CRITICAL DIALOGUE

WRITING ABOUT PATIENTS: RESPONSIBILITIES, RISKS, AND RAMIFICATIONS. By *Judy Leopold Kantrowitz.* New York: Other Press, 2006, 335 pp., $26.00.

Judy Kantrowitz is a noted clinician and an important, productive voice for clinical analytic research. We are fortunate to have in our midst analysts with such rich research backgrounds. Earlier works from her pen include an investigation of the patient-analyst "match" (1986) and a book-length study of "the patient's impact on the analyst" (1996). Her current book is a major inquiry into how analysts who write about their clinical work decide whether to simply disguise their patients' identity or, in addition, to ask for their permission to write about them. Kantrowitz focuses on the analyst's awareness of the intrinsic struggle between his own interest in writing and the interests of the patient and of the analysis. This attention to a variety of conflicts and dilemmas for writers makes the book useful to a wide audience. While only a minority of analysts write about their patients for publication, all analysts communicate at some time about their patients and face similar struggles about confidentiality when they write or speak about their work in seminars, supervision, and case reports during training, and later on in study groups, private consultations, or wider presentations.

Kantrowitz questioned three groups of analysts (N = 141) by phone or e-mail whose training and theoretical orientations were assumed to be characterized by the orientations of the journals in which they published: a more traditional North American journal *(JAPA);* international journals, including the *International Journal of Psychoanalysis (IJP);* and a more relational journal, *Psychoanalytic Dialogues*. The analysts' clinical material had been published during a five-year period (1995–2000). Another group, who published in *JAPA* and *IJP* during an earlier period (1977–1981), were interviewed to study possible changes over time. The analysts were asked a large number of questions about their attitudes and practices in regard to writing about

their patients, such as their motivations for writing, ideas about preserving confidentiality, ideas about patient reactions, and their awareness of their own internal struggles. The study also explored through interviews the reactions of patients—analysts and nonanalysts—who read what their analysts had written about them, the ideas of ethicists on the subject, and various methods of disguise. As I read this book, I was reminded of a conductor bringing together multiple layers of music and sections of an orchestra to form a complex and powerful whole. Kantrowitz combines the literature on patient privacy with data drawn from the interviews and brings the whole issue to life with vivid excerpts from the interviews and her own reactions and thoughts on the subject. The openness of the analysts she interviewed is striking. Whether this openness reflects their usual way of describing their work or resulted from sharing difficult material with a respected and trusted colleague is not clear. I have found that a safe environment can help potential clinical writers to be less constrained in their writing.

From her own writing experience and the clinical interviews, Kantrowitz ultimately concludes that there is no one approach to protecting privacy. When making such crucial decisions, "analysts need to argue with themselves against their own point of view" and not avoid "the deeper reflection and considerations of complex motivations that might mitigate the use of their preferred stance" (pp. 182–183). They need to ask themselves continually about the effect on patients of asking permission to write, as against having them discover they have been written about. Analysts need to have an ongoing awareness of both horns of the dilemma and engage in an active internal struggle. For Kantrowitz, anything less than full engagement with these issues is complacency and comfort in an innately uncomfortable predicament. We must evaluate the individual patient's capacities to appreciate the value for our profession of such clinical writing, and " to express and explore negative feelings and reactions in relation to the analyst, and to not be too prone to reactions of shame" (p. 287).

Kantrowitz asks her readers to participate in this struggle as she extensively and evenhandedly explores a variety of opposing views. By the end, we have experienced this process with her. She pulls the reader into the struggles of the analysts interviewed, a journey of diverging viewpoints. We identify with each clinician's view until we read the convincing view of the next clinician. These vignettes are surrounded by comprehensive commentaries on the analysts' responses and occa-

sionally on their defensive reactions. Significantly, Kantrowitz openly examines her own thoughts and struggles while writing this book about confidential discussions with analysts who themselves have written about their own confidential discussions with their patients.

