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To Have and to Hold: Psychoanalytic Dialogues on the Desire to Own

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This paper is an investigation into the psychodynamic and cross-culturally determined underpinnings of the desire to own and be owned as they manifest in our clinical work. We explore these issues in two voices: a female Israeli analyst and her male Israeli patients living far from their original homes, and also an American-born, Jewish male analyst with strong ties to, criticisms of, and longings for his ancestral homeland. Broadening our scope, we look beyond nationality and reflect on additional ways in which owning, very often related to gender and sexuality, serves as a means for processing personal, cultural, and mythological trauma, often the result of profound loss. Sharing the experience of co-writing this paper, we raise the question of how two people can create a “third” and still feel ownership both of their original ideas and the joint product. Can two parents equally own one baby? Can two nations equally own one land? We hope that an examination of these clinical, internal, and interpersonal struggles will help clarify patients’ experiences in and out of treatment and clinicians’ transference–countertransference responses around the desire to own and be owned.

BEGINNINGS

Galit: Adam sat down in the armchair and quickly said, “I think it’s time I knew something about you.” “What do you mean by ‘something’?” I asked. “I mean about your personal life,” he replied immediately. “It’s time that I knew whether you’re married, whether you have children.” During this period I had been seeing Adam for only four months, three times a week. Adam is an Israeli man, as are a lot of my patients over the last few years. He moved here a year before and, like many of my patients, plans on returning to “The Land.”¹ Momentarily dissociated from the fact that I have a dual family name and a wedding band on my finger, I tried to find out with him whether it would be better if I were married or single. Adam shared his fear that if I were unmarried I would surely fall in love with him, and then “this whole therapeutic relationship would collapse.” His wish to know more about me continued emerging in different forms throughout the session and reflects his reasons for seeking therapy, namely, sexuality and relationships with women. Toward the end of the session I decided to reveal the fact that I am married and that I have

¹Israelis refer to their homeland as “The Land.”

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children. I don't think that my decision to answer his question was solely due to my attunement to him or to the insult that may have been caused by withholding the disclosure and exerting further control over him and the treatment, though these were issues we had been dealing with. At this point I already had a hunch that it might have also been an attempt on my part to calm him, and myself, with regard to the sexual tension between us and to the fear/fantasy that we might fall in love with each other.

I asked him how he felt about the disclosure; whether it *only* relieved him, like he imagined it would. Adam remained silent for a moment and then mumbled, "Nonsense, it's annoying," and added, "I hope you won't be insulted, but I'm sure your husband is not as successful as I am, not as rich as I am, not as handsome as I am and not even as creative as I am." An analytic exploration of his fantasy of owning me ensued. Some American colleagues (including Steven) have asked me why his fantasy is not one of having an exciting extramarital affair, and I communicate what Adam has clarified to me unequivocally—that he wants me all to himself, not to have *intercourse* with me but to *own* me, to be my *husband*; perhaps surprisingly, in Hebrew these three (*intercourse*, *owner*, and *husband*) are the same word—*Ba'al*. As in the Bible, in the book of Genesis, God created a woman from a man's rib, and stated, "She shall be called *Woman*, because she was taken out of *Man*"; part of her comes from and belongs to him (Genesis 2:23). When God cursed Eve, he pronounced that "thy desire shall be to thy husband, and he shall rule over thee" (Genesis 3:16).

According to Jewish law, "A man takes a spouse and possesses her by sex . . ." (Deuteronomy 24:1–3). The Torah authorizes a man to send his spouse away according to his whim. She is his *Kinyan* (purchase), and an analogy is made to buying land; *Ba'alut* by *be'ila*—mastery by intercourse. These texts conjoin sex, marriage, and ownership (Heberman, 2009).

