

Death of the Analyst

Pamela J. Power

Abstract

In this paper I describe the psychological events following the death of my analyst. In spite of a lengthy and thorough analysis, his death felt abrupt and premature. A concurrent physical condition plunged me into psychological turmoil and depression. It was necessary to enter into the chaos of my shattered world to grieve, mourn, and eventually find renewal.

Keywords

Dying analyst, grief, mourning, illness, transference phenomena.

For many years I was in a Jungian analysis that impacted me deeply. I experienced the breadth and depth of Jungian psychology: the personal and archetypal layers of the psyche, the prospective and reductive approaches to psychic material, the religious function and the workings of the autonomous spirit, facility with alchemy and a number of religious and mythological systems, and an ability to recognize and live the symbolic life. This analysis was conducted with diligent and scrupulous attention to shadow material, animus problems, and the paradoxical relationship of ego to Self. Therefore, it was a surprise to me that in spite of this thorough and lengthy analysis, the death of my analyst felt abrupt and premature. It precipitated a period of inner turbulence and chaos that lasted for several years. What I present today is some of that experience.

I was in analysis with my former analyst weekly, at times twice weekly; for the last several years, analytic sessions occurred every other week. I went to my regularly scheduled appointment in early May of 1998. My former analyst began the session by telling me he had been diagnosed with widespread metastatic cancer in the lungs. He told me that it was the bladder cancer he had lived with for over twenty years. He further informed me that the doctors gave him 6–9 months to live. Hardly able to speak, he answered my unformed question: "I plan to continue to see you as long as I feel well enough."

When I returned two weeks later, he began by telling me that he was "going downhill fast" and that this would be our last session. At the end of the session he invited me to contact him if I had any need or wish to do so. Almost two months to the day he was dead.

Pamela J. Power, Ph.D., is a Jungian analyst and clinical psychologist in private practice in Santa Monica, California. She is the past Clinic Director and current Co-Director of Training at the C. G. Jung Institute of Los Angeles. Her most recent article is "A New Dog-Image" (Psychological Perspectives, 2004). This paper was originally presented at the North American Conference of Jungian Analysts and Candidates, Chicago, Illinois, September 22–25, 2005.

During the weeks of his dying, I was informed that he wanted me to speak at his funeral on a particular topic, so I began to prepare what I would say. In addition, a colleague and I agreed to organize the public memorial service to be held a month after the funeral. I made no contact with my dying analyst during those two months and heard about his decline indirectly.

Earlier that year, I noticed an enlarged lymph node in my neck under my chin that felt like a small marble. I brought it to the attention of my internist at my next annual physical. When I saw her in June, she didn't seem concerned about it but referred me to an ENT specialist who, when I saw him a few weeks later, prescribed a round of antibiotics to see if it had an effect on the enlarged lymph node. When there was no change, he recommended I have an MRI, which I did at the end of July. The MRI showed a "well encapsulated mass," from which my internist concluded it was a benign salivary gland tumor. The ENT, however, insisted on an excision biopsy of the entire node after a needle biopsy result proved inconclusive. He wanted to schedule the outpatient surgery immediately, but I told him I needed to wait until after mid-August when I would be finished with the memorial service for my former analyst. Some time during this period, I noticed a second lumpy lymph node developing further up under my ear. Late in August I underwent surgery to excise the first lymph node.

At home waiting for the pathology report, I knew from my research that the suspicion was lymphoma and that there were many types. So I was prepared for the call which told me it was low grade, follicular mixed small and large cell. My internist sent me for a CT scan of my entire body to see if there were other enlarged lymph nodes. There was no sign of anything else except those two nodes in my neck. The oncologist I consulted with wanted to do a bone marrow biopsy to determine if it contained abnormal cells; however, she said that her course of treatment would be to wait and watch and treat with oral chemotherapy or radiation only if the nodes became a problem. Low-grade lymphoma, considered non-curable, is treated as a chronic illness; people survive for many years even when it is diagnosed, as it usually is, as stage IV.

In my current emotional turmoil, I became a difficult patient. I refused the bone marrow biopsy at my next appointment. If there was bone marrow involvement, my staging, currently at stage I, would jump to stage IV. I became angry when I thought over her treatment plan, which did not give consideration to newer treatments recently approved by the FDA. I fired her after two visits.

