

Womb envy and Western society:
On the devaluation of nurturing in psychotherapy and society

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Abstract

Our purposes in part I of the essay are: 1) to suggest that womb envy has been a significant element in the formation of our culture (in the context of the traditions of Judaism, Roman Catholicism, and Islam), and 2) to make more evident the presence and the significance of the devaluation of nurturing in our society, in part by linking this devaluation of nurturing to its history in the phenomenon of womb envy. In part II, we look at how the devaluation of nurturing is manifested in the practice of psychodynamic therapy. The devaluation of nurturance is thus viewed in a context where the writers have intimate knowledge and experience. We find that a downplaying of the significance of nurturing in our society results in a general lack of empathy and sensitivity, and a deemphasis on relational competence, as well as an overall devaluing of women. An emphasis on profit and production moves relational concerns into the background. In the context of psychotherapy, we suggest, our society's emphasis on hierarchy and authority interferes with nurturing as a therapeutic factor. We also discuss various attempts that writers have made to support the role of nurturing in psychotherapy.

Keywords: womb envy, Western society, devaluing nurturing, social contexts and nurturing.

Introduction

We would like to begin with a poem by Emily Dickinson

Tell all the Truth but tell it slant—

Success in Circuit lies

Too bright for our infirm Delight

The Truth's superb surprise

As Lightning to the Children eased

With explanation kind

The Truth must dazzle gradually

Or every man be blind—

In order to tell the truth, Emily Dickinson had 'to tell it slant.' She was, after all, a free-spirited woman living in a Puritanical 19th century New England community.

Telling it slant is also familiar to depth psychology. This psychology, too, has to dazzle gradually. Deep psychological truth does not come directly, but emerges in bits and pieces, through gradual processing, emotional and intellectual. After over a hundred years, for example, psychoanalysis is still struggling to tell the truth about the existence of the unconscious (Brenner, 1974). In many ways, it continues to struggle trying to receive a welcome ear.

Writing about our culture's devaluation of nurturing, we also face a communication dilemma. For the tendency to devalue nurturing is so familiar to us in our world that some people may not notice it at all, let alone appreciate its significance. We attempt to address this problem by linking this attitude towards nurturing with aspects of its history in the phenomenon of womb envy, where the social dynamics of the devaluation of nurturing were both far more overt and more clearly destructive than they are today. As mentioned below, this use of history is also intended to link the devaluation of nurturing to a far off context in order to remove it from what is familiar so that it can be seen in a new light.

First, we provide background on the topic of womb envy. Then we examine it in the context of Jewish, Roman Catholic, and Islamic tradition. After that, we discuss womb envy as an example of a general devaluation of nurturing in contemporary society. In the latter part of the essay we attempt to bring the subject closer to home (for us therapists and others) by examining the issue of the devaluing of nurturing in the specific context of psychotherapy today, psychotherapy being—it would seem—a kind of nurturing. For our training as therapists, our identities as therapists, our roles as therapists, and our clients' lives all are a part of this same culture we are

examining. Part II is based in part on the provocative question, what does it mean to be a therapist in a culture that tends to devalue nurturing? We suggest that psychotherapy forms an alliance with the devaluation of nurturing even as it runs counter to it. (We will focus in particular on psychodynamic therapy, since it has an important and evocative relationship with the issue of psychological nurturing.)

When we say that our culture “tends to” devalue nurturing, we wish to suggest that we are describing variable tendencies, and not absolutes. There is a significant part of the society that does appreciate nurturing. In fact, one might say there is an ambivalence in our culture about the value of nurturing. On the one hand, mothers, young children, and the family are deeply valued, not only by their loved ones, but by the culture. On the other hand, however, this appreciation is in part a rhetorical one which exists side by side with the lack of power, prestige, and income linked with activities of nurturing in a society that tends to emphasize not nurturing but the production and consumption of material goods. (The nurturing part of the culture helps to ease the stress and pain created by the realities of capitalism.)

It is difficult to see womb envy clearly because we are part of the culture that devalues nurturing (Miller, 2003). We cannot wholly stand outside this tendency to devalue nurturing. The concepts, tools, and experiences that we use to understand the devaluing of nurturing have been shaped by the culture that tends to devalue nurturing. Therefore, we must 'tell it slant' both because our culture has difficulty hearing us, and because we ourselves have difficulty seeing clearly a phenomenon of which we are a part. Finally, as psychoanalysis has shown, it is rather useless trying to convey a deep psychic reality by means of making intellectual statements. With regard to womb envy, perhaps the best one can do is to try to elicit an interest in examining the phenomenon.

To approach the devaluing of nurturing, therefore, we will use a device that addresses the topic indirectly. This device is history. By presenting familiar events in a far off context, history helps us to see these events in a new way (as in the 'alienation technique' of Brechtian theater). We will look at womb envy in the context of some of its ideological origins; specifically, in the context of the three inter-related religions which form part of the base of our culture, Judaism, Roman Catholicism, and Islam. Finally, we would like to note that we are examining certain historical trends; many people have experiences and interpretations of these religions which are very different from what might be suggested by the historical descriptions presented here.

Part I

Introduction to Womb Envy

Various prominent writers have highlighted the importance of studying womb envy, or the male envy of the female reproductive capacity. These include Bruno Bettelheim, Eric Fromm, Ralph Greenson, Karen Horney, Edith Jacobson, Melanie Klein, Margaret Meade and John Ross (Bettelheim, 1954, 1962; Fromm, 1943; Greenson, 1968; Horney, 1926; Jacobson, 1950; Klein, 1975; Meade, 1949; Ross, 1975, 1977). Horney (1926) stirred up interest in the discussion of womb envy in the 1920's. This was part of her incisive critique of male bias in psychoanalysis. Edith Jacobson (1950) called a good deal of attention to the phenomenon in a once well-known 1950's essay. Melanie Klein (1975) also addressed this issue. She suggested that the male infant's envy of the soothing breast later translates into an envy of his mother's childbearing capacity.