Most analysts interviewed said that they wrote about a specific patient to illustrate an idea, although some felt they wrote to work out some countertransference reaction. Kantrowitz found that *JAPA* analysts are about evenly divided between using disguise only and asking for permission in addition, while the international analysts lean slightly toward using disguise alone. In these groups, as compared with the group of analysts who had published at an earlier time, there is a trend toward analysts varying "their approach depending upon the patient and/or the analytic situation" and toward asking for permission (p. 62). Analysts who use disguise only often do so because they are concerned about the impact on the analysis of asking for permission. When disguise alone is used, the patient's identifying data are changed without changing the dynamics. But there is some feeling that disguise without permission is a preconscious or unconscious burden on the analyst, who knows he is hiding something or deceiving the patient and that he may be discovered, especially in the age of the internet. Likewise, analysts who ask permission may be concerned that if they don't ask, the patient may discover their writing and feel betrayed.

Most of the relational analysts, who see themselves as co-creators with their patients of the analytic process, routinely request consent, believing that the request promotes a collaborative atmosphere. Some introduce their writings into the analysis in order to confront certain patients with their responses or to disrupt an impasse. Because of their theory, the relational analysts seem to avoid the dilemma about disguise alone or disguise with consent. In this regard, Kantrowitz presents both a rationale for this approach and a very useful, brief summary of relational theory, especially in regard to ideas on self-revelation.

When analysts ask for permission, they do it at different times in the analysis. Kantrowitz acknowledges that ultimately there is no best time to do this. She believes that a request to publish can be made only on an individual basis, and in relation to the specific patient and analyst, and that all such requests have limitations. At the beginning of the analysis, the patient cannot anticipate what painful or shameful things will arise and so may come to regret the permission; during the analysis, the patient is in the grip of the transference; and after the analysis,

the request may reawaken feelings that may not be able to be fully worked through. Kantrowitz feels that "some relational clinicians tended to minimize their sense of conflict about asking permission and its ramifications in a way that was similar to some of the ways more traditionally trained analysts minimized their struggles about using disguise alone" (pp. 104–105).

Kantrowitz discusses the analysts' perceptions of their patients' reactions when they were asked for consent and then read about themselves, and also when they have come across such writing without having been asked, together with the literature on this subject. Both the *JAPA* and the international groups see a wide range of reactions; however, Kantrowitz feels that some of these may be related to the analyst's hesitation to delve more deeply into the patient's response instead of accepting the manifest content. Some reactions can be reworked in the analysis, but others are much more difficult to deal with. In some situations "a sensitive and respectful dealing with patients who have stumbled upon their material can salvage an unfortunate situation . . . " (pp. 152–153). Kantrowitz listens for each analyst's ability to look at the divergent options and not defend against the ambiguity of his choices (p. 167).

Kantrowitz shows the reactions of another group of patients—analysts and nonanalysts—who discovered that their analyst had written about them. Their responses varied from negative, to mixed, to positive reactions, and these were not always what might have been expected. The author finds that the general state of the analysis, as well as various other disruptive behaviors by the analyst, influenced the patient's reaction more than whether or not permission had been asked (p. 229).

Finally, Kantrowitz deals with a variety of issues that arise when analysts use themselves in disguise in order to provide clinical examples. She also describes the thinking of a group of ethicists about confidentiality, and ends with a thoughtful summary of what she has learned about why analysts write and the possible effects of their decisions on our literature and its readers.

There has been some concern that if consent is requested, and the patient is allowed to read and possibly veto or edit parts he finds objectionable, sensitive subjects such as erotic or aggressive aspects in the countertransference will not be written about, and this will significantly shape our literature (p. 141). This raises questions about how we can evaluate our clinical data, and I believe the issue needs further study.

While all clinical writing requires the analyst to select material that will illuminate the points to be made, there is a natural tendency to constrain one's self-revelations in order to avoid distressing areas and a tendency also, as we learn from these interviews, to write only what the patient can tolerate seeing and will approve of, or what will not be injurious if discovered. Professional journals are asking their authors to consider these issues. For example, the *International Journal of Psychoanalysis* has expanded its Notes for Contributors to include an extensive discussion of issues of patient confidentiality. This seems to have evolved out of a paper by its editor, Glen Gabbard, on disguise and consent (2000), which also served as a stimulus for Kantrowitz's book. That journal has also recommended for some years a valuable (though not mandatory) procedure for describing clinical data: "The most useful and compelling clinical data are likely to require an author to give some information drawn from the to-and-fro context of actual sessions and to distinguish and give information at various levels; e.g. what the patient said and did; what the analyst felt; how the analyst understood what the patient said and did in the context of what the analyst felt; what the analyst said or did; how the analyst understood what he or she said and did, what the patient said or did, how it was understood etc." This kind of procedure encourages a level of openness that I believe will enrich our clinical literature.

