy Action Network (PsiAN), where I am board chair and cofounder, surveyed nearly 700 mental health professionals about their experiences managing the business and administrative aspects of practice, including the use of practice management companies. The findings offer a rare window into the impacts of these systems on core conditions of care.

PSYCHOTHERAPY  
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IT OCCURS.

## CONFIDENTIALITY AND SAFETY

Nearly all therapists surveyed rated client privacy as extremely important. Yet among those clinicians using PMCs, the majority (81%) reported concern that these platforms do not adequately protect patient information. Therapists expressed anxiety about data tracking, third-party data sharing, and the use of clinical material for purposes unrelated to care, such as training artificial intelligence systems. Headway, an online practice management platform, is the subject of a class action lawsuit brought by users alleging that it allowed Google's tracking technology to collect sensitive mental health data without adequate consent. While this case is ongoing, and Headway denies the accusation, the allegations illustrate broader concerns about data privacy in digital mental health platforms.

Confidentiality is not merely a legal obligation; it is a core condition that allows patients to speak freely without fear. When therapists or patients believe that clinical material may be tracked, monetized, or repurposed, the symbolic safety of the frame is compromised. The PMCs assert that they comply formally with HIPAA guidelines, but their data tracking and sharing practices which convert patients' private thoughts and feelings into a commercial asset undercut this assertion. The erosion of privacy weakens the frame and undermines the effectiveness of therapy, while enriching the PMCs and their owners.

## CONTINUITY OF CARE

Clinicians using PMCs reported concerns about session limits, changing reimbursement terms, and new value-based payment models (where clinicians are paid a capitated lump-sum based on variables such as scores on symptom measurement tools or diagnoses, as opposed to payment for the time they spend providing care).

These practices destabilize treatment continuity, stability, and consistency. This instability may contribute to patient dropout and premature termination, particularly for patients with trauma histories, mood disorders, or relational difficulties. It also changes the meaning, focus, and potential depth of psychotherapy. When care is repeatedly threatened with oversight or interruption, psychotherapy can shift away from deeper, exploratory work focusing on entrenched beliefs or repeating emotional patterns and toward crisis management. It can even redirect clinicians' attention to documenting and tracking symptom acuity rather than holding space and time to process patients' experiences. These shifts can create their own harm, potentially reinforcing some patients' expectations of abandonment.

In addition, frame disruptions around continuity of care disproportionately affect lower-income patients, publicly insured patients, and those with complex or relational

trauma—precisely the populations most likely to require clinical stability, reliability, and depth of care.

## FINANCIAL LACK OF TRANSPARENCY

This study revealed widespread lack of transparency about financial terms, with many therapists not understanding the basics of their compensation or only learning these details after they joined. Of those therapists using PMCs, 84 percent stated they were unaware of how the reimbursements from insurers were split between them and the PMC. These fee-splitting calculations are common knowledge at traditional group practices.

In addition, one of the most enticing aspects of PMCs—the promise that therapists will be paid more—remains largely unfulfilled. Therapists are not typically interested in being paid more out of greed, but rather out of frustration with insurers' well-documented practices that discriminate against mental health care; therapists are paid about 20 percent less than comparable clinicians in the medical/surgical field. These low reimbursement rates, combined with excessive administrative demands, have led many therapists to make the rational choice not to join insurance networks. The results are fewer options for individuals to use their insurance plans to cover psychotherapy, higher costs if they find a therapist out-of-network, and drastically reduced access to therapy for the public.

PMCs advertise that therapists will earn more working with them than independently, because PMCs can use the thousands of therapists in the mega-group to negotiate better rates with insurers. However, PsiAN's research revealed that only half of therapists actually earned more, with half earning the same or less. Many therapists viewed this as just one of the bait-and-switch tactics they experienced after signing up with a PMC.

In psychotherapy, money is not only a transaction but a symbolic signal of value, responsibility, expectations, and mutual commitment. Nontransparent fee structures and shifting payment terms distort this economic frame, introducing confusion and undermining therapists' capacity to hold stable boundaries around time, frequency, and care. This is also a clear failure of informed consent for therapists and indirectly for patients.

## CLINICAL AUTONOMY

Clinical autonomy is being eroded by PMCs' direct contact with patients. When therapists enroll with a PMC, their patients do, too. The PMCs collect patients' copays and are increasingly collecting additional information from them as well. For example, several PMCs have started to send symptom checklists directly to patients without asking or informing therapists, let alone obtaining their consent. This direct intrusion of PMCs into the therapist-patient

relationship is not only frame-breaking but threatening to privacy, ethics, and the clinician's authority in taking care of the patient. The trust and authority earned by the therapist, granted by the patient, is at risk, paving the way for enactments around control, if not premature termination, of the therapy.

There are additional questions about the use and meaning of self-report symptom checklists, including how and whether they align with the goals of the treatment. In previous research studies by Psychotherapy Action Network, the majority of individuals stated that their goals as a patient were to get to the root of their issues and increase self-awareness—goals that are deeper and broader than assessing discrete levels of symptomatology.

While therapists understand these companies are in business for themselves, they don't know a lot about how these companies make money or who profits from them. The PMCs are not transparent about this, and many therapists don't realize these companies are owned by private equity firms, venture capital investors, technology firms, and even insurance companies. As reported in our survey, therapists' main stressor was dealing with insurers; ironically, if therapists join a PMC, they then become a contractor to a company owned by insurers.

Indeed, a striking finding of the PsiAN study is clinicians' strong aversion to insurer ownership of PMCs. While most respondents (70%) were unaware of ownership structures, the overwhelming majority (85%) reported that they would not participate in platforms owned by insurance companies. This reflects widespread worries about insurers' influence and concerns that clinical decisions are increasingly shaped by financial incentives external to the therapeutic dyad.

## IMPLICATIONS FOR THE FIELD: A PROFESSION IN CRISIS

As this research shows, PMCs are having an outsize impact on the frame, provision of care, therapeutic relationship, and potential for psychotherapy to last long enough to provide its life-saving, life-transforming benefits. Without being more clear-eyed about these new digital middlemen, troublesome outcomes such as higher dropout rates, shorter and less effective courses of care, and increased clinician burnout will lead to the impression that psychotherapy just doesn't work, especially for complex or chronic problems. Poor outcomes will be blamed on noncompliant or resistant patients or inefficient or ineffective clinicians.

The popularity of PMCs is understandable. In the research study, therapists reported that their top concerns revolved around the administrative burden of dealing with insurers, the low reimbursement rates, and arbitrary limits on (or outright denials of) coverage. Financial stability was another concern: Forty-three percent of respondents lacked paid time off, 40

percent struggled to earn sufficient income, and 35 percent lacked access to affordable benefits like health insurance and retirement plans. Therapists reported significant stress related to the demands of running a private practice as a small business. Early-career clinicians expressed the need for more structured supervision, mentorship, and advanced training, as well as frustration about being able to afford it. For those later in their careers, professional burnout was prominent. Juggling practice administration, documentation, supervision, and continuing education, as well as the emotional intensity of providing psychotherapy, contributed to burnout and fatigue.

But if we are to improve access, outcomes, and clinician sustainability, attention must shift from solely *what* interventions are delivered to *how* therapy is structured. Psychotherapy cannot be separated from the conditions under which it occurs. At a minimum, this means protecting the frame to ensure psychotherapy has a chance to be effective. Frequency and intensity of sessions must be based on clinical need. Confidentiality must be defended, and not limited to policies that meet minimal compliance. Transparency of financial matters, ownership, and payment structures is necessary. We do not need more middlemen and more administrators. We need them to get out of the way so we can safeguard clinicians' authority over treatment decisions.

Insurers have shown—through PMCs—that they can change their many discriminatory practices. PMCs offer credentialing within 60 days, not six months as is often the case; reimbursement rates may be higher; payments to therapists can occur on a regular basis. These “revolutionary features” should be offered to all therapists immediately, not only those who join a PMC.

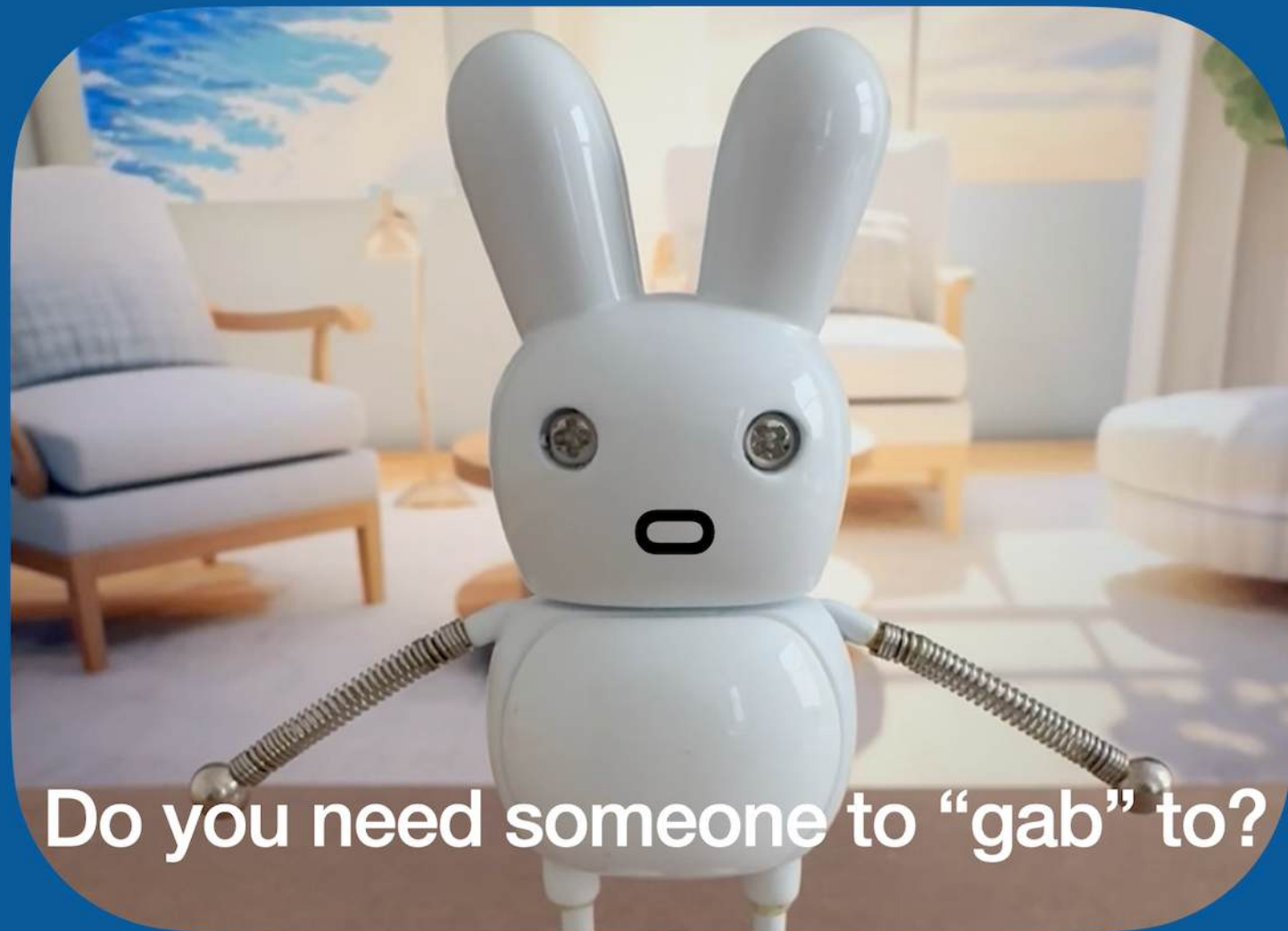
Clinicians must educate themselves about these new companies and new trends emerging in the field. They need to reassert their authority as the party responsible for and in charge of the care provided. They need to view business decisions as clinical ones and recognize the impacts and consequences of systemic intrusions into the frame. Protecting the psychotherapy frame is not about preserving tradition or privileging one orientation over another. It is about safeguarding the conditions that allow therapeutic relationships—of any modality—to do what they are meant to do: help people heal, grow, and change. ■

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# Algorithmic Defenses Against Thinking

The rise of UberTherapy

BY ELIZABETH COTTON

AM SOMEONE WHO has skin in the therapy game—a sociologist writing about mental health, a trade unionist, and someone who has been a therapist and has had a lot of therapy. I didn’t know when I started to write my book on the emerging digital therapy business models that so much of it would be about shit and shame. And I didn’t know that the most embarrassing part of therapy isn’t talking about sex, but that many of us are in an abusive relationship with our therapeutic work.

