

I/I-Thou/It: Muriel Dimen as Clinician

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Abstract: Drawing upon Muriel Dimen's paper, "Reflections on Cure, or 'I/Thou/It'," as my primary point of reference and departure, I will attempt to characterize her style of clinical thinking and of her clinical questionings of herself, analytic practices, and the consequences of theoretical predilections. Central to Dimen's considerations in these clinical essays are reflections on termination, self-analysis, the limits of the two-person model, the therapist's narcissistic vulnerability, sexuality, and the body

"When I went to high school, my mother, or maybe it was my father's mother, told me it didn't matter whether I got good grades. What mattered was that I asked good questions." (Dimen, 2003, p.37)

Unknowing

In the opening pages of her book, *Sexuality Power Intimacy*, Muriel in a sense warns the reader as to the nature of her writings: that they are taken up "from three muscular perspectives—psychoanalysis, feminism, and social theory" and that she will be speaking in several languages—"scholarly, clinical, ethnographic, vernacular, and personal" (2003, p.3). The perspectives of post-modernism, critical theory, gender studies, and autobiography are also given voice over the course of her writing. For my purposes here, I will be focused primarily her paper, "Reflections on Cure, or 'I/Thou/It,'" and on her voice as practicing clinician, a particular voice that is inevitably informed and infused with each and all of her multiplicity of voices.

As is typical of her writing, Muriel does not offer technique or suggest answers in this paper. She asks questions. As so often the case, we hear the voice of an anthropologist—her original training—as well as that of a practicing, questioning analyst. From an anthropological position, she stands with one foot within the analytic community, but with the other foot planted firmly outside, just as the analyst or therapist stands with one foot in the patient's lived realities while the

other is (hopefully) planted securely outside. She asks—as she would any group under study—how do psychoanalysts come to think and function in the ways that they do? How is our thinking truncated by our dependencies on our conscious theories, our less-than-conscious beliefs, or our allegiances to particular theoretical frames? In her critique of Freud’s “Wild’ Psycho-analysis” (1910), Muriel articulates the clinical necessity of questioning as “negative capability” (2014, p.509) and draws upon Salamon’s accounting of “unknowing” (2010). She argues that “unknowing” is not not-knowing but an active state of mind through which one comes to mark the limits of a given knowledge and revise or undo that knowledge (2014, p.509). This is the attitude that defines Muriel’s discussion of cure and the clinical implications of I/Thou/It.

As she draws this seminal paper to a close, Muriel reminds us, “We are the fault lines that crack and web us, rupture and suture and structure us” (2010, p.265). When I read Muriel’s paper for the first time, I was carried back immediately to Clayton Eshleman’s poem, “Fracture”:

There are only a handful of primary incidents in one’s life, incidents powerful enough to create the cracks or boundary lines that one will often enter and follow for many years before another critical event pounds one deeper or reorients one to a new map. As one approaches these events, omens appear everywhere, the world becomes dangerously magical, as if one had called the gods and the gods were now answering. (1983, p. 9)

Eshleman captures the realms of experience into which we are drawn and into which we invite our patients when we undertake an analytic therapy. In poetic language, Eshleman captures the force of our internal object worlds—realms of the godly, of the ghostly and demonic figures and fugues that arise from these primary, formational fractures. These primary incidents call, beckon, demand, warp, and inspire. Within this unstable terrain, “cure” is not easily defined or reached. This is an act of courage, one that calls upon us as the professionals to be humble, to never lose sight of the patient’s risk. When we do our work well, we create the opportunity for a new map, but if we do our work poorly or badly, we risk pounding a patient deeper into the cracks and fault lines. To be humble and to merit the respect and trust our patients grant us, we need to constantly call our ways of thinking and working into question. This is what Muriel gives us over and over again in her writing.

Analysis, terminable and/or interminable: Is there such a thing as “cure”?

Muriel asks a fundamental question as to the nature of “cure” and the markers of efficacy and closure at terminations of treatment. “The very idea of cure,” she suggests in the opening of her queries, that while “much on our minds, is rarely in focus” (p.254). She offers clinical vignettes of the endings of three analyses, two

of which fell considerably short of what might be considered ideal analytic terminations. First is the story of IM, a man of uncertain sexual preference, who may well have come to be “cured” of his preferential confusions, but whose cure did not happen with Muriel alone in the analytic dyad. Attendance in an Esalen marathon and further treatment with a male body therapist, with whom he actually completed his treatment, proved pivotal. Rather ruefully, Muriel comments, “I would have preferred him to finish with me” (p.257).

Then comes the story of KF. “‘Cure’ did not take place with me. Indeed, I don’t know whether it has taken place yet or not” (p.261). As the treatment crashed, Muriel says to KF, in what might be taken as falling somewhat short of empathic, “So that’s it? You tell me off and you leave?” (p.262). But KF stays for one more session in which each was able to more thoughtfully acknowledge of she might have failed the other. Muriel comes to see, “KF’s solution, in keeping with her intellectual predilections and defenses, is to find her cure in probing, perhaps testing, the uncertainties of life” (p.262).