This paper is an investigation into the psychodynamic and cross-culturally determined underpinnings of the desire to own and be owned as they manifest in our clinical work. We suggest that both the desire to own and be owned are often defensive reactions to the trauma of profound loss, and we present clinical material to illustrate our thesis. In our view, owning is used in these cases as a way to process and master cultural, developmental or mythological trauma. As Caruth (1991) reminded us, personal history occurs as a symptom—often of trauma, and culture is almost always the medium. While there is often overlap between the desire to own and oedipal dynamics, we discuss the significant differences between these two phenomena. Although we recognize and reference the intrapsychic aspects of owning as in thoughts, feelings and parts of one's self, our focus is primarily on the much more rarely discussed interpersonal aspects of ownership. Certainly, we understand ownership to include a sense of belonging. Owning involves verbal and nonverbal connections between objects that provide security and a sense of worth. Often, there is an implicit or explicit sexual component, and, as is discussed, gender may be relevant here as well.

We believe that an important component of owning is reflected in the interpersonal capacity to form a deep and intimate relationship, but we understand owning to be more than belonging, as it always involves a third party who also requests ownership over the desired object. Imagine a child who stomps his feet and yells, "It's mine, I had it first" as he readies to attack you for taking what belonged to him. Unlike the typical oedipal child who desires to "steal" the object in order to make it her own, our focus in this paper is on cases of ownership in which the child desires to defend or attack in order to protect what is already felt to be exclusively his, or to repossess something that was taken. In these cases, we might refer to a two sibling—one parent triangle

as evidenced in sibling–sibling, patient–patient, and so on, vying for one object or piece of land. Historically, we see references to these triangles in the Bible.

We look at these issues through the lens of a female Israeli analyst and her Israeli patients living far from their original homes and also an American-born, Jewish male analyst with strong ties to, criticisms of, and longings for his ancestral homeland. We hope that an examination of these dynamics as they manifest in our clinical work and in our own intrapsychic and interpersonal struggles will help us to better understand our patients' experiences in and out of treatment and our own intersubjectively determined transference–countertransference responses around the desire to own and be owned. While we have seen some of these dynamics with our female patients, our clinical examples reflect the cultural and aforementioned syntactic norm of the male as owner.

I WAS FIRST

Steven: By way of illustrating the role of cultural memory² in understanding some of these dynamics, we turn to biblical references that reflect in part the pained reality that has been beleaguering what we now call the Middle East for thousands of years, namely, the Jewish–Arab conflict over land ownership. The first reference to envy and conflict between two brothers is made in the book of Genesis, when Cain kills Abel (Genesis, 950 to 450 BC). The Zohar, the main book of the Kabbala, asserts that Cain was envious because he got only the sky, while his brother, Abel, was given the land. Cain's punishment for his violent crime was to become a restless wanderer on earth, forever deprived of the opportunity to own land. The second biblical conflict that we believe bears mentioning is the one between Abraham's sons, Isaac and Ishmael, which began when Abraham sent Ishmael and his mother, Hagar, away, so, as the story is interpreted, Abraham could pass the inheritance to Isaac, his son with Sarah. According to this reading, Ishmael believed that as the oldest it was he who was entitled to own the land. It is known that Ishmael was the first Arab; his brother Isaac, an Israelite.

The system of favoring the firstborn is illustrated in the story of Isaac's two sons, Jacob and Esau, who threatened to kill each other over the primogeniture, the rights, and privileges of the firstborn son. Not only is this child the most respected in the family hierarchy (after father, of course), but he also inherits the father's wealth, including the land. From a symbolic, oedipal perspective, it is not only the money and land that the firstborn son inherits, but also the mother, who, after all, does belong to the father. The conflict, then, is always triangular, as it involves two brothers and an object. This relates to our earlier point that we believe interpersonal forms of owning always involve a third party who also assumes or requests ownership over the desired object. In the three biblical conflicts just mentioned, each of the two brothers wishes to own the motherland and, regardless of birth order, presumes she—Mother Earth—originally belonged to him. We propose that the Israeli and Palestinian adult son's relationships have to do not only with the real mother–son relation or with the oedipal triangle of mother–father–son, but also with the

²“Cultural memory” is a term most often associated with anthropology, sociology, and other disciplines. Coming into greater prominence after the Holocaust, it refers to the ways in which shared history and cultural identification affect how people see themselves; memories of the past influence the character of present and future generations in order to continue a common story (Assmann, 1997).

relationship between the son and Mother Earth, traumatic loss related to cultural memory and with the biblical triangle of two brothers and each of their attempts to own the land. We discuss other, additional cultural factors not necessarily related to Israeli or other national identity such as money, politics, and class and their interface with different aspects of one's personal, intrapsychic history and further consider the ways in which owning serves as a means for processing personal and cultural trauma, turning passive into active, trauma into triumph (Gabbard, 1994; Stoller, 1979).

