

Institutional responses to boundary violations:

The case of Masud Khan

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Introduction

In the last decade increasing attention has been given to boundary violations in psychoanalysis. This trend has been prompted by a climate of greater awareness of the prevalence and consequences of sexual abuse and violent behaviour, and an increase in complaints from analysands of sexual and non-sexual boundary violations in the course of their treatments. There have been a number of formal and informal studies of the problem, and the investigators have included that incidents of this nature are underreported. Particular difficulties are associated with reporting boundary violations by training analysts, largely because of the profound repercussions in the psychoanalytic institutes where they occur (Gabbard and Peltz, 2001). This communication considers the transgenerational transmission of boundary violations and the special problems they present to organised psychoanalysis at every level. It seeks to illustrate these problems by drawing upon the published accounts of analyses by Masud Khan (Godley, 2001) and by Winnicott (Little, 1990; Cooper, 1993; Hopkins, 1998) and an essay by Boynton (2002) in the *Boston Review*. In my role as Chair of the Ethics Committee of the British Society from 1998 to 2003, I had access to the records of the British Psychoanalytical Society. I also received information from some of the Society's senior members.

There is now a significant literature on the subject of boundary violations.

Gabbard (2003), who has written extensively in this area, has consulted on, evaluated or treated over 150 cases of helping professionals, many of whom are analysts, after they have engaged in serious boundary violations with patients. Concern has been focused on the damage done to patients, on the pathology of their analysts and on the impact of the reputation of psychoanalysis among the general public. Rather less attention has been given to the reluctance and difficulty analytic institutes and societies have in investigating reports of violations and taking appropriate action, although researchers in this area have documented them (Gabbard and Peltz, 2001). Taking a wider perspective, Gutheil and Gabbard (1993) studied misapplications of boundary theory in regulatory settings

and clinical situations in the USA and suggested that in both law and clinical practice an overreaction has occurred, resulting in an excessively rigid and defensive posture by some clinicians. They think correction is required. Epstein (1994) has suggested that the analytic frame can be thought of as an extension of the analyst's own ego boundaries and stresses that analytic boundaries must be flexible enough to open at times and close at other times, depending on the needs of the analytic process. *Boundaries and boundary violations in psychoanalysis* (Gabbard and Lester, 1995) is the current standard reference book. The authors explore the nature of boundaries and boundary violations, review the history of such events in the development of psychoanalysis, and examine the complicated motivations of therapists who become caught up in boundary violations and the consequences for their patients. Margolis (1997) thinks the silence surrounding the sexual exploitation of patients by psychoanalysts is due to the horror of actual violation of the incest taboo, which he considers is at the psychological core of these boundary violations. Hence analysts are reluctant to acknowledge such potential in themselves and their colleagues.

In 1996 the American Psychoanalytic Association's Committee on Psychoanalytic Education (COPE) appointed a study group on boundary violations. It published a report (Gabbard and Peltz, 2001) on sexual misconduct by training analysts and made suggestions for managing instances of boundary violations by training analysts. The study group found that the majority of sexual contacts between analyst and analysand occur after a series of progressively more flagrant non-sexual boundary violations, and they noted an extraordinary resistance to recognising these transgressions within the institutes themselves. The report stated that a form of denial and collusion occurs at all levels of organised psychoanalysis.

Since this paper's area of primary concern is with the boundary violations of D. W. Winnicott and Masud Khan, I have made reference to Cooper (1993), who has written about her analysis with Khan, in the context of her book on his life and work, and Little's (1990) personal record of her analysis with Winnicott. Hopkins (1998) has published a preliminary study of Winnicott's analysis of Masud Khan, which she considers to have been a failure of object usage. Object usage requires the analyst to engage with the patient's hostility and to survive it. In Hopkins's view, Winnicott protected his analysands and himself from his own feelings of anger and, in his later work, from the inherent hatefulness of interpretations. She believes his theory of object usage did not come alive in his clinical work.

Analytic boundaries

What constitutes a boundary crossing rather than a boundary violation depends upon the profession's understanding of the analytic frame, which is designed to provide the optimal conditions for analytic work. It includes two sets of components. One set has to do with the setting: the room, the couch, consistency of time and frequency of sessions, agreed fees and payment, privacy and confidentiality, and the absence of physical contact (except in countries where it is common practice to shake hands at the beginning and end of sessions). The other set has to do with the interaction between analysand and analyst, entirely unlike any other human discourse. An agreement is forged in which the analysand tries to say

whatever comes to mind, while the analyst attempts to sustain a non-judgemental attitude, anonymity and abstinence, and to focus on understanding the interaction between analyst and analysand so as to interpret unconscious processes as these become apparent. Analytic boundaries define the parameters of the relationship so that both can be safe while also being spontaneous but, as Gabbard and Lester describe,

a central paradox of the analytic situation is that professional boundaries must be maintained so that both participants have the freedom to cross them psychologically. In other words, processes such as empathy and projective (and introjective) identifications oscillate back and forth across the semi-permeable membrane constructed by the analytic dyad (1995, pp. 42–3).

With the increased understanding of transference and countertransference enactments, especially in primitive mental states, and the recognition of their ubiquitous nature, it becomes difficult to determine when a boundary crossing becomes a boundary violation, though Gutheil and Gabbard (1993) argue that there is merit in attempting to distinguish relatively harmless boundary crossings from serious and harmful boundary violations. What becomes clear is that both boundary crossings and boundary violations may arise out of enactments of unconscious phantasies stirred by the analytic process in both analysand and analyst.