The line of argument of *UberTherapy: The New Business of Mental Health*

is that the therapeutic sector has undergone a process of uberization through the parallel industrial shifts towards marketization (shift from a clinical to a financial logic), standardization and manualization of therapeutic approach, and now the digitalization and introduction of AI technologies into therapeutic labor. Part of this new model involves the introduction of platforms—including online platforms as providers of therapy, practice management platforms in private practice, and AI technologies such as chatbots.

UberTherapy is the term I use to indicate the fluid and dynamic business models of digital therapy that are being utilized as key health care players start to roll out AI across

I have come to believe that the platformization of therapy offers an intentional unknowing about our psychic realities.

the mental health sector. The book argues that UberTherapy represents an attack on thinking, offering the new consumers of digital therapy a defense against deep work. It contends that inherent in the automation and iconic design of therapeutic labor processes lies a rejection of complexity and a denial of our dependency on others to explore the unconscious. It sets the goal of therapy low, to finding a simple solution to a simple problem determined by an online survey, your e-commercial history, and credit card details. It is in this way that the

design premise of online therapy platforms redefines the therapy problem as one of convenience and choice where therapy can be done anytime from anywhere by anyone. With the emergence of short-term, solution-focused, and ultimately “nonrelational therapies,” we are left with a set of transactional decisions about what kind of therapy to buy online.

In the writing of this book I have come to believe that the platformization of therapy offers an intentional unknowing about our psychic realities, a neoliberal framework that does not offer us a stable “framework of care” where we are safe to work out who we really are.

## Defenses Against Thinking

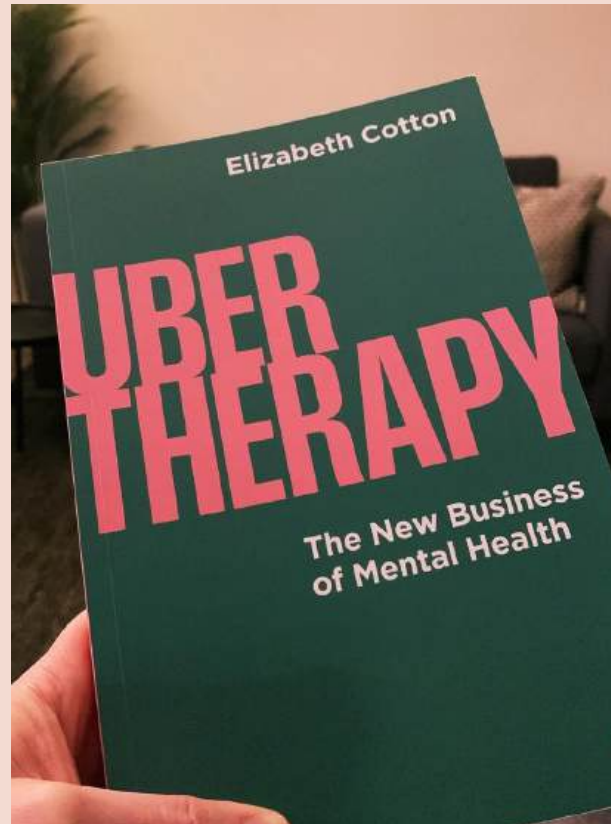
One of the proposals explored in this book is the idea that digital therapy offers us a defense against thinking. The argument is that whatever therapeutic tradition or technology we engage in, it has to help us acknowledge and navigate the facts of our lives rather than offering a retreat into what Michael Rustin calls the pathological side-effect of technological systems, which allows us to deny the fundamentally human nature of getting our needs met. And since AI systems cannot, by design, contextualize, think critically, or resolve conflicts, UberTherapy represents a profound deficit in thinking and an unsafe environment for therapeutic work. I argue that this model of therapy offers by design a defense against addressing the conflict—both internal and external—that offers the raw material that many of us bring to therapy.

Using Robert Money-Kyrle's 1960s papers about a psychoanalytic framing of the political self, I try to formulate the facts of life in relation to the AI-driven world that we are now living in. The proposal is that UberTherapy can be seen as a defense against three intertwined facts of life:

1. We are dependent on others to grow.
2. We come into being through a creative act that we are excluded from.
3. We die.

These facts of life sit uncomfortably with the promise of AI that defends us against our dependencies on others, against our lack of omnipotence or self-sufficiency and the reminder that all things end beyond our control. Despite the seduction of being able to relate via online platforms on demand and ghost people before they leave us, Money-Kyrle's formulation offers us a psychoanalytic way of assessing the psychic consequences of the shift that is taking place in therapeutic practice as a result of its digitalization and platformization.

In the case of UberTherapy, these deep psychic defenses against thinking are abetted by a lack of industrial thinking. This refusal to think structurally about business is itself a kind of defense. In part this defense is maintained by a lack of clear data and knowledge about the business landscape. Therapy in the UK is being repositioned as a part of the e-commercial sector, a system that measures an inflated sense of its own success and ignores its clinical failures. This is a system where complex cases are signposted out of services and "recovery" is measured in the short term to allow performance data to claim 50–75 percent recovery rates. Importantly in this model, data is not captured to measure the range and number of people who fail to access therapeutic support, allowing the business model to claim commercial success.



The US offers the template for the e-commercialization of therapy in the UK, where this story of uberization involves the movement away from universal access to health care to the rapid introduction of private medical insurance, employee assistance programs, and therapy platforms. As colleagues and I reported in the BBC program "Investigating Employee Assistance Programmes," the introduction of therapy platforms offers a business model based on attrition by design, introducing the gamification of how we understand and measure therapeutic outputs.

Back to shit and shame.

In the field of big data there is a phrase that says if you put shit in you get shit out. Bad data are mined and used to develop AI technologies which are based on shaky evidence. Among commentators the idea of "enshittification" describes the trajectory of digital business models: providing subsidized commodities until the point that subscribers and their personal data are pooled, profits are reported, and shares may be sold. This commodification and datafication of therapeutic work survives long enough to extract value and no longer, a business model that is increasingly understood alongside predictions of the bursting of the AI bubble.

Since UberTherapy is a business model where therapists and consumers meet via what Cathy O'Neil calls the shame

machines of social media and online apps, the debates about therapy often slip into a popular logic that Bad Therapy = Bad Patient = Bad Therapist. Algorithmic harms are blamed on "bad patients" who think ChatGPT is their therapist and "bad therapists" working within this new platform economy.

As you would expect for a psychoanalytically informed book written by a trade unionist, I do not believe that for the key business players in the platformization of therapy the shaming and blaming of the therapeutic labor process is unconscious. Instead, I argue that it is a deliberate attempt to silence us by disorienting and distracting us from the reality that in these algorithmic systems of work we are all set up for failure. They mis-sell the product, and then we clinicians and patients blame ourselves for its failure to deliver recovery, leaving the shame of the UberTherapy business model firmly within the individuals involved. A cruelty to the next generation of therapists and their customers who over time will have no living memory of what the alternatives once were and are set against each other across the digital barricades.

This dynamic can be understood psychoanalytically as a form of projection. There is an idea in psychotherapy about a toilet therapist that might be helpful in understanding the inevitability of the attack that is taking place on the capacity of therapists

to think within this digital context. In psychoanalytic thinking, anxiety and our defenses against it are given central place, particularly our common attempts to split off and project our anxiety externally. In this model, the threat of our aggression killing off something we love, like a decent therapist, triggers a projection of the parts of ourselves we cannot accept—our "shit"—into the "toilet therapist" to rid ourselves of these "shitty" feelings. (I might be pushing the shit motif too far here, but given that we are talking about therapy that acknowledges our infant experiences of love and hate, of the "toilet-breast" and the retreat into blaming mummy for everything, it is not entirely out of context.) In this way, projection does not merely relieve anxiety. It protects the system itself from being thought about.

## RealTherapy

I use the term *RealTherapy* to indicate the future alternative models of digital therapy and as a challenge to therapists to engage with redesigning our industrial futures. If we continue to talk about the micro of online therapeutic process without looking at the economic model behind it, we risk being complicit in a system that increasingly none of us can defend. It is still possible that this model of UberTherapy is not our only future because when the rollercoasters of venture capital crash and burn, we will still be us lugging around our anger and shame and there will still be good therapists wanting to work with that. But the time has passed when we can safely leave the design of the next generation of digital therapy businesses to the socioeconomic project that underpins UberTherapy.

