

**A DREAM OF A BONOBO SOLUTION:
DISCUSSION OF "AS FAR AS POSSIBLE":
DISCOVERING OUR LIMITS AND FINDING
OURSELVES" BY SAMOAN BARISH AND
JUDITH E. VIDA**

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This paper explores an outer limit of uncharted and perhaps dangerous territory in work with complexly provocative patients. Paradoxically, it delves into the dream life and the mutual consultative teamwork of the analyst, while revealing next to nothing about the patient or the session preceding the dream. The reader cannot enjoy the safe game of "discovering" what the dream was "really" about, nor how she or he would have handled some described impasse effectively and smoothly. Instead, Barish and Vida challenge us with their openness as they grapple with counter-transference and its impact on the analyst's mood and self-assessment beyond the time boundaries of the session. Adam Phillips begins his book, *Terrors and Experts*, saying, "Iris Murdoch once suggested that to understand any philosopher's work we must ask ourselves what he or she is frightened of. To understand any psychoanalyst's work—both as a clinician and as a writer—we should ask ourselves what he or she loves: because psychoanalysis is about the unacceptable and about love, two things we prefer to keep apart, and that Freud found to be inextricable" (p. xi). Barish and Vida explore the overlap of these two areas, fear and love. They provocatively lead us into the swamps where discussants, like duck hunters, quietly lurk, ready to shoot off their mouths, aiming to bring down their prey, the presenters. However, I found their paper exciting, really new, a great adventure.

Among its accomplishments, this paper brings the analyst's homoerotic dream life into the literature and thus forms part of a powerful current paradigm shift, redefining psychoanalytic perspectives on sexuality, as exemplified by the papers in Domenici and Lesser's *Disorienting Sexuality*.

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The dreamer uses her sexuality both aggressively and assertively in her dream interaction with her patient. She moves far beyond the usual cautious vague allusions to analysts' worried revelations that they have dreamt of a particular patient, something that in earlier decades called forth adamant prescriptions of further treatment for that analyst.

This paper grew naturally from a fifteen-year-long collaboration; it sets a standard for professional women. For years, I have devoted much time trying to launch other peoples' study groups. I am in two long-term study groups myself that are productive and fun, both of them under the auspices of The Washington School of Psychiatry, one on women and psychoanalysis, the other on the pioneers of psychoanalysis. But when I tried facilitating the development of new study and peer supervision groups, first for The Washington School of Psychiatry and then for The American Academy of Psychoanalysis, the results could, only with exaggeration, be called meager.

When I was in training, I proclaimed that I would always be in supervision. But when it was no longer required, I found other ways to spend my money. Probably spurred on by this paper, I now meet weekly with Rachel Hamilton, M.D., who is also a Chestnut Lodge therapist. At first, we agreed to team up on a future paper about her work with a particular patient. The meetings felt to me increasingly like unpaid supervision. My resentment grew. I said we needed to rework our arrangement. She needed money for a down-payment on a house. We stopped meeting. We then each missed the session and decided to reconvene, alternating who would present and who would comment. Now we simply meet and talk together about clinical issues, often about a patient whom I treat individually while she works with the patient and husband. Rachel brings her infant-and-now-toddler daughter Claire to our meetings and I get to play grandmother while Rachel and I discuss our clinical frustrations and anxieties. Barish and Vida ask, "How many of us who are analysts suffer from varying degrees of pathological accommodation which may be difficult to distinguish from so-called 'mature altruism'?" This question could form the agenda of the early phase of my teamwork with Dr. Hamilton. Now, each of us is able to spot the pathological accommodations of the other and feels comfortable enough to comment.

Why do mental health professionals generally resist such teamwork? I believe this paper illustrates, forming the latest in a series of team reports, perhaps the first of which was written by Sándor Ferenczi and Otto Rank. In 1923, the year in which Freud's cancer was diagnosed, Freud proposed offering a prize for the best psychoanalytic essay or book. Ferenczi and Rank set out together to win that prize. They were rather confident they had with their monograph *The Development of Psychoanalysis*. It empha-

sizes (1) the importance of experience in the present, (2) the therapeutic aspects of awareness of countertransference, and (3) the implications of the analyst's setting a termination date rather than letting analyses drag on, reinforcing the patient's resistances. To their amazement, their monograph met with intense hostility, which left both the authors ostracized and then rejecting each other.