I was distraught, confused, and desperately missed my dead analyst. I felt he could help me find the larger psychological perspective I needed with this diagnosis. He had lived with his slow-growing cancer that was diagnosed in the early 1970's. I wanted to learn more about how he thought about his illness. After all, he lived 26 years after his initial diagnosis. I was full of regret that I had not asked him more about his condition and especially his attitudes toward it. I felt very alone. My husband was helpful and sympathetic, but left any decisions up to me. I told my adult children, who freaked out at the notion that their mother had cancer; I was very disturbed at their abrupt change in attitude toward me. Sentimental or patronizing—either way, I had become an objectified entity. I told two close friends who felt sorry for me, glad it was me and not them. After that, I stopped telling anyone.

In December I consulted with another oncologist who had been on vacation in August. He brought up the remote possibility that I had genuine localized lymphoma; rare for my type, but that I should check it out. He referred me to his friend and colleague, a likeable professor type, who gave me a thorough examination at the end of the year: no bone marrow involvement, confirmation of original pathology, no signs of other cancerous nodes, and no signs of it becoming more aggressive. He spoke vaguely of various options.

Early in 1999, I gave notice that I would leave my part-time position as clinic director at our institute, a position I had held since 1986. I loved the job, but I wanted to have more time to myself, not be so busy, not so involved with the institute. Toward the end of June, as I carefully prepared to turn over my job, I realized how depressed I was. I felt stuck in grief over the loss of my analyst, I felt stuck in my physical condition, endlessly trying to make meaning of my situation, trying to find a way to move on. I was relieved to be leaving the clinic but one more loss felt unbearable. I knew what I needed to do.

I called a colleague and said I wanted to see someone to process my grieving and that I wanted someone who was kind, who had nothing to do with our institute, had no prejudices about Jungians, but mostly that he or she would be able to give me space for the work I needed to do. I had in mind that I might see someone for a few months, no more. That was all I would need.

A few days later I received a name and made a phone call. After saying I was referred by so-and-so, we scheduled an hour for the following Monday. This was early July, 1999, almost one year since the death of my former analyst.

A New Analysis

I entered the consulting room of the new analyst with intense anxiety and hope. I poured out my story about the death of my former analyst, about the lymphoma, about my disorientation. He didn't have much to say nor did he ask me very much. Only when I described the beautiful metal vase that the interns gave me as a parting gift from the clinic did I break down in tears. Later I had noticed that there was a crack in the back side. I explained to the new analyst that I felt like that vase: looks nice but has a big crack. I feared the nice analyst would think I was truly over the edge. He agreed to work with me but then told me that beginning the following week he would be on vacation for four weeks and we could begin after that in early August. I don't remember having any reaction to that announcement; instead I left feeling some relief that he was open and not put off by my chaos and fragmentation.

During the early months of the new analysis, a number of phenomena occurred; first was the air conditioning.

During the summer months, and even into the fall, it seemed that this new analyst liked his consulting room on the cool side. The air conditioning in his office would frequently turn on and off. I was acutely aware when it would do so and was extremely sensitive to the noise. When it would cycle on, it disrupted and interrupted whatever I was thinking or talking about. When I would stop and go silent, the analyst would ask what was going on. At first I acknowledged that the AC had disturbed my process. Gradually I became openly angry about the AC. I

informed the analyst that it was disturbingly loud, disruptive, and besides that, his office was uncomfortably cold. He remarked that he didn't notice the sound of the AC. While my reasonable side understood that he had become habituated to the sound, I felt he was belittling me and accusing me of oversensitivity. I became worried that he thought I was using my annoyance at the AC as resistance or as a defensive maneuver.

He began to turn the AC off the first time I would react when it cycled on. I felt caught in a bind because I didn't want "special" treatment, which I felt it to be, yet the noise was intolerable. I stared at the AC vents up on the wall. I looked at them scornfully when the AC would cycle on, would feel great relief when it would finally go off, only to be anxious about when it would come on again. I informed the analyst that he had the cycling differential set too narrow, that it was set to a one-degree differential and he should set it to a two-degree differential so it wouldn't cycle on and off so frequently. He didn't seem to know what I was talking about. I couldn't help myself, nor did I want to; I became difficult and complaining, constantly expressing my irritations.