The analysand's account

In February 2001 the *London Review of Books* carried a four-page article entitled 'Saving Masud Khan' by Wynne Godley. The article was an account of its author's failed analysis with Masud Khan. Godley begins with a personal history in order to explain what he came to repeat during his analysis. His parents separated with protracted bitterness around the time of his birth in 1926 and he subsequently rarely saw them together. He was one of three children of this marriage. His mother engaged in artistic activities which took her from home for long periods and when she was at home she was often in bed suffering from what she called 'her pain'. As a small child Godley was looked after by nannies, governesses and a severe maiden aunt. When his mother was at home, she and her son developed an intimate relationship in which she confided her pleasure from sexual intercourse, her disappointment at his father's impotence, and the pain and humiliation she had suffered in giving birth to his much older half-sister. This girl had grown up retarded and subject to outbursts of violent behaviour. Eventually she was cared for in a psychiatric institution. His father was elderly, a shadowy figure, initially perceived as an invalid, but with personal authority and considerable charm. Neither parent had a social circle, and Godley and his older brother and sister were without companions.

Godley tells how as a young child he believed that he had special powers that would one day astonish the world. He also reports that he knew he was worthless, with no gifts or rights, and that he looked fat, dull and unmanly. He saw his older brother as the achiever and comments that in later life a series of distinguished men took his brother's place in his mind. He also recalls that he lacked the ability to identify and evaluate people or situations, that he was passive and sickly and that he had secret phantasies of a violent kind. When he was 6, an inner ear abscess developed and burst his ear drum. For some years after the incident, he had from time to time to wear a bandage around his head to

contain the discharge. He became 90% deaf in that ear. He was sent to boarding school at 7 without the elementary social and other skills needed to survive there. For example, he says he had not yet learned to dress himself. He recalls panic attacks accompanied by strange fantasies.

When he was 10, his father inherited a peerage, a considerable income, recovered a family estate and remarried. Godley remembers his stepmother providing a home in idyllic surroundings on the estate for the three children during their school holidays. Around this time his mother told him his father had been a drunkard for many years and also that she had taken a lover, a musician 15 years younger than herself. This man subsequently introduced Godley to music and became emotionally involved with both Godley and his sister. His father later began drinking heavily again and, as he gradually deteriorated, his stepmother confided to Godley, as his mother had done before, that his father had generally been impotent and that she too had a lover. Despite these confidences, Godley reports that at the age of 17 he lacked knowledge of how the body functioned and had no accurate sexual knowledge. It was at university that he felt he began his education, and there he took as his mentor a distinguished philosopher. The personal history concludes sadly. His stepmother committed suicide. Having squandered his money, his father died alone in hospital. His stepsister was in a mental hospital, and his mother, after a severe stroke, lived for another six years as a helpless hemiplegic.

When he was 30, married and working as a specialist adviser in the Civil Service, Godley found himself in considerable mental distress. He was living in a state of dissociation that he describes as follows:

In a real sense the subject is never corporeally present at all but goes about the world in a waking dream. Behaviour is managed by an auto-pilot. Responses are neither direct nor spontaneous. Every event is re-enacted after it has taken place and processed in an internal theatre. On the one hand, the subject may be bafflingly insensitive but this goes with extreme vulnerability, for the whole apparatus can only function within a framework of familiar and trusted responses. He or she is defenceless against random, unexpected or malicious events. Evil cannot be countered because it cannot be identified (Godley, 2001).

A friend advised Godley to consult D. W. Winnicott, which he did, not knowing that at that time Winnicott was President of the British Psycho-Analytical Society. He describes his recollection of that consultation and his referral to Masud Khan for an analysis. The article continues with an account and commentary on his first interview with Khan, during which he intrusively commented that he was about to marry a well-known performing artist and asked Godley if he were not connected with the sculptor Epstein. At this question, Godley became anxious and expressed concern about the confidentiality of what he was telling Khan, since the question implied he already knew something about him and that they might have social friends in common. Godley's wife was Epstein's daughter. Godley writes that Khan did not answer directly. After the interview Khan gave Godley a lift in his car and produced a book of poems. In the article Godley comments that with the knowledge he now has he realises that in that first interview the therapeutic relationship had already been subverted. He points out that, at the time, he had no way of recognising that something was wrong when Khan wanted him to know about his forthcoming marriage (which also implied that he would be leaving his new patient at

the beginning of the analysis). Nor did he understand the problem with Khan's need to show off that he was a literary man who drove a smart car. But Godley says he did realise at the time that there was something wrong about the Epstein question; this awareness he says he suppressed in a 'sickeningly familiar way'.

The second part of the article is a horrifying account of the analysis and its deterioration into ever more serious boundary violations. From his description, it appears that, during the first days of the analysis, Godley's habitual mode of functioning—his reliance on his artificial self—came completely unstuck. He experienced this as an emotional breakthrough, and this state continued until after Khan returned from his honeymoon. Thereafter the analysis appears to have settled into a sado-masochistic and increasingly perverse enactment between analyst and patient, instead of an analysis and interpretation of what was taking place between the two. Godley's retrospective commentary describes it as a spiral of degradation:

A crucial component of the analytic process resides in the patient's ability to articulate thoughts, fantasies or images as they occur to him or her, especially any hostile thought he or she may have towards the analyst. Unless this happens, the primitive reversal of roles can never be undone. But it is extremely difficult, requiring great concentration, courage and trust, to express murderous thoughts and insults to their object. The way such insults are negotiated is one of the keenest measures of an analyst's skill, character and fitness to practise: the artificial self knows all too well how to make others bleed. As I come to describe Khan's failure to pass this elementary test, I realise that I am in danger of making him seem a mere figure of fun. There was indeed something wholly ridiculous about him ... but he had a formidable and quick-acting intelligence, astonishing powers of observation and an unrivalled ability straightaway to see deeply below the surface. He was impossible to worst (Godley, 2001).