THE LAND

G: We see remnants of the longstanding Middle Eastern conflict and the impact of cultural memory in my work with male patients who are living overseas in the United States. While every person came to therapy for a different reason, each and every one of my Israeli patients is involved with The Land and his relationship with “her” (in Hebrew we refer to The Land in the feminine). They deal with powerful emotions over leaving The Land, missing her, loving and hating her; while some speak of returning and others are in various stages of recognizing that they will never go back, all feel loyal in their own way. Many of these patients feel guilty for leaving, especially when they are happy or successful, and at least in fantasy will go back to protect her if she is threatened and needs them. Living abroad sharpens the realization that in Israeli society, the tie to The Land exists as an umbilical cord that is never completely severed. Interestingly, in many direct and indirect ways, the Israeli mother communicates her understanding that the real separation from her son is not brought on by his first love or sexual penetrations, but rather by his military service and military penetrations—into Lebanon, the Territories; each generation and its penetrations prematurely make her boy a man, solidifying his connection to The Land.

In these therapeutic relationships, owning takes on a particular meaning when both analyst and patient begin the therapy knowing that they share a common culture, identity, emigration, and other levels of history (Aronson, 2007; Rubin, 2007). Already knowing we share something, these patients are curious to know when and why I moved and whether it was to be with an Israeli or an American spouse—in many senses, whether I belong to Israel or to the United States. For some patients, therapy is the only place where they speak Hebrew, their mother tongue. They speak of a new culture; about the aspects they prefer there and the aspects that they cannot stand; about Israelis and Americans; and about The Land. And they assume I know exactly what they are talking about. Here, owning the therapist is also a way to connect with parts of themselves projected on or simply recognized in me. And for me, being owned allows me to solidify my identifications and sense of identity.

In these and other interactions that we each present, the enactment involves the feeling that the patient is trying to own the therapist in order to feel safe and to process personal and cultural trauma. As mentioned, in some cases this is a healthy form of connection, but to quote Brenner (1982), “There is no sharp line that separates what is normal from what is pathological in psychic life” (p. 150). We adopt Smith’s (2001) definition of pathology based on the degree of pain and inhibition the person suffers and present three cases where the wish to own falls somewhere along the continuum of inhibiting growth to transformative.

MY COUNTRY 'TIS OF THEE

S: In the United States, of course, conflicts over land ownership are not a part of the national psyche (with the important exception of Native Americans) as they are in Israel, Palestine, and other parts of the world, but the disparity between classes casts a large shadow and informs our thoughts and feelings about ownership (Altman, 1995; Hollander, Layton, & Gutwill, 2006). Jeff wants to be my only patient and revels in the fantasy that by paying and attending more often than others, he can buy me for himself. His was a family of great wealth, grand homes, and vast collections; money and what could be owned as a result of it substituted for love and was prized above all else. I am aware that while I might set and at least co-own the parameters of the frame—much to his chagrin—I don't always feel that I am "allowed" my identity as his analyst. As he has felt owned by his mother and, especially, his father, I feel owned by Jeff. At times I feel valued and even loved; other times, constricted, deadened, forced to comply with his demands for sameness and silence—paralleling, of course, much of his experience. To a large extent, Jeff was more object than subject for his parents, and so we have each felt that in our relationship as well. Like his parents before him—and here we see the impact of the family's personal history and cultural memory—to own and therefore control me is to decide which parts of me he will allow to exist. "If I don't get to know or be who I really am, then why should you?" he asks. During particular moments of contact, he can empathize with how difficult it might be to keep any evidence of my subjectivity hidden, lest it be subjected to ridicule. He knows this feeling almost as well as he knows the fear of being disowned and disinherited if he chooses his own path in life. I, too, am aware of being dependent on my patient and his family's finances (Howard, 2009).