Yet the phenomenon of womb envy appears to remain mostly unconscious. It is not a topic easily digested by our culture. The idea that men envy the ability to bear children is hard to grasp in a culture that on the whole devalues nurturing, in a culture which, despite efforts to the contrary, tends to defend against the appreciation of nurturing (Chodorow, 1978; Jaffe, 1968).

Evidence for the existence of womb envy comes from many contexts. Ross (1975, 1977, p. 334) supports the idea based on his observation of young males as they discover that they will not be able to have babies like their mothers. Young male children hold their mothers in awe. Their mothers are the powerful and soothing centers of the universe. Their mothers give them strength and joy. Wanting to be like mother, male children at a young age will often nurse toy babies. They talk about wanting to have babies. When they come to realize that they cannot have a baby, Ross believes, they face the problematic reality that they are, "Destined to be short-changed" (1977, p. 334).

Observations of womb envy have emerged from many sources. Analysts have become convinced of the fundamental importance of womb envy after seeing it emerge over and over again in their analysis of adult males (Bettelheim, 1954). Anthropological studies show many cultural practices designed to compensate men in fantasy because they cannot bear children in reality. *The Island of Menstruating Men*, for example, explores a tribal ritual in which males cut their penises every month as a symbol of fertility (Hogbin, 1970). Bettelheim's (1954, pp. 33-37) studies of children institutionalized for psychological reasons provide stark examples of womb

envy. Further, Kittay (1995) states that in her discussions of the phenomenon in classes she teaches invariably males will say that they have experienced womb envy.

The prodigious attention that writers have given to the concept of womb envy is ignored by the mainstream psychological literature (Daly, 1978). It is as if the writings had never been written. This neglect is not a conscious one. Rather, it is a deeply rooted cultural resistance, an unconscious resistance. Taking seriously the concept of womb envy upsets basic assumptions of our culture. It questions the hierarchy, challenging the devaluing of childbirth and nurturing. It calls attention to how our society devalues unique strengths of the female gender, the gender this culture quietly seeks to represent as inferior. Clearly, we have a blind spot.

There is a widespread defense against the idea that womb envy exists. Kittay (1983, 1984) applied to womb envy Melanie Klein's interpretation of the defenses against envy. Our discussion will highlight four defenses against womb envy discussed by Kittay (1995, pp. 143-148): 1) The appropriation defense occurs when a man internalizes the desired object (procreative abilities) such that it becomes his possession. This is evidenced in rituals such as the re-birth of Baptism in which birth is appropriated into a male-dominated viewpoint (Cuttay, 1962). 2) The devaluation of the object defense involves the devaluation of childbirth or particular aspects of the female physiology. This is suggested by a religious view that menstruating women are unclean (Ranke-Heinemann, 1990). 3) An attempt to draw envy towards men while stirring it up in women is a defense evidenced in the exclusion of women from the important rite of circumcision in Judaism (Baile, 1984). 4) Finally, the stifling of feelings of love concurrent with an intensifying of hate defense is manifested by men's declared hatred of or indifference toward infants, nursing mothers, or pregnant women (El Saadawi, 1982).

The Historical Emergence of Womb Envy

We believe that the religious traditions of Islam, Roman Catholicism, and Judaism contain a sad and tragic subtext that tends to go unnoticed. Research suggests that these traditions harbor a deep male envy of a woman's ability to bear children. The religions appear to express this envy in their basic beliefs and practices (Daly 1973). This envy, it seems, is part of a tendency to devalue nurturing that characterizes our culture.

Eisler (1987), Stone (1976) and others believed that prehistory was dominated by Goddess worshipping societies in which the childbearing ability of women was held in great esteem. According to these authors, it was believed that all things flowed

from the female deity's divine womb. The authors thought that a deep awe of childbearing was fundamental to Goddess worship in these societies.

Contemporary archeologists have challenged the myth of a generally matriarchal, Goddess worshipping prehistoric world. The evidence available to us regarding gender relations and prehistory is somewhat sketchy and ambiguous (Eller, 2000). Hodder (2004) and his team suggest that female figurines and other evidence of the reverence of feminine deities suggest the symbolic importance of women in the Neolithic society, but not purely matriarchy. This reverence of goddesses may likely have stemmed from women's capacity to give birth (Daly, 1973).

Leacock (1975) purports that female inferiority is not a universal condition. Earlier hunter-gatherer or foraging societies described a generally equal relationship between men and women. In such societies women procure about 80% of the sustenance. The person who procures something for the society also distributes it and therefore it was largely women in these societies who determined band society movements including camp locations.

The religions discussed in this paper, however, are clearly patriarchal. They advocate for a male God who created human beings. This God created the world to serve males, who are created in his image. In Genesis, the first book of the Bible, woman is born from the body of man. One interpretation of this story is that the fall from Eden represents the demise of hunter-gatherer life (Zeran, 2004). Daly (1973, 1978) suggests that Eve coming from Adam's rib, in a strange reversal, portrays women's role in childbirth as unimportant. As will be seen further on, men seem to appropriate the important role in procreation for themselves. The male role is exalted, while the female one is denigrated or denied. In exaggerated fashion, the religious traditions under study symbolically reverse the reality of procreation. This reversal, moreover, is often accompanied by defensiveness and contempt with regard to women's role in childbirth. For example, the defiling of menstruating women (discussed later) not only reverses what may have been a divine status of female fertility, but often has an intensely derogatory connotation which suggests defensiveness and contempt. There is a strong sense of male grandiosity, grandiosity being often characteristic of defenses. The religious traditions studied thus appear to echo the womb envy overtly portrayed in the rituals of so-called primitive cultures (Bettelheim, 1954; Hogbin, 1970; Mead, 1949).

