

Interview with Robert Oelsner, MD, FIPA

The following interview was conducted in the spring of 2018 by Nancy Winters, MD, FIPA in advance of the Twelfth International Evolving British Object Relations Conference in Seattle, Washington (USA).

NW: First let me say how delighted I am to have this opportunity to have this email dialogue with you and thank you so much for taking the time to do this interview. I have had the pleasure to hear you as a plenary speaker on several occasions and have so enjoyed your incisive intelligence, your wit, and your gracious good humor. I know that readers will enjoy learning more about your fascinating journey in psychoanalysis, starting in Buenos Aires, and how you came to your current interests in Bion and Meltzer. Having been to the recent IPA meeting in Buenos Aires, I share the interests of many in the contributions of Argentina (and other South American societies) to psychoanalysis. To start, can you tell us a bit about your early life and influences in Argentina, your beginnings as a pediatrician and about your psychoanalytic education?

RO: My life as a psychoanalyst started in Germany in 1915 when a psychoanalyst of Freud's entourage was fired by my grandfather after my grandmother had told him an interpretation he gave her for her postpartum depression. (Of course I had to wait decades to be born, but psychoanalysis was already in the family for better or for worse.) That only session—and maybe the upsetting interpretation—must have performed a miracle since my grandmother was thereafter a very happy, loving and charming German-Jewish beauty. I studied medicine and went into pediatrics for a short time when I realized that the majority of the babies were quite happy except for periods when they got very angry, and that parents often took their anger too seriously and felt insecure and hence got depressed or angry in their turn. Sometime around that time I read some Klein and her paranoid-schizoid position fit with my observation of my pediatric patients. By then I had already read some Freud while playing hooky during high-school.

So I went for analysis, which I knew I much needed. That was easy as in Buenos Aires not being in analysis was like refusing to learn how to read or write. After my first failed attempt I found myself a senior analyst whom I trusted more. He said I might want to go for a training analysis to another analyst but I thought I would only be ready when and if my analysis with him would be

successful. (I knew it would be lengthier than my grandmother's, for sure). After a three-year formation at the Argentine School of Psychotherapy I finally thought I could start my training at the large Argentine Psychoanalytic Society Institute half way through which the society split and I went off with the new institute which had from the start some sixty senior training analysts. We were all very young candidates in our early thirties and all MDs. We were proud of being analyzed, supervised and taught. I had already chosen my favorites, Klein and her work and also Winnicott which I studied in a four year weekly study group, since they just spoke to me in ways that Lacan—who I also tried to study—never succeeded. I was also introduced early to Wilfred Bion's work as I was interested in analyzing young schizophrenic patients. Then I traded in Winnicott (which I keep fresh in mind and cite often) for Bion and henceforth spent all my studies deepening rather than broadening. I chose to get to learn a lot about little rather and a little about too much. It helped me gain consistency and furthered my clinical work ever since. Very important for me was a 14 year-long Bion study group with Elizabeth Bianchedi, which I left only when I relocated to the U.S.

NW: Thank you, Robert, for such a personal and lighthearted story of your beginnings in psychoanalysis. The account of your life as a psychoanalyst starting in 1915 when your grandmother received a single interpretation by a colleague of Freud is a marvelous example of the influence of (an enigmatic) transgenerational narrative – and the power of a single interpretation! There are so many points of interest in your initial comments, but I will have to choose one to ask about the next. Since this conference takes up the ideas of Winnicott and Bion (and others) about the body as psychoanalytic object, I wonder if you can say more about your study of Winnicott, and what led you to “trade in” Winnicott for Bion, and henceforth to spend your studies “deepening rather than broadening”? We would love also to hear something about the Argentinian analyst Elizabeth Bianchedi.

RO: Winnicott ... I liked the guy as he came from pediatrics to psychoanalysis like I. In seminars we read his “Metapsychological and Clinical Aspects of Regression” which impacted me. Firstly it taught me about the value of a firm setting for patients to trust the analyst and the method. Secondly because Winnicott outlines in there a psychopathological classification and what method different patients need in order to be helped. (This is often overlooked and one is carried away believing that Winnicott was peddling “regression for all”. I once made a joke to a group saying

they seemed to be irrigating their patients with amniotic fluid rather than providing psychoanalytic understanding. They did not find it funny.) Winnicott still hovers in the back of my mind but I could not follow his take on the primary narcissistic beginnings and missed the duality of instincts in his theory.