Likewise, Omar also wants to own me as he might a mistress or prostitute and fantasizes killing off my other patients in order to retake possession. Growing up in the United States with a great deal of deprivation, poor and fatherless in a communist household, he possessed little of material or nonmaterial value and has always been acutely aware of the haves and have-nots. As a child, he moved a great deal and vividly remembers living in fear of landlords who would demand rent that the family could not afford to pay, the fear of being evicted from temporarily rented homes always a specter. For Omar, to own and be owned is imperative.

When we first meet more than 15 years ago, due in part to an early history of sexual molestation commingled with unrequited longing for an abandoning father and banished siblings, he is terrified that I will seduce and penetrate him—physically, sexually, and otherwise. My observations and interpretations are kept at bay, and when I'm not careful enough, I find myself in the disquieting position of being pulled to defend aspects of our capitalist society that I'm not even necessarily a champion of, and to prove my benign caring even while feeling uncharacteristically predatory. The professional class conquers and owns; he does not, and he is committed to keeping me as the evil other. Material possessions are shunned and devalued; he lives as minimally as possible, hoarding money when he finally allows himself to earn. As the treatment progresses and we have an opportunity to more closely examine identifications, he becomes less shunning than his parents and now more in touch with and accepting of hunger and need. Fears of being penetrated yield to simultaneous or alternative wishes to sexually and otherwise turn me on and be penetrated by me. The wish is that I, unlike his real father, will want to claim him as my own just as he longs to be my son. This terrifies Omar in our first years while he questions his sexual identity and preferences; it's exciting and more pleasurable in recent years as he becomes

more comfortable acknowledging his heterosexuality and exhibitionistic urges—coming out of the closet, as he calls it with some irony.

Early abuse; a mother who was invasive, castrating as well as militantly anti pornography and verbally challenging of male sexuality and power; and absent male role models all conspired against Omar's burgeoning gender and sexual identity. Further complicating his search for identity and, in particular, national identity and the sense of belonging that such an allegiance would provide is the disparity of his Middle Eastern, Muslim name inherited from a father he barely knew but idealized as a swashbuckling political hero and his depressed, preoccupied, and at times dismissive Jewish American mother whom he once pitied and worried terribly about and later devalued and recoiled from. Omar came to hate what he saw as his mother's pathetic weakness and crippling overreliance on him, refused to accept the Jewish parts of his identity and subsequently struggled with anti-Semitism and, inevitably, self-hatred and a lack of belonging, owning or being owned in ways that would likely have engendered a sense of comfort and safety. As mentioned before, ownership *includes* but is not defined as being the same as a sense of belonging. While we posit belonging to be dyadic (belonging to a lover, a family, country, community, or political movement), we suggest that owning is always triangular in that it involves a third party who also requests ownership over the desired object. For example, unless I own this land, lover, or family member, someone else will come along to make the claim. According to religious Jewish law and the Mishnah (first major written version of the Jewish oral tradition), the central statement of the divorce document is "*Harei at muteret le-khol adam*"—"Behold you are permitted to any person," a statement that breaks the bonds of the existing marriage. The woman is now available to be owned by another man.

Sexual dreams about Omar's mother alternate with conscious recoiling from what he sees as her, his, and my Jewish ugliness. In other dreams, intruders break down doors and steal his possessions. Hypersexual behavior and a wish to disown his body and its parts colors much of his teens and 20s and informs the therapy. Progress toward reclaiming ownership over previously split-off and devalued identifications, cognitions—he could now have *his* political beliefs rather than merely parroting or rebelling against his parents' and achieve intimacy without merger—a sense of attractiveness, recognition of, and acceptance of his body and its functions all eventually allowed him to date successfully and marry, but not without a struggle.