In some ways, Barish and Vida offer female resonances with these pioneers. As scholars of Ferenczi, the scope of their paper seems to draw sustenance from Ferenczi's work. I agree completely with their assessment that "most of the work we have seen in the recent literature that refers to the ongoing development of the analyst does not capture the affective turbulence that we believe it entails. Without a sense of that turbulence, we believe that a false impression is created that makes it harder for the analyst undergoing the ordeal to know that it's okay." Setting their ideas firmly in a thoughtful review of the analytic literature, they describe the sense of shame inherent in confessing their struggles with "vexatious cases."

There follows a report by one of them as they embarked on preparing their paper for a meeting of The American Academy of Psychoanalysis, a presentation for which they felt inhibited in disclosing clinical material because of the nature of their patients' work. Perhaps this sense of inhibition promoted this seemingly disinhibited dream. Does it represent a variety of counterphobia, disinhibition? An attitude of "Okay, go sue me already!"? The dreamer, stepping out of her analytic role, presents her female patient with a beautifully wrapped box of candies, "wanting to have us each open up more." Then the analyst is in bed, nude from the waist up, embarrassed, feeling her breasts are unattractive, too big and hanging. The patient sits across from her. The therapist feels "as if a pattern has been set and has been going on too long where I've been taking my lead from her and keeping a certain distance," a pattern that I might support as clinically appropriate and not to be altered had I been given any data on which to base a judgment. The therapist initiates hugging and then kissing. The patient backs away, upset, and the therapist feels she "rushed things too much and should have had more patience."

There follows a section of associations and interpretations to which I reacted with associations of my own. I was awed by the courage of the therapist in reporting this dream: its manifest content of overstepping of clinical bounds, the acknowledgment of homoerotism, her describing her breasts and their psychological meaning. In our profession, where the phallus has stayed erect and in the spotlight for a century, the breasts, their contours and meaning, have been demurely covered, almost always wrapped or packaged (the candies as nipple substitutes). We read of "the

breast" rather than particular breasts, their fullness or sagginess, their transitory ability to nourish, their ability to arouse oneself as well as the other.

While I found Barish's and Vida's development of the manifest dream interesting, powerfully poetic, and relevant, and I found nothing in it to quibble about, I felt frustrated and impatient regarding the layers of meaning left unrevealed. I wanted to know about that patient specifically—all references to her were general, as if she were only part of a group of difficult patients (a Whitman Sampler without identifying codes). I wanted to know about the session preceding the dream. And I wanted to know the dreamer's analytic associations to her dream, that is, the day residues, the specifics of her life at the time she dreamed this. The dream's naked therapist seems veiled in mysteries.

Because the patient is so unquestionably the patient, I doubted that she really was the patient. The paper begins by lauding the value of the meetings of Barish and Vida, and yet we learn nothing specific about them either, only about the results of the meetings and their importance. And so I decided that their face-to-face sessions are represented in the dream, dreamt the night before the two would have their first meeting to begin work on their presentation, in which they would be facing their colleagues. The patient is apparently guarded and inhibited, frustrating the dreamer who wants to loosen her up, to set an example. Could she be sitting in for their imagined audience and now readership? In that case, the dreamer is impatient with the pace of our development, as we represent the current state of psychoanalysis. Could the patient represent the other analyst in this collaboration, which is producing a body of works that the two are parenting, raising up, and developing?