Gradually the sessions became filled with stories of Khan's social life. These accounts had a common feature—that he, Khan, had got the better of someone else. Several examples are given in the article, and occasionally it seemed that Khan was appealing for his patient's sympathy. As telephone calls were taken during sessions, including from Winnicott, Godley overheard details about other patients. One of these patients was subsequently urged upon him by Khan as a suitable partner, although Godley was married. The 'analysis' deteriorated still further when the three—Khan, Godley and this other female patient of Khan's—started meeting socially. Khan also started giving Godley presents. Each appeared to consciously believe that they were saving the other. There came a point when Khan intruded into his patient's home, and the author describes Khan's inappropriate behaviour during the visit. Thereafter, patient and analyst and their respective wives took to meeting socially and going to parties together, where they often met celebrities. Godley describes witnessing a violent scene between Khan and his wife in their flat. In the next day's session Godley spoke of breaking off the analysis, and Khan is reported to have replied that, if it got that far, he would break off 'one day' before Godley did.

The dénouement of the analysis is chilling. Godley first records that his wife was three months into a difficult pregnancy and had had a previous miscarriage. Though she had children (one of whom was a patient of Winnicott's), she and Godley had not yet had a child. The two couples dined out *à quatre*, and Godley recalls Khan's extreme and unremitting aggressive behaviour, which led him 'to feel something curdling deep

within myself'. Next day Godley's wife reported that Khan had rung her up and 'torn into her'. She said she had a sharp pain in her womb. Godley's perception was that Khan had made an attempt on the life of their unborn only child; his pain was acute and he writes that 'the living, if deformed, armature inside himself was corroding' (Godley, 2001). He telephoned Winnicott to say that Khan was mad; Winnicott agreed and forbade Khan to communicate with Godley again. Khan did telephone to say he wished to see him again, but Godley refused. Ten years later, after Khan had been treated for cancer of the lung and throat, there was a whispered telephone call from him asking Godley to visit him, which he did.

The article concludes with what Godley subsequently heard: that Khan slept with his female patients, became a serious drunkard and, shortly before he died, was struck off. He also heard that his wife separated from and then divorced Khan and later died. When Godley discovered that Khan was himself in analysis with Winnicott throughout the time he was seeing Godley, the latter says that he was led to reinterpret some letters, which he had sent to Winnicott at Khan's instance, and the replies he received from Winnicott 'as an aggressive flirtation between the two of them, using my body as unwitting intermediary' (Godley, 2001). Godley summarises his analysis with Khan in the following terms:

He had reproduced and re-enacted every major traumatic component of my childhood and adolescence. The primal union had been ruptured. The confidences, which he reposed in me, had made me special, just as my mother had: he had the same need as she to perform and be performed for. And the same destructive gymnastics that I had once had to negotiate, given the deep attachment I had to my deteriorating father, were played out all over again. For the second time I was overcome by a compulsion to attempt the transformation of a drunken, anti-Semitic, collapsing wreckage into a living armature on which to build myself (Godley, 2001).

Finally, Godley pays tribute to his second analyst, an American whose skill and patience enabled him to recover from the experiences he describes, and who helped him to the insights he gained to understand them.

Masud Khan and the British Psycho-Analytical Society

Consequent to the publication of the article, the then President of the British Psycho-Analytical Society, Donald Campbell, required its Ethics Committee to undertake a retrospective investigation (Daniel, 2001). Khan was a member of the Society from 1950, when he qualified as an analyst, until his expulsion in 1988. No dates are given in Godley's account but we know from him that his seven-year-long analysis took place between February 1959 and July 1966. The investigation was hampered by three main difficulties. First, many of those who had taken part in decisions concerning Khan were no longer living, while others were elderly and had to draw on memories of events stretching back over 40 years. Second, confidentiality was, and still is, an issue for ex-analysands and members of the Society, and some hesitated to speak of what they knew or had heard. Finally, the minutes of meetings recorded decisions but rarely gave details of the prior discussion on which the decisions turned. It is noteworthy that some significant records could not be found in the course of the investigation. Within these limitations,

the account which follows draws primarily upon the British Society's records and the recollections of its older members.

Masud Khan arrived in England from the Punjab in October 1946. He presented himself and was accepted for training at the age of only 22 years, but unfortunately there is no record of how he was assessed, for it is in the tradition of the British Society that, after qualification, admission papers are destroyed. It is speculation that he impressed as an intelligent, studious Pakistani Indian, and if defects of character were recognised it may have been expected that analysis would modify these in so young a man. Ella Sharpe was his first analyst, and, when she died some nine months later, he went to John Rickman who analysed him throughout his training and until Rickman's death in 1951. Khan started his first training case under Anna Freud's supervision in October 1948, but, in June 1949, a Training Committee record suggests that his first case should be terminated and his repeat first case should be supervised by either Sylvia Payne or Melanie Klein. There is no record in the Training Committee minutes or in the Melanie Klein archives of when or if he repeated the first case or of who supervised him. Four months later he is reported to have started his second case, and he qualified by the end of 1950 at the extraordinarily young age of 26. Reading the minutes gives the impression that the Training Committee may have been influenced by the considerable scholarship and seriousness that Khan displayed in the lectures and seminars. He qualified in child analysis in 1952 with Winnicott as the supervisor of his first case, and Marion Milner and Clifford Scott his second and third cases. When Rickman died early in 1951, Khan chose to go into analysis with Winnicott later in the same year and remained in this, his third analysis, for 15 years, ending about 1966.

