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Lisa Farley

Education, York University, 2100 Keele Street, Toronto, M3J 1P3, Canada.
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Without discipleship: a psychoanalytic study of influence for education

Lisa Farley*

Education, York University, 2100 Keele Street, Toronto, M3J 1P3, Canada

While psychoanalytic and educational research consistently document a fraught relation between the two fields, they share in common the problem of how to influence others in the direction of psychical and perhaps more so in the case of education, social change. And yet, the changes at stake in psychoanalytic theory do not proceed from conscious effort or the right kind of knowledge. In this paper, I consider the problem of influence as an ironic registration marked not by the analyst’s intention, insight or charisma, but by her capacity to survive the disillusionment of these ideals in the face of the analysand’s regressive crises. Drawing on two analytic pairings (Loewald/Lear and Winnicott/Little), I show that the foundation of psychical change proceeds not from instruction or insight but, from the opposite direction: or, the analysand’s regression. For education, what remains is a question of how the teacher can survive not only the helplessness of her own helping hand, but also the hatred of this vulnerable human condition.

Keywords: psychoanalysis; influence; pedagogy; Hans Loewald; D.W. Winnicott

Introduction

‘It is scarcely surprising’, writes André Green, ‘that there has not been any Winnicottian school and that no one is called his disciple’ (2005, 7). If this is ‘scarcely surprising’, Green argues it is because Winnicott, as a psychoanalyst and pediatrician, worked against forms of thought that would involve conformity to a general school of thought. But if Winnicott did not conform (indeed, most of his published papers include the sparsest references), he also did not demand conformity. One of Winnicott’s biographers, Adam Phillips, might have had precisely this quality of nonconformity in mind when he described the inimitable quality of Winnicott’s influence, which, Phillips writes, ‘made it impossible for us to copy him’ (1988, 17). Given this, it is scarcely surprising, too, that Winnicott did not easily conform to the standards of either of the two fields that were his training – medicine and psychoanalysis – and because of
this, he arguably enriched both. To the field of medicine, Winnicott brought
the psychoanalytic insistence on the emotional basis of physical symptoms,
while his medical training returned to psychoanalysis, and its focus on the
mind, the somatic dimensions of emotional well-being; indeed, he defined
mental health as a feeling of ‘physical aliveness’ (1949a, 244).

Ironically, Winnicott’s inimitable style does imitate something of the
logic of Sigmund Freud’s (1937) oft-cited claim about the ‘impossible
professions’, which he identified as psychoanalysis, education and govern-
ment (203). Freud noted that each of these fields is marked by failure, such
that ‘even before you begin, you can be sure that you will fall short of
complete success’ (203). For Deborah Britzman (2009a), Freud’s claim faces
the field of education with the elusive character of its practice, and which
delivers a blow to common perceptions of the teacher’s work in terms of
planning, management and mastery. Freud’s claim presents education with
an anxiety of influence: the teacher is not in charge of her/his impact on the
lives of those s/he teaches, but even more, will be deeply affected in the
very effort to affect others (Britzman 2006).

So hefty is the blow that it calls in professional repression:

The idea of an impossible profession affects us because it proposes a constitu-
 tive discontinuity, a lack the profession represses, negates and projects into
 others. The impossible professions are a terrible reminder of what is most
incomplete, arbitrary, and archaic in us and in the events of working with
others. (Britzman 2009a, 129–30)

Traces of education’s impossibility return in repressed forms that negate its
constitutive failure, such as in ‘cultural myths’ that construct the teacher
‘as expert, as self-made, and as single-handedly dragging students into learn-
ing’ (Britzman 2006, 118). The myth is that the good teacher does not fail.
While there is something seductive about this promise, Freud’s claim to
impossibility, then and now, urges those of us in education to think a diffi-
cult thought: in every single effort to teach and to learn, ‘something about
us couldn’t be predicted, controlled or prevented’ (Britzman 2009a, 131).

Winnicott would make from Freud’s claim another difficult question: what if
failure – such as the failure to imitate or be imitated for instance – is a
marker of successful education?

While always Freud’s concern, the question of psychoanalytic education
ballooned in the decade of the 1950s at precisely the time that Winnicott was
at work in the clinic (Pajak 1986). The question was: if psychoanalysis is not
a matter of direct instruction, what does it mean to teach with and through its
knowledge? Educational theorists have since turned this psychoanalytic
conundrum to their own field: if the teacher is not a therapist, and if Freud’s
‘impossible professions’ stand as a ‘terrible reminder’ of education’s impossi-
bility, then can psychoanalytic knowledge instruct pedagogy, curriculum and
the cultural life of education? Across a diversity of views, the answer has
been a resounding yes. For instance, some theorists have offered new ways to theorise, from a psychoanalytic vantage, the work of learning and not learning as problems of love and hate (Appel 1999; Britzman 1998; Matthews 2007; Salvio 2006). Others compare approaches to the education of teachers to that of analysts (Britzman 2009b; Freud 1979; Pajak 1986). Still others draw on analytic case studies and concepts as allegories for the conflicts of the teacher’s emotional labour (Britzman 2003, 2004; Felman 1987; Gallop 1992; Pitt 2003; Salvio 2007; Silin 1995; Taubman 2012; Todd 2003) and, in particular, the emotional conflicts of representing social breakdown (Britzman 1998; Pitt and Britzman 2003; Silin 1995; Tarc 2011; Todd 2003). In a field where the teacher’s success is often measured by the degree to which the student returns a likeness of her/his curriculum (spelled out in the language of rubrics), the overriding thematic of this research posits, along with Freud, that it is the imperfect fit between knowledge and its registration that makes learning difficult, but also possible in the first place.