Building our capacity to think and talk about the politics of digital therapy is now part of the process of defending deep work. The challenge for those of us with skin in the therapy game is to confront the blaming of the individual therapist for the failings of a business model and open up a discussion inside and outside of the consulting room about these technologies and the industrial complex behind them. *UberTherapy* offers an accessible entry point for clinicians to talk to colleagues in supervision groups about the emerging business models of digital therapy. It is an invitation to bring critical inquiry into your trainings and CPD events and ask each other, "What does RealTherapy look like?" ■

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*Dr. Elizabeth Cotton is an associate professor of responsible business at the University of Leicester and founder of Surviving Work and the Digital Therapy Project, a group of UK and US researchers studying the future of therapy. Her book UberTherapy: The New Business of Mental Health is published by Bristol University Press.*

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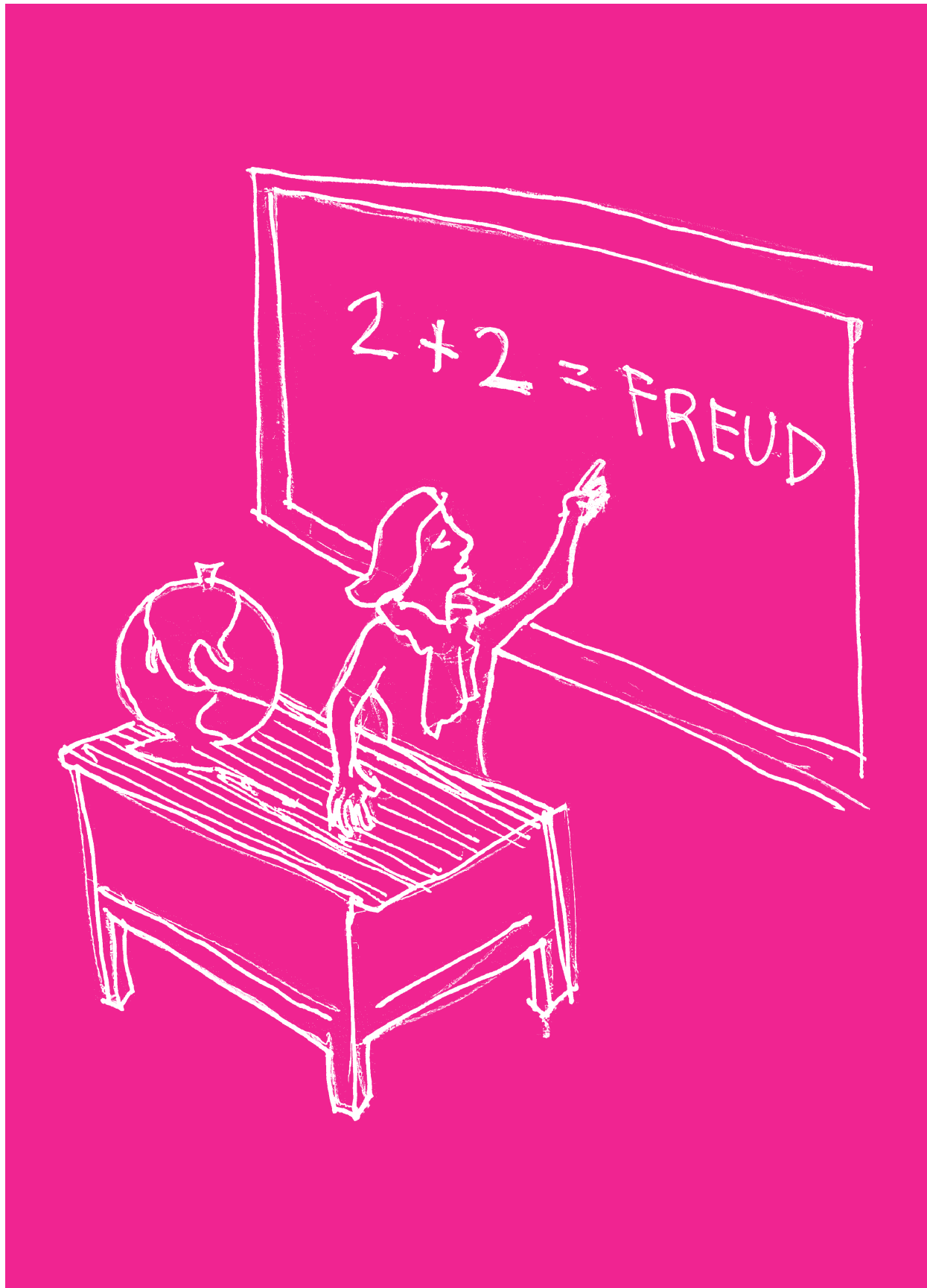
First published online February 2026



# Teaching Freud to Gen Z

ELIZABETH LUNBECK  
PRESENTS  
PSYCHOANALYSIS  
AS A PROFESSION  
AND A GUIDE FOR LIVING

BY AUSTIN RATNER  
Drawings by Austin Ratner



Drawings by Austin Ratner

Elizabeth Lunbeck, chair of the Department of the History of Science at Harvard, has spent years teaching psychoanalysis to students encountering it for the first time. In her courses, Freud is neither a relic nor a doctrine, but a way of making sense of ordinary experience and human conflict. In this conversation with *TAP*'s Austin Ratner, Lunbeck reflects on how the value of psychoanalytic thinking can be made legible to students and to the broader public.

**You teach courses about psychoanalysis as a historian of science. Why do you think it's important that students learn about Freud and psychoanalysis?**

As I see it, and teach it, psychoanalysis offers a really powerful way of looking at the world. Freud and psychoanalysis are not taught in psychology departments for the most part. There, teaching and research is focused on CBT as the gold standard for psychotherapeutic treatment. This limits students' access to a whole range of ways of thinking about how we get along in the world.

I have found many students are really interested in Freud and psychoanalysis. But they don't know where to start. If you look at the popular portrayals, you will encounter the Freud who is a kind of a sex-obsessed old guy who came up with these weird theories. We learn from our psychology professors that Freud is dead—as in fact he is. But I would argue—and this is a constant across all my courses—that Freudianism lives on, although not always marked as such.

This is a really interesting way to go through life, to look at things through a psychoanalytic lens. Psychoanalysis is a vibrant intellectual tradition, but I'm also trying to introduce students to a way of thinking they can mobilize themselves. It's like lessons in living.

**How do you approach Freud in the classroom to make him feel intellectually alive and relevant?**

One of my aims, especially for undergraduates, is to de-exoticize Freud, to show how he is part of the way they're already thinking. I try to make the material feel familiar and to defamiliarize it at the same time.

Transference, students love. It's both incredibly simple and incredibly difficult to comprehend. And then repetition and reenactment, that also feels very native to them. I use everyday

materials like advice columns and the example of, let's say, your friend who is dating the same "wrong" person over and over. They've all had that experience.

I start out my psychotherapy course by looking at talk as a technique. We take it for granted that talk matters, but it goes against some cultural precepts, like "sticks and stones." It had to be established as a technique, and Freud did that. And I go through all the different means by which he made talk into a therapeutic medium. I also assign Janet Malcolm's book *The Impossible Profession*, a brilliant book. I think it's the best single introduction to psychoanalysis. It captures so much of a time when there was huge ferment and change within the profession. Students respond positively to the book.

I don't assign jargon-filled articles that are impenetrable to the outsider. I don't expect students to become specialists in analytic thinking. What I want them to do, when they leave Harvard, is not blanch when they see the name "Freud" or the word "psychoanalysis." This is the most basic aim of mine. I want to give them the tools to go deeper than the headlines when they see something about human nature, war, aggression, groups, the psychology of racism, and so on.

**Part of what you're doing is treating Freud as a kind of social thinker. How does psychoanalysis help us understand life with others?**

In my current course, Reading Psychoanalysis in Turbulent Times, I'm introducing students to psychoanalysis as a way of apprehending the world around us based on the ways that psychoanalysts tried to make sense of the 20th century. It was a horrific century, most manifestly up through World War II, but the last half of the century wasn't so great either. One of the questions I ask, is "Why can't we all just get along? Why is social life so difficult?"

We start out reading *Civilization and Its Discontents*, which is evergreen and very bleak. I have found that students have a hard time with the idea that aggression is as fundamental as Freud asserts, but less of a hard time when you put it in terms of what's going on in the world now. One of my implicit arguments is that analysis has always been about humans' place in society. Analytic theory has always had room for being used in that way, to understand our place in the social world around us. We also read *Group Psychology* and *Totem and Taboo*, which has many current analogs—*Band of Brothers* and so on.

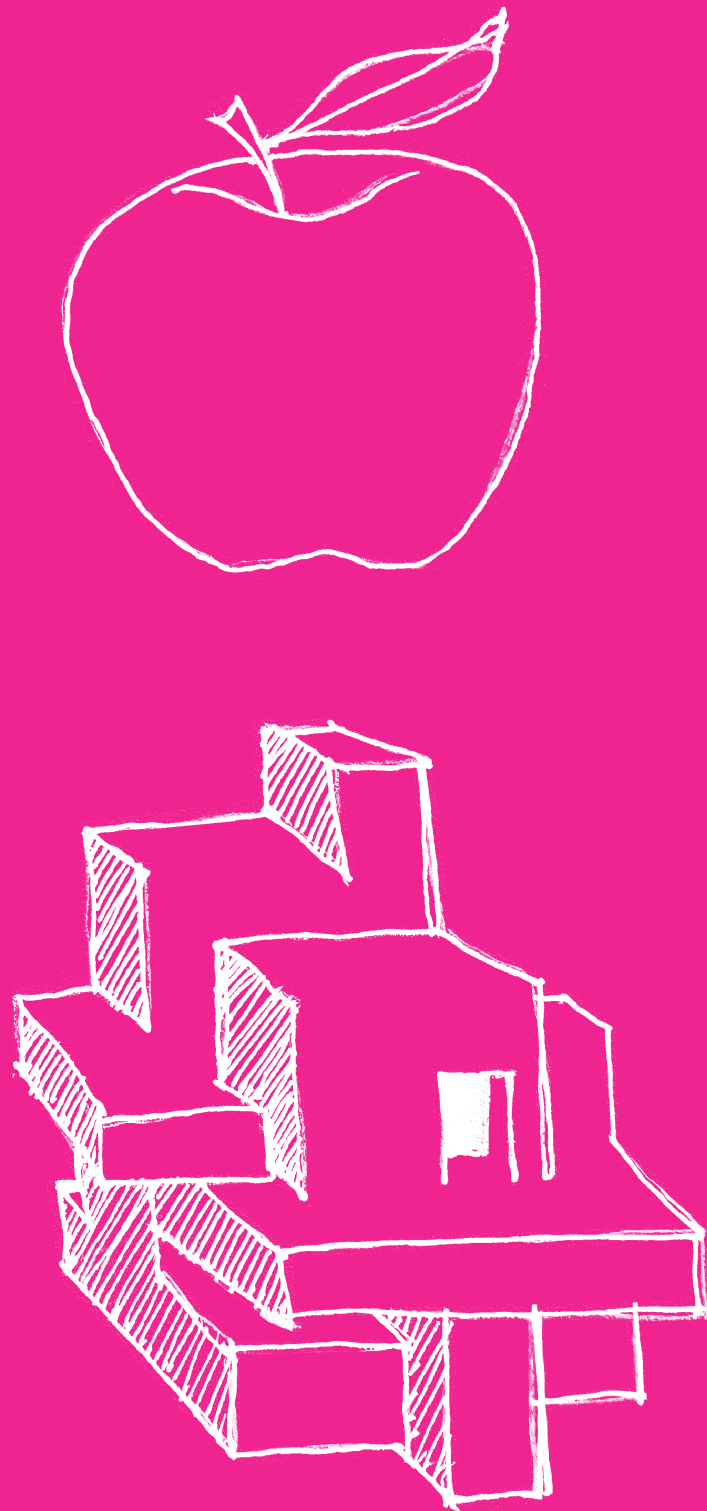
I don't expect students to agree with everything Freud says. I just want them to understand why it's proven so powerful and had such an impact through the years. Along with Freud, I assign other classics: Zaleznik, Bion, Fanon, Riviere, Kernberg, Adorno.

**You're teaching Gen Z students. I'm thinking about what they've been through in terms of COVID, in terms of the turbulence of the world around them. How are these students thinking about mental health?**

What have they known but one crisis after another? It appears from many reports that rates of anxiety and depression have risen since COVID. COVID just did a number on all of us. The isolation in particular—we're still dealing with that.

Students are very open to getting help. For them, there's no stigma in the way that there used to be, which is a really interesting cultural shift. Every college or university will have a student health service, but they offer limited psychological help. The demand far outpaces the supply. Students will say that they or their friends are using ChatGPT or Claude for therapy and companionship.

One thing that has struck me is the different perspective on privacy that the young seem to have. It's not an original observation on my part—they don't seem that much concerned with privacy in the way that, say, my generation might have been.