Kantrowitz raises an interesting point when she describes clinical writing as useful in helping to discharge affective tensions for the analyst, and vicariously for the reader, that arise during the analytic process and are "left over from analytic engagements" (p. 291). I agree with her and also believe that it is precisely such tensions which, when associated with shame or guilt-producing unconscious fantasies, can constrain clinical writers.

This is an important and compelling book. The author uses exquisite sensitivity as she writes about the data from the interviews, illustrating in her writing a self-awareness and decision-making struggle similar to that she advocates for the analyst who writes about a patient. She concludes that "the most troublesome finding in this study was that some analysts, who were strongly committed to positions of either only disguising their patients or always asking their consent, turned away from evaluating the situation for the specific patient, and avoided struggling with conflicting ideas and feelings in favor of an uncontested belief" (p. 295). This book should have wide

application, both for individual analysts and in the training seminars of analytic institutes.

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WRITING ABOUT PATIENTS: RESPONSIBILITIES, RISKS, AND RAMIFICATIONS. By *Judy Leopold Kantrowitz*. New York: Other Press, 2006, 335 pp., $26.00.

Whatever one's views may be on the intrinsic relations between clinical practice and the manifold other uses of psychoanalysis that are conventionally deemed to be "applied," there can be no doubt that an analyst's decision to write about the treatment of a patient has an irrevocable effect. What hitherto had been a fundamentally private relationship between two people (and one that depends on oral communication) is now brought before the public in the form of a written text. By taking this step, the analyst exposes his narrative of the dialogic encounter to the inspection of all manner of readers—sometimes including his own patients.

Judy Leopold Kantrowitz's *Writing about Patients* is the culmination of an extremely impressive research project. Inspired by Glen Gabbard's seminal article, "Disguise or Consent?" (2000), Kantrowitz had the excellent idea of systematically surveying the attitudes of analysts toward the vexed questions of principle and practicality faced by anyone who wishes to do clinical writing. Her database comprised 141 analysts who had published clinical material in the *Journal of the American Psychoanalytic Association (JAPA),* the *International Journal of Psychoanalysis,* analytic journals in Canada, Argentina, and

Brazil, and *Psychoanalytic Dialogues*. Authors in *JAPA* were interviewed who had published either between 1977 and 1981 or between 1995 and 2000, as were international analysts who had published between 1977 and 1981 or between 1995 and 2001, thereby enabling Kantrowitz to monitor the shifts in attitudes over two decades in these two samples, while authors in *Dialogues,* a journal of relational perspectives founded in 1990, were interviewed who had published between 1995 and 2003.

Kantrowitz's book is clearly organized and comprehensive in scope. After the first section, "Analysts' Attitudes and Practices," she turns next to "Analysts' Perceptions of the Effects on Patients" and "Patients' Accounts of the Effects of Reading about Themselves." She concludes with "Other Considerations in Clinical Writing"—to wit, ethics and the use of disguised autobiographical material by analysts themselves. A groundbreaking work, *Writing about Patients* is destined to become an indispensable point of reference for laborers in this fertile vineyard.

In her acknowledgments, Kantrowitz describes her role as that of "an investigative reporter, not passionately committed to a particular point of view" (p. ix), the adoption of which she attributes to an unconscious identification with her recently deceased son, a journalist. This posture of inquisitive neutrality closely resembles the analytic attitude, and it enables Kantrowitz to present the broadest possible spectrum of experiences and opinions about the matters at hand, often in the form of direct quotations from her anonymous informants.

Perhaps inevitably, however, Kantrowitz's book also has the limitations of its considerable virtues. One of these is that its reportorial style leads her to favor breadth over depth. Although all the relevant books and articles have been cited, making Kantrowitz's reference list a valuable resource, there might have been more in the way of critical engagement with specific texts. Even the papers by analysts such as Stoller (1988), Lipton (1991), Goldberg (1997), Furlong (1998), and Aron (2000), as well as Gabbard, would have repaid a closer reading than they are given here, but it is especially regrettable that she has relegated to a "very abbreviated literature review" (p. 194) the encounter between Philip Roth and Hans J. Kleinschmidt, this being the most famous example in the annals of psychoanalysis of a patient who discovered that his analyst had published an account of his treatment without his permission, and later wrote about this experience of betrayal from his own perspective. Kantrowitz's six-page summary does not

adequately convey what this paradigmatic confrontation between literature and psychoanalysis is all about.