The first formal indication that a significant proportion of the membership had recognised a problem in Khan came with his application for full membership. In 1953 he presented a membership paper to the whole Society (the route to membership at that time) entitled 'A homosexual episode as a defence against masturbation'. On this occasion he was not elected, in part because his disguise of his patient was considered inadequate. When he presented again at the end of 1954, he had renamed the paper 'Notes on homosexual episodes in a male patient'. A few elderly analysts who had attended this presentation recalled that, prior to voting, the debate turned less on the quality of the paper and more on the character of the analyst. He was elected to full membership with 32 votes in favour and 15 against. Fully a third of the membership present had voted against his election.

A year later Winnicott sponsored Khan for training analyst status, but this request was refused three times (British Psycho-Analytical Society, Training Committee Minutes, 1955a, 1955b, 1957). However, on the fourth occasion, in 1959, Khan was granted this status. In the 22 years between 1955 and 1977 Khan rose to eminence within the British Society and became known internationally. He was editor of the *International Psycho-Analytical Library* for over 20 years, associate editor of the *International Journal of Psychoanalysis*, associate editor of the *International Review of Psycho-Analysis*, and foreign editor of the *Nouvelle Revue de Psychoanalyse*. He also wrote articles, reviews and four books (Khan, 1974, 1979, 1983, 1988) and was seen as making imaginative contributions to psychoanalytic theory. Most members of the British Society considered him a distinguished, if controversial, member and were proud of his contributions.

However, alongside these achievements came rumour and gossip about rudeness, deplorable social and analytic indiscretions, and inappropriate behaviour by Khan towards patients, candidates and colleagues. Eventually, matters came to a head. A serious sexual boundary complaint was made in 1976 by a candidate, whose wife was also a candidate and had her training analysis with Khan. As there was no Ethics Committee at the time, the complaint was brought to the Training Committee by his training analyst. In the course of investigating the minutes of the Training Committee, the present Ethics Committee found that crucial documents connected with the complaint were missing. The details are thus unknown, though the complaint was upheld and Khan was required to resign from his position of training analyst. His response was to write that he did not 'resign' but would 'retire'. It was known that he had recently been diagnosed as having cancer of the lung and, since at that time it was regarded as a fatal condition, it was assumed he would not work again, and had not long to live. In fact, he lived for another 12 years.

Eleven years later, in 1988, he was removed from membership of the British Society. Written complaints had been received from five of its senior members that certain passages in Khan's book *When spring comes—Awakenings in clinical psychoanalysis* (1988) contravened the ethical code of the Society and its rules. The clinical descriptions in the book violated the essential boundaries of a psychoanalytical treatment. The Ethical Committee unanimously agreed that there had been a prima facie breach of the ethical code. Khan was asked to attend the Ethical Committee but answered that he was too ill, cancer of the larynx having been diagnosed the previous year, and he now had no voice. He died in 1989.

Transgenerational transmission

Perhaps the most worrying issue for training institutes is the transmission of boundary violations from one analytic generation to the next. The COPE Study Group (Gabbard and Peltz, 2001) found that candidates analysed by training analysts with a history of boundary violations often had similar problems a generation later. So far as is known, neither participant has written of Winnicott's analysis of Khan, and the Khan archives will not become available until 2039. Hopkins's (1998) reconstruction of it reveals boundary violations that were repeated in Khan's analysis of Godley, which was contemporaneous. There was also evidence of a collusive and perverse interaction between the two analytic dyads of Khan–Godley and Winnicott–Khan.

Several analysts have commented upon the Winnicott/Khan analysis, the general view being that Winnicott failed to analyse Khan's hostility and was unable to modify his narcissistic character pathology. Marion Milner, who had also been in analysis with Winnicott (Hopkins, 1998), thought that he could not handle Khan's destructiveness, while Stoller, who was a friend of Khan, thought his rage was unanalysed. Limentani (1992), in his obituary of Khan, suggests that he was looking for a lost father figure he had idealised and feared and thought that Winnicott failed to meet this need. Hopkins's view is that though Winnicott (1947) wrote extensively and creatively on the importance in analysis of engaging in and surviving hate experiences, he did not apply his theory effectively in his clinical work with Khan. She questions whether he was afraid of his imperious analysand and consequently was unable to confront him with his hostility,

grandiosity and omnipotence. She also suggests that Khan may have suffered from an undiagnosed manic depressive psychosis during the period from 1969 to 1989 when he was known to have had bouts of depression; if this were so, she believes it could account for his mood swings, severe insomnia and increasing alcoholism during those years.

It is difficult nowadays to imagine how it was feasible for Winnicott to sponsor so publicly his analysand. It is impossible to know if someone tried to pull Winnicott aside and bring him back to reason, but it seems evident that Winnicott felt either entitled or appeared blind to his breaking boundaries. In the 1950s and 1960s, rumours did circulate among the membership of the British Society that some analysts protected or sponsored their candidates, but no action was ever taken. The same is true for the collaborative publications of Winnicott and Khan. Although this was quite public, it is far from clear who knew that Khan was still in analysis with Winnicott. Whatever the facts, however, it is worthwhile underlining the important changes, which have occurred in the last 50 years in all societies in regard to confidentiality and boundary violations. Even though the British Society is probably the last society to still be a reporting society, actual reporting has now become minimal, and the active involvement of analysts in their candidates' progress would be unthinkable.