**“I DON’T EXPECT STUDENTS TO AGREE WITH EVERYTHING FREUD SAYS. I JUST WANT THEM TO UNDERSTAND WHY IT’S PROVEN SO POWERFUL AND HAD SUCH AN IMPACT THROUGH THE YEARS.”**

**Beyond the classroom, I feel like the myth is still out there that psychoanalysis has been discredited, despite all the evidence that has accrued about its validity and efficacy. How might the field convey this more effectively to a broader public?**

First of all, *TAP* is fantastic. It’s colorful, it’s engaging, it’s about fun stuff. What you replaced, it felt like a magazine from the 1950s.

There have been various kind of summary articles in the popular press about how Freud is back. This is a hopeful sign. The Freud I’m teaching is more than a body of theory. It’s a Freud we can see in a live practice called psychoanalysis that has practitioners, training, journals, conferences, splits, etcetera. In these ways, it’s a profession like any other profession.

On the question of reaching the public, here I think psychoanalysts would be well advised to de-exoticize psychoanalytic thinking when they’re talking about ordinary events. Some of what has been written about Trump’s leadership style has been really useful and not that difficult to understand. To reach a larger audience, you need to avoid too much insiders’ language.

Every profession has its jargon, of course. It has meaning. But one of the things we’ve talked about in the course is using terms that have very vivid vernacular and psychoanalytic meanings—like *container*, *deposit*, and so on—to understand how minds operate, singly or together. ■

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# Hoarding the Future

A manifesto and a plea

BY BRIAN NGO-SMITH AND TERESA MÉNDEZ

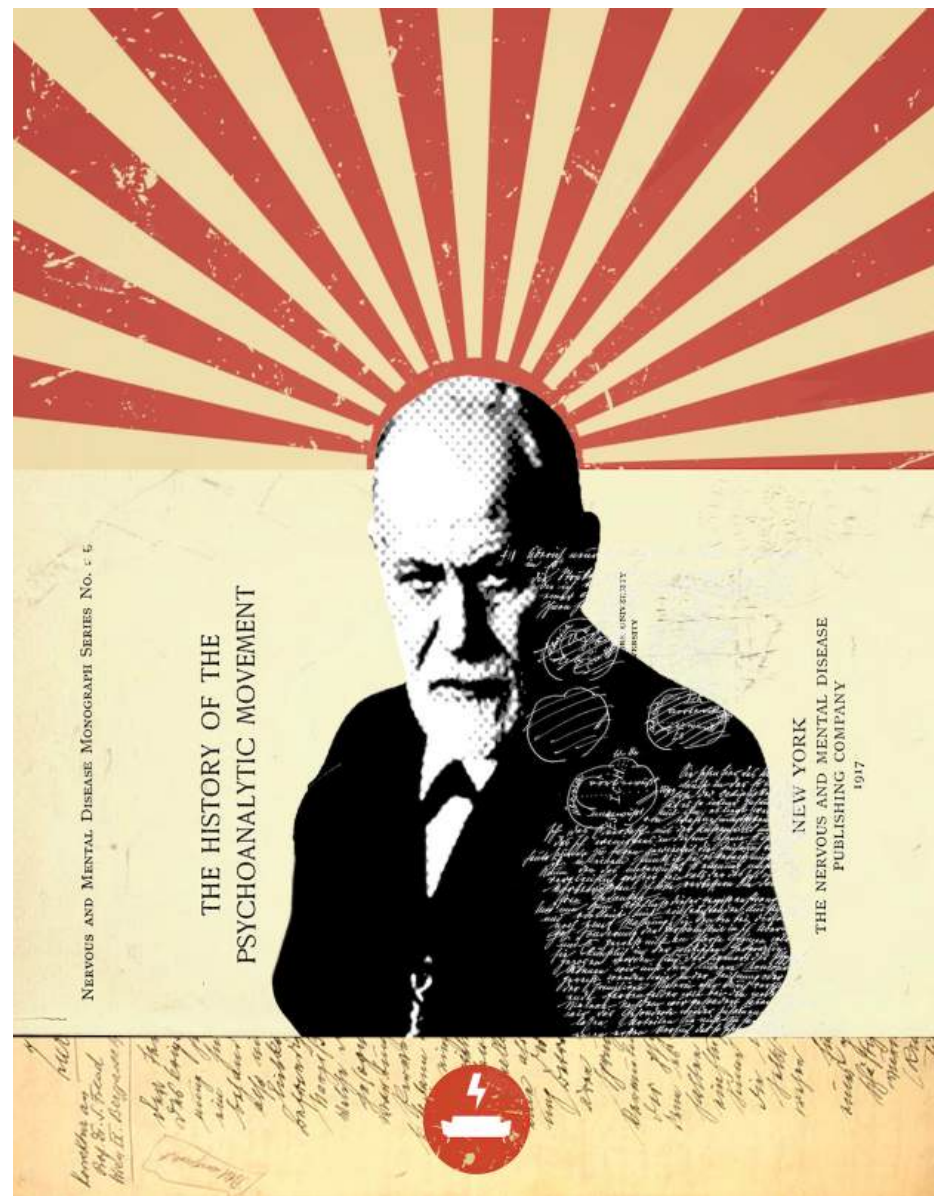


Illustration by Austin Hughes

**W**E BELIEVE THE field of psychoanalysis is failing to intervene at a moment of tremendous generational anxiety. Our task is to think these anxieties. Only then can we loosen the reflexive binds that knot us to our elders, and to their elders in turn: the inherited identifications and loyalties that shape institutional psychoanalysis.

In his 1914 essay “On the History of the Psycho-Analytic Movement,” Freud insisted that psychoanalysis confront not only psychic conflict in the consulting room but also the rivalries and resistances over institutional inheritance within its own ranks. Writing at a moment of generational tension himself, he understood that the future of psychoanalysis depended on tending to these dynamics. Freud often failed at this. And the history of psychoanalysis is riven with splits and defections, bitter disputes and excommunications.

We write today in this same spirit of critical engagement with our legacies, out of concern for what becomes of a psychoanalysis whose generational anxieties remain unthought and are instead enacted within our psychoanalytic institutions and communities. We understand these anxieties as murderous fears and wishes: parricidal, filicidal, and siblicidal. They emerge in rigid and sometimes punitive training cultures that can produce stalemates and loyalty binds—the quiet hardening of hierarchies that cannot imagine succession, alteration, or replacement.

Many of our senior psychoanalytic colleagues, for example, take their mentoring roles very seriously. Yet still they find ways to interminably extend the requirements of our training. They repeat the innocent refrain: *What’s the rush?*—as though we (and, by extension they) have all the time in the world.

While our field has long acknowledged the regressive nature of psychoanalytic training—the dependency, rivalry, and competition—our institutions have not meaningfully attended to the narcissistic injuries of aging and mortality, wounds that confront us all.

Until our communities develop a greater capacity to encounter and work with these vulnerabilities, we question how fully our institutions, and therefore our field, can engage with *any* question of otherness. Experienced as a breach in the imagined psychic lineage, difference—of race, gender, class, or perspective—so often signifies a threat to institutional continuity. Those who represent some Other perspective, whether theoretical or cross-disciplinary, or whose affiliations seem suspect to those with power, may come to embody a contamination of the purity (the eternal life) of psychoanalysis itself.

These dynamics are rooted in narcissism, that perennial bloom, forever animating our allegiances and our revolt in the face of the Other, whose ancestry diverges from, and is felt to endanger, our own. When generational anxiety remains unthought, difference becomes intolerable. Our field risks replicating the very exclusions and violence it claims to analyze, turning psychoanalytic insight into a badge of privilege rather than a practice of understanding.

Psychoanalysis is narcissistically challenging work, inherently and by design. Yet rather than fostering collective thinking and shared futurity, we have constituted our professional communities and learning environments around individualism-nurtured-in-pairs, a retreat from the challenging realities of group life. Our existing institutional structures do not offset this narcissism. They magnify it. They act as an accelerant, not an antidote, to the isolation and cults of personality that too often abound.

We acknowledge both the wisdom and the human vulnerability of our predecessors. But if psychoanalysis is to endure, it cannot be hoarded by any one generation. Since its earliest days, we have been tasked with using the tools of our craft to reflect on ourselves, not strictly in our analytic and supervisory dyads but in our broader professional organizations as well. These efforts often falter, leading back to a homeostasis motivated by the wish for immortality, averse to the inevitable losses ushered in by time.

We are making a plea to stay with us in the pain of these losses, a plea to share the future. ■

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*Brian Ngo-Smith, LCSW, FAPP, a psychoanalyst and clinical social worker in Denver, Colorado, and Teresa Méndez, LCSW-C, LICSW, a psychoanalyst, clinical social worker, and former journalist in Baltimore, Maryland, are past presidents of the American Association for Psychoanalysis in Clinical Social Work (AAPCSW). Together they are founders of the Sharing the Future Project and offer facilitation, presentation, and consultation on organizational succession and grieving. They can be reached at [brian@ngosmiththerapy.com](mailto:brian@ngosmiththerapy.com) and [tmendez@baltimorepsychotherapy.org](mailto:tmendez@baltimorepsychotherapy.org).*

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# “WHAT SCHOOL ARE YOU?”

A candidate reflects on theoretical identity

BY XIAOMENG QIAO

“WHAT SCHOOL are you?”  
By my second year as a candidate, I’d had enough of that question.

The question kept coming from peers. My frustration wasn’t with the curiosity, but the assumption: that theoretical orientation defines you, that you had to pick a team.

I found this ridiculous. Still do. But I’m in my third year now. I’ve stopped fighting it and started wondering about it instead.

My training has been plural: three American institutes, Tavistock in London, doctoral work at the Boston Graduate School of Psychoanalysis studying psychoanalysis and society. I’ve been learning with P-HOLE, a collective of queer, trans, and BIPOC analysts, and I was in the first cohort of the Community Psychoanalysis Project. The multiplicity of perspectives I’ve been exposed to in this training keeps pushing me to ask: What does theoretical loyalty actually mean?

As a more senior candidate working in China, I notice junior candidates asking about schools before they’ve learned the basics. How can you understand self psychology without Freud? Without ego psychology? How do you grasp the relational turn without knowing what it’s turning from?

This past year I’ve been translating a book of letters from analysts worldwide to candidates. Nearly every writer emphasizes one thing: Think from multiple perspectives. But our field simultaneously demands we think in splitting terms. We build more walls than bridges, as analyst Estelle Shane once said. Why confuse candidates with so many theories? Because human nature is that complex.

