

Potency as a Female Therapist*

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Summary

A female therapist tends to be seen in a more polarized and split fashion than a male because of primitive feelings which we all carry within two sub-systems of our Child, named "Infant" and "Baby." The Infant carries the assumption of a perfect "Good Mother" and the Baby carries the assumption of a "Bad Mother." When a female therapist disappoints a patient's exaggerated projection of her as an all-nurturing Good Mother she is feared or attacked. A female therapist's own internalized, polarized image of the good and bad mother makes her particularly vulnerable to loss of potency under attack. However, when she understands the source of such attacks and her own vulnerability, she has an even better chance than a male of being effective and helping patients and trainees emancipate themselves from primitive fantasies in order to become more involved with their own aptitudes for growth. Exaggerated artificial nurturing techniques can be harmful palliatives to the pain of growing. Female therapists need not get overburdened by distorted projections about "Mother." The author prefers creative playfulness.

"Castrating bitch!" With the modern emphasis on female liberation, men no longer feel free to fling this epithet at a woman who displeases them. I am delighted that society no longer expects me to justify myself or humbly retreat when I am being assertive. In the past, even when it was clear that such accusations were levied from the vengeful Child ego-state of someone who was trying to displace blame for his inner problems, still, often it was

difficult to ignore such accusations without feeling demeaned or silenced brutally.

As I reminisce over my career of twenty-five years as a female therapist, I can now recognize how frequently my potency was constricted by the fear of chauvinistic attacks. This particularly before I knew about the differences in ego states, so I did not differentiate between the Child and Parent of others, nor did I know how to protect my own Child from accusations that had the parental power of social sanction behind them.

I now hear cries of "castrating bitch," or the more contemporary equivalents thereof, as useful diagnostic indicators. They occur most frequently when I am being recognized reluctantly as an effective therapist or teacher who seeks to offer realistic help rather than succor as an unreal, all giving "good mother" of fantasy-land.

The purpose of the present article is to discuss the kinds of underlying fantasies, feelings and fears in the Child of patients and therapists which specifically affect treatment or training conducted by a *female* therapist.

Melanie Klein has shown that initially the infant does not feel differentiated from his mother. He can satisfy himself with dreams of sucking when he is away from the breast, and have omnipotent fantasies of total control. With improved perception at about six months there comes a rude awakening from such fantasies. The baby recognizes that mother frequently frustrates him by withholding her breasts or by making him comply with her wishes. There emerges a sense of total impotence which contrasts with his previous feelings of omnipotence. The baby therefore experi-

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ences polarized reactions about the "good" Mother-Goddess who anticipates and meets his every wish and the "bad" Mother-Witch who frustrates and hurts him capriciously. (Even when they hurt from teething or bellyache, to babies this still seems caused by the Mother-Witch.)

Klein considers that it is evidence of pathology for a grown-up to maintain a split image of the Good-Bad mother with corresponding feelings of personal omnipotence and impotence. Well, Klein did not know about ego states.

In my article "What Shall I Do Tomorrow" (in Barnes' *TA After Eric Berne*, 1977) I have shown that the Child ego state is structured with at least seven sub-systems (infant, baby, exploring toddler, walky talky, contro, exister, scripter) rather than with P_1 , A_1 and C_1 . The first two sub-systems, ("Infant" and "Baby") operate with primitive, "gut-level" feeling and thinking. Any one of our seven sub-systems is likely to be activated at any moment in the "now" according to circumstances, and each sub-system contains its own set of "survival conclusions" which affect the manner in which an individual is likely to view others or transact with them at a given moment of time.

When a patient transacts with a female therapist, his "Infant" and "Baby" sub-systems are more likely to be activated than when he is dealing with a male therapist because primitive experiences have tended to be with females rather than with males. So the patient comes with a particular secret hope and a particular secret fear. With his "Infant" system he hopes she will turn out to be totally warm, all-nurturing, all-giving and subject to his omnipotent control, as was the "perfect" Mother of his infantile fantasies. But in his "Baby" sub-system, based on the post-six month old stage, there lies the fear that she will be "Bad"—frustrating and arbitrarily controlling. Will she "make him" impotent from frustrated despair, or provoke him into compensatory murderous rage to offset the despair?