Kantrowitz likewise treats too cursorily the use made by analysts of disguised autobiographical material in their writings. Freud's "Screen Memories" and Anna Freud's "Beating Fantasies and Daydreams" are covered in one paragraph each, and Helene Deutsch's "On the Pathological Lie" in two paragraphs, while "The Two Analyses of Mr. Z" by Heinz Kohut is contrasted with "the model set by Freud" on the grounds that Kohut "imagined and described clinical interactions between patient and analyst," even though Kantrowitz concedes that Freud "also presented a fictional dialogue" (p. 262). According to Kantrowitz, Kohut's is "an unacceptable use of disguise" (p. 264) because he seeks "to illustrate a treatment process" rather than "to relate the function of a phenomenon" (p. 262), but this attempt to exonerate Freud and convict Kohut for deceiving their readers in precisely equal measure rests on a distinction that seems tenuous at best.

Unquestionably the thorniest problem faced by Kantrowitz concerns the ethics of writing about patients. The current mainstream position—espoused by Goldberg, Aron, Gabbard, and Furlong, though questioned by Lipton and radically challenged by Stoller, and reaffirmed by Kantrowitz herself—is that analysts should be free to decide whether to ask their patients' consent before using their clinical material in a suitably disguised form, or whether disguise alone constitutes an adequate safeguard of their patients' welfare. The uncomfortable irony of this situation is that whereas psychoanalysts have traditionally prided themselves on their respect for the dignity and worth of the individual, by making the obtaining of informed consent optional rather than mandatory, analysts are arguably showing *less* respect for patients and their rights than is the norm for all other health care professionals and scientific researchers.

Kantrowitz's position that disguise without consent is an acceptable alternative to seeking informed consent from patients for the use of clinical material relies on two propositions. The first is that, when it comes to analysis, "truly informed consent can never be given since it is always granted under the sway of the transference, even when treatment is over" (p. 34). The second is that "ethical guidelines" are "an inadequate basis for making clinical decisions" about publication because "ethical principles are based on assumptions that there is a 'right' and a 'wrong' way that apply to all situations," and "such

assumptions are suitable in legal situations but they are insufficiently complex for clinical ones" (p. 273).

Concerning the alleged power of the transference to interfere with the capacity of adult patients to grant informed consent to the use of their clinical material, why is it that so few analysts are perturbed by this problem when they are being paid for their professional services? It seems incongruous to claim that patients are too infantilized to decide whether they wish their intimate revelations to grace the writings of their analysts but at the same time mature enough to sign the checks that help furnish these same analysts their livelihoods.

Kantrowitz believes that asking informed consent of patients before writing about them should be optional because not doing so may sometimes be in their best interest. But even if that were granted, ought not analysts who may harbor an intention of writing about their patients during or after the treatment at least be expected to disclose their position on this matter at the time the treatment contract is negotiated? Of course, it might arouse distrust in the mind of a prospective patient if an analyst were to announce, "I think I have the right to write about you, but I don't believe I am obliged to tell you if I decide to do so or show you what I have written about you before I give it as a paper or publish it." Because this is obviously not something that anyone would say, the analyst who does not accept the universal right of patients to informed consent is virtually certain to bypass the topic altogether at the outset of the treatment. The need for this extra layer of concealment raises further doubts about the protestation that not asking patients for their consent is motivated by a concern for their welfare, since it permits the analyst to do as he pleases with the patient's material while keeping the reins of power firmly in his own hands.

As far as ethics are concerned, in the case of gross boundary violations surely Kantrowitz would acknowledge that there are "a 'right' and a 'wrong' way that apply to all situations," and that "ethical guidelines," far from being "an inadequate basis for making clinical decisions," are their indispensable prerequisite. Notwithstanding the current divisions in the analytic community about informed consent, the day is foreseeable when the disregard of this principle will also be considered a breach of professional ethics—although, as with touch, there may still be legitimate differences of opinion about what is permissible to the honorable clinician. By referring to "ethicists and analysts" (p. 288) as though they inhabited two separate domains of

expertise, Kantrowitz defines informed consent as a purely technical matter. She thereby overlooks the extent to which the practice of analysis—dedicated as it is to helping people sort out for themselves what it means to lead a good life—is by its very nature an ethical undertaking.