Among numerous childhood traumas, Omar had to contend with the loss of his only siblings, a beloved older brother and sister. Still reeling from his father's departure when Omar was around 2 years of age, he treasured his siblings as a nurturing, protective presence until, in separate fits of rage less than a year apart, his mother ordered them to leave immediately, sending them to live with the father Omar had met less than a handful of times, rarely to be seen again until adulthood. One more in a series of lessons learned and relearned: Cling tightly to what you have. Better still: Own nothing lest you lose it all. In concurrent individual and group sessions, Omar fought with, loved, hated, and rejected rather than risk being on the passive end of losing group mates. As in life, alliances were formed and battles waged. Only recently arrived at a place where he could trust that I was worth claiming and would not be taken from him, he found that group contained the siblings he longed to reunite with but also, painfully for a man who wished to be my first and only child, rivals. I assume an oedipal component here but because the primary feeling is one of original ownership rather than having stolen me from another, ownership dynamics of the kind under discussion predominate. If I truly loved him in ways his parents couldn't, Omar cried, how could I also love and be there for the others? Wasn't he mine and I his? How can it be possible

for us to continue to have each other while the others, like intruders in his dreams, barge in to break us apart and take me from him? In group sessions, he devalues and punishes the others, defending his turf. In our individual meetings, he sobs.

Like Omar, I have also struggled with religious, national, and sexual identity; felt like an outsider; dealt with childhood trauma and, though not literal, symbolic paternal loss (Kuchuck, 2008). Secular American Judaism left me ambivalent and ill prepared for dealing with questions about God. It did, however, introduce me to the notion of an idealized promised land of good guys fighting against evil in which I would be welcomed with open arms. Longing for a good mother with whom I could merge and an extended community to which I could belong, I headed to Israel as a teenager and, perhaps not surprisingly, landed on a kibbutz. Unlike my patient, at home I was subject not to cultlike political indoctrination or material deprivation but rather the opposite: a lack of something larger than myself and excess that at times substituted for love. As a result, the kibbutz's spartan living conditions and socialist ideas—"from each according to his ability, to each according to his needs"—turned me on and allowed me to grow in ways they couldn't for my patient.

Upon arriving in Israel, a kibbutz family "adopted" me as their own, and on the kibbutz and in the cities, virtual strangers told me I was finally home and asked not if but when I would be relocating or, as the Israelis call it, making aliyah—to go up to a higher place. The story of my initial stay and subsequent visits is perhaps best left for another time. For our purposes here, though, I will say that I felt a connection to the symbolic and actual land and people in ways that up until then I had never felt in the United States. In fact, to call what I felt "connection" seems not to do justice to the intensity of an experience that, in various forms, has lasted for more than 30 years. Deep in my soul, firmly embedded in my psyche, is a sense of owning and being owned that healed me in ways I needed back then and nurtures and helps sustain me to this day.

We can posit various developmental and psychoanalytic explanations to understand my experience, and in fact many of us have seen similar phenomena with patients who early enough in their development immigrated or simply immersed themselves in another culture as I did (Akthar, 1999). The combination of cultural memory and personal history is a powerful one, and as mentioned, in Judaism and in particular in Israel, it becomes suffused with various experiences of ownership that produce powerful external and intrapsychic ties (Whitehead, 2007). In more recent years, I've agonized while watching what I view to be perversions of power and ownership resulting from a mix of realistic fear and paranoia that have led to and resulted from Israel's occupation of Palestinian territory. Like a child who begins to discover his parents' flaws or a patient and analyst stuck in a therapeutic impasse or other relational challenge or turning point, I've had to renegotiate my relationship with Israel and learn to love and be loved, to own and be owned by her in different, less romantic, but perhaps more mature ways.

BE A WOMAN IN BED, DON'T BE A THERAPIST

G: Noah's case is also an example of a personal trauma that cannot be untangled from the imprint of Israeli cultural memory, and one in which the wish to own is a way to turn trauma into triumph (Freud, 1932; Stoller, 1979) and feel safe. Here, gender and sexuality play a major role. In one of his repetitive dreams, Noah, a 35-year-old man, is in bed with a woman. Suddenly a man appears. Interrupting, the intruder calls the woman and seduces her to come with him. Noah is

angry; he wants to have her only to himself, trying to create the illusion that he can provide her with something that someone else cannot. But he is afraid that the moment he takes a short break, everything will fall apart and he will be left alone, destroyed, as appears in another repetitive dream where he sees a mother, a father, and their baby. The baby is falling from the mother's arms and breaking into pieces, and I believe this signifies a presymbolic, preverbal breakdown experienced in a home with six siblings that knew its share of rejection, narcissistic injury and sexual overstimulation.