It has long been proposed that the religions under study have tended to facilitate the domination and control of women (Daly, 1978). While explicitly focused, perhaps, on this domination and control, implicitly these traditions appear also to act

as defenses against the male envy of women's ability to bear children. Men seem to have envied the fact that the "inferior" sex, placed on earth to serve them, has the exclusive ability to bring forth life (Stevens, 2005). The religions in question encouraged men to have a grandiose self-image. This grandiose self-image appears to have been threatened by women's ability to procreate. The grandiose image both generates anxiety for men and is used in the attempt to fend off anxiety.

Western religions cultivated male control over women's reproductive abilities in order to maintain the male line of descent (Eisler, 1987; Stevens, 2005). The intense focus on maintaining the male bloodline may suggest an appropriation defense against womb envy.

We will now briefly describe apparent defenses against womb envy as represented in the three individual religions studied. In Judaism, the Torah lays down as law the male line of descent (Baile, 1984). The torah's law establishes extensive male control over female sexuality (Plaskow, 1990). Women are placed under the control of their fathers until they are married, and then under the control of their husbands.

Through the symbolism of circumcision, Jewish tradition associates the health of the penis with the basic covenant with God (Plaskow, 1990). The covenant is a pact of males who have been circumcised (a procedure that protects the penis from infection). The fact that this basic ritual of faith of necessity excludes women has been interpreted by some as an (unconscious) attempt on the part of men to stir up envy in others while drawing envy toward themselves (Plaskow, 1990).

Ancient Jewish traditions held that childbirth resulted from a man planting his seed in a woman. The Rabbinical and Biblical literature frequently refer to this belief. While Rabbinical and Biblical literature give the prominent role in childbirth to men, however, this literature, strangely, is preoccupied with discussing the exclusively female processes of reproduction, menstruation, and childbirth (Wegner, 1991).

The penis is linked in a pact with God because the male seed creates the child; the womb is described in the scriptures as merely the property of the male God, who appropriates the woman's role in childbirth. In the scriptures, God controls female fertility by working "in the womb to form human life" (Carmody, 1987, p. 188). The imagery that describes this process is striking. In the story of Abraham's betrayal of Sarah (Gen. 20:1-18), God first closes and later opens the wombs of the house of Abimelech. In Sam. 1:1-20, God, who had mysteriously closed Hannah's womb, reopens it and gives her a child. Tribble (1978) summarized Biblical passages with respect to the womb: "God conceives in the womb, God brings forth from the

womb, God receives out of the womb; and God carries from the womb to gray hairs" (p. 38).

Ancient Judaism appears to have devalued childbearing as well as the related process of menstruation (Baile, 1984). Since Biblical times, new mothers, as well as menstruants, have been viewed as a source of defilement (Lev. 2:19). Even today, in Orthodox circles, Jewish law defines new mothers and menstruating women as *niddah*—those who are ostracized (Baile, 1984). Moreover, the impurity of the new mother lasts longer if the baby is a girl. The ostracizing of new mothers and menstruating women suggests the devaluation of the object defense. It paves the way for the appropriation of childbearing by men.

In ancient Roman Catholic symbolism, the male-centered ritual of re-birth through baptism powerfully displaces the birth by the mother. While birth involves coming into the tainted natural world, the superior re-birth of baptism means coming into the family of God the Father. A male-oriented ritual performed only by bishops, priests, and deacons, baptism holds the key to eternal life. The imagery of baptism, according to Ruether (1983), "...combines male womb envy with womb negation" (p. 144). The re-birth of baptism by male priests overcomes the carnal gestation and birth of human mothers who, according to doctrine, have passed on sin and death to their offspring. Catholic symbolism portrays the newly baptized child as emerging from the spiritual womb purified. The child is then said to be, "Fed on milk from the breasts of Christ" (Ruether, 1988, p. 246).

Roman Catholicism, like Judaism, appears to place great emphasis on male control over the childbearing process. This is stressed through the vehemence attached to the restrictions on abortion and birth control (Farrell, 1991). Intense hostility has at times been directed at women who would attempt to control their own procreative powers. Catholic women have been taught that the worst of sins is to deflect the male seed from its intended course in her womb (Ruether, 1983). This has often been treated as more sinful than rape, since rape does not interfere with the high purposes of the seed. There has often been a severe insistence against a Catholic woman being a decision-maker concerning the destiny of her body. To procreate and submit to the will of God has been seen as the Catholic woman's basic religious duty. The Roman Catholic attitude towards procreation suggests the appropriation defense against womb envy, as well as the stifling of feelings of love combined with the intensifying of hate.

Ancient Islamic tradition, like that of Judaism and Roman Catholicism, seems to depend on the male domination and control over women and defenses against womb envy, such as the appropriation defense. Again, the baby is created by the male God in the woman's womb. The child is said to be conceived based on male sperm alone. Women are seen as receptacles for the males' creative act (El Saadawi, 1980; Engineer, 1992). They are containers for the male sperm.

Islamic tradition, too, represents new mothers and menstruates as unclean. They are restricted from performing cultic duties, praying, and reading the Koran (Hjarpe, 1983, p. 16). According to the Koran (n.d.), new mothers and menstruates are, "A pollution. Separate yourselves therefore from women and approach them not, until they be cleansed" (Sura: 223).

In Islamic tradition, a girl's first menstruation signals a key step in the beginnings of male control over her body, which can act as an appropriation defense. The adolescent girl's freedom of movement is usually completely curtailed when she begins to menstruate (El Saadawi, 1980). Most conservative Muslim families consider the menstruating girl a threat to family honor. She must preserve her virginity at all costs. Her family's honor, it has been said, hinges on her sexual purity. Young women who do not preserve their virginity, according to El Saadawi (1980), are likely to be punished with physical or moral death.

The Contemporary Devaluation of Nurturing

As psychoanalysis teaches us, human beings have an awesome power to forget. We have forgotten that an historical tendency to devalue nurturing became part of the foundation for today's social hierarchies. Our solid defenses numb us to this forgetfulness.