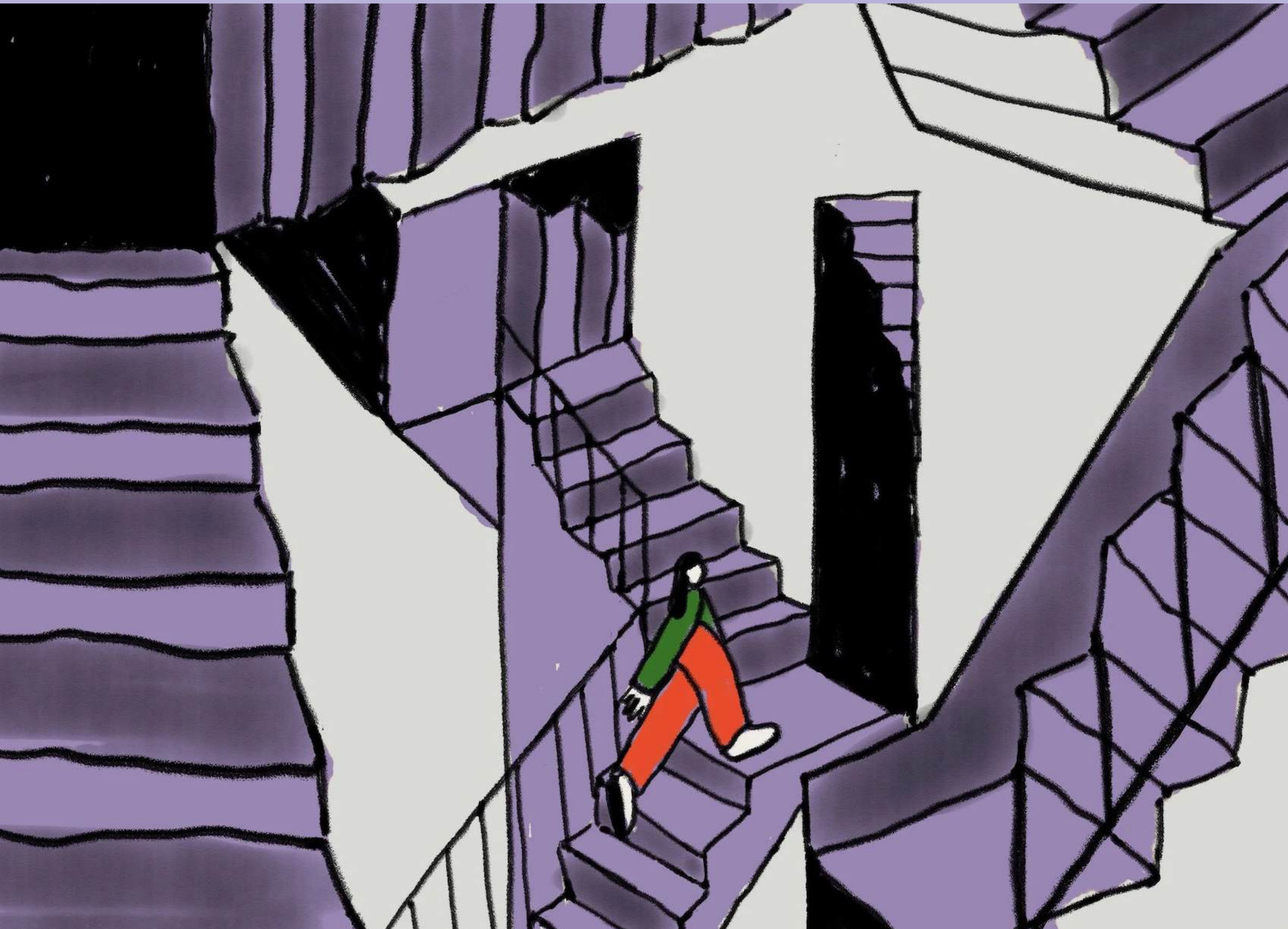


Illustration by Andrea Bojkovska

## WHY WE FRAGMENT

Here's what we don't say out loud enough: These theoretical battles are really about identity. About hurt, splitting, pathology, trauma passed down through analytic generations. A professor once put it plainly: "School wars are identity wars dressed up as idea wars."

Theorists work from their own wounds and gifts. Think about Freud, Jewish and locked out of universities, his work dismissed as unscientific. That exclusion became the soil of psychoanalysis itself: a theory born from the margins, alert to repression and the costs of belonging. Kohut invented self psychology from his narcissism. "The Two Analyses of Mr. Z" barely hides its autobiography. Klein made everyone face harsh truths because she couldn't stand comfort. Reductive? Sure. But true enough. We start by understanding our own experience.

Our clinical experience plays a role. We see a few different patients—and critically, *few* of them. Our sample size is tiny. Long-term work means 40 or 50 people over a career, not hundreds. Much of our theorizing grows out of this narrow clinical experience, even when we imagine we're speaking universally. When Kohut and Kernberg disagreed about narcissistic personality disorder, maybe they were describing genuinely different presentations from different settings. That is, maybe they were both right, but they were describing different populations. When we argue about technique, we might be arguing from fundamentally different experiences. The field looks like blind men and an elephant. Each school grabs one true thing and mistakes it for everything.

We're also shaped by culture. What we now call "American" ego psychology was shaped by émigré analysts—many of them Jewish—who brought the trauma of exile into their work. But America added its own layer: a faith in adaptation, progress, and self-making. The result is a theory that, to some extent, carries both the wounds of displacement and the confidence of a new empire. I've always been suspicious of that adaptation piece. I'm glad Lacan pushed back, even if I don't follow him all the way. Self psychology and relational work emphasized empathy and collaboration, mapping onto broader shifts around equality and power in the 1960s and 70s. British analysis stayed close to Klein and early development. Lacan weakened the ego and centered subjectivity—very French, very existentialist. I'm increasingly bringing society and culture into my clinical thinking. Once you stop denying that we as analysts affect our patients, it gets harder to deny that social and cultural forces shape all of us. Many of the wounds we see are not only personal but cultural, produced by histories of exclusion that demand adjustment rather than change. To work analytically is also to stay aware of these layers, the biological, the individual, the social, and to recognize suffering that exceeds the individual frame.

Times change, patients change. The problems analysts meet evolve with culture. Kohut moved from the "guilty man" of classical analysis, who is burdened by forbidden wishes, to the "tragic man" of a later era, who is fragmented by developmental deficits and failures of empathy, because he was treating patients who were no longer driven by guilt but by emptiness and collapse. Klein, in turn, built methods for borderline and psychotic patients. Contemporary relational analysts absorbed feminism, power analysis, reflexivity. The silent analyst behind the couch gave way to someone face-to-face with their patient, reflecting a wider cultural move toward dialogue and transparency. The authority once hidden in silence was now expected to speak. Good riddance.

## WHAT'S REALLY GOING ON

But here's where I've been landing lately, past the practical explanations: Theoretical diversity points to something fundamental we can't quite pin down. Almost Hegelian, the way each school needs its opposite to exist. Thesis spawns antithesis, you get synthesis for a minute, then it starts over.

This pattern shows up in psychoanalytic history. Relational psychoanalysis emerged as a third track in some institutes, carving out space between existing approaches. The British Middle Group of Winnicott and company formed between the Kleinian and Anna Freudian camps, occupying ground neither extreme could hold. New schools don't replace old ones. They're born from the friction between them.

This dynamic between psychoanalytic schools and institutions plays itself out in the inner world of the analyst. Our theoretical commitments track our countertransference struggles. They map our ambivalence about human nature itself.

Consider projective identification, where a patient projects unwanted parts of themselves onto you and treats you as if those parts were yours. I've started thinking about projective identification as water flowing through my body. I'm always oscillating between two states: Sometimes I can't hear what my patient is saying, can't reach them empathically, because I'm resisting being projected into; other times I'm drowning, overidentified, totally submerged in it. Only after moving through both extremes can I find space to actually think. I have to go from refusing the projection to being flooded by it before I can metabolize it.

Moving through different theories feels similar. Each school speaks to the same underlying struggle with the countertransference from a different angle. When I can't manage my countertransference, when I'm overwhelmed, I go Kleinian. I try to deliver the "right" interpretation, the insight that'll cut through everything. Even while I'm doing it, I know I'm acting out. Robin Cohen, one of my teachers, commented

on my thoughts about this. She goes the opposite direction. When she's flooded, she becomes a self psychologist, offering easy empathy because it's safer.

We move between positions because the tensions won't resolve: conflict versus development, unconscious versus trauma, individual versus social structure, insight versus relationship. We can't hold all of it at once. The schools represent different strategies for managing what we can't fully grasp.

A supervisor once told me he's a completely different analyst with different patients. Any decent analyst is. In practice, analysts from supposedly warring schools often work more similarly than differently. When we theorize, we're pumping up differences to shore up group identity. Basic narcissism of small differences.

This is why school wars won't disappear. It's not a problem to fix. It's built into the work itself.

And it's why we need to stay alert to our own transference to theory—our psychic investment in the abstract models we adhere to. I notice this in myself and others. Kleinian analysts often seem more aggressive in their interpretations. Self psychology practitioners can lean toward being overly supportive, "nice" in ways that avoid confrontation. These aren't just theoretical differences. They're identifications with theoretical approaches, countertransference patterns disguised as technique.

Such identifications are powerful and serve multiple purposes. We need to stay reflective, alert to when we're using theory as a shield rather than a tool. Any theory can be used defensively. Even when you disagree with an approach, you have to understand it deeply to know what you're disagreeing with. Dismissing a school without grasping it is just another defense.

## LIVING WITH IT

So what do we do?

First, stop expecting resolution. School wars grow from our struggle to understand human complexity, our countertransference trouble, our need for professional identity in a field treated as half-legitimate. The ambivalence is the thing itself.

Second, notice that "What school are you?" is usually transference showing up early. A fantasy worth exploring, not answering straight. When candidates seek specific schools, perhaps training analysts and supervisors should get curious about the wish instead of just making referrals.

Third, watch *how* you use theory, not just which one you use. Is my Kleinian interpretation helping my patient face something real, or is it dumping my anxiety into the room? Is my self psychological empathy corrective, or am I playing out rescue fantasies? Theory isn't inherently dangerous. Using it without reflection is.

When analysts work in genuinely plural spaces, such as training groups, supervision collectives, or international settings, something loosens. Multiple perspectives argue productively, and you can finally appreciate what each tradition offers, even ones you once rejected.

The real work isn't picking a school. It's finding your own voice, something every institute encourages in theory, though institutional structures often make it difficult in practice. It's learning to listen: to what your body's telling you, to what's happening between you and your patient now, to what this particular person needs this particular moment. One supervisor's question stays with me: Are we talking about trauma or play to help the patient take hold of something, or overwhelming them with more than they can metabolize? Listen to what's occurring.

Different theories fit different moments: different patients, different treatment phases, different cultural contexts. In my work in China, self psychology addresses narcissistic wounding from rapid social change; Kleinian work helps with early trauma and borderline presentations; relational approaches speak to concerns about power and equality. Different routes toward helping people suffer less.

## WHERE THIS LEAVES ME

I hit my limit with school loyalty questions in my second year. But I've figured out why they keep coming. We ask "What school are you?" because we're anxious. About competence, about doing this impossible work right, about belonging. The schools offer something to hold onto.

If you listen to psychoanalysis the way we listen to patients, our splits start looking symptomatic. As psychoanalysts, we all know splitting is a problem. It's what we help patients work through. Yet here we are, organizing around divisions we'd pathologize in anyone else.