It is on this point of misfit education, or ‘inimitable’ pedagogy, that my paper enters the existing psychoanalytic dialogue, particularly for the way it could change how we think about the teacher’s influence. Where the fact of the unconscious disrupts the progressive design of working with others (Britzman 1998; Silin 1995), it leaves behind an unanswered question of how psychical change might occur if conscious effort – such as in strategy or curriculum design – are impossible features of pedagogy. As for the teacher’s influence, the psychoanalytic challenge will be how to work with others, while keeping in mind the ‘terrible reminder’ (Britzman 2009a, 130) that the foundation of change is discontinuity, lack and even, as Winnicott will add, ‘the reverse of progress’ (1954, 280). The teacher, like the analyst, will be faced with a twofold conflict of influence: on the one hand, charged with the labour of affecting change without knowing what form it will take, and on the other hand, subject to be affected in her/his very effort. While teachers and researchers are familiar with the concept of pedagogical uncertainty (Tucker 2003), psychoanalysis, like no other discourse, asks us to attend the ‘archaic’ sediments – of aggression, or helplessness or even hatred – that interrupt the smooth-running engine of education. From a psychoanalytic vantage, my article argues that pedagogical influence registers most powerfully not only as we tend think, when the teacher’s lessons reach the student, but ironically, when the teacher can survive both the failure of this progressive dream, and also the anxiety of her/himself being influenced in ways that, much like the student, cannot ‘be predicted, controlled or prevented’ (Britzman 2009a, 131).

Three contexts operate as my objects of study and which highlight, albeit differently, the anxious corridors of influence from a psychoanalytic vantage. First, I work with Hans Loewald’s concept of ‘therapeutic action’, where therapeutic refers not to a predictable future of understanding, but rather a capacity to take pause from, and even fall backward to earlier mental states.
in the absence of any set path (such as the idea of ‘cure’). Significantly for my discussion of influence, the best illustration of Loewald’s concept can be found in the words of his mentee, Jonathan Lear. Second, I turn to the case of Margaret Little, whose analysis with Winnicott illustrates the effects of regression on the analyst who is called to witness it, and as Winnicott will underline, whose influence depends on the capacity to survive its deep plunge. A third plot operates less explicitly but no less importantly. Because Loewald was a reader of Winnicott, his theory of therapeutic action is marked by traces of Winnicott’s influence, even if he never officially names them as such. But if Winnicott influenced Loewald, I suggest that it is precisely because Loewald did not claim to be a Winnicottian. Across these three object relations, my intention is to examine the impossible dimension of influence as the condition of psychical change, and further examine how this psychoanalytic inquiry offers a difficult reminder about the teacher’s emotional labour of influence. This is a theory that finds great potentiality in the teacher who can teach ‘without discipleship’, and in so doing, can her/himself risk becoming a student of the unconscious.

**Therapeutic action**

Therapeutic action is the term Loewald used to articulate the conditions of psychical renewal – as opposed to repetition – within a family or field, including the field of psychoanalysis. The concept opens a question of how the events of the past can influence new generations in a way that neither denies history nor determines the future by the traditions it leaves behind. Clinically, Loewald used the term to think about how one comes to be influenced – changed – by the process of talking about ideas with another person in the analytic relation, a process that extends to the pedagogical relation as well. In his seminal paper, ‘The Therapeutic Action of Psychoanalysis’ (1960), the analyst argued, in agreement with Sigmund Freud, that the patient’s transformation is not innately progressive but rather works through the transference, and so takes for granted the tendency at first to resist knowledge by repeating it as an action, ‘without’, as Freud (1914) famously wrote, ‘knowing that he is repeating it’ (150). The repetition replaces the processes that would make the forgotten past into a historical narrative that can be studied for its effects. Again, Loewald follows Freud closely on this point, for he finds therapeutic possibility in the reconstruction of forgotten memory in the symbolic realm, which makes from the mindless compulsion to repeat the (conscious) ‘impulsion to remember’ (Freud 1914, 151). Psychoanalytically, therapeutic change does not refer to something entirely new, but rather a renewed encounter with the return of what is old in the context of a ‘new object-relationship’ (Loewald 1960, 254).

Loewald continues in his agreement with Freud’s claim in his 1914 paper when he notes that the analyst is not simply there to unearth a forgotten
reality but rather to construct the emotional significance of a particular memory (what Freud called ‘psychical reality’), which may or may not be in correspondence with what in fact occurred (what he called ‘historical reality’). If the historical reality cannot be undone, its legacies are revised through the psychical reality of memory and the work of narration. Such transformational work depends on the analyst’s position not as ‘co-actor’ in old scripts, but ‘reflecting mirror’ that gives language to the unknown history enacted through its repeated performance in the analytic relation (Loewald 1960, 223). There is, then, a distinction between ‘therapeutic action’ and ‘repeated action’, where repeated action refers to the un-thought compulsion to act out the forgotten past in anxious claims (or pedagogical outcomes) for the future, and therapeutic action refers to the action of making new meaning from past events from the vantage of their registration in the present. The radical transformation of therapeutic action refers, then, to a fundamental change in both the experience and character of reality itself: no longer a hardened truth to accept as one’s fate or one’s fault, reality is viewed as something one makes and re-makes through narration.

If this last set of ideas is too familiar to readers of psychoanalysis to be immediately striking, Lear finds a more radical argument at work in Loewald’s paper, for he sought not only to define the qualities of psychical change (perhaps like the teacher’s effort to assess learning), but also to describe how it might occur. As Loewald saw it, there were two main ingredients for change, the second of which, I argue, suggests a divergence from Freud, and that holds important implications for thinking about the work of the teacher. The first ingredient is the patient’s regression to an early, un-integrated state against which there is not yet organised defences. The second is the analytic capacity to hold in mind the illusion of a future – something new – that initiates the regressive return. Loewald puts it this way:

The patient can dare to take the plunge into the regressive crisis of the transference neurosis which brings him face-to-face again with his childhood anxieties and conflicts, if he can hold on to the potentiality of a new object-relationship, represented by the analyst. (1960, 224, original emphasis)

The ‘crisis’ of regression emerges from the terror of returning to an un-integrated state of helplessness as if one were still an infant, even though one is not. But what interests me here is Loewald’s reference to the ‘potentiality’ represented by the analyst. As much as the analyst is a ‘reflecting mirror’ in the re-construction of the unknown past, s/he is also the guardian of a future that plunges the analyst deep into the unknown, ushering in a sense of helplessness that mirrors the patient’s regressive crisis. What the analyst must face in this plunge is the radical uncertainty of her/his influence: that is, to hold in mind the idea of a future in which change is possible, without determining in advance how that change will look. In Loewald’s clinic, the
analyst represents not only a new object-relationship, but also a future of having survived the crisis of not knowing here implied, without repeating the anxious pitch of the patient’s infantile return.