Boundary violations

Within an analysis, however difficult it may be at times, it remains the responsibility of the analyst to hold the frame within which unconscious processes can develop safely and be analysed. Winnicott was unable to hold the frame in his analysis of Khan. While the causes for this failure are matters for speculation, the evidence for it is not in doubt. Khan was taught by Winnicott and attended clinical seminars led by him: after qualification he was supervised by Winnicott during 1951 on his first child training case. When Khan's second analyst died early in that same year, he chose to go into analysis with Winnicott—then in his first term as President of the British Society. The analysis began towards the end of 1951 and, within the first two years, Khan, the analysand, was collaborating with Winnicott, his analyst, on a book review written by them both and published in the *International Journal* in 1953 (Winnicott and Khan, 1953). Khan (1975) himself says that it was four years later, in 1957, when Winnicott invited him to put together his first collection of papers, for which Khan wrote an introduction. Later, in his role as associate editor, Khan continued to assist him in the preparation for publication of his second collection of papers.

Meanwhile, the analysis continued while the frame was being broken in other ways, too. It is known that Winnicott directly referred patients to Khan (Godley was one), and material about these patients would inevitably feature in the Winnicott/Khan analysis and contribute to the unconscious transference phantasies in both participants. The fact that Winnicott was analysing Godley's stepchild during the time that Godley was in analysis with Khan must be seen as an added problem.

As mentioned earlier, Winnicott's active public support for Khan's advancement within the British Society represents another important boundary violation.

It is of interest to note that, during the same time period, Greenacre (1966) was writing about the problems in training analysis, particularly the bind of loyalty, and the dangers when training analysts are driven by their own narcissistic needs above

the needs of their analysands. She draws attention to the subtle dynamic tendency of training analysts to gratify rather than frustrate and analyse their analysand's transference wishes. She notes, too, that young analysts, in identification, repeat the behaviour of their analysts. Hopkins observes that, in the Winnicott/Khan analysis, it appears that each may have believed that he was saving the other. As the Khan/Godley analysis proceeded, the same explicit belief came to be held by each participant. Godley entitled his article 'Saving Masud Khan'. In my experience, the analyst's belief that he is 'saving' his analysand from something worse is often an indication of boundary violation or a warning sign of such danger.

In the Khan/Godley analysis the frame was broken in the initial interview with the analyst's intrusion of information about himself and his revelation that he had pre-knowledge of the patient's family connections, instead of establishing the frame for the analysis which was about to start. Telephone calls were taken during sessions, including some from the analyst's analyst, Winnicott, who was also the analysand's initial consultant and referrer. Later, there was some emotional and objectionable correspondence between Winnicott and Godley, which was instigated by Khan. As the analysis proceeded, not only did Khan continue to give Godley a number of presents, on occasion valuable ones, but the acting out escalated to Khan organising social meetings together with their wives and, eventually, with his wife visiting Godley in his home. He also arranged a meeting between Godley and a young woman with the suggestion that they were 'made for each other'. Subsequently, there were several meetings *à trois*, including an evening of poker and a squash game. Boundaries were eroded and violated in the course of what seems to have become an increasingly perverse interaction within the 'analysis' and outside it.

Confidentiality does not permit the publication of reports about boundary violations in Khan's other analyses, and relevant notes about interviews with Khan's candidates conducted at the time of the investigation have disappeared. But, as has already been mentioned, accounts were circulating concerning Khan's inappropriate behaviour towards patients, candidates and colleagues. He was a powerful and at times menacing figure. During the investigation of the complaint against him, Khan threatened the Society with litigation and, later, following threats of violence, police protection had to be sought. He dominated his supporters, including Winnicott who depended upon him for editorial help, and Khan did not hesitate to frighten those who questioned or opposed him. It seems that the British Society had neither the will nor the strength to discipline him for reasons which will now be considered.

Institutional problems

In most psychoanalytical societies, younger members have been in training analyses with older colleagues and are thus linked to each other by special transference and countertransference ties. Continuing professional and personal contacts are often quite complex and the relationships within analytic societies carry particularly powerful unconscious elements. This may help to explain why psychoanalytic societies have, on the whole, great difficulties in identifying unacceptable behaviour and/or possible boundary violations in a member. Gabbard and Lester (1995) not only write of the prevailing tendency of denying and avoiding recognition of such problems, but point out

that psychoanalysts are trained to look for understanding and explanation of behaviour, and are therefore hesitant to judge and condemn.

Another forceful source of difficulty may be linked with the reluctance of psychoanalysts to face the inherent insecurity within the profession. Psychoanalysts are on the whole well aware of the great responsibility they carry towards the patients or candidates they treat, but they are also aware that psychoanalytic knowledge is not infallible. There is always concern that the signs of severe pathology in patients or candidates may not have been correctly assessed. This concern is particularly relevant in respect to psychopathic and perverse traits that may have been missed. Psychoanalysts have become more aware in recent years of the great importance of monitoring countertransference. This monitoring can never lead to certainties. Psychoanalysts repeatedly question the effectiveness of their approach and their individual capacities. This creates, at times, unavoidable self-questioning and self-doubt, guilt and anxiety. At an institutional level as well as at a personal level, the discovery of misbehaviour in a member of the society is usually experienced as a very unwelcome attack on the basic frame of the profession and can easily be met by strong disbelief. Such reactions are present in various degrees in all institutions but particularly so in psychoanalytic societies.