Of course for some people the "perfect Goddess" fantasy is stronger, and for others it's the "monstrous Witch," de-

pending on the particular caretaking they experienced during the first year of their lives. But what is important is for us to realize that even though these feelings are not accessible to memory, all of us carry the polarized view of the mother, and therefore there are comparably polarized assumptions about female therapists.

Issues of power and control, of victory versus defeat, of winning versus losing will play themselves out differently in relation to female therapists than to male therapists. With male therapists competitive power struggles, even fantasies of dependency or submission will be more overt and accessible to Adult examination, since relationships to fathers are developed at later stages than when forming the "Infant" or "Baby" sub-systems.

The polarized, somatically felt fantasies about the Good-Bad mother are more hidden from the Adult because they are more primitive. However they are aroused with a female therapist and appear through extreme alternations between yearning or admiration about her on the one hand, and rage and depreciation of her on the other.

In Western mythology and fairy tales the polarized images of the "good" saintly mother or the beautiful virginal loving princess, versus the monstrous, hateful hag or stepmother or dangerous witch get presented as separate characters with distinct roles. Thus, it is presumably easy to distinguish between the "good" mother and the evil one. By contrast Hindu mythology is more accurate psychologically. A popular statue of the Goddess Kali portrays half of her as beautiful and tenderly nursing an infant on one side while the other half of her is monstrous and devouring.

I believe that female therapists are seen like Kali, and it is important for us to realize it. More so than a male, a female therapist is likely to suddenly be seen as "witchy" when she confronts unrealistic expectations about her "kindness." Since her own child also carries polarized attitudes about the Good-Bad Mother, probably also with aspirations about proving that she is Good (unlike her own Bad mother), she is likely

to be particularly vulnerable to accusations about being "mean" or "unfeeling" or "harmful." This occurs even when her Adult recognizes the projections. If she becomes scared or defensive about such accusations, her therapeutic potency will be reduced. On the other hand if she allows herself to experience the patient's projections without becoming overwhelmed by them she enhances her potential for effectiveness beyond that of a male therapist.

A potent female therapist is in a particularly good position to *validate* a client's heroic trip through life, as does an enthusiastic mother who cheers her child onwards at each stage of development. Women can do much more than nurture. When they give birth, they catapult their infants from out of the dark enclosures of their wombs into the excitement of life on earth.

In my opinion the process of being born and moving towards autonomous existence is a venture that can be watched, supported and promoted sympathetically. It cannot be achieved through artificial, regressive "nurture" anymore than one can compensate for the pain of teething by placing a baby in an incubator. Encouragement to suckling, literally or symbolically, often constitutes a major disservice to the very patients who most clamor for it. It makes them more vulnerable to becoming devoured by their own resurgent dangerous fantasies or by the very pseudo-goddess who infantilizes them and does not acknowledge their strength as growing persons.

Yes, many patients sink into dire despair when they realize that many of their unfulfilled dependent longings will never be met, even by what looked like a sympathetic female therapist. I acknowledge such phases and do not try to offer cheap consolation or artificial "nurture." I allow for the

experience and communicate, first non-verbally and then also with words that I, also, have experienced frustration, rage and utter hopelessness about the limits to my human powers. Then, beyond that, we can play.

The feat of giving birth brings with it more than the opportunity to nurture. There is also the expectation that the baby will enjoy play, that after enjoying the funny sounds and looks of the rattle he she becomes a part of the play of the universe.

In the Tantric Hindu tradition, the female goddess is seen as "offering a key to a creative life in the act of living it." She is shown as being played with and playing at the same time. I like this image of combined creative potency and playfulness. After my patients or trainees liberate themselves from their fantasies about me I take pleasure in experiencing their spontaneous expressiveness. There is maternal gratification—yes, maternal—in seeing a patient or trainee "come of age" by taking on the full power of his or her own competence, devoid of polarized projections and of the assumption that I am more or less than who I am.

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