In relationship to my discussion of education, it is no small coincidence that the meaning and significance of Loewald’s concept is enacted in the learning of one of his students, Jonathan Lear, for whom Loewald was an important mentor. Another significant connection to education: Lear frames the psychical transformation Loewald named ‘therapeutic action’ as a problem of influence that is loosened up from the repeated action of imitation. Lear met Loewald in the context of his arrival to the Western New England Institute for Psychoanalysis where he was to train as an analyst. Lear’s faculty advisor immediately put him in touch with Loewald, describing the analyst as also a philosopher who had studied under Heidegger. But Loewald had become disillusioned with philosophy because of the seeming ease with which its arguments could be used to mobilise disciples around anti-democratic politics and even genocide. Himself a professor of philosophy, Lear made an appointment to see Dr. Loewald, and at that meeting, asked him to be his tutor. And so Lear and Loewald met once a week – Lear paid an hourly fee – to talk about ideas. Their weekly conversation lasted seven years, and extended into the late years of Loewald’s life, who, by the end, was no longer charging Lear for the tutorials.

A few days before he died, Loewald expressed to Lear an ironic hope about the future of his influence: his hope was that ‘there would never be any Loewaldians’ (Lear 2003, 18). At the time, Lear did not ask what Loewald meant by this, and he never got the chance. Loewald died having left to his student an enigmatic question of how to live in the wake of his influence in the absence of explicit instruction about what precisely it could mean. The story of Loewald’s dying aspiration frames Lear’s book, *Therapeutic Action: An Earnest Plea for Irony* (2003), published a decade after Loewald’s death in 1993. The book’s introduction narrates the trajectory of Lear’s learning from his mentor’s statement, which begins with literal application and ends in ironic implication. Lear’s literality represents a ‘regressive plunge’ of sorts, for initially at least, he cannot think beyond the magical illusion of an exact translation. Lear finds underneath his desire for literal application a fantasy of learning without interpretation:

All I had to do was refrain from becoming a Loewaldian, in some tired sense of those words. I assumed, that is, that all I had to do was refrain from preaching a Loewaldian gospel, refrain from giving talks in which I insisted that Loewald represented a new school of thought, refrain from talking about a Loewaldian approach – and that was about it. (22)

That was about it, literally, until Lear reads *The Concluding Unscientific Postscript*, a text published by Soren Kierkegaard under the pseudonymn
Johannes Climacus. Straight away, and in the context of Lear’s move from literality to irony, he notes that the text is not literally written ‘by Kierkegaard’ even as it is ‘from Kierkegaard’ (Lear 2003, 20, original emphasis). The Postscript details the case of a religious figure who, just like Loewald, expresses the desire to not have disciples. But where Lear had initially read Loewald literally, Climacus points to the irony of taking the claim so exactly, for ‘in wanting no disciples’ one ‘is virtually guaranteed to attract disciples who will preach that there should be no disciples’ (22). Applied to his relationship to Loewald, Lear constructs the following logic:

We, the ‘knowing group,’ could go around, perhaps with an esoteric wink, saying that to truly understand Loewald is to understand that there should be no Loewaldians. And now we would be teaching a new kind of discipleship for the man who wants no disciples. (23)

Literally rendered, the very desire to have no disciples becomes the grounds for discipleship.

After his experiment in literality, Lear makes a different construction from Loewald’s last wish, which he argues is also an enactment of therapeutic action. If at first Lear understood the problem to be one of literally taking Loewald at his word, and so grasping what it meant to secure a position as rightly non-Loewaldian, then he comes to understand the problem as a question of being influenced in the awareness of the impossibility of directly following in his footsteps. One way to take up Loewald’s influence, in Lear’s mind, is not literally to refrain from being a Loewaldian, but rather to offer an ironic reading of Loewald’s central concept, therapeutic action, ‘that reveals in a liberating way that there is nothing to be Loewaldian about’ in the way his concepts get used (2003, 26). For Lear, therapeutic action is not a copy of the other, but rather a resource needed to renew old concepts and ideas, the outcome of which cannot be known in advance. The analyst’s influence, under these conditions, involves surviving the loss of omnipotence that would have one believe one can take the patient one direction or another. Significantly, Loewald’s influence survives, and becomes for Lear ‘therapeutic’ because it both invites and survives its creation in ways that Loewald neither intended nor imagined possible. Deviation, rather than imitation, Lear argues, is the most therapeutic, and perhaps pedagogical, kind of commitment.

But if Loewald’s concept survives anew in the form of Lear’s book, it is not only because Lear is a smart student who moves, all on his own, from the impulse to imitate to insight. The change in his thinking is also possible because of another condition that Lear does not quite name. The condition, I suggest, is the context in which Loewald met with Lear in a regular way – their weekly conversations – that meant Lear could relate to Loewald in this new sort of way. The idea I wish to highlight here is the survival of a durable object in the face of regressive plunges that occur on the way to
psychical transformation. I submit that if Loewald’s influence persists, and if Lear is able to make new use of his concept(s), it is because of the environment Loewald created, week after week, in Lear’s early efforts to learn the field.

If Lear does not theorise the therapeutic significance of this environment, it might be because he could know nothing of it. Arguably Loewald did know, for one of Loewald’s own mentors, D.W. Winnicott, had underlined the importance of the analyst’s survival as the grounds of psychical change because it was none of the patient’s business or responsibility. In the next section, I highlight the conditions of the analytic environment that Winnicott found so important, and which Lear arguably experienced in relation to Loewald, but could know nothing about. While Loewald does not cite Winnicott’s influence directly, his image of the analyst as ‘potentiality’ parallels Winnicott’s construction of the analyst as a reliable witness to the realm of illusion that refuses set paths of knowledge and understanding. This psychoanalytic detour constitutes Winnicott’s influence on the field of psychoanalysis, and that I suggest could influence education as well, for it poses a challenge to the teacher to think analytically about the failure of influence as a strange success.