Eventually I accused him of being sadistic. I felt that he enjoyed seeing me in discomfort, enjoyed seeing the bind I was in. When he said the noise didn't bother him, I felt he was "gas-lighting" me, that he was trying to drive me crazy. From this I concluded that he didn't like me, that he wanted to drive me crazy and out of his office, that he wanted me to quit, and that he was sorry he had taken me on.

Around the same time, I also complained about barking dogs belonging to my next-door neighbors. In reaction to that and to other material and from the few dreams I would share with him, he suggested that I needed an increase in frequency of sessions. At this time I was seeing him only on Mondays and he frequently took Monday off when it fell on a holiday. I complained about this and compared him to my former gardener who came on Mondays but would not bother to show up or come another day when a holiday fell on Monday. I called him my "lousy gardener-analyst." I accused him of liking the benefits of being an analyst but not wanting to pay the price of being an analyst. I accused him of wanting me to come to more sessions just to make more money, that he enjoyed tormenting his analysands by coming and going as he pleased in a superior way. He suggested that I imagined he had arrived at a psychological state where things didn't bother him and that he didn't need to bother with feelings of helplessness, dependence, rage, or envy. He told me that perhaps I thought such a condition really existed and that I felt weak and inferior because I hadn't achieved this state. He implied, or I inferred from these conversations (which occurred numerous times), that I was wishing and longing for a state that didn't exist. I kept insisting that it did and gave him detailed descriptions of people I thought had achieved it. He said, "Do you think they don't pay a price for not being in touch with those feelings?" I challenged him: "Well, if they are paying a price, then they are blissfully unaware of it. And that sounds good to me!" He wondered out loud if I really *wanted* to pay that price and perhaps *that* was why I was sitting in his office.

Then the new analyst began to turn off the AC when I first entered the consulting room. I was furious because I hated the feeling that I had "pushed him into it." Yet, I was grateful at his response to my distress. I said to him, "You just can't win with me—if you do something, you are a bad analyst because you have

acted out. If you don't do anything, you are cold and heartless and have no business being an analyst." To which he responded, "If my goal is to win, I certainly wouldn't be in this business."

When accusing him of sadism toward me, I could at times feel my own sadistic impulses, not toward him, but toward my own analysands. I became aware of how much I would savor telling my analysands that I was dying and that "this would be their last session." What a pleasure to hurt and torment them so. I could hardly wait to become terminally ill so I could do so. The intensity of these feelings was deeply shocking and disturbing, but there was surprising relief in feeling them.

For many months I was buffeted between defensive contempt of my new analyst and the humiliation of being in analysis again. I hated my obvious neediness and the primitive states this analysis evoked—how crazy-making the situation was. I hated his dream interpretations, hated his limitations, his forgetfulness, and his seeming indifference toward me. I hated the whole thing.

When I was refractory or pressed him with my concerns or my complaints, I felt the risk of being rebuffed, of feeling humiliated, of being thought of as pathological, and I worried in general about whatever he might be thinking. But I felt as if my life was at stake, that I had no choice, and that urgent matters were pressing in upon me.

Meanwhile, nothing was being done with regard to my lymphoma. After two excision biopsies, the remaining portion of one lymph node was growing larger, but I was doing nothing. This was not unreasonable, as a "watchful waiting" protocol was and had been one of my options. I was aware that I was in conflict about any treatment, thinking about my former analyst, who I knew had refused any radical treatment for his condition. In addition, there was an uncanny feeling of indifference with regard to my condition. However, during the early months of my new analysis I returned to my local oncologist, who became alarmed that I hadn't proceeded with some treatment, given the fact that all signs pointed to an unusual presentation of localized low-grade lymphoma. He got on the phone and spoke with the likeable professor, and together they sent me to a radiation oncologist for a consultation. That visit produced a number of options. I chose limited radiation on my neck where the lymph node continued to grow. I received daily radiation for 4 weeks in the fall of 1999.