To acknowledge that analysts have an ethical imperative to disclose to their patients what their position is on the question of informed consent, and to seek permission before using their patients' material even in disguised form, by no means exempts analysts from the obligation to exercise scrupulous tact and sound judgment in making these requests. As Kantrowitz shows through a multitude of examples, the issues that come to the fore in any given dyad around an analyst's desire to write about a patient will inevitably reenact the dynamics of the entire relationship, and there are certainly dangers of collusion and mutual seduction that lie in wait for the analyst who seeks to make the patient into a collaborator in the writing process. Because clinical writing inhabits a "potential space" between the sanctity of the consulting room and the scrutiny of the outside world, it is inherently a *liminal* phenomenon where tensions and ambiguities are sure to arise.

In interrogating the choices made by analysts who show what they have written to patients, Kantrowitz cautions that often "the darker sides of the analyst's conscious and unconscious motives are given little consideration" (p. 181). But Kantrowitz herself pays scant attention to the "darker sides" of the motives of those who regard informed consent as expendable. She states that such "analysts would never, of course, wish that patients discover they have been written about when their permission has not been asked" (p. 157), and "they want neither to hurt their patient nor to give up writing" (p. 138). The possibility that an analyst might unconsciously wish to hurt a patient or have a patient discover what the analyst had written without asking permission—as Kleinschmidt (1967) evidently did when he left the issue of *American Imago* containing his article "The Angry Act" in his waiting room, where it was found by Roth—does not seem to have crossed Kantrowitz's mind.

Kantrowitz is worried that "if the only published accounts are ones that patients read and consent to, the literature will be skewed in a way that distorts the nature of the therapeutic enterprise" (p. 288). This is a legitimate concern, though it assumes that the current practice does not produce any distortions, and one may wonder whether the consequences of consent are likely to be as severe as Kantrowitz makes out.

On the other side is the benefit that readers can for the first time be confident that our literature will exemplify the respect for otherness and intersubjective attunement that are the hallmarks of the best analytic work.

Judy Kantrowitz deserves full credit for being the first person to have devoted a book to tackling, fairly and open-mindedly, the dilemmas faced by all analysts who seek to cross the threshold that divides their private identities as clinicians from their public identities as writers, and by the analytic profession as a whole in its ongoing process of self-scrutiny. But by providing a faithful portrait of the present unsatisfactory state of affairs, *Writing about Patients* inadvertently helps to make the case for a new ethics of psychoanalysis.

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Bernstein: Response to Rudnytsky

Dear Peter,

It has been interesting and clarifying to be able to join you in dialogue about Judy Kantrowitz's book. I think that our varying responses to this text are related to the contexts in which we are immersed.

The author sees herself as a participant observer in a research project. I agree that she is trying to be a neutral observer and analyst, but I think that she is also trying to create a safe environment in which the analysts with whom she is speaking will be better able to reveal themselves. She feels, I think, that there is no single answer to this problem, and that as analysts we need to try to be aware of our conflicts about such writing, look at the opposite poles of our inclinations, ask for consultation when necessary, and struggle to find an answer for each particular situation. While you feel she has not gone deep enough, I feel that she is not after "deep" but that she is after "deepening," in a clinical sense. While you seem to be looking for something more definitive, such as the development of a new ethics for psychoanalysis, I think she is looking for a process for dealing individually with a very difficult set of questions.

You have a unique perspective on the issue of clinical writing as the editor of *American Imago,* the journal in which Philip Roth's analyst betrayed him by writing about Roth's analysis. I wonder what the reverberations and internal effects of this were on your journal and whether they have been written about?