An ironic achievement: on surviving the failure of influence

Six years before Loewald delivered the bulk of his paper to the Western New England Psychoanalytic Society, Winnicott had delivered a paper across the ocean, in 1954, to the British Society. Entitled ‘Metapsychological and Clinical Aspects of Regression within the Psycho-analytical Set-up’, Winnicott’s paper provided a backdrop for at least two aspects of the thesis that Loewald would later pass on to his society. First, Winnicott understood regression to be a condition of therapeutic possibility, or, in his words, ‘the hope of a new opportunity for an unfreezing of [a] frozen situation’ (1954, 283). Through regression, Winnicott believed that the analysand could encounter, again, the stark conditions of being new to the world. The anxious pitch of this return was perhaps why Winnicott believed that, ‘it takes a great deal of courage to have a breakdown’ (1954, 287, original emphasis) and, in turn, why he believed the opposite ‘flight to sanity’ – at work in notions of ‘health’ and ‘cure’ – fended off the risks of a regressive crisis (1954, 287, original emphasis). If regression was a developmental achievement, then it was because it was a ‘starting-place’ from which to set into motion desire that had become arrested around failure (Winnicott 1954, 290).

This brings us to the second aspect of Winnicott’s argument as it mirrors Loewald. For both analysts, regression alone was not sufficient for activating desire. It rather depended on the presence of a new object-relation. For Loewald this was the analyst, and for Winnicott, more broadly, ‘an environment that is making an adequate adaptation’ (1954, 281). If the achievement of regression refers to the analysand’s return to the experience of being new,
then this achievement required, for both Loewald and Winnicott, a new environment in which the terrors of this early state could be experienced and survived without catastrophe. In noting the importance of such an environment, Winnicott put forward a rather startling claim: for some patients, the analyst’s survival of regression mattered as much as, if not more than, the content of an interpretation. He even advised against interpretation in times when it risked interrupting a patient’s ‘reverse of progress’. This last idea highlights the paediatrician’s astute awareness that professional knowledge can be a defence against not knowing. Sometimes, he wrote, ‘interpretation is not what is needed, and indeed speech or even movement can ruin the process and be excessively painful to the patient’ (1954, 289). This required of the analyst the provision of an environment so that the patient could experience ‘as if by magic’ the world as her/his own creation (Pitt 2003, 120), even though it was set out by the other: ‘the environment is holding the individual, and at the same time the individual knows of no environment and is at one with it’ (Winnicott 1954, 283). For Winnicott, such an environment provided the patient with the illusion of her own potency or perhaps ‘potentiality’ in spite of her state of radical dependency.

Green (2005) argues that Winnicott’s emphasis on illusion marked a crucial difference from his teacher, Freud:

Freud showed the importance of illusion, but, in his mind, one had to fight illusion and accept disillusionment. Analysis was supposed to free the individual from his illusions, in favour of the dictatorship of reason and rationality. Winnicott says, ‘You are wrong. Illusion is absolutely necessary for healthy development, you can only accept being disillusioned, if you have been illusioneed’. (30, original emphasis)

The illusion that Winnicott understands to be so crucial grants the infant the magical belief ‘that he has made what he has, in fact, found’ (Phillips 1988, 83). Winnicott believed that such illusion was made possible through ‘an external reality that corresponds to the infant’s own capacity to create’ (Winnicott 1953, 12). It is through the repeated experience of illusion that the baby begins to believe in his desire as a source of possibility, needed to enter into and act on the world as an external entity. The capacity to enter into the world – ‘some one who knows about the world and can find a way to live in it, and even to take part in the way it behaves’ (1949b, 53) – depended, initially at least, on the magical belief of having created that world. Under the influence of Winnicott, Phillips (1988) has precisely this point in mind when he writes: ‘At the very beginning fantasy is not a substitute for reality but the first method of finding it’ (84).

Winnicott’s insistence on illusion therefore cast influence as ironic, for it referred not to the analyst’s disillusionment of the patient, but to her/his capacity to be influenced by the patient’s need to believe in her/his power to affect the environment that is already there. According to Winnicott, it was
only when the baby had experienced his needs, such as hunger, simultaneously with the magical belief in their self-satisfaction that it became possible to tolerate the idea that such needs were actually satisfied through the capacity to use the other. Staying with the metaphor of feeding, Winnicott described the first illusory position in terms of the magical belief that one can feed on the self where the second refers to the capacity to use the outside world as a resource: in Winnicott’s words, ‘to use the breast for getting fat’ (1968, 91). Both positions set the stage for the later capacity to ‘use’ objects and others in the world as resources to think ‘with genuine vitality and vigor’ (Winnicott 1954, 287). But the second was only possible if the mother could hold open the first magical stance, without imposing reality too soon. In the case of the regressed patient, Winnicott argued that something similar was required of the analyst: she was not to challenge the patient’s belief in the world – represented by the analyst – as her/his own creation if there was to be any hope of its creative use in the form of thinking and insight.

So convinced was Winnicott about the analyst’s capacity to survive omnipotent illusion that he held little faith in the opposite method, expressed in the adult’s tendency to burst its bubble too soon. ‘Early disillusion’, Winnicott (1939) argued, had an unintended effect: the insistence on external reality meant that it had to be defended against through compliance, and which, for Lear leads to conceptual atrophy. Indeed, Winnicott believed that many of the presenting symptoms in his clinical cases were the result of a failure of illusion in the early environment. This was why Winnicott believed that the patient’s regressive return to this early state of mind was the grounds of transformation, for such a return provided an opportunity to meet a ‘new environment’ that could survive the affective force of the unresolved past and so give way to the ‘potentiality’ of a future in which its conflicts could signify in new ways, and that was, for Loewald, the ‘therapeutic action of psychoanalysis’.