At some point I realized how much attention I gave to my new analyst's physical and psychological health and well-being. I could sense with disturbing accuracy when he was not feeling well, something was on his mind, or he was distracted. When he had a cold, when he moved with more than his accustomed stiffness, the slight change in tone of voice when something was going on—I noticed them all. Two issues that got most attention were his back problems, which were evident from the way he sat, and his coughing. I put efforts into helping him with his back problems, having been through my own back problems. I knew what he should do and not do. I was worried he would have back surgery and told him not to. I was distressed because I felt he would not take any of my advice seriously because it came from an analysand. His coughing I ignored, but it was the greater problem. Gradually I realized that I was extremely anxious about his coughing. Was he seriously ill?

During the final months and weeks with my former analyst, he did *not* cough. He had an inhaler and once mentioned casually that he had late-onset asthma. I took his word about that as well as the explanation for the large piece of cardboard taped over the vent high on the wall. He explained his theory that dust particles coming through the vent were causing an allergic asthmatic response. Only later did I understand that he was having trouble breathing because of lung cancer, not because of allergies. When my new analyst told me he suffered from allergies, I didn't believe him, but didn't know why. I was sure it was something more serious and he wasn't telling me or taking his symptoms seriously. When I was aware of how anxious I was, I pressed him about his health. Eventually, he told me that he had been thoroughly checked out and there was no sign of anything serious. This issue led into numerous discussions over weeks about my concerns for his well being. I insisted that they were entirely selfish, that I didn't want another analyst dying on me before I said so, that everyone seemed to die on me and that I had no say-so about it. He remarked that we are all in that boat, even with ourselves and how vulnerable we are about loved ones dying suddenly or slowly and how frightening it is and that, given my history, I am very sensitive and anxious in that area.

My History

Oh, yes, my history. I was born during WWII while my father was fighting in the European and North African campaigns. He returned when I was 2½ and my older sister was 5. My younger sister was born 3 years after that. Just after I turned 6, my father contracted a strep infection that went to his kidneys, causing glomerulonephritis. He was hospitalized and 10 days later he died of a stroke secondary to the kidney infection. It was a sudden and unexpected death. No one thought he would die from his condition. The shock to my mother reverberated through the family. It was the custom in those days to protect children from the horrors of death. Children were not brought to the funeral; nor were we present at the second funeral held in another state the following week, nor were we at the graveside for the burial. I first visited my father's grave in Marblehead, Massachusetts, in 1994 on a trip to Boston, where my daughter was then attending college.

I had no subsequent father figure until my first analysis, which began when I was age 19. My second analysis, begun at age 27, ended after 4 years with the illness and death of *that* analyst. My third analysis spanned almost 24 years; and, given the length and depth of experience with him, I thought of him as the closest replacement to a father that I had experienced.

In spite of my former analyst's awareness and sensitivity, the replication of the death experience was uncanny. I kept myself as unaware of how ill my former analyst was as I had been about my own father. As if following a very old script, I kept myself outside his dying process, not contacting him, not wanting to know, as if to know were going against an ancient taboo. On the other hand, I wonder how unaware I really was. I remember when my former analyst told me about his allergies and showed me the cardboard over the heating vent in his office: I had a powerful urge to bring him my portable air purifier. I was sure it would help his breathing problems. I squelched this strong impulse, sensing it would not be well

received, perhaps even be deemed a “presumptive intrusion.” The day after my father died, I walked into my mother’s bedroom wanting to have some contact with her to understand all the emotional turmoil that I felt in the house: something terrible had happened, what was it? I needed confirmation, or something. I was met with an angry rebuff which told me to get away from her, that I was intruding upon her emotional state.

I was fortunate that my new analyst recognized and accepted my healing impulses toward him. He didn’t buy my statement when I said, “It is purely selfish on my part—I want you to be alive for my needs.” This had been said with denigration toward myself and a fear of vulnerability should I be in touch with the genuine concern it also carried. My new analyst suggested that there was human care and love in my concerns about his health and that I probably felt the same toward my dying father and toward my mother in her grief after my father died. Yes, one’s own selfish need was involved, but also an inborn capacity to love and care for another. This quality had rarely been acknowledged or mirrored to me, and I was very moved by his interpretations.

