

ENVY AND GLUTTONY: COVERT AND OVERT FORMS OF INSATIABILITY

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ABSTRACT

This paper offers basic and more advanced theory on envy as a primal unconscious phenomenon in the human psyche. In speaking of the primal level of envy, as opposed to Freud's phallic and oedipal levels, we see how Melanie Klein, Ronald Fairbairn, and D. W. Winnicott contribute to the author's theoretical thought, combined with the vivid examples of clinical application, and with a literary example as well.

When envy is a primary feature of the character and characterological dynamics, an oral insatiability manifests. The interpretation of split off and/or repressed aspects of the self allow for a progressive developmental process, which can ultimately lead to mourning and self-integration. The compulsion to destroy who and what is envied, way before the person reaches a developmental level of healthy admiration and self-agency, is analyzed here as a persistent self-sabotaging attitude that needs to be addressed repeatedly with the more severe envious character who employs dramatic paranoid and schizoid defense operations. Compassion and empathy for the child hidden within the raging hungry self is also emphasized.

Envy is the poisoning, devaluing spoiling and destruction of all that is good. Instead of retaliating against the persecutory aspects of another, who is seen as a bad object, in the state of envy one sours the grapes, one spoils the sweetness of life in the other. Everything good given is attacked with spoiling and devaluing comments, simulating and symbolizing the concrete acts of destruction in our minds that haunt us unconsciously from the time of infancy. This comes through in Klein's writing on envy, which began in the 1930s and crystallized in her published paper "Envy and Gratitude" in 1957. Those captured by psychic, and generally unconscious, states of envy and its systematic paranoid attacks upon those doing the offering of any good, as well as the achieving, grow increasingly insatiable for that which they imagine the one who gives possesses. Those in a state of envy have an idealized image that can only grow in grotesque proportions; their own primal hunger for a mother and for the objects owned by a mother, such as breasts and a womb, with potential babies, grows into profound insatiability. Those in states of envy cannot be fed. They cannot receive. They cannot swallow and digest on a psychological or symbolic level. Often they have been traumatized with early

states of deprivation that exacerbate the hunger. When narcissistic or schizoid, they have scaled off behind a psychic barrier that prevents them from taking anything in. In this state of psychic starvation they lust for what the other has, but have no adequate contact with their own abilities to achieve and attain what they see the successful other having. In the black and white level of unconscious hunger that promotes insatiability they cannot imagine having what the other has. There are only the haves and have nots, and in states of envy we are the have nots. When we cannot gluttonously swallow substitutes for that which we crave in the image of the other by having it through food, alcohol, drugs or material possessions, we have one goal only, and that is to destroy, to destroy the other or at least what the other has in terms of success, love, and creativity.

For Klein (1957), creativity in particular is destroyed by envy. This is based on her experience as a clinician and her developmental reasoning that the mother is the original creator. Klein knew how deeply the mother is hungered for. Such hunger promotes envy as well as profound pathological psychic insatiability related to the emptying out of the self promoted by the destruction of envy. Those who have character disorders based on traumatic levels of psychological deprivation in relation to early mothering have this destructive envy and its related insatiability in the most overt, perpetual form, while neurotics repress envy and keep it covert, so it may only appear overtly through symptoms, such as that of gluttony, or in material or intellectual consumerism.

Through her experience as the pioneer in play therapy with children, as well as in her work with adults, Melanie Klein experienced the clinical attacks that expressed unconscious envy of the fantasized ever full womb of the mother and of the nurturing breasts that provide milk. When the unconscious fantasy of the internal world baby self is translated through the ego into the expressions of adults, hostile and contemptuous attacks on the author or teacher can take place in the form of devaluations disguised in the form of legitimate complaints or legitimate criticism, notwithstanding the legitimate need to complain, and to offer constructive criticism that does exist.