Where this gets interesting for educators is here: the teacher’s role will be to survive the regressive crises that her/his curriculum sets into motion in order that its knowledge can become psychically significant. The crucial point is that the teacher’s influence is neither solely a matter of direct instruction, nor even the right or interesting curriculum, and much more an effect of having survived the student’s uses of it. Only through survival does the student come to believe that knowledge is ‘resilient, uncorruptible, worth banking on’ (Phillips 1998, 411). All these explorations highlight a paradox of pedagogy that positions the teacher as student of an unconscious realm that s/he cannot know and that does not itself wish to be familiar with external reality. Winnicott’s insistence on the environmental provision of illusion disillusions the very intentions of education, and education as intentionality, with the difficult fact ‘that people can learn but they can’t be taught’ (Phillips 1998, 412). At stake, then, is a question of what constitutes teaching at all. After all, if a teacher is not instructing, and if the learning begins in an illusory realm that is beyond reason or intention, then what can it mean to teach?
Winnicott’s beliefs on the matter of illusion positioned him within a similar debate about whether, in the face of regression and in the absence of classical interpretation, he was even doing psychoanalysis. In his paper of 1954, Winnicott underscores a range of objections by imagining himself into the position of his critics. ‘Some crudely say: Now sit up! Pull your socks up! Come round! Talk’ (291)! Or even, ‘regression is a picnic; we must stop our patients from regression’ (290). Others, Winnicott noted, mistakenly understood him to ‘ignore the early stages of development in the individual’ in favour of ‘environmental factors’ (291). Still others argued that he was simply offering ‘reassurance’ in the name of psychoanalysis (292). Even more, feminist scholars have been critical of the gendered assumptions of the altruistic mother that Winnicott’s theory of survival seems to sustain (Kahane 1992; Salvio 2006). But where Winnicott’s insistence on survival is modelled on the maternal environment, it does not follow that his theory merely sustains socially sanctioned images, for he granted the mother a much deeper emotional landscape, one that included aggressivity as a necessary part of care. While not the same, Winnicott saw no conflict between maternal care and the hatred aroused in her effort. Read closely, Winnicott’s theory of analytic survival is therefore not a demand to bear all, but rather opens a question of how those of us in the caring professions might survive the anxiety, the helplessness and hatred that accompanies the inevitable failure of influence in the effort to care for others.

Insofar as regression faces the teacher with the failure of instruction, there remains a question about how the teacher might learn from – and to teach in light of – this difficult fact. Keeping with the ironic quality of psychoanalytic pedagogy, which finds hope in the teacher’s failure to know fully, it might come as no surprise that Winnicott learned a lesson about his influence as analyst, in large part, from a patient named Margaret Little.6 Just as Loewald influenced Lear, Winnicott influenced Little because there was nothing essential he had to teach. While the case of Little is markedly different from Lear’s conversations with Loewald in both historical context and the psychical conflicts at play, I use it to draw out some of the demands made on the analyst, and by extension the teacher, when we take seriously the thesis Lear makes from Loewald’s concept of therapeutic action: that influence is not a direct copy of the one influencing, but registers obliquely in ways that sometimes hurt, that leave one feeling helpless and that the analyst (and teacher) might even hate. Little will come to this thesis through Winnicott’s influence on her: the newness of psychical transformation, or the ‘potentiality’ of her future depends on the analyst’s capacity to survive the anxiety of witnessing regression into the radical unknown.

The case of Margaret Little

Between 1949 and 1955, and again in 1957, Margaret Little had a regular analysis with Winnicott. Little’s account of the analysis offers a retrospective
portrait of her regression to dependency in the analytic environment. Because she was also an analyst, the text resides somewhere between personal record and theoretical discussion. In it, she details her ‘frightening return to an unintegrated state’, the anxious pitch of which she later came to understand as evidence of her mother’s ‘state of chaos’ (Little 1990, 107). Little recasts these terrors vividly, though with the distance of theory that she uses to describe the unthinkable anxiety felt by all infants without containment. In her words, such anxiety is characterised by ‘the risk of repeated annihilation by stimuli to which he has to react physically … and against which he has no defense and which he cannot comprehend; of being let fall while helpless, there being no boundary or control’ (88). Given the defenceless state of beginning, Loewald’s description of regression as ‘crisis’ feels more apt than ever.

When Little stepped into Winnicott’s clinic, she also stepped back into the infantile fantasy formations that had hardened as ‘persistent psychic structures’ over the course of her lifetime, and which became loosened through their meeting with Winnicott, and thus the ‘potentiality’ of a different future in which they could be refined differently. For the teacher, there is a question of how the student may similarly regress to earlier mental states as a response to the vulnerability of learning, and in turn, what it could mean for the teacher to respond in a way that opens up the ‘potentiality’ of a different relationship to those states, and so, the knowledge on offer.

Little’s regressive crisis reveals an early environment that is unreliable and ‘uncoordinated’ (51), but also one that interfered with emotional processes. While education must in some ways ‘disillusion’ the illusory ideas that belong to early life, the question is one of timing and tone. For Winnicott, Little’s disillusionment came not only too early, but also as the denial of anxiety, for instance, in her mother’s quip, ‘Cheer up darling! You’ll soon be dead’ (46). Other responses insisted on emotional restraint. In response to a moment of ordinary childhood upset, for example, Little remembers her mother, ‘gripping both my wrists, and saying emphatically, you must control yourself’ (57, original emphasis). Of course, the irony is that mother’s demand very likely conveyed the very emotional excess she sought to control in her daughter. The teacher, too, who attempts to control student emotion, may similarly be attempting to master the unruliness of her own. Little recalls still more instances of her mother’s ‘grip’ in her mother’s recollection of a time when Little ‘clung to her night and day and would not let her go’ (58). Winnicott sees this example as another interference in Little’s emotional life: ‘She would not let you die’, was Winnicott’s interpretation, and from which Little draws her own conclusion. The death her mother refused was the loss of Little as merely an imitation, or fuel, for her mother’s own existence: ‘I had to live, for her’, Little writes (58, original emphasis). At stake here is a failure of mourning, a refusal to let go,
meant that Little’s life was not hers to live, and any efforts to do so became a betrayal of her mother.