What about those sagging breasts? Are they heavy with milk, or with fat? Or are they empty and sagging, symbolic of age and of depression? Is the dream about mania, so probable given our field's current state of despair? The Academy meeting drew far fewer than attended our meetings a decade ago. Meanwhile, antiquarian book-seller John Gach tells me he participated in a meeting of neuroscientists that attracted over 14,000 registrants. Here we are, enduring a profound paradigm shift, feeling the century-long life span of psychoanalysis, reading with envy the vibrancy of the originators of the field, developing our own contributions, probably with far less hope than they that our words will be read in another century. And here are Barish and Vida revitalizing each other, loving what they are doing, and yet aware of the aggression, the vengefulness, the rage that forms much of the fuel for the erotic dream. They conclude, "here we are at the end"—the end of a particular presentation, but we are also at the end of a century, coincidentally the first century of psychoanalysis.

Perhaps the authors are demonstrating why study groups and peer supervision groups and duos are rare. We therapists need sustenance and need to sustain our colleagues. And we strive to move things forward, to make our own theory, to develop our own voice among the teachers, to "knock 'em dead" with our prowess. This yearning is passionate, and with passion comes danger. We could love each other to death, an expression that means, I think, loving until death—'til death do us part—but that conveys loving as an act of murder—the bear hug that cracks ribs and rips lungs. What is more dangerous than love and gratitude, as portrayed by Barish's and Vida's collaboration?

At the panel meeting of The American Academy of Psychoanalysis, in response to my discussion, Barish and Vida asked me what I thought the danger might be to the two of them. I mentioned the tensions they are containing, the life and death struggles their patients involve them in, the alienation that occurred between Ferenczi and Rank when they were attacked. Most dangerous perhaps is their loving gratitude toward each other. Love and hate are two sides of the same coin. The paper intimates love in the analyst duo, and hatred and anger in the patient-analyst duo. What will result when we toss the coin in the air?

I then told about a car accident my husband and I had witnessed: A mother was driving a few car lengths ahead of us, with her four-year-old girl in the front seat, and her toddler in the infant seat in the back. The older girl wanted her mother to recline her seat. Her mother attempted to do this while driving and lost control of the car, which went onto the shoulder then hit the bridge on the left-hand side and bounced back hitting the other side of the bridge head-on. Both air bags deployed. The car's engine smoldered. Nobody was hurt. As we pulled over, I called 911 on my car phone. We helped them out of the car and kept them from walking back onto the highway. The emergency vehicles arrived. The older girl urgently wanted her stuffed animal, a green froggy, to come with her to the hospital. The car was steaming or smoking. I volunteered to get the froggy. A police officer looked terribly apprehensive but didn't stop me. I retrieved the frog, while thinking, this is suicidal. What if the car explodes into flames?

This event depicts something of the danger I am alluding to. There is much energy in this duo, but what if it spills out of the gas tank, to be ignited by a spark of static electricity? They are grappling with regressed patients and with their own primitive energies, their own regressive potential, their own professional and personal political challenges, living at the boundary of the "socially acceptable." They force us to consider cultural norms within the analytic culture and the wider current culture. The dream depicts a "wild" solution to a clinical impasse.

As I was contemplating this "wildness," I came across a *New York Times* article on the bonobo apes (Angler, April 22, 1997) and realized that the reported dream proposes a "bonobo solution" to the impasse posed by the patient's passive aggression. I knew of the work of Frans B. M. de Waal (March 1995) through the study group on psychoanalysis and women I mentioned earlier, since group member Patricia Siraganian, M.D., had brought his work to our attention. While I found his article intriguing, it was only on this second reading and in the context of writing this discussion that I began seeing the clinical implications of de Waal's work. Perhaps we humans have a "programmed" tendency to respond sexually to situations of competition and danger. Perhaps this tendency is more developed in females than males. This response pattern may be relevant in sexually derailed treatments in which male therapists move in sexually on female patients who manifest borderline behavior. Are these men sometimes "falling in love" in situations where they are responding to an unarticulated awareness of being threatened?

I will now summarize de Waal's work in some detail, hoping to stimulate exploration of the clinical applicability of de Waal's observations. De Waal states,

At a juncture in history during which women are seeking equality with men, science arrives with a belated gift to the feminist movement. Male-biased evolutionary scenarios—Man the Hunter, Man the Toolmaker, and so on—are being challenged by the discovery that females play a central, perhaps even dominant, role in the social life of one of our nearest relatives. . . . The species is best characterized as female-centered and egalitarian and as one that substitutes sex for aggression. Whereas in most other species sexual behavior is a fairly distinct category, in the bonobo it is part and parcel of social relations—and not just between males and females. (p. 82) (and not just between adults).