But good analysts aren't defined by schools. They're defined by whether they can stay present with patients, sit with not-knowing, learn from the people they're meant to help. Psychoanalytic multiplicity isn't a problem waiting for solution. It's a mirror showing us the multiplicity in human nature, in ourselves. Our job isn't to resolve it but to work inside it, carefully, without pretending we've got it figured out. ■

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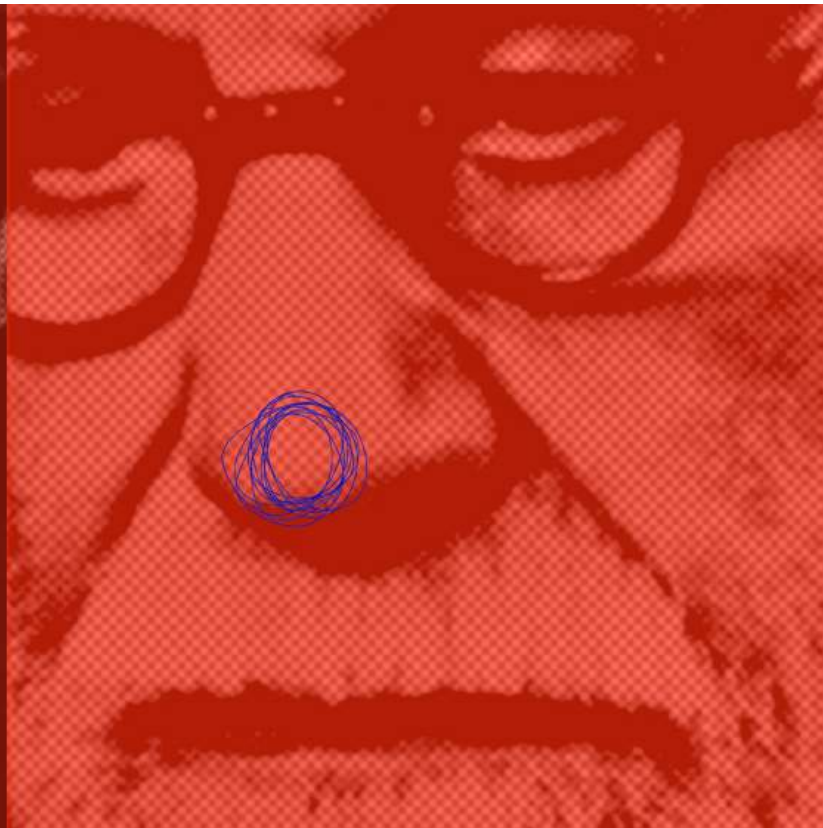


Illustration by Austin Hughes

# THREE ESSAYS AND THE BLUE DOT

LESSONS FROM A LIFE  
IN ANALYTIC TRAINING

BY CARA MANIACI

**A**T AGE 24, in a daydream-like reverie during a graduate class on gender studies, I drew a tangled, scribbly little dot on a book cover. The cover featured a photograph of the author. But this was not just any book cover, and not just any author. The book was Freud's *Three Essays on the Theory of Sexuality* (1999, Basic Books edition). And the blue dot was quite indelicately placed at the tip of his nose.

The photograph is a close-up in black and white with a monochrome wash of red over the image, like a vintage Blue Note album cover. Perhaps the red was meant to suggest Freud's concept of Eros. Perhaps the retro look had something to do with declining popular interest in psychoanalysis—rendering Freud in a bygone era. Freud's downcast expression in the photo seems to suggest some engagement with his own mind, not the reader's. Certainly not mine. *What does Freud care about me?* I might have thought at 24 years old.

And yet I have cherished this book. I love these essays for recognizing and celebrating the range of sexual experiences. I struggle with these essays for also narrowing them down to the primacy of reproductive heterosexual intercourse. They are both a turn-on and disgusting at various points. And it was in these essays that I fell in love with psychoanalysis.

Like a staid companion, this book has followed me from its original purpose of graduate studies in art history through four incomplete psychoanalytic trainings between 2006 and the present. Throughout our relationship that blue dot has vexed me. I had literally and figuratively de-faced the patriarch of psychoanalysis. Perhaps it was an oedipal gesture. Perhaps it was a nod to Freud's friend Fliess, who believed cycles of nasal congestion were related to overall physical and psychological health. It was an irreverent action, inflicted on an object that over time I came to treasure.

Even while the blue dot haunted me, I could not part with this transitional object. Over the years, my sense of pride in having this gorgeous, crimson-tinted edition of the *Three Essays*—not the Norton edition with its more reserved navy blue—was marred by the infantile doodle. I considered purchasing another copy with the same cover design, but years' worth of marginal annotations and underlines were etched on the pages. This dot troubled me so much that at one point, I took one of my daughter's fingernail stickers—a tiny kawaii lion—and covered the blue dot to suggest that she had been the vandal.

The unconscious drive to mark this book 25 years ago has taken almost another quarter century to reveal its message. Psychoanalysis teaches us that unconscious motivations reveal themselves over time, in mysterious ways. Unraveled, the

doodle reveals personal conflicts around education, class, and family that were entangled in my experience of becoming a psychoanalyst—that is, if I can call myself one now.

Eighteen years in, after many stops and starts, I'm still not finished with psychoanalytic training. Amidst learning about the mysteries of the unconscious and the drives, I have learned through the ordeal of my own psychoanalytic education that training institutes are economically exclusionary, socially insular, and hampered in many ways by their own bureaucratic organization. And yet my psychoanalytic education has also been a powerfully transformative experience that has brought meaning and creative potential into my life.

The blue dot tells some of that story. Other books tell more of it.

## ANASTASIA AND NICKY

The *Three Essays* is among many books formative to my development as a psychoanalyst. Not long ago, I rediscovered what may have been one of the very first. When I was a preteen, the Anastasia Krupnick series of young adult novels by Lois Lowry was a favorite. My own daughter, now 16, has had a few of these on her bookshelf as well. A few months ago, compelled by its title, I opened and reread one of them: *Anastasia, Ask Your Analyst*.

In this story, 13-year-old Anastasia—like myself at that age—finds her family mortifyingly shameful. Quite distressed about it, she proposes to her parents that she see a therapist. Callously, they laugh it off, explaining that nothing's wrong with her: All 13-year-olds are embarrassed by their families. A week or two later, while thrifting with friends at an estate sale for a deceased psychoanalyst, Anastasia finds a bust of Freud, which she purchases for herself, announcing to her parents she has found herself a psychiatrist after all.

Throughout the book she talks to her Freud statue about the growing pains of differentiating from her unique family. One might say she develops a transference to it—she envisions the statue alternately grinning and grimacing at her confessions. She shares with Freud her intellectualized attempts to understand sexuality (as in her school science fair project studying the mating habits of hamsters) and to grasp the significance of gender, class, and ethnic identity in more informal studies of her parents' suburban social interactions. The bust of Freud, another

transitional object of sorts, offers Anastasia a screen onto which she projects her conflicting, increasingly complex emotions and attachments amidst the frenetic swirl of her own family life and a culturally diverse world.

The book is sprinkled with stereotypes that seemed permissible in 1984 when it was published but feel ridiculously unacceptable today, such as the impossibility of a Chinese family naming their son Stanley Wong. But the stereotyping is most pronounced in the characters of Nicky Coletti—Anastasia's younger brother's preschool bully, who to the family's surprise turns out to be a little girl—and her mother Shirley. Mrs. Coletti is a caricature of a middle-class suburban Italian American woman—unsophisticated, but arrogantly so. Her provincial ignorance is highlighted as she critiques the Krupnick's old home with its lack of wall-to-wall carpeting, Mrs. Krupnick's choice to work outside the home, their homemade crafts and wooden toys. In one chapter, Nicky runs amok through the house like a tornado, turning everything upside down in her path.

As the dust settles when the Colettis leave, amidst the spilled perfume and broken toys Anastasia discovers something that astonished me when I reread this book as an adult, and as a psychoanalyst: Nicky had drawn a blue dot on the tip of Freud's nose.

Anastasia had Freud. And I had Anastasia, who took me to Freud. Both of us were intellectually curious adolescents, experiencing the growing pains of recognizing our families could not offer us everything we wanted for ourselves. We both wished for a more formulaic mom who could offer us space to develop into the kinds of women we aspired to be. But while Anastasia found her artist mother's down-to-earth style mortifying, I felt embarrassed by my mother's being more Shirley Coletti than Katherine Krupnick. Anastasia's father was a Harvard professor, and her mother a successful illustrator. Her parents shared household and childrearing duties in a more egalitarian fashion than my own. My mom was primarily a stay-at-home mother, who in various ways struggled to break out of patriarchal norms that kept her from developing her own professional life. Both of my parents were college-educated, but education for them was not the launchpad into a life of one's own, professionally or otherwise. Traditional Italian American values kept them close to home in every way, and my arrival early on in their young marriage reinforced their dependency on the larger family system.

With Anastasia's Freud in mind and a bit of dabbling into *The Interpretation of Dreams* from the red leather-bound Great Books series my parents purchased to decorate the living room shelves, I went to college in the mid-1990s with a vague idea that I would study psychology and learn more about the unconscious, fantasies, and the like. Instead, I walked into a large lecture hall seating 250 students at 8:20 three mornings a week to learn about neurotransmitters and the hippocampus. It was not until I took a class in the English department that I read Freud, and much later, in graduate school for art history, that I learned about Donald Winnicott in a discussion about transitional objects. Somehow Anastasia and her Freud stayed with me like my own transitional objects, more than I consciously realized over the years, eventually guiding me into my own psychoanalysis that led me into the field via a master's in social work.

## INTERMINABLE ANALYTIC TRAINING

I began analytic training in good faith, figuring I could finish in five or six years, perhaps with a break to have children. In my unconscious I held the Krupnicks' cozy intellectual lifestyle in mind as aspiration, but what I did not realize until recently was how Nicky Coletti stayed with me, too—my irreverent streak, my frustrations with institutions that did not represent the complexity of my life circumstances, let alone that of many potential patients whose lives could also be transformed by psychoanalysis.

I paused training the first time to become a mother. Two years later, I returned to a different program—a brand-new four year program intended to redefine and modernize analytic training. Ironically, I was not able to complete this training because the institute refused to conform to ambiguous and unsettled state licensing requirements, choosing instead to shut down the four-year program in its second year. It took me eight more years, after a divorce, second child, and second husband, to scrape together the time and money to return and finish.

I'm still not done.

I'm still not done with training because of life. And because training is incredibly expensive—the cost for courses and training and analysis adds up to tens of thousands per year. It takes 8–10 hours of potential earning time in a week for required personal analysis, clinical supervision, and coursework.

Elizabeth Corpt speaks of the “assumed yet unspoken class ideal” psychoanalytic training institutes uphold, a residue from the time when in the United States only MDs were permitted to be psychoanalysts. Even as social workers like me were brought into the profession, these ideals remained in place, particularly in New York City where I have worked and lived. These ideals express themselves subtly: clothing, real estate, vacations. (For instance, the time in my second-year social work internship, which was at a small analytic training institute, when the supervisor announced to our group that he just returned from St. Barthes. Incredibly, I was the only one in our cohort of interns who had not also been there.) These ideals also express themselves structurally: weekday classes, the expense of training and personal analysis, time taken from work. But many early-career candidates are also trying to balance family and work, and a two-income household is often imperative, especially in an urban setting. Scholarships at many institutes do help. Yet reforms have moved at a snail's pace. Ultimately, it seems that training is designed for—and arguably to *maintain*, as stated by psychoanalyst and social worker Carter J. Carter—an elite class that I was not born into.

In the essay “Damaged Life,” from the book *Disorganization and Sex*, Jamieson Webster writes that from her chair in the analytic consulting room she has observed that we find a kind of primal, sadomasochistic identification with the systems of power that regulate and constrain us, from capitalism to misogyny. If subjects often form painful identifications with systems of power, then psychoanalysis must also ask whether its own institutional forms—its theories of transference, its training practices, its organizational structures—are repeating those same dynamics. In a recent podcast interview, Webster says this question, which ought to be central, “isn't even asked by the institutes.”