Against the backdrop of this history, Little takes on an identity of the ‘good girl’, for she describes herself as ‘apparently “normal”’ which is evidenced, in part, by her achievement of a range of recognisable milestones: ‘I attended school, college, medical school, and practiced as a GP, and was accepted for training and qualified as a psychoanalyst’ (Little 1990, 86–7). Little even worked as an analyst throughout her analysis with Winnicott, except for holidays and ‘three short spells of depression’ (87). Little’s successful education is a defence, for she becomes, in Loewald’s words, a ‘disciple’ that cut ties with some deeper part of her self in the name of keeping her mother alive. Framed in terms of influence, Little’s position as disciple meant that her very being became organised around protecting her mother’s emotional legacy. What we have here is a form of influence that could not survive its inevitable failure – its mortality – and so could not reach the creative ‘potentiality’ of an uncertain future. The ‘good patient’ – or ‘good student’ – might well defend against the regressive crises where both Winnicott and Loewald found the potentiality of a new object-relation. The challenge for the analyst, and perhaps the teacher, is to avoid the temptation to instruct or collect students as a marker of one’s success and rather encounter the necessary limits of one’s reach as part and parcel of one’s helping hand.

Little does manage to delve through the shield of normalcy and into regression, because, she argues, Winnicott survived. In Little’s case, survival took many forms: for instance, Winnicott brought her groceries when she felt she could not leave the house; he held back her keys when she threatened to ‘drive away dangerously’ (1990, 45). He took her phone calls while he was himself ill at home and held Little’s head when she was seized for entire sessions with ‘recurring spasms of terror’ (43). Very early in the analysis, Little smashed a vase – a container – that provoked Winnicott’s own breaking point. He fled from the room, though he did return at the end of the hour to find Little clearing up the mess. ‘I might have expected you to do that’, Winnicott said, ‘but later’ (43). As Little recalls, the next day an exact replica stood in place of the broken vase, and a few days later, Winnicott explained that she had ‘destroyed something he valued’ (43). Working the ruins of the vase, Little came to understand she was experimenting with her own need to break attachments that had meant her identity was constructed, from the time of her birth, as an ‘appendage of someone else’ (43). In all its forms, Little understood Winnicott’s survival as crucial to her own: ‘If he did not survive then neither could I, psychically at least’ (101).

At stake here is a distinction Winnicott (1970a) would later make between ‘carecuring’ and ‘remedy-curing’ (117). Where the latter operates on the assumption of exorcising illness with the right technique or
interpretation, the former suggests that illness is a condition of humanity that need not be remedied nor denied so long as it could be tolerated and put to creative use (119). With this distinction, Winnicott (1970a) critiqued the tendency of the medical profession (of which he was a part) to ‘degenerate’ practice to technique (112). But he also shifted the terms of psychoanalysis, too, for he argued that cure, psychoanalytically rendered, was ‘not just a matter of interpreting the repressed unconscious; it is rather the provision of a setting for trust, in which such work may take place’ (114–5). In other words, all treatment depended first on the creation of a context in which interventions – whether a remedy, interpretation or lesson – could be taken, used and refused. This was a context of reliability that could meet the patient’s dependency without freezing the raw desire here implied by forcing its integration, such as in the demand for control or action or understanding before its time.

Indeed, Winnicott believed that the tendency to interpret (or, for the teacher, to instruct) could itself be a defence against the helplessness, and even hatred, of trying to influence another’s dependency. Ironically, so doing had the opposite effect: not having been held and survived by another, the ego’s deepest inner resources morph into ‘slavish imitation’ (Winnicott 1970b, 53). For Winnicott, the analyst’s challenge was, then, to survive the anxiety of being influenced by the patient’s regressive plunge. This was an anxiety not unlike the patient’s feeling of radical helplessness, that is, of not knowing whether or not, or how one’s efforts would even matter.

Because of this inevitable gap between the analyst’s influence and its radically uncertain effects, Winnicott noted the frustration at work in the helping profession of psychoanalysis, and here we can include education. That is, Winnicott urged analysts to consider the ambivalence, and even hatred, born of the difficult knowledge that Freud had already noted of the helping professions, ‘that even before you begin, you can be sure you will fall short of complete success’ (1937, 203). Significantly, while Winnicott was analysing Little, he wrote on precisely this theme in another one of his key papers, ‘Hate in the Counter-transference’ (Winnicott 1947). His paper argues for the analyst’s ‘objective hatred’ as feature of good enough care. Objective hatred, according to Winnicott, refers to hatred that is conscious to the analyst’s mind and that can be subject to interpretation, so that it is not simply ‘repeated’ or acted out in relation to the patient. At the time of the analysis with Little, Winnicott could show nothing of his hatred, for to do so would mean interrupting the space of illusion he believed she needed to tolerate her own power. Only years later, after the termination of the analysis, could Little recognise Winnicott’s use of objective hatred, which he needed to survive her regression, and that she needed to risk using old conflicts in new ways.
Faced with the uncertainty of her/his influence, it might also be the teacher’s work to acknowledge hatred as part of the work of teaching, particularly if that view of teaching acknowledges the student’s regressive plunge (Appel 1999). Sara Matthews (2007) describes the teacher’s hatred as a defence against the impossible quality of the profession: ‘A teacher’s hate could surface in defense against her fear of failure. Hate might equally unfold in resentment over a frustrated wish, perhaps for the student’s perfection or for her own’ (189). Britzman, too, casts the fear of failure in terms of the radical uncertainty, and indeed, impossibility, of the teacher’s intentions, or influence. She finds a vulnerable question behind the mask of hatred:

…the impossibility is that however good and intentional our methods may feel, we cannot guarantee, for either ourselves or others, the force, experience, or interpretation of our efforts once they become events in the world of others. That provisional knowledge arrives belatedly, in the form of an existential question such as, what have I really made? After the experience of education, there is still the problem of education. (Britzman 2003, 16)

Psychoanalytically, education refers not to the application of method, but to the capacity to make meaning from the effects knowledge leaves behind. The irony is that only after the experience of education can we notice its effects in the form of the question: what (difference) have I really made? Loewald might add, what if such difference is possible only when the analyst can survive the failure to gather disciples, and the anxiety born of it? I have been suggesting the following: what if the teacher’s best chance to make a difference resides in the capacity to survive the anxiety that comes from lost ideal of mastery?