Noah's way of defeating the intruder is to participate in sadomasochistic relationships in which he owns a helpless object whom he gratifies and punishes. His woman must be totally dependent upon him, so that there is no danger of her leaving him for any other object. We could discuss many aspects of this case, but we restrict our discussion to the demonstration of a wish to own not only his female partner but also his female analyst; and to what we perceive as a form of owning that serves to process trauma, resulting in the illusion of safety.

In our sessions Noah speaks almost exclusively about his sex life with his spouse. Sex and the relationship are means through which he "manages her," upon her request; he commands her actions in and out of bed. She does not touch him. He touches her. He gratifies her. She comes. He covers her with a blanket. "I let her rest," he says. "I wake her up again half an hour later, 'You've had enough, come, I'll give you more.'" He ties her up, he beats her up, he turns her into a helpless baby, and she worships him, pleading for more. He experiences himself as omnipotent, trying to disguise the helpless boy he once was while losing a suddenly unavailable, exhausted mother to a new sibling, and then another sibling and another one, hiding his terror about being left all alone. "You are a good boy," his mother says as he plays by himself for hours. Most of the time Noah can only refer to what he calls "my cooperation with her masochistic needs." He sees himself as an instrument at her disposal. We compare the sexual situation in which he is "involved with her, satisfies her," and therapy, where he is also involved with "her"—me. "I can teach Freud some things"—he flirts with me—"and you, I bet you need some coffee. If you would only allow me to bring you some. . . ."

One morning, Noah arrives for his session red-eyed and says he did not sleep all night. "I fed her," he says. "I put cock and food in her mouth. She came 10 times in one hour, and I didn't let her rest until she was totally drained. Now she's satisfied and has no energy for any other man." "So is she yours now?" I ask. "Absolutely." He smiles and nods his head. We understand that she is a helpless baby that he feeds and covers with a blanket. This baby is as needy as the parts of himself that he hates. He identifies with the baby; and simultaneously, he is also the mother he would have liked to have had for himself, powerful and responsive. But for Noah, what's most important is that now she belongs to him, and he has the illusion that now he is powerful enough so she won't be able to leave him. From a preoedipal perspective, the baby is seeking a safe, primary dyadic experience, where unlike in Noah's dream, the mother and baby are fused and no intruder can steal her. When attachment is insecure and the maternal container is shaky, any third threatens the dyad and a third's intervention always constitutes an abandonment threat (Atlas-Koch, 2011; Britton, 1989/1997). "Now," Noah says, "she is mine and nobody else can have her."

It must not be merely a mistake that I have forgotten to mention thus far that his girlfriend is married. Her husband knows that she spends her nights elsewhere. Noah is usually not jealous of her husband (who, as oedipal victor, was there first) but is paralyzed by her flirtations with other men in front of his eyes, while she asks *him* to restrain her and her intense uninhibited sexual

needs. Here, we see not only oedipal issues but issues of ownership as well, as Noah fears he will lose his lover to would-be suitors ready to take her from him. “She knows the only way to calm her down,” he says, “is through beating her up and through intense sexual activity. I don’t necessarily like it, but there is no other choice.” He feels that he has to wear her out so that she has no strength left for anyone else, so that she stays loyal to him. Many times I feel as though he is trying to wear me out too, so that I will not have any strength for anyone else who arrives after him, so that I think of him during the next session and remain loyal to him. Sometimes he succeeds.

The dynamics are complex, and at times overwhelming. There are moments in which I cannot think. There are moments when he scares me, sexually arouses me, and shocks me. There is the matter of my own cultural memories to contend with; his dreams and fantasies elicit my own. I’m reminded of my own childhood fears of terror attacks, overexposed (as was my patient) to newspaper reports of Arab invaders who broke into homes and, as I understood it, stole children from their parents, parents from their children, and killed them all. In preparation for such an invasion, I used to hide in the closet with my little brother, prohibiting either of us from making a sound lest the intruder discover our whereabouts. I identify with my patient’s fear of the invading third even as I fear his invasions into my sexual and psychological safe space.