In her third vignette, that of TB, Muriel acknowledges:

Here the question of cure opens onto the problem of the analyst’s (narcissistic) vulnerability. I find myself wanting to tell you about a case that terminated properly. And so I will. (p.262)

Of course, in doing so, Muriel slyly asks the reader to consider how often a “successful” outcome to treatment, a “cure,” is defined as much—if not more—by the narcissistic needs of the therapist as by the personal goals and autonomy of the patient. “Wondering” is a frequent verb in Muriel’s writing, so as she closes her case vignettes, she wonders:

...we do not escape our fundamental irony: analysis is both terminable and interminable (Freud, 1937). In so far as analysis, in the form of self-analysis is endless, cure can never be a destination. Psychoanalysis is a stop on a journey, and the travelers keep on moving. (p.263)

In his own musings on analysis terminable and interminable, Freud (1937), too, offers three clinical vignettes to explore the complexity and ambiguities of the variable outcomes of analytic treatment. He opens his paper with a practical answer, “An analysis is ended when the analyst and the patient cease to meet each other for the analytic session” (p. 219). But neither Freud nor Dimen seemed to ever be content with the obvious or the practical. Freud notes that most analysts had a few cases in which they experience a gratifying and stable outcome, but he wonder how often this is the actual case.

In preparing to comment on Muriel’s paper on cure, I reread Freud’s “Analysis Terminable and Interminable” and imagined channeling Muriel as a discussant to the cases with which he opens the paper. His first patient, a hapless Russian,

completed what Freud deemed a highly successful analysis. But he returns to Freud after World War I, destitute and depressed. Freud understands the need of his patient to return for further analysis as evidence of the patient's unresolved transference and "as offshoots of his perennial neurosis...or small fragments of necrotic bone" (1937, p.218). I imagine Muriel, saying—in not too subtle a voice: And so what about the war?! Poverty?! Culture?!

In Freud's second case, a man himself a practicing analyst--presumed to have been Ferenczi (Dupont, 1985, p.xiii; Rachman, 1997, p. 27)-- returns to confront Freud about the inadequacy of his treatment and Freud's failure to have analyzed the negative transference. Freud rebuts his former patient's complaint with an interesting argument that the negative transference "was not currently active in the patient himself at the time" [of the analysis with Freud], and so "to activate it would certainly have required some unfriendly piece of behaviour in reality on the analyst's part" (1937, p.222). I imagine Muriel, again with that certain edge in her voice: And so might Freud have spoken about his own countertransference? Perhaps some sense of an enactment, his own contribution?

The somaticized symptoms of the third patient, a woman, diagnosed as hysteric, Freud reports to have been relieved by her nine month long analysis. However, after a series of emotional and financial disasters, she developed a tumor, which required a complete hysterectomy. Freud then writes:

The woman became ill once more. She fell in love with her surgeon, wallowed in masochistic phantasies about the fearful changes in her inside—phantasies with which she concealed her romance... She remained abnormal to the end of her life (p. 222).

Here Muriel's voice might become a bit more strident: What of gender? Trauma? The dynamics of power and personal agency? As she and Harris have argued, "One way of reading behind the question of hysterical symptomatology in relation to impossible and forbidden desires is to see the conflict of freedom, of agency ...with its explosive and depressive results" (Dimen & Harris, 2001, p.27).

After presenting his cases, Freud wonders how "skeptics", on the one hand, and the "optimistic and the ambitious" on the other hand, would interpret these outcomes. Freud writes, "I throw out these questions without proposing to answer them now." (p.223), although the tone of the essay suggests that he was more aligned with the skeptics than the optimists. For the remainder of the piece Freud engages the reader in reflections on the variables affecting the efficacy of psychoanalyses. The content is deeply exploratory (in keeping with his richest writings), rife with more questions than answers, all underscored with a rather melancholic tone. It is in a similar voice, though somewhat edgier and more intentionally provocative than Freud's, that Muriel undertakes her investigation of the cure--the means and meanings of "cure" and "curing" through the

psychoanalytic processes. Like Freud, Muriel holds the tensions between optimism and skepticism. Returning to the theme of fractures, she observes, “They [fractures] are our tragedy and opportunity—or if you are a pessimist, opportunity and tragedy” (p.265).

I/Thou/It

The central challenge of this pivotal paper is that of holding the tensions among these three elements of psychic experience: I, I/Thou, and It. She questions the valorization of the therapeutic relationship as the primary means to—or evidence of—“cure”. I will quote her here at length, both to convey the eloquence and elegance of her use of language and to outline the core of her argument:

...one wonders whether the contemporary focus on the analytic relationship is the new certainty, and as such, whether it grounds our view of cure. The I/Thou is now being pursued as not only technique but goal all around the psychoanalytic globe. (p.258)

Obscured by this sensible, warm focus on “I/Thou”—the couple—is a less palpable thing that I dub “It” and about which, curiously, diverse schools of psychoanalysis have something to say. I’m not entirely sure of what I mean by It. Many things, probably. (p.259)