By studying the various minutes concerning Khan in the archives of the British Society, it became clear that similar institutional dynamics prevailed. When the non-controversial signs of misconduct emerged following the formal complaint, it was very difficult for some of the people involved to believe and accept the facts put before them. There was a general tendency to react negatively to the need for an investigation. It was felt as an unwarranted demand and an intrusion, and some members became angry and resentful towards the bearers of the bad news. It is indeed quite extraordinary, and a testimony to the power of denial and splitting, that the question of how long Khan had misbehaved with his patients appears never to have been raised, particularly in light of the fact that rumours of inappropriate behaviour towards colleagues, candidates and patients had surfaced over a prolonged period of time. The Society needed Wynne Godley's article to begin a long and painful process of self-reflection. At the time, the pressure of the institution to close ranks and show respect and sorrow towards a sick colleague was so powerful that it led the Training Committee to recommend a compromise settlement to the Council of the Society. Khan was to be 'defrocked' of his training status but had not been expelled from the Society. This recommendation was accepted. There was a general assumption that, as he was suffering from such a severe cancer, he would not survive the year.

The serious revelations gathered during the investigation by the Training Committee and the deep emotions that these released led to the establishment by the Society of an Ethics Committee, which immediately wrote an appropriate ethical code, guidelines and procedures. Khan had to undergo several operations and various aggressive treatments, but, in fact, he survived. As he recovered strength, he resumed his analytic work, and neither the new Ethics Committee, the Training Committee nor the Council of the Society acted to make sure that Khan was in a fit state to see patients.

During discussions in the British Society following Godley's publication, the Training Committee became a target for blame. It is certainly true that it had had

the responsibility of training Khan, of seeing him through the various stages of his psychoanalytic development and finally of making him a training analyst. And there is no doubt that the Training Committee failed to act wisely on a number of occasions, but the complex, infinitely confusing and paradoxical personality of Khan played a large part in promoting tension and discord in the Training Committee, on the Council and within the Society as a whole. The silence which preceded the complaint about Khan's grave boundary violations and the silence which followed his 'defrocking' remain important matters for reflection.

In reading the shocking account of Godley's analysis with Khan, it becomes clear that he or any other patient caught up in a similar catastrophic analyses could not have come forward to complain. As previously noted, Godley saw Khan as having 'astonishing powers of observation and an unrivalled ability straightaway to see deeply below the surface. He was impossible to worst' (Godley, 2001). Khan inhabited an omnipotent world in which he saw himself as a great benefactor, and he was known to have been generous in supporting patients in great distress. He did not hesitate, for example, to visit and help a stricken patient by visiting him or her at home (anonymous, c. 1970, personal communication). For this and the subsequent understanding they felt they received, some were so grateful that they were ready to overlook any infringements. It also led these patients to feel special. Many of them believed that Khan had saved their lives. Such spontaneous and apparently benevolent enactments on the part of any analyst have very serious and complex unconscious repercussions for continued analytic work. Enactments of this kind draw the patient into increasing idealisation of the analyst and reinforce the sense of a Faustian bargain between patient and analyst that demands subjugation to an idealised and all good omnipotent Godlike object with the power to take total charge and save the patient. The capacity of the patient to express and explore unconscious phantasies, particularly those expressing hostility, anger, rage or disappointment, is denied or inhibited.

In the introduction to a recent paper on Masud Khan (2003), published in the *Revue Française de Psychanalyse*, Andrée Bauduin and Paul Denis ask themselves how someone who, like Khan, wrote so pertinently on the respect due to the self, to its fragility and to its private truth could allow himself such boundary violations. They go on to say that the extreme sensitivity towards the other that Khan possessed can be used in the case of perverse narcissistic personalities as an invitation to invade the psyche of the other in a parasitic way. The other becomes a part object or even a dead object, a simple satellite of the predator's omnipotence.

Recommendations

Psychoanalytic societies need to take active steps in promoting greater awareness of the dangers inherent in the practice of psychoanalysis, especially the ever-present possibility of regression in the analyst and the concomitant unconscious desire for exploitation and self-gratification. It is essential to make all psychoanalysts aware of the imperative need to monitor countertransference manifestations. Candidates should be offered seminars on ethical issues that are likely to be encountered in the course of practice. Regular twice- or thrice-yearly scientific discussions on ethical questions, such as boundary violations,

confidentiality, the ethics of publication, assessment of psychoanalytic competence and the problems of ageing, will help members to remain alert to clinical issues with ethical implications, particularly of unconscious enactments. These usually develop in small ways but can easily slip into serious deformation of the analytic encounter.

However much psychoanalytical societies endeavour to support and help their members in work which is intellectually and emotionally demanding, it remains the personal responsibility of each psychoanalyst to monitor carefully the way he or she responds in the analytic process. This individual responsibility will be strengthened when societies provide a supportive and open culture, and encourage a range of opportunities for clinical exchange and consultations for all levels of experience and skill. Seminars which promote the sharing of clinical experience will enhance members' capacity to examine technique, particularly the handling of the transference and countertransference, and can do much to ensure the maintenance of the highest possible professional competence.

It is universally recognised that the privacy of the psychoanalytic treatment has to be protected and that intrusion from a third party has to be prevented. Yet, this can leave some people who are seriously concerned about the deteriorating mental state of a person in analysis totally cut off from informed analytic help. Following a tragic incident in the case of a patient in analysis with a member of the British Society, the post of Clinical Liaison Consultant has been established. This medically qualified colleague is available to relatives, partners or close friends who have grave concerns about an analysand in treatment with a member, associate member or candidate of the Society. The Clinical Liaison Consultant will be promptly available and assess the situation. It might only be necessary to contain the anxiety of the people who phone but it might also necessitate liaising with the analyst and can lead to a recommendation of hospitalisation, interruption or termination of analytic treatment. Although there is no formal complaint, this procedure is an attempt to deal with the problem in a pastoral, supportive manner.