Womb envy, part of an historical devaluing of nurturing, appears to have helped establish a male-dominated, authoritarian society which tends to devalue nurturing (Eisler, 1987). In recent decades, a good deal of feminist psychoanalytic scholarship (e.g., Dinnerstein (1976), Benjamin (1988), and Chodorow (1978), to name a few writers drawn on here) has critiqued this devaluation of nurturing. It has been noted that in the development of our society the values associated with masculinity, such as achievement in the workplace and self-reliance, have been honored, while those associated with femininity, such as nurturing and emotional connection, have been relatively devalued. We live in a society where, as Chodorow (1989) states, "Social and psychological oppression... is perpetuated in the structure of personality" (p. 65). Unlike women, men "do not define themselves in relationship and have come to

suppress relational capacities and repress relational needs. This prepares them to participate in the affect-denying world of alienated work..." (Chodorow, 1978, p. 207)." The patriarchal gender values constructed long ago by men, partially in revulsion against women, are now represented as if they are simply natural characteristics of men and women.

Patriarchal culture depends not only on narrowing women's options for how they can work, get paid, support themselves, and behave. It also depends on policing the world of truth and correctness. It depends on absolute right and wrong, good and bad. It is obsessed with ranking and hierarchy. Behaviors, even human beings, are ranked as admirable or despicable. Just as little boys push away emotional connectedness in adopting their cultural identities, authoritarian culture pushes tender emotions to the side. Especially in males, but in females too, a certain numbness develops. A cold and lonely isolation, it often seems, comes to be experienced as normal. In such a culture, people at times can be deeply compassionate, but apart from certain limited situations (e.g., upon hearing of natural disasters) they may just forget this part of themselves. They (especially men) often tend to forget the existence of their deep and tender feelings, fearing that they might be seen as weak and vulnerable. Strict social and political limitations have been placed on how empathy is supposed to be employed. Layton (2009) writes, "In the current era, empathy seems to have been dominantly re-defined as something we accord only to people who are most like us..."(p.10). The devaluation of nurturing is related to our society's valorizing of profit, production, and competitiveness, and not stressing, for example, the traditionally feminine concern with relationships and the relational.

We are part of this culture that devalues nurturing. Its hierarchies have been carved into the depths of our being. As Benjamin (1988, pp. 7-8) suggests, even when we are committed to equality the structure of our underlying social and psychological world may continue to perpetuate domination. To discover evidence for the devaluing of nurturing, therefore, we might inquire into ourselves. We therapists may find it by inquiring into our therapeutic practice, where patriarchy and authoritarianism, we will suggest, continue implicitly to interfere with the act of nurturance.

Part II

Psychotherapy and Nurturing

Even today, it appears, psychotherapy, which can be considered a practice of nurturing, frequently has its effectiveness dampened through an unconscious

reliance on patriarchal, authoritarian discourse, a discourse that devalues nurturing. Psychotherapy both supports and opposes hierarchical authority.

Psychoanalysis until recent decades represented itself as a "science," where science was experienced as a male-dominated discourse alleged to reveal "the absolute truth." It has been said that Freud's (1959) development of psychoanalysis reflected the authoritarian culture of his time (Brenner, 1974; Stevens, 2005). Not only was psychoanalysis a "scientific" discourse, but it was based on a male model of human development. Psychoanalysis was a rational, authoritative, intellectual discourse in which nurturing was not understood to play a role. Moreover, the framework of analysis, where the patient merely free associates, while the analyst interprets the truth, is a fundamentally hierarchical framework. The analyst relies on theory; the patient merely on her emotions.

Miller and Stiver (1997) support the idea that the relationship between therapist and client remains a hierarchical one: "We are proposing that cultures built on dominant-subordinate relationships...have created a non-mutual model that permeates all relationships. We all have developed within this framework and it tends to determine the nature of even our most intimate relationships (p.50)." What is more, a hierarchical relationship can continue because it is in the (typically unconscious) interest of those with power to avoid calling attention to its existence. Once power is made explicit, only then can it be seen as objectionable (Miller, 2003).

In his book *Therapeutic Communication*, Wachtel (1993, pp. 70-73) has suggested that analysts often unintentionally present interpretations to patients in ways that come across as subtly dominating, condescending, or accusatory. These forms of communication, which would likely be rejected by analysts when made conscious, are often unconsciously passed on from training analysts to analytic candidates, and then finally to patients (or "clients"). Wachtel demonstrates how subtleties in the wording of therapist interpretations frequently result in their being received by clients as demeaning.

Empathy, it often seems, may characterize the general presentation of a therapist's speech, providing a nurturing presence, while subtle intonations, connotations, or word choices in the background suggest underlying attitudes of dismissal, superiority, or skepticism which interfere with the therapist's ability to in fact empathize. Indeed, authoritarian dynamics in therapy may often be observable exclusively in the counter-transference, or in manifestations of the client's unconscious. Power dynamics, tending to resist visibility, often can be discovered only through the investigation of nuance, if they can be discovered at all (by the participating

parties). It may be that a client can vaguely discern a dismissal only through his feeling sense of a sudden lack of resonance on the therapist's part whenever the client makes certain kinds of statements. Such a dynamic can be highly coercive since it can produce its effects without being noticed. Therapists at times silently rely on theory to legitimize their combating or dismissing a client's behavior that upsets them. Many works in non-psychological fields have shown that subtle power dynamics, naturalized and hidden within language, can infiltrate our consciousness on a constant basis without being noticed (Barthes, 1972, 1974; Foucault, 1990).

Therapists can note the frequency of authoritative dynamics in psychotherapy through close listening to the subtle signs of power in one's own language, as well as in one's colleagues' statements about cases. In speaking amongst each other, we therapists at times make statements about clients with surprisingly insensitive or demeaning implications, perhaps based on the rationale that we are "getting off our chest" reactions to client behaviors we find highly annoying. Unless these reactions are analyzed, however, "getting them off our chest" only perpetuates them, as well as what may be their deep intellectual and emotional concomitants. It seems likely that even after decades of theoretical awareness about the dynamics of hierarchy in therapy, subtle hierarchical dynamics continue to take place there. Winnicott (1971, pp. 38-52), for example, called attention to them forty years ago.