Analyst Emanuel Berman, in his book *Impossible Training*, avers that “the core of psychoanalytic training is not the teaching of any specific technique or specific theoretical model, but the development of a unique site of mind and of particular sensitivities that facilitate better empathic and introspective perceptiveness.” He asserts that the vigorous study of psychoanalysis within its historical context “encourages a continual process of creative personal theorizing.” The psychoanalytic institute can be a container, a transitional, transformational space in which individuals develop these

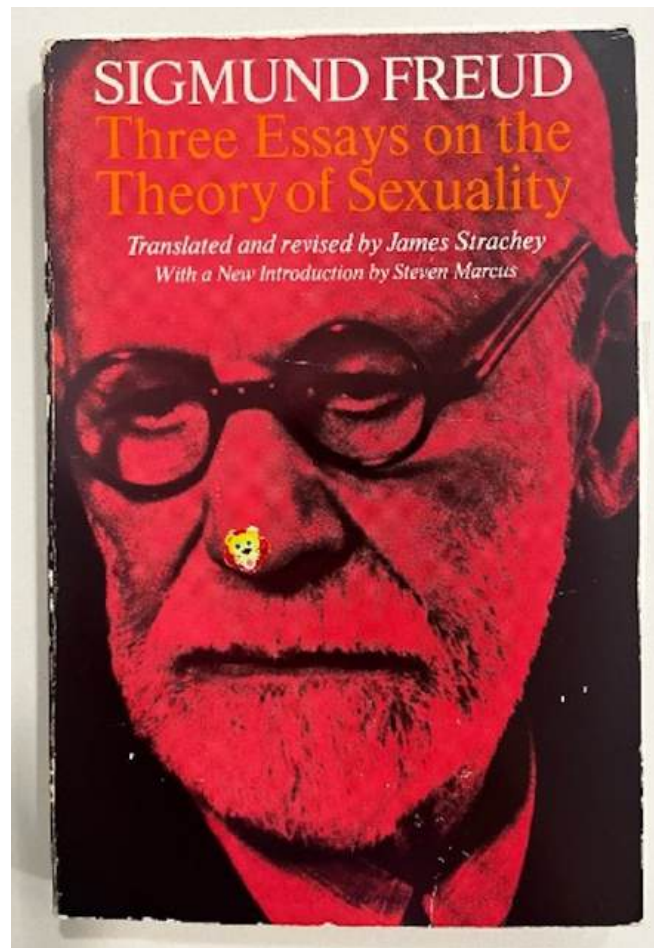
sensitivities, but like any good transitional space it must also be transformed by what it is holding.

Unfortunately, this is currently a container that is readily accessible only to a select few: generational wealth, doctors, married into money. Which means that its products—psychoanalysts and *theory*—are also representative of that select few as well. They are shaped by the container.

When you add up all of the dollars and hours that go into training, of course one wants a finish line, a gate to gatekeep. One tendency is to reactively and defensively proceed with the attitude that “this is just how it’s done.” Such rigidity is contradictory to the spirit of psychoanalysis, which emphasizes reflection on the impact of the past so as not to be confined by it. For me this meant approaching my current training institute and obtaining credit for much of my prior experience in analysis and training. Other institutes should consider more powerful outreach to the many strong, analytically minded clinicians for whom training is impossible due to limited time and finances.

As a profession, we also might need to reconsider the significance of certification. Does one need a credential at all to be a good-enough practitioner of psychoanalysis?

Credentials protect consumers and ensure the integrity of a discipline. How can this remain meaningful and substantial without also reinforcing preexisting power structures? Carter talks about bringing psychoanalytic training back into the state university in order to open it to a wider public. Two years ago, this would have seemed like a viable solution, but with the current assault on higher education by the federal government, it looks much less promising. Unlike Carter, I do not want to abolish the psychoanalytic institute, but perhaps we should rethink its purpose.



Courtesy Cara Maniaci.

## BACK TO MIDDLE SCHOOL

With so many obstacles to training one has to wonder how people still feel compelled to join this profession in the first place. I have been thinking about this lately, asking colleagues how they found their way to psychoanalysis, of all things. Many found their way to psychology first and then had a supervisor who was psychoanalytically minded. Many started through their own personal therapy. For me, the seed was planted far earlier, blown on the breeze

to somewhat inhospitable ground—perhaps in that first encounter with Anastasia’s Freud.

A psychoanalytic education can come in small ways. When my daughter was in eighth grade, I gave a talk for her middle school’s career day in which I outlined the various avenues to becoming a therapist, including the distinctions between the professional degrees LCSW, LPC, PhD, PsyD. I explained how therapists are informed by science and theory that shape their beliefs about what is helpful, and I gave a little introduction to behavioral approaches and psychodynamic ones. I used a case example to illustrate the impact of trauma and the resonance of the unconscious in the emergence of symptoms in later life. In this stuffy, fluorescent-lit classroom there were certainly a few Anastasia Krupnicks for whom some of this was familiar territory, but also quite a few Nicky Colettis for whom this was completely novel. Maybe in a decade, some of them will find their way to studying psychoanalysis as well. Psychoanalysis reminds us of how inside we’re all a little bit like Nicky—messy, uncontained, irreverent. And psychoanalysis needs some of that spirit, too, in order to remain vital. ■

WHEN YOU  
ADD UP ALL  
OF THE  
DOLLARS  
AND HOURS  
THAT GO INTO  
TRAINING,  
OF COURSE  
ONE WANTS  
A FINISH LINE,  
A GATE TO  
GATEKEEP.

## SIDEBAR

### UP AND OUT OF THE NEIGHBORHOOD, AND BACK AGAIN

In “Damaged Life” Jamieson Webster responds to Jacques Lacan’s notion that we have a “choice of neurosis,” a choice that is unconscious, structural, and made in response to the circumstances of one’s birth. She writes, “From this, one has to invent a solution in order to live.”

One way of inventing a solution is through cultural education—a way up, out, and inward, providing new ways of understanding not only the world but one’s self. Philosopher Agnes Callard refers to this in an essay in which she explores the transformative action of the relationship between the main characters of Elena Ferrante’s *My Brilliant Friend*. This book is the first of Ferrante’s Neapolitan Quartet which traces the lives of two girls, Elena and Lila, as they come of age amidst the demoralizing silence and poverty of their neighborhood in Naples, Italy. In self-psychological terms, Lila and Elena serve as complex selfobjects for each other, alternately idealizing, mirroring, and twinning. Callard describes the process in which they compete with each other but also motivate each other. Each of them is compelled to avoid the fate of their own mothers and other women in the neighborhood who are tied down by childrearing and intimidated by threats of violence from the local crime family.

While not an official part of my psychoanalytic canon, these books have been formative for me in other ways. I read them voraciously when they were initially published, identifying with these characters who came from the same kind of southern Italian neighborhood that my own relatives left over 100 years prior to emigrate to the United States. And in my own way, I felt an allegiance to these characters who sought to disidentify from their roots, from their mothers, and from the ruthless social institutions that formed them, even as they were drawn back to them again and again.—C. M.

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# WELCOME TO THE UNITED STATES

## A homecoming amid closing borders

BY CHANDRA RAI



Photo courtesy Dreamstime.

IT WAS A BITTERSWEET moment boarding the flight from Bengaluru to San Francisco via Dubai. Was I flying home or leaving my home behind? The trip was memorable and full of experiences, as my nephew put it. My first Diwali back in India after years away was steeped in traditional food, silk saris, the house brimming with family, and *patakhe* (firecrackers) echoing childhood. Woven into the trip was a journey to two ancient cities—Varanasi and Bodh Gaya—where the Ganges flows and the Buddha found enlightenment, all safely tucked inside my heart, memories to savor for years to come. I'm grateful for all the new connections and old relationships reforged during my month-long stay in India.

So I left with the promise of returning soon—to my mother and to the land where I was born. As the years have gone by for me as an immigrant in the US, India has become more than just my family who lives there. The country itself, the nostalgia, the identity of being Indian—all have taken on a life of their own. Some of it is an immigrant's romanticization, and the rest is the split-off fantasies, disappointments, isolation, and loneliness that one feels in a foreign country.

I ate, slept, read, wrote plenty, dreamed, savored memories of the trip, listened to music, ignored the annoying fellow passengers, and built a cocoon for myself during the 15-plus-hour leg from Dubai to San Francisco. I needed to consolidate, to make space for all the feelings swirling inside me, to let them settle and make room for creativity.

The dim lights and the constant hum, suspended in air resisting gravity, floating through clouds, outside all borders, claimed by no nation, paradoxically alone in the presence of others, transitioning between who I was at departure and who I'll become at arrival: The airplane becomes the analytic couch.

Here, my unconscious comes out to play as my reveries roam: patients, humanity, poetry, grief, dreams, longing, silence, love—creativity emerging from the wandering. This is the creative aliveness I cultivate—the capacity to listen deeply, to feel, to think what hasn't yet been thought, in myself and in those I sit with—psychoanalysis becoming not merely a craft, but a way of being in the world.

The flight landed—a very smooth landing. As always, people jumped from their seats, grabbed their overhead suitcases, and impatiently waited for the doors to open, ready to rush into the lives waiting for them outside the airport. I thought of my dog, Lexi, and how she would impatiently wait as I got ready for our walks. She would pace around and make her frustration clear if there was even a millisecond's delay in our routine.

I could feel similar frustration in the shuffling feet, grunts, murmurs, nervous glances, whispering to partners, and voiced concerns as the plane door remained locked—almost ten minutes after arriving at the gate. The pilot had already given the instruction: “Crew members can now unlock the doors.”

The families were anxious. One family kept checking their passports and scrambling to find their boarding passes. The wife thought the husband had them. He remembered handing them to her. The daughter felt embarrassed by her parents' fuss. When people cannot contain their anxieties, they turn them into actions—in this case, searching for security and reassurance.

Finally, the door opened.

But the line of passengers did not pile out at the familiar speed. There would be no autopilot through this arrival.

AS THE LINE SNAKED its way out of the plane into the familiar San Francisco passport control corridors, there stood the reason for the delay: two armed border control officers, one man and one woman, checking each passenger's passport as we exited the plane—something I'd never seen in decades of travel.

So, what was this about?

The collective anxiety around me began to intensify. A guy in front of me in a gray suit dropped his bag. His pants threatened to slip down as he lurched forward to grab it, shirt coming untucked. With visible anxiety, he scrambled through his laptop bag to find his passport. Another young passenger rummaged through his backpack, taking a knee for support. Everyone stood watching this play out with some discomfort, while the officers kept poker faces.

As I watched the scene unfold—the two Border Patrol officers towering stoically like border walls, a man in a gray suit with pants falling, a young man on one knee, anxiety thick in the air—I saw the tableau of America today.

In this tableau, we are all actors in an unfolding, unmasked America—some cast in the costume of power, others in the

“AMID CLOSING BORDERS AND CRUMBLING FREEDOMS, HOMECOMING IS NOT TO ROOMS, NATIONS, OR FLAGS, BUT TO AN INNER HOME CULTIVATED SLOWLY AND DELIBERATELY THROUGH PSYCHOANALYSIS.”

posture of submission, still others cloaked in indifference, and some standing witness with averted eyes. Beneath it all lies the loss of the identity America once claimed: a system of checks and balances, where power was constrained by law, not law bent to serve power.