My context is that I am a colleague of Judy Kantrowitz and was asked to bring my perspectives on clinical writing to my review of her book and to my discussion with you. On a personal note, I am more comfortable as a speaker than as a writer, and this has shaped some of my ideas about clinical writing. I have focused on the issue of writing about patients as it is related to the potential inhibitions and constraints on the part of the analyst when he tries to reveal his work. I have also examined how greater comfort with clinical writing can facilitate the analyst's self-reflection and self-supervision. From this perspective, even if Kantrowitz agreed with your ethical imperative, if she had propounded this view in her book, many of those interviewed would have experienced that as a betrayal of the trust and openness she had established with them during the interviews. Ironically, this situation would have been akin to the experience of Philip Roth.

You have clarified that your basic disagreement with Judy Kantrowitz is that she sees herself as neutrally describing clinical choices so that disguise with consent and disguise without consent are equally tenable positions, depending on the individual situation. You believe that clinical decisions are embedded in an inescapable ethical, moral, and political matrix that cannot be avoided by using the concept of neutrality. In your view the only ethical choice is disguise and consent.

Even if one accepts your premise that we are all involved in ethical and political contexts, I believe that it is possible to examine differing ethical choices rather than to foreclose them. Your conclusion that there is only one acceptable ethical choice assumes that ethical questions can always have absolute answers, a conclusion with which I cannot agree. It reduces ethical decisions to right or wrong answers, and this is not consonant with the ambiguous, contextual, and relative nature of so many of these choices. As an example, such an absolute position is in marked contrast to the work of hospital ethics committees in which groups of professionals from various backgrounds struggle with highly complex life-and-death issues. Their deliberations are highly nuanced and, above all, individualized considerations of opposing courses of action, such as whether or not to turn off life supports or to give or withhold certain treatments. This seems in keeping with what Judy Kantrowitz has recommended.

Finally, I think the most basic finding of Kantrowitz's book is our need, as a profession, to continue to consider, and to question and debate, these issues. I appreciate having had the opportunity to engage these with you through our reviews and subsequent discussion.

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Rudnytsky: Response to Bernstein

Dear Stephen,

I am honored to have been invited to engage in dialogue with you, and indirectly also with Judy Kantrowitz and the wider analytic community. Her book certainly furnishes an important stimulus for questioning, and I like very much your notion of "deepening," not simply

the treatment (Hall 1998), but the conversation about the treatment as well.

Part of your response addresses issues raised in our informal discussions rather than what I wrote in my original review, and space permits me here to touch on only a few points.

I do not dispute that everything in life is "ambiguous, contextual, and relative." But this does not mean that all points of view on a phenomenon are equally valid.

I am struck by your statement that Roth was "betrayed" by his analyst. This is an ethical judgment. But what Kleinschmidt did in publishing his vignette was perfectly consistent with the mainstream position that analysts are not obliged to seek consent from their patients before using their clinical material in disguised form. Thus, if Kleinschmidt betrayed Roth, why should we not use the same word about other analysts who do the same thing?

To be sure, Kleinschmidt got into hot water when Roth discovered what he had done. Kantrowitz mentions several analysts who told her they had been sued by their patients under similar circumstances, though none successfully.

Analysts who favor a disguise-only policy are, of course, aware of the danger that their patients will read what they have written, especially in our age of the internet. When the patients are candidates or other mental health professionals, the risk is even greater.

But do we want to defend a policy that depends on not being caught for its justification? I find this troubling. I am also made uncomfortable by the implication that there should be a two-tier system consisting of "VIP patients" about whom it is considered inadvisable to write, because the risk of discovery is unacceptably high, and the regular folk who do not read our journals and with whom one need feel no such compunction.

Since you have used the example of professionals trying to decide whether or not to turn off a patient's life support, let me close by offering a comparison of my own. Sexuality is undoubtedly an "ambiguous, contextual, and relative" domain of human experience. But I hope you will agree with me that our field took a major step forward when it ceased to regard homosexuality as pathological and analysts began to filter the data in their consulting rooms through a more finely ground lens.

Is it so far-fetched to imagine that there may come a day when an analogous paradigm shift will take place in our attitudes toward

clinical writing? As analysts continue the conversation inspired by Judy Kantrowitz's book, in which it has been my great pleasure to join you, I would urge that the paper by Robert Stoller (cited in my review) be given a prominent place. If there is any merit to my argument in favor of a new ethics for psychoanalysis, Stoller may well turn out to have been no less prescient in his views on informed consent than he is now widely acknowledged to have been on the topic of homosexuality (Roughton 2002).

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