There are, of course, other reasons why therapists at times continue to rely on hierarchical, authoritative discourse in therapy. To begin with, the therapist's authority may be necessary to engender respect for the therapist's knowledge, expertise, and character. This authority helps the client to suspend his critical faculties (for periods of time) in order to be receptive towards the therapy. The therapist's status as expert, combined with the client's position of vulnerability (being the one whose intimate problems are addressed, who lacks the expertise, etc....) creates a sense of hierarchy which seems unavoidable. For some therapists authority is a way of guarding against nurturing and the feelings associated with it because they can be seen as a threat to the legitimacy of authority. Then too both the positive transference and the transference of early parental figures onto the therapist make hierarchical dynamics seem impossible to avoid. Finally, most clients seem to want or even need the therapist to function in an authoritative way, though they likely have little awareness of what an alternative might be, or how one might go about implementing it.

The dynamics of patriarchy and authority in therapy can create obstacles in the way of empathy, in the way of nurturing, and thus in the way of effective therapy. A therapist's leaning in the direction of the authoritative runs the risk of obstructing the

empathic connection necessary for healing to occur. An authoritative framework can make a client continually feel—consciously or unconsciously—like he is at any moment about to be judged. This can increase the client's anxiety and reliance on defenses, making the process of therapy less likely to be effective. An authoritative, hierarchical framework for therapy can also, whether explicitly or implicitly, coerce the client into merely accepting the therapist's views. This may reduce the therapist's ability to empathize with the client's experience, as well as discourage the client from arriving at conclusions in the way that she needs them. An authoritative orientation can reduce the therapist's receptivity because authority depends on the adherence to certain established ideas. A hierarchical therapy tends to involve a therapist who, again explicitly or implicitly, takes charge and "knows the answers." This can discourage creativity and initiative on the part of the client, stifling an emerging, unfolding process of growth before it has a chance to even take root. Just as the role of the priest (enacting womb envy) may have usurped the procreative power of women, the role of the authoritative therapist, who believes that he has the answers, can usurp the (pro)creative power of the client. Winnicott (1971), believing creativity central to the process of therapy, was concerned about a therapist's knowing interpretations—that they would steal the client's creativity, which he needs for psychological growth (p. 57).

Psychotherapy, however, not only relies on authoritative, patriarchal discourse, but has provided us with ways to counter this discourse. In creating psychoanalysis, Freud brought about a profession based less on the application of authoritative methods than on the analyst's empathic immersion in the psychological world of the patient. The creation of psychoanalysis was rooted not only in Freud's desire to find a cure for hysteria, but in his unusual capacity for empathy. Paradoxically, while Freud's wish to give psychoanalysis the supposed certainty of science lent an authoritarian aura to the practice, its scientific basis contributed to the procedure of making lengthy, non-judgmental explorations of the patient's own self-directed thought processes, a deep practice of empathy based on respect for the thoughts of the patient. One can see both this deep empathy (traditionally a feminine discourse) and this stern 'objective' authority (traditionally a masculine discourse) in Freud's (1912) striking comment that "[the analyst] must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient (p.115)." It was also scientific objectivity which led Freud to insist on avoiding influencing patients. This encouraged practitioners to treat psychoanalysis as a non-intrusive method which did not make suggestions, but only presented "the truth." Thus the patient, not the analyst—that is, the authority-- to a large degree determined the direction and the content of the sessions. Despite the fact that Freud played the role of authority, there was a strong mutual and collaborative aspect to psychoanalysis from the start.

Although his influence was somewhat limited due to his personal and professional split with Freud, Sandor Ferenczi early in the history of psychoanalysis developed views which departed from authoritarian, patriarchal aspects of the practice. Ferenczi placed much emphasis in analysis on relationships--both the role of relationships in the development of emotional problems (for example, in the causation of trauma) and the role of the relationship between the analyst and the patient (Aron & Harris, 1993; Ferenczi, 1932). Ferenczi believed that analysts need a more nurturing relationship with patients--less detached and authoritarian, more caring and collaborative. Although Freud believed that the relationship between the analyst and the patient during the positive transference plays a key role in the success of the treatment, Freud saw psychoanalysis as a practice based on the pursuit of truth, not the development of a relationship. Since Freud, psychoanalysis has increasingly focused on relationships and the relational, which has resulted in 1) a tendency to see analysis as involving perspectives developed by the analyst and the patient, and not simply the analyst's views, and 2) new viewpoints on the causes of, the nature of, and the means of treating patients' emotional disturbances. This has involved a greater appreciation of the role of nurturing in psychological growth, both the mother's nurturing of her child, and the therapist's nurturing of her client.

Ferenczi was the analyst of Balint, and Balint took further some of Ferenczi's concerns. For example, patients said to be seeking in the analytic relationship "to gratify primitive sexual and aggressive wishes" (wishes more linked with inner "drives" than with object relationships) Balint (1952) described as seeking love that they had been deprived of early on ("primary love"). Balint was one of the British object relations theorists, analysts who saw humans as fundamentally seeking to connect with "objects," not to reduce tension or gratify drives as Freud had thought. This view broke from one of Freud's most basic premises. While psychoanalysis from the beginning was somewhat relational, since after all it was rooted in a form of empathy for the feelings of a person in need, its relational foundation became more prominent, explicit, and pervasive in the work of the British object relations theorists.

A leading one of these theorists, W.R.D. Fairbairn, did much to address the needs and concerns of women, which earlier theorists had tended to neglect. Like the other object relations theorists, Fairbairn based his work on Melanie Klein's perspective that infants from the start are fundamentally interactive beings. Radically departing from Freud's views, Fairbairn (1952) emphasized that human motivation is based not on the seeking of pleasure, but on the traditionally feminine concern of connection with others. While Freud thought the analytic cure resulted from the patient's insight, Fairbairn (1994, p.79) thought that it came from the

patient's new capacity for object relations. This new capacity, Fairbairn believed, is brought about in the context of the analyst's relationship with the patient.