Godley's painful account of his analysis with Khan clearly illustrates why there are situations where patients have been so subjugated by the perverse enactments of their analyst or feel so conflicted, guilty or ashamed that they are unable to protest and make a formal complaint. There are also a number of patients who find themselves becoming carers of their elderly or ill analysts and who find it equally impossible to turn to the Ethics Committee for support. In the last 10 years of Khan's life, a number of his patients left him and went to other psychoanalysts of the Society. Nobody knows, of course, how many distraught patients went elsewhere or never got further help. What we do know, however, is that not a single patient of Khan's came forward and complained.

The need to maintain confidentiality prevents, of course, all psychoanalysts from divulging what they hear from the couch. On the other hand, it is essential to find out what can be done to protect the public from colleagues no longer fit to practise. Psychoanalytic work is a very private enterprise and it is often through vague rumours that the first signs of concern about a colleague do emerge. In recent years, the Ethics Committee of the British Society has encouraged members to approach the Chair of the Committee if they hear with some persistence of serious concerns about a given colleague, provided, of course, that the reports did not come from the couch. These rumours, which may have been gathered from candidates in supervision, or possibly from colleagues working in the same institution, are reported confidentially without revealing the sources of the

information. The Chair of the Ethics Committee does not share this information with the members of the committee unless similar concerns are expressed by other members. In that case, the Chair will inform the committee that some serious concern has been repeatedly expressed about a given member and the committee will then investigate. At that point the Ethics Committee takes responsibility; the names of the informants are never mentioned. In this way, in recent times, the Ethics Committee has been able to be effective in a number of cases and particularly to play a pastoral role in helping some colleagues to take the difficult steps towards retirement.

Conclusion

The British Society displayed a massive complacency in the face of Khan's egregious violations of ethical behaviour and a surprising and all-pervasive collusion towards Winnicott's personal use of a candidate. It is, however, most important to remember that, at the time of Khan's analysis with Winnicott and of Godley's analysis with Khan, the British Society—probably in step with other IPA Societies—had no Ethics Committee and no ethical code or procedures. An effective and precise document, distributed to every member, candidate and staff of the Society was only established following the formal complaint which forced the Training Committee and the Council of the Society to remove Khan from his training analyst function.

It is important to accept that, however much psychoanalytic societies endeavour to carefully assess all applicants and candidates throughout their training and to offer the highest level of teaching, no training can give absolute protection against character deterioration. It has to be recognised that sustaining sound psychoanalytic practice is more fraught with difficulties than formerly had been realised. At no time can societies or individuals be complacent. The awareness of ethical issues has to be raised continually, principally because of its central role in guiding and sustaining analysts to remain vigilant for the dangers of unwarranted countertransference enactments and enmeshments, to encourage constant self-examination and to stimulate reflection and questioning in regard to technical innovation.

In conclusion it may be useful to summarise the main recommendations proposed in this paper:

1. Every society has to have a well-functioning Ethics Committee, composed of respected and responsible members, able and willing to function efficiently in response to complaints of unethical behaviour. The committee has to be guided throughout its work by the established ethics code and procedures. In certain special circumstances, the committee can also follow its ethical procedures and interview a member whose behaviour has provoked repeated and prolonged disquiet, but where no formal complaint has been received. The committee has both an investigating and a pastoral role.
2. A cogently worded and detailed ethics code has to exist in all societies. Its guidelines and procedures will ensure clear organisational policies and transparency. One of the tasks of the Ethics Committee is to regularly review and revise the code and the efficiency of the procedures. The existence of a comprehensive and well-defined ethical document cannot be overemphasised.

3. Seminars on ethical issues should take place at regular intervals, at least once a year for candidates. Brief seminars should be organised at specific steps in the development of the analyst's career, for example, when a young associate member wishes to become a full member or when becoming a training analyst.
4. Two or three times a year, a scientific evening should be devoted to the further examination and debate of a particular ethical issue.
5. The establishment of the post of Clinical Liaison Consultant is highly recommended.
6. Every psychoanalyst has to accept the need for vigilance and, if indicated, for personal involvement in supporting ethical behaviour according to the organisational policies and procedures of his or her society.