Klein spoke to me in a different way, like Freud. It was like being with my grandparents again. Their beloved Germany and their exile. The internal world populated with little characters playing roles was also an appealing model of the mind. Klein made her major developments in Berlin before her exile to England. Bion belonged to the family, he was Klein's child. The point I am trying to make is that the models pick you based on your history and culture and not the other way around.

Same with my choice of Elizabeth Bianchedi, né Tabak, as I first knew her. I knew nothing about her except her maiden name. I thought that was such an interesting name. It led me to Freud and to my father. So I called her and met with her and loved her. This was four years before I was a candidate of the institute. She became my supervisor right away and then my teacher of Freud, Klein and Bion in different years of my training. Later we became good friends. My relation with her went all the way since then to her death occurred when I was already living in Seattle. As a Viennese born Jew, German speaker, émigré and carrying this interesting name – Tabak – she too felt like family. Elizabeth was the Bionian scholar par excellence in Buenos Aires and Bion once said that she was the analyst there that best understood his work. She was a sort of international star. Everyone loved her (or envied her) and admired her deep knowledge of Freud and Klein that should precede anyone's attempt to delve into Bion. She was a fantastic supervisor too. I think she supervised me weekly for around seven years, prior to, during and after my training.

Donald Meltzer was my next endeavor since he, like Elizabeth worked his way through from Freud to Klein to Bion. I have a huge debt of gratitude for what his writings, lectures and supervisions gave me. He and Elizabeth taught me all the Bion I know.

You ask about deepening rather than broadening. We are made "its way", we don't really choose, I suppose. I've too many roots and carry an accent when I speak any of my three languages. I gather I long for one psychoanalytic language that I could speak accent free.

NW: Thank you for such a rich discourse on your travels through Winnicott's theories to Klein, Bion and Meltzer. You make such an important point when you say that in some ways we don't choose the theories we are attracted to, that in a sense they feel familiar, like family. I appreciated your joke that your colleagues were "irrigating their patients with amniotic fluid". Since Winnicott and Bion are central to this conference I wonder if you might say a bit more about not following Winnicott's take on primary narcissistic beginnings and what you think might still hover in your mind from Winnicott.

RO: Well, Winnicott was a good thinker. By his account, when something captured his interest he wanted to re-write in his own terms. Primary narcissism he took from Freud and re-wrote it and posited that the role of the mother is firstly to hold (holding) the baby's illusion of narcissism. This we want to keep in mind when we analyze patients. Narcissism is an illusion, and we disturb their illusion and then have to bear the patients' reactions. However, I cannot follow Winnicott's illusion that it will pass if the analyst supports it long enough.

Another point of Winnicott's which we often miss is that he thought that regression and satisfaction of early needs as a technique is only applicable in one group of patients, namely those in whom "... (T) the personal structure is not yet securely founded". We tend to forget that for the rest Winnicott recommended classical analysis.

The Good-enough Mother, is another concept I take seriously. For as analysts we are only required to be good-enough and not ideal. We don't make patients happy, necessarily. We have to acknowledge that inherent to our work we also cause them pain. Good-enough also means bad-enough. Bad enough to forestall idealization which is another illusion, and to allow for anxiety as a motivator to search for objects that become symbols of the idealized object.

NW: I can see how Winnicott still hovers for you. And I'm keeping in mind that you're also a child analyst, which may in itself be a deepening (as you mentioned earlier). There was a lot of clinical wisdom in your reflections. I appreciated your comment about mothers (and analysts)—that good-enough also means bad-enough, and the significance of anxiety as a motivator to search for other objects. Can you tell us something about how Bion and Meltzer helped you further your thinking in these areas?

RO: I am not sure what you refer to as “these areas” but let me play by ear. Bion’s theory of the relation between and the function of the container and the contained, shorthand for which is “container/contained” indicates what goes on between a baby’s rudimentary mind or ego and the mother’s receptive and transformative mind. Bion used the term reverie of the mother where Winnicott’s term was primary maternal preoccupation. Winnicott’s term is more descriptive, where Bion has given us the detailed micro-psychology of the process colloquially called “raising a baby”. Bion gave us the template. Meltzer filled it with meaning. Actually, Meltzer’s major task was to find the clinical application of Bion’s ideas—coincidentally the title of one of his books.