Fairbairn (1952, pp. 34-42) conceived of the developmental process in a way that countered the male bias in the tendencies of existing developmental schemes. He proposed that development moves from "infantile dependence" to "mature dependence." Fairbairn saw infantile dependence as an oral, incorporative, taking (rather than giving) state wherein the subject does not differentiate the caregiver from herself. Mature dependence Fairbairn considered a more cooperative, give and take state in which the caregiver is differentiated from the one cared for. The distinction between infantile dependence and mature dependence creates an alternative to the idea that the goal of development is autonomy or independence. Fairbairn thus questioned the widespread male-oriented assumption that independence is a possible (and desirable) goal of human development. This assumption is deeply rooted both in psychological theory and in the human psyche. Fairbairn's challenge of this assumption contributed to the feminist view that the assumption helps to cover up male dependence on the relational world.

In the early decades of the 20th century, anticipating later developments, Karen Horney wrote an incisive critique of penis envy, responding to Freud's conception of female development. Addressing Freud's conception, Horney (1923) asserted that "the conclusion so far drawn from the investigations—amounting as it does to an assertion that one half of the human race is discontented with the sex assigned to it and can overcome this discontent only in favorable circumstances—is decidedly unsatisfying, not only to feminine narcissism but also to biological science (p.38)." Horney's view of penis envy revealed the male bias in Freud's developmental theory and showed how this theory functioned to legitimize male domination.

In recent decades, a number of psychoanalytic feminists have found object relations theory useful for rethinking the psychosocial development of gender. Object relations theory helped to shift theorists' concerns to the periods of development earlier than the Oedipus complex, changing the focus from the father's relationship to the child to the mother's. The relationship between the child and his objects now became a central concern. Theory came to stress the basic importance of the mother's nurturance and attachment to the child, hugely neglected in Freud's generally non-relational developmental framework. In this way there came to be studies of the role of the environment in child development (a significant focus of the object relations theorist D. W. Winnicott). Following the example of such earlier thinkers as Horney (1923) and Clara Thompson (1953), and relying on object relations theory, psychoanalytic feminists explored the roles of

culture and society in the construction of gender differences. Both Chodorow (1978) and Dinnerstein (1976) believed that since in our culture the young boy lacks the direct and concrete identification with a same sexed parent that the young girl has with her mother, the boy develops less of a sense of connection to others (the opposite of the girl's relational focus). Jessica Benjamin (1988) considered the psychosocial dynamics of male domination. She critiqued the psychic structure of "doer" and "done-to" that underlies domination, taking into account "how domination is anchored in the hearts of the dominated (p. 5)." Questioning how and to what extent autonomy can be a desirable character trait, psychoanalytic feminists also stressed the need (for both sexes) for such traditionally feminine traits as empathy, compassion, and emotional connection. The works of these feminists have influenced authoritarian and patriarchal trends both in terms of the directions of research and in terms of the values and models that therapists bring to psychotherapy.

Considering another source of relational psychoanalytic studies, Greenberg and Mitchell (1983) used the word "relational" to refer to an underlying framework shared by British object relations theory, self-psychology, and interpersonal psychoanalysis (an American school of psychoanalysis stressing interpersonal interaction). This framework has come to be called "relational psychoanalysis." Mitchell has been considered one of its most eloquent proponents. In one sense, the word "relational" simply suggests an emphasis on relationships. In relational psychoanalysis, as in Fairbairn's theory, change occurs not through the development of insight, but through changes in relationships. This can include any relationship in the patient's life, but especially, at least initially, his relationship with the analyst. Thus there is an emphasis on working with "real" relationships, along with the patient's relationship with internal (or imagined) objects. Working with the real, present day relationships of the patient, her relationship with the analyst, as well as with the patient's intrapsychic relationships, the analyst may consider the patient in many contexts.

Relational psychoanalysis depends on a critique of Freud's (1927) belief that an analyst can be neutral and objective, and thus serve as a "blank slate" onto which the patient projects his unconscious fantasies. Relational psychoanalysts have pointed out that when the analyst remains detached and tries to reveal nothing, this itself is a way of presenting himself, which may, for example, make him come across as uncaring, if not inhuman. There is no way for the analyst to be objective. Moreover, by putting aside the objective, detached posture, the analyst becomes both 1) more inclined to become (usefully) caught up in the patient's projective identifications (a complex process in which the patient's projections are experienced by the analyst in ways that can reveal the patient's unconscious

thought), and, 2) more able to help foster an experience for the patient that redoes (or "corrects") the effects of bad parenting. By discarding the belief that she can be "objective," the analyst becomes more responsible for how she chooses to act with the patient and for the effects of those actions. The analyst thus comes to see her role not as one who discovers the truth, but rather as one who constructs a perspective. There is a reduction in her authority. Analyst and patient come to interact on more equal terms.

Due to the challenge of authority in recent psychoanalytic theory, Irwin Hoffman (2003), a relational theorist, believes that the analyst's authority today can only be seen as an ironic authority (emphasis ours). This is in part because the analyst faces in analysis the challenge of "personal participation in the interaction in a spirit of mutuality, the kind of participation that exposes the analyst's fallibility, vulnerability, and even exploitativeness (p. 4)." As therapists we become highly trained at seeming empathic, when in reality of necessity our flaws and unseemly reactions are a substantial part of the therapy. The ever gentle, empathic stance of the therapist is always, to a degree, a reaction formation. As with the client, it may be that for the therapist as well some of the most important thoughts occur not in direct response to the therapy (at the manifest level), but in the latent content of the therapist's thoughts, which can only be unraveled gradually and indirectly.

Psychotherapy has a long and increasing history of cultivating the practice of nurturing. Yet psychotherapy, we believe, remains based on a contradiction: it both supports and opposes authoritative, patriarchal discourse. Its clinical methods, which stress empathy, often seem to come into contradiction with its social dynamics, which can stress the authoritative. Empathy is contrary to authority since while empathy is based on receptivity towards the other's perspective, authority seeks, however subtly, however implicitly, however indirectly, to coerce or persuade the other into accepting one's own.