On Little’s account, it was precisely Winnicott’s capacity to survive both his failure and his hatred that put her in touch with the terrors invoked by her regression to dependency. In this ‘new’ context, Little could begin to believe in her actions and feelings as having power and meaning, without at the same time being too dangerous and in need of control. Through Winnicott’s survival, Little describes a new discovery of self: ‘D.W. enabled me to find and free my “true self,” my spontaneity, creativeness, and ability to play; he restored my sanity without leaving me “only sane”’ (1990, 70–1).9 Little’s reference to her ‘true self’ is significant for a number of reasons, but for my purposes, because it highlights the transformative work of ‘therapeutic action’. Little’s new discovery of self refers to a state of mind that was ‘true’ to herself, and by Winnicott’s own definition, would not comply with outside demands, including that of the analyst, even as it depended on the presence of another – a ‘new object’ – who could survive its force. ‘Where both survive the danger points, and defenses are not rebuilt’, writes Little, ‘the analyst can gradually withdraw his adaptation; the analysand can come together and become a person, a self that is different from the “self” that
was there before’ (90). The end point of Little’s analysis comes when she could use her analyst’s influence ironically: not as instruction but as inspiration to live differently with – though never wholly free from – the dependent conditions of being human.

**Teaching without discipleship**

Toward the close of Little’s text, she notes that her account would be ‘incomplete without some reference D.W. as teacher’ (1990, 75). If Winnicott was a teacher, as Little suggests he was, it is because he knew there was nothing essential that had to be taught.\(^{10}\) And, precisely because Winnicott ‘made it impossible for us to copy him’ (Phillips 1988, 17), he left behind a question not unlike Loewald’s enigmatic endowment to Lear. His endowment cannot tell us what to think or who to be, but rather leaves behind a kernel of unfinished meaning to be used as a resource in the service of psychical freedom. Psychical freedom here refers to the creative labour of giving significance to what is given us. Winnicott would later describe the quality of this labour as an ‘act of noticing what is there’ in the awareness that one is not ‘the reason why the object is there’ (1968, 90, original emphasis). If the paradox of creativity is that ‘we create what we find’ (Winnicott 1970b, 53), then the paradox of influence is that its power resides in the teacher’s capacity to tolerate the impossible quality of its reach.

Influence is, here, a leap into the unknown event of transformation. In fact, readers will recall that Lear’s learning from Loewald began with his not knowing what his mentor meant by his final hope. Also implied in Loewald’s wish that there ‘never be any Loewaldians’ is not knowing how his own work would look as an effect of the interpretations of others. Little describes a similar lesson learned from Winnicott: ‘Any claim I may have to say that I practiced anything remotely like [Winnicott] … is not a matter of imitation or of having been “taught”’ (1990, 73). What was passed on, then, in Winnicott’s clinic and in Loewald’s office was an invitation to make a relation to a ‘potentiality’ of meanings that could not be divined in advance but rather reconstructed and used in belated time: ‘after the experience of education’ (Britzman 2003). From the vantage of ‘therapeutic action’ the student learns most from the teacher who fails to gather disciples under the sway of instruction.

But as Lear warns, to theorise a form of influence that does not encourage discipleship carries the risk of creating ‘its own perverse form of discipleship’ around the very impossibility of it (2003, 23). And so, the therapeutic question is not whether or not the analyst should or should not have followers, or whether or not the teacher should or should not have descendants who make from her/his ideas a futurity. It might rather be to redefines influence within both helping professions – psychoanalysis and
education – as facing us with the helplessness of one’s very efforts. If education is to be a therapeutic action, then teaching is a psychical labour of not having disciples, or stated positively, noticing students because the teacher knows s/he is not the reason for their existence. The question psychoanalysis leaves behind is, then, how the teacher might acknowledge the failure of her influence – and not necessarily charisma or mastery – as a feature of its very registration, and perhaps even the ground of conceptual and psychical renewal both within the student and subject of education itself. The difference between a disciple and a student might reside precisely here, for where the teacher’s influence fails, the student may become.

Characteristically, the dedication of one of Winnicott’s last books, published just before his death in 1971, conveys this pedagogical position. It reads, ‘To my patients, who have paid to teach me’. Indeed, we can speculate that Winnicott had Little in mind as the patient ‘who has perhaps taught me most about regression’ (1954, 279), and who he was analysing at the time he wrote his most influential paper on this theme. When Winnicott set the conditions for regression, he influenced the patient, ironically, by way of orienting himself to the patient’s influence expressed, initially at least, as bald need. Winnicott’s pedagogical space was therefore a transitional one in which an individual could experience the illusion of their own influence, where there was, in fact, helplessness. For the analyst, the challenge is how to tolerate her/his own helplessness – and hatred – in the face of the unschooled quality of the patient’s regression, that is, without the consolation of either professional knowledge or instruction. And yet, it is not regression alone, but the survival of it that is pedagogical. What emerges from survival is the belief on the part of the patient in the potency of her/his capacity both to access and affect the world with desire. In cases of non-survival – such as in the demand for emotional restraint, early disillusion or forced integration – the ego’s desire risks becoming arrested in compliance, or the atrophy of thought.

The irony is that both Winnicott’s and Loewald’s ideas survive precisely because they were able to establish a lively relationship to their mortality. The analyst, like the good enough parent, holds in mind a future in which s/he is no longer physically present, even as s/he persists in the symbolic realm. As Lear puts it, ‘We all hope that our patients will finish with us and forget us, and that they will find living itself to be the therapy that makes sense’ (2003, 87). Psychoanalytically, the challenge for the teacher might be to hold in mind a future in which the student can ‘finish with’ and ‘forget’ her/him in the name of discovering anew the world that is already there. The teacher who cannot survive this inevitability ironically kills the ‘potentially’ of her influence because she reduces the pupil’s options to only two: either to swallow knowledge as brute given or outright reject it on the same grounds. But the teacher who can survive the idea of her own death creates the conditions in which students might use, and not revere or copy or...
mimic, knowledge as interpretative. It is not, then, the immediacy of instruction that is educational but the impossibility of its reach that makes influence pedagogical, and therapeutic. Indeed, the action of pedagogy is therapeutic when it can survive the ‘regressive crisis’ that efforts to teach and to learn set into motion, and so set the stage to make new discoveries from the traces others leave behind, not as we imagine they were intended literally (such as in becoming a ‘Loewaldian’), but as they may be created anew through the uncertain labour of interpretation.