The Parked Cars

Early in my new analysis, I became annoyed by the analysands who came before and after me. There was one designated parking space available. I began to hate the man whose black car was in the parking spot for the hour before mine. I watched to see if he came out late or if he was slow to vacate the parking place. When it was 2 minutes before my session time, I would be furious if he had not vacated MY spot so that I could park. I couldn’t stand to see any other analysands around his house; I hid myself and became enraged if someone looked directly at me. I was shocked by the intensity of these “irrational” emotions.

During my former analysis, I regularly met and greeted the analysand who preceded me as well as the one who followed me. They were colleagues and friends, people I knew around the institute. All was pleasant and nice, and for years I accepted the situation, feeling well-analyzed and beyond any sibling rivalry. I was surprised that when given the opportunity, these murderous rivalries surfaced so powerfully. I would arrive to my session ready to discuss some matter I’d been thinking about all weekend only to “waste” half my session on my feelings about the man with the black car. He had gotten there first and I couldn’t stand it. But gradually I could stand it and came to accept lost and forbidden feelings about my older sister who had “gotten there first” because she had the best of my mother and father. They also carried the unfelt feelings about sibling analysands of my former analyst. And lastly, they carried rivalry and envy toward my new analyst who, by having knowledge and understanding that was now helpful to me, had “gotten there first.”

The Boiling Eggs

My new analyst would frequently interpret my complaints about him, about people who disappointed or frustrated me, as complaints about the breaks between sessions, weekend breaks, and especially breaks when he was gone on

vacation. I dismissed these interpretations because, early on, I genuinely did not feel there was anything to them. I would become angry at him for what I called his “mechanical interpretations.” One time, when he let me know he would be gone for one week, I responded that I would be glad for the extra time in my schedule. At this point I was seeing him 3 times per week. The following weekend, I developed an upset stomach, and by Monday morning (when I usually see him), there were more symptoms of general GI disturbance. The thought briefly crossed my mind that my malaise could have to do with his absence, but I brushed over the idea that he might be right and that my emotional, even physical, well-being could have anything to do with him. Later, however, I became tearful wondering how the baby or child Pamela might have felt at the seemingly arbitrary absences of my mother and father. Later still, I became tearful at the loss of my former analyst, feeling how I longed to have discussions with him that I didn’t have with him when he was alive, and now, could never have. Feelings of regret, longing, loss, and love welled up in me.

My symptoms continued throughout the week and I was aware of feeling anxious and on edge. I feared that my body symptoms were indications that my lymphoma had returned. My husband reminded me that I was currently under a lot of stress. But I felt like I couldn’t and wouldn’t survive and that my death was imminent. Malaise and lethargy came and went throughout the week.

One evening my husband put two eggs into a pot of water in order to hard boil them for tuna salad he was making. Standing in the kitchen, I heard slight but distinct high-pitched noises and wondered where the sounds were coming from. As I moved around, I discovered they were coming from the eggs in the water that was heating up. I couldn’t believe my ears! They sounded like little chirps or peeps coming from inside the eggs. I had the reasonable thought that air was escaping from the eggs as they were heating up, but this thought was overwhelmed by an avalanche of panic and feeling that there were live chickens in those eggs that were desperately chirping to be released. For a few seconds I was utterly convinced that this was the case and was in a panic about what to do. When I voiced aloud my concern that there might be live chickens in those eggs, my husband stated calmly that they were *not* fertile eggs, having purchased them himself from the market a few days before. His statement did little to dissuade me from my momentary delusion. A few minutes later, I was able to resume my evening tasks. However, I kept an eye on the eggs, and when they were cooked and cooled down, I took one in hand and tapped it against the sink to see for myself.

The image of fully mature chickens trapped in egg shells screaming for help became the metaphor to understand my distress during the week: indifferent adults, not aware or able to hear my screams for help. My new analyst, absent, preoccupied with other matters that had nothing to do with me, was reminiscent of my preoccupied mother, my absent or dead father, and my former analyst who I assumed could not hear me or, if he did, would be so annoyed with me that he would dismiss me from his practice. Fears and anxieties of breaking out of my defensive shell, being born into a new world were powerful. I had been encapsulated in my former analysis, safe, but with parts of me as yet unborn, unseen, and unheard. My anxiety and fear kept me there, and now there were anxieties and fear that I would never get out, or if I did, that I couldn’t bear it.