No matter how one responds to the question of authority in psychotherapy--and this will depend on individual clients and circumstances--it is not possible, given our complicity with authority, to simply be "for" or "against" it. One cannot maintain what Hoffman (2003) refers to as "the neatness of the dichotomy (p.4)" (between nurturing and authority). Perhaps at times one can manage a synthesis which includes important elements of the two. One might attempt to retain from authority in some way the importance of the therapist's expertise, while seeking to do away with the therapist's mystique and any encouragement of a client's attitude of compliance. One might cultivate a gradual process of moving in a collaborative direction, rigorously upholding the premise that knowledge and expertise do not

imply the superiority of “knowing better.” This may include explicitly teaching clients ways of interpreting their own unconscious. Mitchell (1997) believes that one might transform the traditional concept of authority by denying that the therapist has access to “the truth” about the patient, and helping her instead to become “the author of her own story (p.8).” Clearly, one needs patience and creativity to respond to the issue of patriarchy and authority in therapy. One needs to admit that we do not have the answers--though we badly need them.

It is a task of psychotherapy, therefore, to continue to conduct, bit by bit, an inquiry into the subtle dynamics of authority and patriarchy in our deep clinical worlds. We need to make explicit the social dynamics of this allegedly private space. In recent years, many writers have discussed the necessity of collaboration for psychotherapy. We need to learn more, however, about the subtle forces that block such collaboration. For these hierarchical dynamics are part of a long history, which is mainly unconscious--the history of the societies that tend to devalue nurturing. We would like, finally, to invoke a metaphor to portray a scenario in psychotherapy, a scenario which reminds us of the story of Penelope's loom, to borrow Mitchell's (1988) borrowed metaphor (ch.10), where the shroud so arduously woven all day long (through the work of nurturing) is promptly unwoven at night (through the dynamics of authority).

Conclusion

We hope that our examination of womb envy has raised some questions about the nature of power in our society and where its authority has come from. We hope, firstly, to have shown that womb envy played a significant role in the historical traditions of Judaism, Roman Catholicism, and Islam. We also hope to have shown that the defenses against womb envy, for example, the appropriation defense, can lead to insensitivity or even contempt towards women, and a consequent disdain for nurturing. We have tried to suggest that womb envy, through a systematic rejection and devaluation of the feminine, has helped to bring about a world in which such values as nurturing, compassion, relationship and connection tend not to be highly valued in the social world (e.g., in the world of work). We have examined how a devaluation of nurturing, being part of our society as a whole, occurs even in psychotherapy, where nurturing is fundamental. Finally, we have looked at how writers have managed to bolster the role of nurturing in therapy, despite its constraint by the socially prevailing tendencies of hierarchy, authority, and patriarchy.

References

- Aron, L., Harris, A. (1993). (Ed.) *The legacy of Sandor Ferenczi*. Hillsdale, N.J.: The Analytic Press.
- Baile, R. (1984). *Women and Jewish law*. New York: Schocken Books.
- Balint, M. (1952). *Primary love and psychoanalytic technique*. London: The Hogarth Press Ltd. and the Institute of Psychoanalysis.
- Barthes, R. (1972). *Mythologies* (R. Howard, Trans.). New York: Hill and Wang.
- Barthes, R. (1974). *S/Z* (R. Howard, Trans.). New York: Hill and Wang.
- Benjamin, J. (1988). *The bonds of love*. New York: Pantheon Books.
- Bettelheim, B. (1954). *Symbolic wounds: puberty rites and the envious male*. New York: The Free Press.
- Bettelheim, B. (1962). *Symbolic wounds: puberty rites and the envious male*. New York: Collier Books.
- Brenner, C. (1974). *An elementary textbook of psychoanalysis*. New York: Double Day.
- Carmody, D. (1987). Judaism. In A. Sharma (Ed.), *Women in world religions* (pp. 183-206). Albany, NY: State University of New York Press.
- Chodorow, N. (1978). *The reproduction of mothering*. Berkeley and Los Angeles: University of California Press.
- Chodorow, N. (1989). *Feminism and psychoanalytic theory*. United Kingdom: Polity Press.
- Christhilf, S. (1981). Adverse sequel of male circumcision. In *Fifth world congress of sexology* (pp. 83-198). Jerusalem: Excerpta Medica.
- Cuttay, F. (1962). *Baptism: Divine birth*. Stanton Island, NY: Society of St. Paul.
- Daly, M. (1973). *Beyond God the father*. Boston, MA: Beacon Press.
- Daly, M. (1978). *Gyn/ecology: The meta ethics of radical feminism*. Boston, MA: Beacon.
- Dinnerstein, D. (1976). *The mermaid and the minotaur: sexual arrangements and human malaise*. New York: Harper and Row.

Eller, Cynthia (2000). *The myth of matriarchal prehistory*. Boston, MA: Beacon Press.

Eisler, R. (1987). *The chalice and the blade*. New York: Harper Collins.

El Saadawi, N. (1980). *The hidden face of eve: Women in the Arab world*. London, UK: Zed Books LTD.

El Saadawi, N. (1982). Woman and Islam. In A. Al-Hibri (Ed.), *Women and Islam* (pp. 193-206). Oxford, UK: Pergamon Press.

Engineer, A. (1992). *The rights of women in Islam*. New York: St. Martin's Press.

Fairbairn, W. R. D. (1952). *Psychoanalytic studies of the personality*. London, UK: Tavistock Publications Limited.

Fairbairn, W.R.D. (1994). On the nature and aims of psychoanalytical treatment. In Scharff, D.E. and Birtles, E.F. (Eds.) *From instinct to self: selected papers of W.R.D. Fairbairn* (Vol. 1).

Farrell, S. (1991). It's our church, too! Women's position in the Catholic Church today. In J. Lober and S. Farrell (Eds.), *The social construction of gender* (pp. 338-354). London, UK: Sage Publications.