Container/contained is the medium within which a baby grows into a child and a woman grows into a mother; a natural process if all goes well, but its microscopy is complex. Mothers don’t need to study it to be better mothers. This is a long process the fading of which is unclear. (As the joke goes, for a Jewish mother – for example - this process ends when the baby becomes a doctor).

You can see how Bion and Meltzer were themselves a sort of container/contained. You cannot understand Meltzer without reference to Bion. Same happens with Bion and Melanie Klein.

NW: Thanks Robert, your playing by ear is very interesting, and you have inspired me to study Meltzer. Turning to some of your own interests and writing, I started reading the book you edited in 2013, "Transference and Countertransference Today", and found your writing to be very engaging. You also have a wonderful collection of authors in this book. I saw in the Introduction that your first paper (in 1979) was "The Countertransference of the Analyst to the Patient Who Cannot Dream" showing that this is a very longstanding interest for you. I also found very interesting your comment that there is general agreement that transference and countertransference are "unconscious emissions---and receptions--but a difference may be noted in whether we believe these are based on nonverbal or paraverbal signs that we may pick up in unconscious ways, or whether we entertain the possibility of some direct communication between one unconscious and another". I wonder if you could share any further thoughts about "the mysteries of communication between patient and analyst" (as you put it in the Introduction), or any other reflections about the book.

RO: You can see Nancy, that as we are having these interview-conversations more thoughts come to happen for both of us. Your interest in things said in my book and in Meltzer's work more importantly.

As for your question, I've devoted attention to the matter of unconscious communication and written a bit about it too (though in Spanish and was too lazy or unwilling to get back to my past to translate that now. I tend to move forward in search of new findings.)

Freud wrote three brief papers on ESP, which analysts don't typically pay attention to. But transference in German is Übertragung and ESP is Gedankenübertragung. Notice the same root. Now broadcasting in German is also Übertragung, and radio was quite a new thing in Freud's time. It is still startling if you think of communications capable of occurring wirelessly, isn't it?

Well, my point is that human beings like inferior animals have that ability. Babies and primary preoccupied mothers know well about it and are not even surprised. Bion's concept of reverie is all about this.

I have noticed in myself that when I am relaxed but not too tired, here and there I seem to be wandering off or dreaming away and then I hear my patient speaking about a closely related matter to where my mind went. With psychotic patients it has happened to me more notably than with more rational patients. There may be something like a state of Primary Analyst Preoccupation or reverie that can be partially trained just by allowing yourself to be relaxed or "distracted" enough to be open to receive that unconscious to unconscious communication. Actually, if you observe closely how you choose the interpretation from all the possible ones in a session, you probably come to the same conclusion. That partly the choice of interpretation comes from your deeper layer of receptivity to your patient's text, not to mention the tone, harmony, rhythm and cadence with which it is conveyed to you. So much transmission of meaning between two people intimately related—as is the case of patient and analyst within the safety of the secure setting—is conveyed between the lines. Personally I find myself ready to give a tragic interpretation when I feel I can say it with a kind smile. I heard some patients acknowledge that when a pretty terrible thing is being accompanied with a warm harmony, it is much better tolerated. I suppose this is not different from a mother that can feel and hold the anxiety and despair of the baby without freaking out and responding instead in a warm way.

Would you agree?

NW: Yes, I absolutely do agree with so many things you said, especially how much transmission of meaning in analysis is conveyed “between the lines” and the importance of the tone, harmony, rhythm and cadence with which the analyst conveys his or her interpretation. I also feel there is a resonance between your ideas on unconscious communication and the theme of the EBOR conference on the body as psychoanalytic object, and I'm eager to hear the paper you'll be presenting. I wonder what direction your interest in unconscious communication is taking in your current writing and study?

RO: It's one of those matters I can trace back to my childhood. I learned that my great-uncle, a German Jewish surgeon also practiced hypnotherapy possibly around the times Freud was abandoning it. I was told he cured a patient's limping while the patient was lying in his bed in a hotel at quite a distance from my great-uncle's office. I was fascinated and intrigued and did not question the story at all. Freud did not dismiss this kind of communication either but did not want to make it into a theory. Now, when it comes to the body, I believe that to be a slightly different matter in that we can learn to observe clues. To observe with all our senses, not just the hearing. At that point the body with its gestures, smell, temperature, skin texture and so on conveys lots of information. It's the Sherlock Holmes part of our practice that some analysts are quite skilled at.