When my turn came, I handed my passport to the woman officer. She looked at my document and compared the picture to my face.

“Welcome to the United States,” she said, but her body language conveyed anything but welcome. It was intimidating, hostile, domineering—seemingly with an intent to humiliate.

The show of force was not lost on me. I was more annoyed than afraid, but that's the privilege I have—a passport that opens doors, the choice to leave, a dream of practicing psychoanalysis in India. I'm sure there were plenty of people behind me who felt fear, maybe even terror, at how close you can come to losing the place you've made your home.

Some of us just have better papers.

For now.

I GOT THROUGH immigration in the airport—that officer was friendlier and more welcoming. He didn't seem to care about the Indian sweets I was carrying in my luggage. He even named a few and talked about Diwali celebrations. He appeared to be an immigrant himself.

As I stood outside arrivals waiting for my friend to pick me up, I reluctantly opened *The New York Times*, which I had been avoiding for a whole month. I'd trusted that if the world blew up, I would hear about it on the streets of India—I didn't need a newspaper for that.

But back on San Francisco soil, my natural instinct to read news in any spare moment kicked in. An article popped up: “So Long, East Wing.” It showed images of the demolished East Wing making way for a new ballroom. My stomach lurched. I closed the app, closed my eyes, and let the sounds of cars and people drown out my thoughts.

Finally, I was on the freeway, admiring the FSD (Full Self-Driving) in my friend's new Tesla and wondering if I should upgrade my car. The car knew exactly where to go, requiring nothing from me. It took all of 30 minutes for Silicon Valley tech utopianism to reclaim me. In that moment, the reality of all my experiences in India and at immigration vanished. Maybe my mind took refuge in the fantasy of first-world luxury to soothe the pain I was desperately avoiding—the question I didn't want to face.

Where is home today?



Photo by Vinay Kumar; courtesy Chandra Rai.

I BRIEFLY TOUCHED ON the visit to India with my friend Maya (alias), a fellow clinician and immigrant like me—a sister from another mother. Driving on the freeway from the airport has always been a transition space where I feel the shift from India to the United States. In the past, the transition mirrored the freeway—high-speed, rushed, and one-dimensional. But today I needed more space, more room to breathe, for all the feelings and experiences to settle. The flight had just stirred them up in a different way. Entry to this country had welcomed me to a new reality: Nothing is permanent, nothing can be taken for granted, the physical space that defines home may no longer hold true. Maybe, just maybe, I need to tune into the home inside me, the one I carry in my body and mind.

Trusting the emotional space between us, I shared my distress with Maya about reading the news and the unpredictability of everyday changes.

“Well, maybe the ballroom is needed,” she responded from the driver’s seat. “The White House has been putting up tents to host events. It’s been problematic—people can’t walk in heels on the grass, it’s uncomfortable, unstable.”

I felt my heart rate spike. She continued to explain a worldview I couldn’t comprehend. The space to grieve the America where democracy wasn’t auctioned to the highest bidder began to close off as the Tesla drove itself to my home address.

The car drove on, silent and certain. Me—very uncertain. I looked at my friend drive away and saw the safety, or the illusion of safety, that one craves.

I went inside and I slept. I slept for hours. A whole day rolled past me.

I needed that sleep to let my mind rest, to let my body recover from all the transitions, the experiences, and all the feelings I could finally feel. There was a time when I could shut them all off.

But not today.

HOME BEGINS IN water, in the womb. Then skin—the mother’s arms, warmth against chaos. Rooms follow, then street names, then the languages we speak without thinking. Then the nation arrives, draping us in its flag, teaching us its borders as our own. Each home contains the last, or tries to, like nesting identities of belonging.

Immigration fractures this nesting, creating two homes: The body remembers one, the passport claims another. Remembering in one language, living in another. Carrying two calendars, two skies, two silences. Two nations, India and America.

India is the *ruh* (soul), America is the *jazba* (passion)—one offers roots, the other freedom. Tradition where there is

innovation, collective warmth where there is individual fire. America is the open road to India’s winding lanes, the question “why not?” to balance “this is how.” Yet now, in this age of fading freedoms, each is fractured by its isms—once whispered, now declared. And I stand between departure and arrival, holding both homes braided inside me: the one I left, and the one that left me.

Amid closing borders and crumbling freedoms, homecoming is not to rooms, nations, or flags, but to an inner home cultivated slowly and deliberately through psychoanalysis—a space to hold the paradox of the external world, to embrace reality, and to claim what cannot be taken: a place at the border where inner life meets shared life.

Home is in my heart, where I hold tremendous love for my people, and in their hearts, where they hold me with equal love. In the optimism and dreams of my 13-year-old nephew, who turns to the book “The Monk Who Sold His Ferrari,” already asking what it means to live well in the world. In the grit and strength of my 28-eight-year-old niece, as she prepares to leave bold footprints in this world. In my mother’s love. In the budding friendships. In the sage-green succulent and the welcome-home note my Arizona friend left on the kitchen counter. In the empty bed of my black lab—she is gone, but her scent lingers. On the analytic couch where conscious and unconscious converse.

Home is the question itself, endlessly unfolding within me. I am building it—not with bricks and mortar, but with memories I choose to carry: jasmine-scented evenings in India and sterile airplane corridors, moments of love and loss, belonging and displacement. I am building it with experiences I refuse to let slip away, the ordinary and the extraordinary, the ones that continue to shape who I am becoming, that mark me like fading henna on my hands. ■

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# My Therapist Is on Hinge. I Have Feelings About It.

BY STEPHANIE NEWMAN, PHD



Illustration by Austin Hughes

*The internet has a way of collapsing boundaries we didn't even realize were there—including the one protecting your image of your shrink.*

Dear Psychoanalyst,

I recently came across my therapist's profile on Hinge. ICK! Though she used an alias and shared photos in silhouette, I knew it was her when I spotted a print from the office in the background of her photo. Now I can't stop wondering how I'm supposed to explore my recent dating drought and feelings of unworthiness with someone who describes herself as "single but open to a long-term relationship," and who may be trolling sites under an assumed name. Is she lonely, or even worse, desperate? What kind of therapy does a desperate person give? And why the alias? I wonder if she's been dishonest about other things. My questions are getting in the way of our work.

Signed,  
TMI

Dear TMI,

I know it can be jarring to see your therapist living life outside the consulting room. Maybe you've spotted them in the supermarket scolding a rambunctious toddler, or at an airport gate boarding in black socks, sandals, and a too-loud Hawaiian shirt. Running into your therapist can produce the "butcher-on-the-bus" effect—the uncanny feeling of seeing a familiar person in an unfamiliar context—which means you might not even recognize them at first. And it can be off-putting if you find your shrink doing something you wouldn't normally imagine, which frankly could be almost anything besides carefully paying attention to you.

Basic extra-office sightings and online professional profiles are one thing, but finding a trove of photos on Hinge and then diving into your therapist's dating wants and needs is another. Discoveries about a therapist's personal life can rattle us. (They like anime? They drink Aperol spritz from a can?) But it's not obvious how this experience has affected you specifically. Let's consider two aspects of your situation: the reality—unearthing pictures of your therapist—and your fantasies about finding out personal information.

First, what you observed and shared: That profile. Those photos. "The ick." Your therapist is dating, and knowing this makes you uncomfortable. You say it's getting in the way of the work, leaving me to wonder whether you feel that personal information is forbidden, and that in discovering it you've done something wrong. The discomfort you note sounds like it stems from vulnerability: Having hitched your psychological health to this person, you need her to be solid. I'm guessing that you worry she's been exposed as unstable or unbalanced—and that revelation leaves you on shaky ground.

Let's examine your concerns more closely. What does "ick" mean to you? I sense your embarrassment here. People often feel this way when they see something in others that they dislike in themselves. Perhaps you think needing is bad and desiring closeness is weak. If so, asking for likes on Hinge takes on an embarrassing cast—like publicly broadcasting a very personal deficit. It also sounds like you are now questioning your therapist's judgment and competence, wondering whether she can help patients if she hasn't figured out her own life.

But your therapist still has the same expertise and is the same person as she was before you came upon her dating profile. What's changed is your feeling about the treatment and the relationship. If you were free-associating on my couch, I'd encourage you to explore your fantasies and fears about a few different aspects of the situation:

## COMPETENCE

All of us come with human flaws and imperfections. And you are seeing your therapist in her humanity. Your idealization is now punctured. We want to feel like we are with an expert. But being in good hands doesn't mean receiving care from someone who *does nothing but give care* (and maybe curl up with a dog-eared copy of Winnicott in the evening). Part of what makes a therapist effective is that they're a fellow human being with their own desires and frustrations. Maybe they're trying to quit smoking. Maybe they're anxiously awaiting a text from a potential date. Maybe they're bingeing *The Golden Bachelor*.

## AVAILABILITY

Given her dating status, you're worried about whether she can help with your feelings of worthiness. Is there something about being single that you believe is inherently less-than? What we put onto others—especially our therapists—offers a window into ourselves.

## TRUST

Now that you've seen that she uses a different name for the sites, your trust is frayed. We can speculate that she does this because she wants to keep her personal life private. You don't include any other reasons not to trust her as a clinician. You don't cite ethics violations or criminal findings. Is there really a problem here?

## CURIOSITY AND BOUNDARIES

Perhaps you feel like you've learned a secret you weren't supposed to know. Think about whether your surprise and disappointment reminds you of anything. How were secrets or discoveries handled in the past? Try to remember if there were forbidden areas or activities and if your curiosity was encouraged or you were punished for it. In some families, generations are hierarchical and parents think kids should speak when spoken to, while in others engagements are loosey goosey, with open doors and free-wheeling conversation. If your family was of the first type, getting to know your therapist in this way might bring up old experiences and feelings of shame or even rejection, leading to self-criticism.

My advice is to talk to your therapist about all of it: your discovery and the surrounding concerns. Try to use the therapist and treatment in a new way, *look at your feelings about her with her*. In a perfect world imagined by old-timey analytic theory, the clinician was a blank screen for the patient's projections. But psychotherapy is really a dialogue on a cluttered stage, with both parties' belongings partly visible in the background.

Tell your therapist you worry she's lonely or desperate, and share your reaction that being single makes her less-than in your eyes. We analysts have a name for your thoughts, fantasies, and feelings about us: transference. And we don't take your fantasies or criticism personally—and if we do have a reaction, we're trained to mine our feelings for clinical insight. So, go for it! Share all that you imagine now that you've seen her in a different way and learned something about her personal life.

In my experience, when patients bring their fears, disappointments, and critical feelings into treatment there are fresh insights and opportunities for learning and growth. Give your therapist a chance to dig into your reactions. Analysis is built to hold this kind of material. Awkward conversations tend to be the interesting ones. ■

*In Ask a Psychoanalyst, Stephanie Newman, PhD, responds to reader questions about therapy, relationships, and the psychopathology of everyday life. Submit your questions to advice@tapmag.org. Your identity will be kept anonymous.*

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Hullo object!  
I destroyed you.  
I love you.  
You have value for me because of your survival of my destruction of you.

Donald Winnicott, "The Use of an Object"

Photo by Tate Overton

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