The following week, when my new analyst returned to work, I expressed my fears concerning his absence, my fantasies that he was ill, in the hospital, or had died, or that he would tell me he had been diagnosed with critical illness. I was able to feel my current anxiety linked to feelings surrounding my former analyst's illness and death, and as well, to my own father's illness and death.

The Idealizing Transference

An idealizing transference toward my former analyst protected and defended me against a number of difficult emotions that if I had been able to feel might have better prepared me for his death and the feeling of abrupt termination. Looking back, I recognize repeated attempts on *his part* to let me know himself as fully human, someone with flaws and limitations, in order to break down my self-protective idealization. However, I was very resistant to that process, needing instead for him to remain bigger than life and for me to be connected to my own realized self through him. I felt special to my former analyst and I basked in that perception.

My new analyst seemed flawed and limited from the beginning. I was disturbed and at times quite disoriented when he could not remember facts I had told him from one session to the next. I compared this experience to the razor-sharp precision of my former analyst, who never forgot a detail, a dream, and who was or seemed to be completely reliable. My new analyst seemed deficient when it came to dream interpretation. I did not trust him with dreams from the outset, and did not reveal much dream material out of fear of his misunderstanding or misinterpretation. My former analyst could pull profound meaning from the most paltry dream fragment. Who could top that?! Worst of all was the excruciating feeling with my new analyst that I was a forgettable analysand, not very interesting, not special, not worth remembering from one session to the next. I felt lost and unimportant in his big analytic practice.

I knew with my head that I was experiencing the gradual dismantling of my previous idealization and the concomitant need to devalue my new analyst. But in my emotional life these discrepancies were disturbing, disorienting and painful. There were times I wanted to run away in humiliation or rage, but gradually I became able to tolerate the situation. I began to feel relief that I was NOT special, that my new analyst could be helpful as well as a disappointment, and that I could feel these feelings, and even be grateful for them.

The Conflict

After I had been in my new analysis for several months, I confided to a friend, also a Jungian analyst, that I was in analysis with a non-Jungian psychoanalyst. He expressed his shocked reaction by telling me he thought it was repugnant! This friend became an outer mouthpiece for an internal animus voice expressing repugnance that I had betrayed the purity of my Jungian roots, had betrayed and been disloyal to my former analyst (this friend had briefly been in analysis with him), and had gone the way of many who have taken on the methods and ideas of so-called "personalistic psychologies."

This conflict was not new. I had been interested in and studied psychoanalytic writings since graduate school, where they had been very influential in forming my clinical perspective and approach. My former analyst and I would occasionally get into a dispute during which I would accuse him of not being able to understand certain psychological states I would encounter, particularly what I called my "black holes" of depression. I exclaimed to him, "But your experience was fundamentally different from mine; you had a positive mother and father experience, whereas I had a negative mother experience and a zero father experience!" My former analyst would respond that I gave too much weight to causal explanations; nevertheless, he continued to tolerate and even encourage my interest and explorations of other schools of psychology.

I was extremely upset and confused by an interview given by my former analyst only weeks before his death (published in the *Journal of Jungian Theory and Practice*) wherein my former analyst stated that he was discouraged and perplexed as to why so many people who had had a Jungian analysis would turn to psychoanalytic writings. The interviewer pressed on him that many found it helpful in their clinical work. But my former analyst dismissed it as if "Well, if you don't find Jung enough..." I felt guilty and that I was a failure to be one of those who "didn't find Jung enough." At times my conflict was intense and painful and felt like a conflict of loyalties between my former analyst and an urgency to discover new ways of understanding myself.

The Los Angeles Institute

Following the death of my former analyst and during the time of these events, the Los Angeles Institute went through lengthy, acrimonious "divorce proceedings" (as they were referred to by some because of attorneys involved on both sides).

In the immediate aftermath of the "divorce," the sentiment, especially among candidates, was that the institute elders could not "hold the opposites," that the split was a failure of the ability to contain internal tensions and differences. With a range of opinions in between, the sentiment at the other end of the spectrum could best be described as one of celebrating a healthy mitosis.