With Noah, there are many moments in which I experience myself as passive and submissive; I follow him while trying not to lose my ability to think and try to regulate myself in the face of intense stimulation. Among our twice-weekly meetings there are also especially intense sessions during which I come upon my (as well as his) deep fantasy and enjoyment of being owned, cared for, held, just like his girlfriend. “You don’t move from here,” he tells her sternly. “Whatever you say, you’re my boss,” she teases him. Speaking to me, he says, “I slept with a psychoanalyst yesterday. I think I opened up her world. She couldn’t let me go. She needed me. She was mine. I told her, ‘Be a woman in bed, don’t be a therapist.’”

At times he resists my functioning as his therapist and what he experiences as me being in control, setting the rules and threatening to expose his vulnerability. He asks that I be a woman, asks to sexually gratify me in many ways, asks that I need and surrender to him. He sometimes asks concretely that I go outside with him. “It’s a nice day. You and your rules, it’s a pity to stay inside. We can sit and speak in the park. Freud didn’t know what he was talking about,” he says. Freud is always with us, representing the intruder who is trying to steal my mind from Noah.

And then, when he tells me about 10 orgasms an hour, he looks me in the eye and says, “You know, I don’t tell this to anyone but you. My male friends would be jealous, my female friends would leave their husbands. I will cause frustration to any woman who realizes that she has not been receiving what she deserves from her husband” (in Hebrew, also her owner). “The feeling is that you can give a woman something that no other man can,” I state. “Yes,” he says. “Anyone I touch will be mine and will not be able to leave,” and of course, he is talking about me here as well. Noah’s grandiose defenses are not so rigid as to prevent us from discussing the psychic pain and burden of having to go to such great and relentless lengths to touch in ways that will secure his role as master. We talk about the feeling, based on childhood knowledge, that if he stops and rests for even a moment, she, I, will leave.

Here, owning my mind is experienced as taking away my thinking phallus and endowing himself with an enormous one. “The rabbi told my mother during the bris, ‘Well done, Mama, this boy will bring you honor yet,’” he tells me. When it becomes difficult for me to think, I remind myself that by sexually stimulating me and making me passive he is able to achieve

active mastery over passively experienced childhood traumas. As a child he felt powerless and helpless. He was abused by older siblings without adequate protection and lost mother's gaze as siblings began to arrive when he was 1½. "I was her special baby—I know that," he says with tears. "Maybe she still thinks I'm special, but she's too busy."

Noah owns me in a way that turns the trauma into triumph; he is the master, and his girlfriend and I are the women who can't live without him, holding his needy and sacred pieces. Not only does he make us feel the terror he suffered, but he also takes care of his girlfriend like a baby—and promises to do so for me. When he can accomplish this, he is no longer afraid, and my task as an analyst is to maintain that precarious state of being both participant and observer. In relational terms, I strive to maintain optimal tension between being the old and the new object. I am being sucked into the vortex while simultaneously climbing out of it, and that is my best opportunity to demystify the erotics of the analytic enterprise (Gabbard, 1994). I own and am owned, and for Noah, this is the heart of the therapeutic action.

WHO OWNS THE BABY?

As always, parallel and countertransference processes abound. The experience of co-writing a paper about owning has, of course, stirred our intrapsychic and cultural self and object representations and transferences. Each of us has had to contend with the question of how two people with similar but also quite different cultural backgrounds can create a third (Benjamin, 2004; Britton, 1989/1997) and still feel ownership both of our original ideas and the joint product. Can two parents equally own one baby? Can two nations equally own one land? The process has led to feelings of competition, power, and other issues related to being seen and heard, remembering and forgetting, submission and surrender (Ghent, 1990).