It is this very spirit of discovery that is shown in Winnicott’s paper, ‘Metapsychological and Clinical Aspects of Regression within the Psychoanalytical Set-up’ (1954), in which he builds a narrative that restores the value of regression where it had been cast as somehow outside the clinic of psychoanalysis. The case of Margaret Little out of which Winnicott developed the concept could be read, too, as an iteration of therapeutic action in this context, for through it, Winnicott discovered anew his own influence somewhere between his mentor, Sigmund Freud, and his patients, Little included, who paid to teach him about surviving its impossibility as the ground of transformation. Indeed, as if to take his own last bit of advice, Loewald does not simply repeat Winnicott’s idea of survival (he does not cite Winnicott in the 1960 ‘Therapeutic Action’ paper), but rather enacts it in his own way – as potentiality – which makes him ironically Winnicottian. Perhaps, too, there is opened a transitional space between the two ‘impossible professions’ of education and psychoanalysis, where the challenge for both teacher and analyst is to tolerate the failure of instruction as both the anxiety and potentiality of their abiding significance.

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Notes

1. While Loewald does not cite Winnicott in his paper on therapeutic action, he does extensively cite Winnicott’s notion of illusion, which he re-names ‘enchantment’, in his later discussions of symbolisation and art. But where for Winnicott the state of illusion implies the mother’s recognition of the distinction between self and baby, Loewald argues that the mother, like her infant, knows no distinction as she participates in this realm. It is in the space of illusion where Loewald puts not only the work of artistic creation but the ‘art’ of both mothering and psychoanalysis.

2. Winnicott made a list, as he often did, to outline the qualities of an environment required to survive dependency. Of these, Winnicott included the regular pace and timing of appointments, the temperature of the room, which is ideally free of ‘unpredictable sounds’, and that would include a ‘rug’ and the availability of water (1954, 285). Winnicott also describes the position of the analyst as at one
and the same time ‘alive, breathing’ and yet still ‘objective’ (285). In other words, the analyst could be ‘himself’ or ‘herself’ without being in conflict with her role as neutral listener.

3. In his ‘Regression’ paper, Winnicott cites a case in which he made a ‘correct’ interpretation that was practically wrong because it came, ‘six years too early’ (1954, 280). Winnicott explains that his eagerness to give the interpretation was defensive, for, at the time, he did ‘not yet fully believe in regression’ (280). When Winnicott more ‘fully believed in regression’, he theorised the importance the analyst’s provision of an environment that could both hold the patient’s illusions of omnipotence and hold back on interpretations that would interrupt them too soon. And yet, this ‘holding’ environment did not at the same time mean doing nothing. Rather, it might be understood in terms of ‘negative capability’, or an orientation that could tolerate not knowing as part and parcel of making meaning, without reaching too quickly for an answer.

4. Kristeva (2010) documents precisely this fantasy in one of her clinical cases in which the patient’s tendency toward self-analysis is read as a defence against using the analyst’s interpretations.

5. If Winnicott noted the need for survival as the grounds of analysis, he was not at the same time advocating for the analyst’s passivity. Rather, he was attuned to the emotional extremes of the counter-transference that pierced any ideal of perfect neutrality – hatred and anxiety among them. For Winnicott, it was the analyst’s own capacity for life that meant s/he could be used without being destroyed, and through which the patient could reach the terrors of early life, without having to live for the other.

6. Another one of Winnicott’s famous patients, Masud Khan, provides a site for analysis about anxieties of influence. Khan saw Winnicott in an analysis that lasted 15 years, beginning in 1951. We also know that during this time, Khan was a practising analyst who was found to violate professional codes of the practice, including socialising, aggressing and engaging in sexual relationships with some of his patients (Hopkins 2006). The key controversy of their union comes as a question of whether or not Winnicott knew of Khan’s boundary violations. A second dilemma concerns the anxiety of influence as tied to Winnicott’s relation to Khan. This is a question of whether – or whether not – Winnicott did enough to influence Khan in a more responsible direction. The urgency of this question suggests that the analyst may well require an element of ‘ruthlessness’, needed to interrupt illusions of omnipotence that arguably underwrote Khan’s violations and the reported cavalier attitude he exuded about them (Hopkins 2006). The case of Khan therefore adds a tension to Little’s discussion of the value of regression and the analyst’s survival, for it begs the Freudian question about whether the analyst is ‘supposed to free the individual from his illusions, in favour of the dictatorship of reason and rationality’ (Green 2005, 30). Did Khan require disillusionment? What was Winnicott’s responsibility in this case? How might the case of Khan itself disillusion Winnicott’s views on the value of illusion? These questions take on particular force in the extreme case of Khan, but even in more ordinary cases, they raise the big question of whether the analyst can be permitted more aggression, needed to set limits, than Winnicott believed.

7. Little’s own mother seems to have struggled with a similar demand for compliance. Little gestures toward the inter-generational quality of her troubles when she observes: ‘My mother had to be brave, amusing, and clever … Being afraid was “cowardice,” “contemptible”’ (1990, 50).
8. Years later, when Little sought Winnicott’s advice about ‘a very disturbed patient’, he gestured toward the therapeutic value of the broken vase incident: ‘when asking for advice about a very disturbed patient who hurt me knowingly and repeatedly, I spoke of having hurt him. He agreed that I had, but added that it had been “useful”’ (1990, 43). If Little comes late to the knowledge that she hurt Winnicott, it was because he told her nothing of the emotional toll of her regression, for he knew that Little could not yet tolerate such disillusionment. At the time, he felt the news of his hatred would be too early. Teachers, too, may wonder when and whether they might express feelings of frustration regarding students. It might be too soon to tell a student of one’s hatred.

9. This view is in line with Winnicott’s formulation of health as containing a ‘measure of insanity’ that worked against compliance, which he viewed as ‘unhealthful’ in its excessive normativity (1964, 483).

10. We have come full circle to Freud’s formulation of education as one of the ‘impossible professions’ and perhaps also Shoshana Felman’s re-articulation of Freud’s thesis in her own bold claim: ‘Every true pedagogue is in effect an anti-pedagogue’ (1987, 72).

References