I am intentionally describing this in one-person terms, because I want that I and that It as well as the I/Thou.” ...The I of the patient and the analyst separately, the I/Thou of patient and analyst together, the It of the ordeal.... I long for the It to escape the I/Thou claustrophobic romanticism. Sometimes I want to be in the room with you without It having anything to do with you. ...My ordeal *is* mine. (p.264)

Awaiting us, these fault lines emerge: (a) in the I divided from itself by repression, dissociation, and foreclosure; (b) in the I-thou ... in relatedness and its troubles; and (c) between the I and the It: what we do not understand, cannot know or predict, the Real, the Other’s desire, the chance to become what we could not expect. (p.265)

Dare we speak of a private “I” rather than the cherished “we,” Muriel asks in her essay on Freud’s “Wild Analysis” (2014, p.508)? She goes on to quote McLaughlin’s (2005) insistence that “analytic knowing...must evolve...between two separate realities, both claiming their own validity and both shaped by separate developmental pasts” (p.510). She underscores the centrality of two distinct I’s that are not inevitably subsumed into or improved by an I/Thou. She challenges, “Does relational psychoanalysis neglect a significant privacy?” (2010, p.259)—*the ordeal is mine*, she insists.

As is so typical in her thinking and writing, Muriel takes an anthropological perspective on the valorization of the therapeutic relationship as central to “curing”. She does not privilege one aspect of psychic experience (or one model of psychoanalysis) over another. In her introduction to *With Culture in Mind* (2011), she argues, “This [relational] reformulation of classical ideas does not dispense with a conception of an internal world as animated by forces different from those powering the external world; it offers instead an alternative to the traditional view that epigenetic drives shape the mind” (p.4). She challenges psychoanalysis to develop models of analytic writing and treatment that include the reality that “culture saturates subjective experience” and stresses that “intellectual and clinical practices are historical, linguistic, political, and contextual” (p.4).

Muriel writes that she does not know exactly what she means by “It” and draws upon notions from Winnicott (aloneness), Lacan (the Real), and Laplanche (Otherness) to begin to sketch out and suggest possibilities. The “It” seems to have something essential to do with those realms that are not carried in language, that perhaps even refused to be put into language. The “It” seems somehow embedded in the structure of experience, fundamentally formative, an impersonal bedrock that forms and informs both I and I/Thou.

In my readings of Muriel’s work over the decades, it seems to me that there is a constant presence of “It” in her theorizing, though not explicitly named as such a way as she had begun to theorize in this paper. Over the course of her work, Muriel has sought to bring back into view topics that have often become banished to the edges of psychoanalytic theory and practice: sexuality, the body, money, gender, power, culture. When Muriel wrote, “Sexuality has become a relation, not a force,” (1999, p.418), she was not celebrating—she was challenging, “What happened to the heat?” (1999, p.419). Holding the tensions within the personal, interpersonal, and impersonal aspects of sexuality (Dimen, 2001, 2005) has been central to her rich writings on sexuality, perversion, and intimacy. So, too, she observes, “the body that has disappeared from psychoanalysis is the body of experience, the body known from the inside, not the outside” (2003, p.134). The “It-ness” of bodily experience is brought into focus when she writes, “the body and its activity exceed representation” (2003, p.122). In her theorizing, cultures—be those of ethnicity, gender, or psychoanalysis itself—are situated within the domain of the It, infusing (consciously and unconsciously) the individual, the dyad, and otherness. Muriel captures the “It-ness” of power as she describes how she and her patient, giggling together as they wondered, “Are we allowed to say ‘I’ in relational psychoanalysis?,” acknowledging that they, “felt governed by an unspoken rule” (2014, p.508). She argues, “regulation...may come from the tendency of

discourses to fold in on themselves, of groups to close ranks in self-creation” (p.508).

In Closing

Writing was as an essential aspect of Muriel’s very being. She was always writing, and often writing on multiple fronts (in addition to her work as a writing teacher and editor). Before she became ill again, she was working on a paper on the nature of listening and the place of silence. In Muriel’s description for her last contribution to our Keeping Our Work Alive seminars in Pittsburgh, she wrote, “There is a particular internal state that seems valuable in the conduct of a treatment because it serves to prevent collapse, a sustained tension between collapse of vitality and the urge to act, between deadness and the gratification of impulse that is key to clinical process” (Oct.10, 2014). This was a work in progress, “Speaking, Listening, and Silence”—one of many cut short by her illness. As I come to the close of my reflections, I want to return to her question of “cure”. Although “cure” was not her focus for that seminar, as she spoke about speaking and listening, some of Muriel’s comments that day might be considered as reflections on the nature and potential means of cure. These are paraphrases from my notes:

From an outside perspective, an analytic conversation is pointless—but it opens a space to our knotted interiors to discover their purposes and intentions.

Through psychoanalytic work unmovable densities of the interior become pliable and navigable. But the puzzle is never complete.

There is so much of her work that will remain “never complete”. This special issue of *Studies in Gender and Sexuality* devoted to Muriel’s work can at least carry that work forward in the thoughts of those who have had the privilege to know her and work with her. Her own puzzling was forever ongoing. In that way, her work would never have come to be complete, as Muriel undoubtedly would have been moving on to her next set of questions.

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