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References

- Bauduin A, Denis P (2003). La perversion narcissique de l'analyste et ses théories. *Rev Fr Psychanal* **67**:1007-14.
- Boynton R (2002). The return of the repressed: The strange case of Masud Khan. *Boston Rev* **27**(6):December.
- British Psycho-Analytical Society (1955a, 1955b, 1957, 1959). Training Committee Minutes.
- Cooper J (1993). *Speak of me as I am: The life and work of Masud Khan*. London: Karnac Books.
- Daniel P (2001). Masud Khan and Winnicott. *Bull Psycho-Anal Soc* **37**:30-3.
- Epstein R (1994). *Keeping boundaries: Maintaining safety and integrity in the psychotherapeutic process*. Washington, DC: Am Psychiatric Press.
- Gabbard G (2003). Miscarriages of psychoanalytic treatment with suicidal patients. *Int J Psychoanal* **84**:49-61.
- Gabbard G, Lester E (1995). *Boundaries and boundary violations in psychoanalysis*. New York: Basic Books.
- Gabbard G, Peltz M (2001). Speaking the unspeakable: Institutional reactions to boundary violations by training analysts. COPE Study. *J Am Psychoanal Assoc* **49**:659-73.
- Godley W (2001). Saving Masud Khan. *London Rev Books*, 22 February, p. 3-7.
- Greenacre P (1966). Problems of training analysis. *Psychoanal Q* **35**:540-67.
- Gutheil T, Gabbard G (1993). The concept of boundaries in clinical practice. Theoretical and risk-management dimensions. *Am J Psychiatr* **150**:188-96.
- Hopkins, L (1998). D.W.Winnicott's Analysis of Masud Khan: a preliminary study of failures in object usage. *Contemp Psychoanal* **34**:5-47.
- Khan MMR (1974). *The privacy of the self*. London: Hogarth Press.
- Khan MMR (1975). *Introduction to D. W. Winnicott. Through paediatrics to psychoanalysis*. London: Hogarth Press.
- Khan MMR (1979). *Alienation in perversions*. London: Hogarth Press.
- Khan MMR (1983). *Hidden selves: Between theory and practice in psychoanalysis*. London: Hogarth Press.
- Khan MMR (1988). *When spring comes: Awakenings in clinical psychoanalysis*. London: Chatto and Windus.
- Limentani A (1992). Obituary of M. Masud R. Khan. *Int J Psychoanal* **73**:155-9.
- Little M (1990). *Psychotic anxieties and containment: A personal record of an analysis with Winnicott*. Northvale, NJ: Aronson.

- Margolis M (1997). Analyst–patient sexual involvement: Clinical experiences and institutional responses. *Psychoanal Inq* 17:348–87.
- Winnicott DW (1947). Hate in the countertransference. In: *Through paediatrics to psychoanalysis*. London: Hogarth Press, 1978, p. 194–203.
- Winnicott DW, Khan MMR (1953). Book review of *Psychoanalytic studies of the personality* by W. R. D. Fairbairn. *Int J Psychoanal* 34:329–33.

Commentary

WYNNE GODLEY

Dr Sandler’s response to my article (Godley, 2001) raises much wider issues than those about which I wrote. I am pleased that creative use has been made of my very personal protest. I am also grateful to Dr Sandler for her summary of my own story. Her sensitive and kind account of those ‘old, far-off, unhappy things’ gave me a new perspective on them. I was moved and felt that restitution had been made. I am grateful, in addition, to the *IJP* Editors for inviting my comments on Dr Sandler’s paper without, I should add, making any conditions. Yet, after a great deal of thought, there is little that I want to add beyond a few *obiter dicta*.

First, Dr Sandler does not conceal, but does not emphasise, the distressing fact that D. W. Winnicott was in thrall to Masud Khan. DWW knew about Khan’s destructive antics but was not man enough to intervene. Second, an improved complaints procedure, though extremely important, could never have brought Khan to book. Patients, like infants, may be unable to identify abuse; they may even suppose that the perverted process which is destroying them is veritably building them up into something special. It is, moreover, unimaginable that the sick and arrogant Khan would have submitted himself meaningfully to ethical supervision by his peers. There is only one conclusion to be drawn: Khan should never have been admitted to the Society in the first place. It is questionable whether majority voting was an appropriate procedure, particularly as a third of the membership voted against his election. Without knowing what ought to be done about this, I nevertheless declare that people in severe distress have the right, if they consult a psychoanalyst, to know that he or she is properly qualified, personally and professionally, to exercise the enormous power with which they are entrusted.

Is psychoanalysis itself embattled? I reckon that half my acquaintance believes the discipline to be dangerous if not disreputable, and that more than half (including some in obvious need) would recoil from seeking this kind of help. Moreover, those who have experienced psychoanalysis, even when this has been successful, keep very quiet about it. My article (Godley, 2001) cannot have helped matters. So, as I know that psychoanalysis can quicken people whose inner life is distorted or dying, I offer the briefest sketch of part of the process, a single thread drawn from a complex fabric, which will enable me to contrast an inspiring experience with a terrible one.

It is easy to think of ways in which the mind compensates internally when helpless. Many will have had flickering fantasies of running amok when frustrated in trivial ways (waiting in a queue at the post office, say, or in a traffic jam). And it is common to hear

people shopping a colleague; they lynch him verbally and feel better for having done so. I think such fantasies fulfil a far more energetic function than appears on the surface. But—and this is the point—such internal theatrical activity can become pathological, usurping all sentient interaction with the outside world. The drive to lead a creative life can become emasculated by a gross, though concealed, overestimate of one's self based on nothing, which simultaneously destroys all recognition of genuine achievements.

My bad experience resided mainly in the fact that Khan's characteristic response was indignation and withering sarcasm. Yet he sponsored the notion that not only he himself, but also his patients, were well-bred geniuses.

I am hampered when I try to describe my second experience because, as the analyst correctly predicted, it is impossible to remember much about a good analysis once it is completed. But I can characterise it in a general way.

What happens is that the evasive fantasy stream that supplants vital interaction with reality gradually founders on the analyst's person as it becomes revealed, in moderate stages, for what it is. Psychoanalysis is a dialogue which is, in Dr Sandler's words, 'entirely unlike any other human discourse', and which generates and is generated by honesty, forbearance, patience and humility. My good experience was with an analyst who could explore the meaning of any material calmly, and with penetration, enhancing his own dignity and generating a creative feedback in the process. And his great clinical skill was never on parade; I had to work out with my head that it was something he possessed.

Now, having exited from a devastated landscape, I live in my body, know my limitations and look forward to completing my work, supported by a loving family and many friends.

Reference

Godley W (2001). Saving Masud Khan. *London Rev Books* **23**, 22 February.

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