These relatively graceful apes eat little meat and have not been observed to hunt monkeys as do chimps. They are playful. De Waal came to study the bonobo out of an interest in aggression and reconciliation in primates. He went first to the San Diego Zoo, which at that time housed the world's largest captive bonobo colony. He noticed that when a conflict-laden situation was about to arise, that is, about to be fed, to compete over the food, they somehow called a time-out, and engaged in sexual play and genital contact. Only after this time-out would they then feed. "Perhaps the bonobo's most typical sexual pattern, undocumented in any other primate, is genito-genital rubbing (or GG rubbing) between adult females" (p. 84). "Lest this leave the impression of a pathologically oversexed species, I must add, based on hundreds of hours of watching bonobos, that their sexual activity is rather casual and relaxed. It appears to be a completely

natural part of their group life. Like people, bonobos engage in sex only occasionally, not continuously. Furthermore, with the average copulation lasting 13 seconds, sexual contact in bonobos is rather quick by human standards" (p. 84). De Waal further documents that this arousal occurs in various situations of competition and is used as a means of avoiding conflict.

Studying the bonobo in the wild, he found that unlike chimpanzees, bonobo females may leave their community of birth and individually join a neighboring bonobo community. On arrival, she will find a couple of older females whom she befriends, with the usual GG rubbing and grooming. "In setting up an artificial sisterhood, bonobos can be said to be secondarily bonded" (p. 86). Surprisingly, their male offspring stay with them for life. "As a result, the highest-ranking males of a bonobo community tend to be the sons of important females" (p. 86). Researchers found that when they tempted bonobos with an unusual treat (honey in a termite hill), they did not observe a male storming the area and dominating as they would if tantalizing a colony of chimps. Instead, researchers found the females sharing equally, being unruffled by the male bonobo's storming around at the edges. "Just imagine that we had never heard of chimpanzees or baboons and had known bonobos first. We would at present most likely believe that early hominids lived in female-centered societies, in which sex served important social functions and in which warfare was rare or absent" (p. 88). See also de Waal and Lanting (1997).

In my paper, "Women who Lead," I discussed women's styles of leadership, our tendency to form committees, paralleling the old-time quilting groups. I have since learned that in addition to socializing and producing quilts, these 18th- and 19th-century women were studying: One woman would read to the sewing group, in an era when men such as Ben Franklin advised men to forbid their wives reading, as it would impede women's abilities to care for home and children.

We lead committees, but we tend to draw back from exercising authority over groups. Perhaps such power tactics simply are foreign to our fundamental natures. Or perhaps we are inhibited by our own homophobia (this perhaps a factor for homo- as well as heterosexually oriented women). If we aim at being demure, "lady-like," and avoid being tomboys or "butch," we inhibit ourselves whenever we might feel moved to get up to a microphone at a meeting or buck for a promotion. In this context, Barish and Vida's paper becomes one of heroic questing, an exploration of uncharted territory (a lush jungle in which they meet up with communities of bonobo apes and chimpanzees). These authors risk stirring primitive revulsion in the reader, but they stand their ground. Knowing they have each other's support, along with others in the analytic community who respect their

work, they can stand firm as imagined critics rail against their provocative remarks.

Joyce McDougall notes,

Reflection has led me to the conviction that the creative process . . . depends to a considerable extent on the integration of bisexual drives and fantasies. Our intellectual and artistic creations are, so to speak pathenogenetically created children. A breakdown in the capacity to work creatively frequently involves an interdiction concerning unconscious homosexual identifications, as well as unresolved conflicts attached to the significant inner objects involved. (McDougall, p. 210)

The reported dream thus represents an effective lifting of inner barriers within the analyst, freeing her to contain her original irritation and impatience and to work toward a fuller understanding of these feelings.

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