We need to keep the importance of observation in mind. The belief that anything that comes to the analyst's mind while sitting with a patient is necessarily unconscious communication may be completely wrong. Intuition alone is blind. We need to check for evidence, the clinical fact, to sort out an intuition from a stray idea.

You are an MD yourself. You probably heard that before glucose could be tested in labs our medical forebears diagnosed "*diabetes mellitus*" by the smell and the taste of sweet apples the urine of diabetic patients had. That is where I stand with regard to the body and communication. We should be able to smell the anxiety in the room, as Bion once said. He did not say an analyst should be a clairvoyant. I hope this response is not disappointing if I was expected to become little esoteric.

NW: Robert, what you've offered is very interesting and delightfully non-esoteric! It is easy to forget how we use all of our senses with our patients, and to leave out this information when we privilege language. Perhaps we've lost observational skills that early physicians had. I look forward to your paper at EBOR for more on this topic. I'd like to turn now to another part of your journey, which is your move to Seattle from Argentina in 2003. Perhaps you can tell us a bit about the move and what it has been like to be an analyst in the U.S. compared to your origins in Argentina?

RO: You are right, we have partly given up what Bion called "common sense"—that's observing an object from the point of view of smell, of taste, of touch, etc.—all our senses converging on the psychoanalytic object. And it's important to be reminded that we have our equipment and should use it. As for EBOR, I have no clear idea yet what I will be able to contribute with. I hope something is baking.

It's been some time since I was last asked about my relocation. As many other important things in my life, it was in the making since ever. I rode the wave when it came. The offer to come to Seattle came at the time that I was ready to take it. (Actually I had decided to come to this country in 1968, but my wife did not want to come to a country at war. Ironically, a few months after we arrived Bush invaded Iraq. It has not become any better since, has it?).

My parents were German Jewish refugees –they called themselves immigrants, a euphemism for refugee, in generous Argentina. But Argentina was not home for them and I was born and raised feeling alien. That has been since ever part of me. Feeling you have no roots can be extremely liberating. You can move and live wherever life takes you to. When you are born an alien ... you don't miss a home that was only a memory in your parents and grandparents tales. You carry home on your back. The world is full of that today and psychoanalysts may want to study more about children born in exile. You learn so much! Being an analyst you have the privilege to learn what it is to be an 'other'. Your patients recruit you into their lives and you have to be ready to ride the wave.

NW: I am very moved by how you described your sense of always feeling an alien and your suggestion that we study children in exile. There are so many now. That you can "carry your home on your back" is reflected in your writing, consulting, and teaching in multiple languages

(English, Spanish, and German) and countries—in both adult and child analysis. Your readiness to “ride the wave” is inspiring, and I wonder where the wave is taking you next?

RO: To become the patient’s ‘other’ needs probably some clarification before we move towards a close. I meant to say that in an analytic process we are drawn into the patient’s internal world; we are at best immigrants if not aliens in it. Over time you notice to your surprise that the promise of being needed shifts and you have become an unwelcome immigrant. It is no different than the state of affairs in everyday politics. In a psychoanalytic process there is no way back, though the patient may evict you. An analysis really begins when you have become a part of the patient’s narcissistic conflicts, your status turned into a rejected part of the patient’s self, or of a bad object, a harsh superego or a threatening lie detector. It takes some time and patience to accept your unpopularity before you are ready to welcome your job with some degree of masochism. It takes a bit of heroism (another facet of masochism) to resist being assimilated to the patient’s transferences and projective identifications and remind yourself that you are really like a journalist reporting from the trenches.

Well, this should give you an idea of where I stand right now regarding analytic practice.

As for your question, you wonder, where the wave is taking me? So do I.

Bion’s recommendation for the analyst to resist memory as well as desire makes more sense to me now than when I first heard of it. Memory can be ‘home’ and pull you back to your comfort zone. Striving to achieve an aim (desire) may imperil living out your present. While this is certainly true for the practicing analyst, I recognize the value of it for life.

NW: I see how Bion’s recommendation informs your life and work, and you helped me to appreciate his wisdom even more. As this most enjoyable interview draws to a close I want to thank you so much, Robert, for sharing your creative mind with all of us. I know that it will have whetted many appetites to hear more from you in October.

RO: And I thank you, Nancy.