Ferenczi, S. (1932). *The clinical diary of Sandor Ferenczi*, ed. J. Dupont (trans. M. Balint and N.Z. Jackson). Cambridge, M.A.: Harvard University Press 1988.

Foucault, M. (1990). *The history of sexuality* (Vol. 1)(R. Hurley, Trans.). New York: Knopf Publishing Group.

Freud, S. (1927). Some psychological consequences of the anatomical distinction between the sexes (J. Strachey, Trans.). *International Journal of Psychoanalysis*, 8(2).

Freud, S. (1959). On the sexual theories of children (Vol. 9) (D. Bryan Trans.). In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (pp. 205-235). London, UK: Hogarth Press.

Freud, S. (1912). Recommendations to physicians practicing psychoanalysis. *SE*, 12, 115.

Fromm, E. (1943). Sex and character. *Psychiatry*, 6, 21-31.

Greenberg, J. & Mitchell, S. (1983). *Object relations in psychoanalytic theory*. Cambridge, MA: Harvard University Press.

Greenson, R. (1968). Dis-identifying from mother: Its special importance for the boy. *International Journal of Psychoanalysis*, 49, 370-374.

Hjarpe, J. (1983). The attitude of Islamic fundamentalism towards the question of women in Islam. In B. Utas (Ed.), *Women in Islamic Societies* (pp. 12-25). New York: Humanities Press.

Hodder, I. (2004). Women and men at Catalhoyuk. *Scientific American*, 67-73.

Hoffman, I. Z. (2003). Sixteen principles of dialectical constructivism. *Dallas Society for Psychoanalytic Psychology*. Retrieved from <http://www.dspp.com/papers/hoffman2.htm>

Hogbin, I. (1970). *The island of menstruating men*. Scranton, PA: Chandler Publishing Company.

Horney, K. (1923). On the genesis of the castration complex in women. In K. Horney, *Feminine Psychology* (pp. 39-53). New York: Norton.

Horney, K. (1926). The flight from womanhood: The masculinity complex in women as viewed by men and women. *International Journal of Psychoanalysis*, 7, 324-339.

Jacobson, E. (1950). Development of the wish for a child in boys. *Psychoanalytic Study of the Child*, 5, 139-152.

Jaffe, D. (1968). The masculine envy of women's procreative function. *Journal of the American Psychoanalytic Association*, 16, 521-548.

Kittay, E. (1983). Womb envy as an explanatory concept. In J. Trebilcot (Ed.), *Mothering: Essays in feminist theory* (pp. 94-128). Totowa, NJ: Littlefield Adams.

Kittay, E. (1984). Rereading Freud on femininity or why not womb envy. *Women's Studies International Forum*, 7, 385-391.

Kittay, E. (1995). Mastering envy: From Freud's narcissistic wounds to Bettelheim's symbolic wounds to a vision of healing. *Psychoanalytic Review*, 1, 125-158.

Klein, M. (1975). Envy and gratitude. In M. Klein (Ed.), *Envy and gratitude & other works 1946-1963* (pp.176-235). New York: Delacorte.

Koran (n.d.). *Everyman's library* (J.M. Rodwell, Trans.). London, UK.

- Layton, L. (2009). Who's responsible? Our mutual implication in each other's suffering. *Psychoanalytic Dialogues*, 19, 1-15.
- Leacock, E. (1981). *Myths of male dominance: Collected articles on women cross-culturally*. New York: Monthly Review Press.
- Mead, M. (1949). *Male & female*. New York: William Morrow.
- Miller, J., & Stiver, I. (1997). *The healing connection: How women form relationships in therapy and in life*. Boston, MA: Beacon Press.
- Miller, J. (2003). *Telling the truth about power*. Wellesley, MA: The Stone Center/Wellesley Centers for Women at Wellesley College.
- Mitchell, S. (1988). *Relational concepts in psychoanalysis: An Integration*. Boston, MA: Harvard University Press.
- Mitchell, S. (1997). The analyst's knowledge and authority. In *Influence and autonomy in psychoanalysis*, Dallas Society for Psychoanalytic Psychology, Dallas, TX. Retrieved from <http://dspp.com/papers/mitchell4.htm>
- New English Bible* (n.d.) London: Oxford University Press and Cambridge University Press.
- Plaskow, J. (1990). *Standing again at Sinai*. San Francisco, CA: Harper Collins Publishers.
- Ranke-Heinemann, U. (1990). *Eunuchs for the kingdom of heaven: Women, sexuality and the Catholic Church*. New York: Doubleday.
- Ross, J. (1975). Paternal identity: A critical review of the literature on nurturance and generativity in boys and men. *Journal of the American Psychoanalytic Association*, 23, 783-818.
- Ross, J. (1977). Towards fatherhood: The epigenesis of paternal identity during a boy's first decade. *International Review of Psychoanalysis*, 4, 327-347.
- Ruether, R. R. (1983). *Sexism and God-talk*. Boston, MA: Beacon Press.
- Ruether, R. R. (1988). *Women church*. New York: Harper & Row.
- Stone, M. (1976). *When God was a woman*. New York: Harcourt Brace Jovanovich.
- Stevens, J. (2005). Pregnancy envy and the politics of compensatory masculinities. In K. Dolan & A. M. Tripp (Eds.), *Politics & gender* (pp. 265-296). Boston, MA: CUP.

Thompson, C.W. (1953). Towards a psychology of women. *Pastoral Psychology*, 4, 29-38.

Trible, P. (1978). *God and the rhetoric of sexuality*. Philadelphia, PA: Fortress.

Wachtel, P. (1993). *Therapeutic communication*. New York: Guilford Press.

Wegner, J. (1991). The image and status of women in classical rabbinic Judaism. In J. Baskin (Ed.), *Jewish women: Historical perspective* (pp. 68-93). Detroit, MI: Wayne State University.

Winnicott, D. W. (1971). *Playing and reality*. London, UK: Tavistock Publications.

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