Likewise in an analysis, it can be difficult to know or remember who owns the thoughts and feelings that are the currency of any treatment (Ogden, 2005). The relational notion of a third that is co-created between therapist and patient is supported by infant research (Beebe & Lachmann, 2005; Boston Change Process Study Group [BCPSG], 1998; Lyons-Ruth, 1999; Lyons-Ruth & BCPSG, 2001; Stern et al., 1998), which has shown us that primary dyadic relations are co-created. Patients will sometimes say that we've brainwashed or put ideas into their heads or, alternatively, present what they feel to be an original idea or affect that we may recognize as something we've already observed or interpreted to them but that they rejected or forgot. When it comes to ownership of ideas, however, we believe that this either—or thinking about whether an idea belongs to the patient or analyst, husband or wife, and so on, obscures some basic truths, one of which is the fact that we can't always know where ideas originate from. We often—perhaps even always—communicate information with each other that neither party remembers or owns in many unconscious and nonverbal ways, so that even if an idea remains unsymbolized or unarticulated (think of Bollas's, 1987, unthought known), it may still get communicated and perhaps even responded to. As we write and read these words, for example, we truly don't remember which one of us—or perhaps it was someone we read—first came up with this notion. Likewise, we are co-creating with our patients "something new," although each brings his or her own psychic history and ideas to the dyad (Teicholz, 2008). Similarly, when self states become dissociated, patients—or analysts—are not likely to be able to claim conscious ownership of things they've said, or to hear and own what one points out to the other. After all, we are all subject to what

interpersonalists and relationalists term “not me” experiences. Each of us also encountered challenges and difficulties in remembering and co-creating and in fact, the aforementioned difficulties notwithstanding, discovered that not remembering who originally said what in part allowed us to co-construct this paper as a third. We recognize that for us and perhaps in the writing of any paper or co-construction of any narrative, the process and finished paper have been replete with enactments.

Through a combination of resistance (at times we each felt ourselves reflexively rejecting ideas that didn’t resonate with what we already believed we knew and held as truth), negotiation (it was fun to debate and argue and interesting to see where opportunities for dominance or generosity arose), submission, surrender (Ghent, 1990; Pizer, 1992)—which of course often felt temporarily defeating or, alternatively, expansive and freeing—and feelings of wanting to own and be owned by each other (“You must word it this way”; “I don’t know what to say—would you please write that for me in my voice?”), we as co-authors each learned to cope with these feelings and, additionally, ideas that were not originally experienced as being ours or at least not consciously recognized as such. As mentioned, we believe that there are similarities in the ways in which analysts and patients already engage or must learn to engage in these kinds of struggles along the road of fusion, separation and co-construction. For us, as in an analysis or any intersubjective venture, while the possibility of losing one’s autonomy can be threatening to either party, the potential joy of mutual influence that can arise as a result of ownership or the negation of such as opposed to mere domination or submission is also very real. Together we created a third to remember and own. Perhaps the same can be said of any good-enough analysis.

CONCLUSION

For Noah, Adam, Jeff, and Omar, thirdness, in and out of the treatment, as discussed by Ogden (1994), Benjamin (2004), Aron (2006), and others, was not an option, at least not initially. While we have explored less defense-based, adaptive expressions of owning, their desire to own and be owned arose as a defensive reaction to the trauma of profound and often multiple losses. Feelings of terror and helplessness related to trauma and loss were processed and mastered through owning, transforming the passive experience into an active act. We recognize these tendencies as part of the task of mastering the outside world, annulling a passive experience by active behavior, turning trauma into triumph (Freud, 1932; Stoller, 1979). Before any movement away from these rigid and fixed roles could occur, there needed to be an analytic exploration of transference—countertransference repetitions and enactments and the nature of the original trauma and development of these defenses. Through a recognition of and living with the aforementioned historical and dynamic factors over time, we were able to understand, interpret, and allow ourselves to be used in the treatment in ways that allowed for some eventual expansion of these initially limited roles. Thirds, then, may be the adaptive outcome of an ownership dynamic, a developmental achievement that allows movement from complementarity (Benjamin, 2004) and/or submission to mutuality (Aron, 1996). When such thirdness is possible, it’s an indication that a shift has occurred from trauma-based defense to a more adaptive mode of relating. As a result of this shift, there occurs an expansion of transitional space and a letting go of some of the more compulsive aspects of the need to own.

We are only just beginning to understand the various ways in which owning manifests in and out of the treatment room. Whether as a defense against or response to trauma, a way to process cultural memory, a dynamic that arises in love or analytic relationships, or a component of a creative process, there is much more to explore.

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