My internal state, already in painful confusion, was exacerbated by these events. I had been professionally active at the institute for many years, but with the death of my analyst, things gradually came to a halt. I was no longer interested in teaching or being involved with the institute; I resisted because inside myself I didn't know what the hell I thought or believed anymore. My analytic practice did not suffer as I was, for the most part, able to find my bearings during each hour. Moving on and beyond my former analyst was accompanied by grief and a worrisome sense of betrayal.

Much as I did, following the death of my former analyst, the L. A. Institute became depressed, shut down, nonproductive and uncreative. A great deal of psychic energy was taken up in dealing with tensions and factional disputes. Committee functioning got bogged down in stalemates or open conflicts. When it was announced that there was a group who wanted to leave and form their own training organization, shock, open hostility, and confusion within the general membership ensued.

From the perspective of the institute, those relatively few members felt like malignant tumors acting destructively toward the body of the institute. From the perspective of the departing members, the institute was felt to be a restrictive and inhospitable environment in which they were unable to be productive and creative in a way meaningful to them. In my imagination, they felt much like my chickens trapped in their eggs. The departing group felt that the institute resisted letting them go. Some at the institute felt they couldn't see the last of those folks quickly enough, while others grieved deeply over the loss. In the midst of this chaos, one could not know if indeed something wonderful or terrible was happening.

Now, a few years later, it seems that the separated group is content and prosperous, and the L. A. Institute has found a renewed sense of creativity and vitality. It seems an inescapable conclusion that the divorce was beneficial for everyone involved in spite of the traumatic process and resulting hurt feelings all around.

Somatic Symptoms

The timing of my lymphoma diagnosis with the death of my former analyst was remarkable. Some ways that I have pondered the coincidence include the following: my psyche knew that he was ill and dying before it was a known fact to me. My illness was in part an attempt to take on his illness and cure him and in part an attempt to live my loyalty to him so fully that I would follow him into death. My growth and development became encapsulated because it could not become conscious or integrated *at that time*. As my anxiety about being separated from him grew, genuine expressions got split off into the body. Once upon a time I felt free to "have it out with him" about some issue, get into an argument or disagreement over something he said. At those times I found him remarkably open and receptive toward my feelings and my viewpoint. In the last many months, whether I felt *he* was less open or *I* was more fearful (probably both) I did not engage parts of myself freely. These unfelt feelings, "unthought" thoughts, not just unexpressed but kept unconscious, yet needing to be conscious, needing to be born, grew in my body as "well encapsulated masses."

Whatever coincidence, causal link, or synchronicity connects my lymphoma to the death of my former analyst within weeks of each other, it brought about a necessary catastrophe, a conflict between life and death. In the midst of this process, I did not know what was happening to me—was it something terrible or something wonderful? I had no choice but to bring all my unsorted, disillusioned chaos into a new analysis. Out of this chaos and confusion, the lumpy, hard cancerous lymph nodes became eggs containing new life potential in need of being born. Daring to hear and feel the screams of desperation within myself cracked the shells and initiated a painful but creative process of a new psychological birth.

Prior to my new analysis, I knew about the primitive and infantile parts of my psyche, but I had not experienced them in the way I needed in order to grow and develop a fuller sense of wholeness. I could not access that development without a facilitating analytic container. I needed to enter into my black holes of depression, back to the desperation and despair of my early childhood to re-live, repair, and reconnect. I needed to follow the autonomous spirit, the very core nature of the Self that will push aside loyalties or ideologies, if necessary, in order to find renewal.

The End

It has been over seven years since my former analyst died. I have achieved a new sense of grounding and integration within myself. So far, there has been no recurrence of lymphoma.

The many years of my former analysis were an experience of the big picture about me, my inner world, the outer world, and of me in those worlds. I draw on that experience every day for both my clinical practice and the practice of living my life.

My new analysis brought a microscopic view and experience of my psyche, with attention to the smallest details of my emotional life. I learned to connect the day-by-day and minute-by-minute flow of my psychic process. I learned to feel, experience, tolerate, and to think about my unbearable emotional states; and I learned to grow and develop from the most primitive, embarrassing, and obscure parts of myself.

For some time, I used the analogy that my former analysis was an experience of *general relativity theory*, and my new analysis an experience in *quantum mechanics*. At first they felt incompatible and that the two could not exist in the same universe of my psyche; but then, gradually they did and now they do.