In professional situations, unconscious murderous impulses can parade in book reviews, but in less formulated terms they can be part of the daily gossip and complaints in institutes and organizations. Many want things they can't get at the institute, and everyone thinks that what they have is too little. It is the ones who visibly offer their knowledge and resources that are attacked because the very fact that they have these resources stirs up the insatiable areas of

unconscious hunger from the time of infancy. This hunger may be hidden behind repressive barriers in neurotic psyche structures, or be sealed-off in a dissociated area of the psyche where only starving and depriving bad objects exist in those with the character disordered psychic structure.

Breast and penis were both envied in the children in play therapy with Melanie Klein (Grosskurth, 1988), and in their symbolized and euphemized forms, breast and penis capacities are envied in an institute director, such as myself who offers the fecund breast milk of ever flowing publications in the form of books and journal articles in the field. My symbolic penis is envied as I lead board meetings, appoint committee chairpersons and faculty, therefore perceived as having the conductor's rod of decision making and leadership. No one understood this better than Melanie Klein, who herself shared the dual role of being an original published theorist and a leader of the British Psychoanalytic Society, along with Ernest Jones and Anna Freud.

Sabotage of oneself can be born from destruction towards the giver (as in biting the hand that feeds you), nevertheless it is a compulsion that cannot be stopped. This compulsion is propelled by insatiable cravings for professional and monetary awards, awards symbolizing the food and the original food of milk and feeding from mother. It overpowers every level of self-reflection that might have come to developmentally exist in the more highly developed cognitive areas of our brains. It is raw instinct, as is the impulse to retaliate. It is the hunger fueled lust to destroy: "You have it! I don't! I must destroy it in you, for I can never have it. (Deep down I fear the inadequacy)." The narcissistic mother who feeds off the child as her mirroring self object, and who viscerally and unconsciously can be experienced by her child as an empty core mother, promotes perhaps even more intense envy, beyond the normal instinct in her child. For references to this you can take a look at the cases of the poet Sylvia Plath and the Case of Ms. Z., which I describe in my "Vaginal Core or Vampire Mouth: the Visceral Level of Envy in Women: the Protosymbolic Politics of Object Relations," which appears as a book chapter in *Gender and Envy* (Burke, 1998).

It is common knowledge that Sigmund Freud only spoke about penis envy. Consequently, some misguided American followers of Freud (who occupied the psychoanalytic world in the 1950s, when New York Psychoanalytic Institute was the only game in town, in terms of psychoanalytic institutes) made prolific interpretations about "penis envy." My own clinical experience with those treated in the 1950s has revealed that ambitions, which were already

fraught with unconscious guilt and shame in women, were poisoned by interpretations around penis envy, which exacerbated the fear in these women of their own destructiveness. Their legitimate ambitions were invalidated and reduced to wanting a man's penis. The result was that unconscious fears of envious attacks on the primal internal mother through their ambitions were totally unheard. Fears of attacks from other women who represented the internal world primal mother of childhood were unheard. The primal envy of the mother was never spoken about by "Freudian analysts." Gender politics were highlighted and exaggerated.

Also, deep seated fear of envious others that overwhelmed even one's own guilt and shame about having envy was avoided altogether. Envy in men was not interpreted, merely referred to as castration anxiety because this was supposedly related to deep fears of inadequacy as envy is. Women were sprayed with impulsive analytic interpretations about a concrete wish for a penis that only bewildered them, and which provoked the frustration and rage that was deserved. In the face of this, Melanie Klein came along and told the psychoanalytic world that penis envy was comforting in women because it actually allowed women to have a psychic barrier against penetration (Ellman, 2003). In other words, distracted by penis envy interpretations, women might not have to face consciousness of the primal envy of the mother at the core of their psyches. By only being aware of envying men, women could avoid knowing the dangerous mystery that they carried with them from their infancy and childhood, that of fearing the envy of the mother and hungering for the mother in the covert form of unconscious envy. They then did not have to learn that they wished to gouge out and eviscerate the insides of mother, or in adult consciousness, to grab and destroy the books or creations of another woman. A most poignant example of this is seen in Melanie Klein's daughter, Melitta Schmideberg, who systematically attempted to destroy her mother in her respected role in the British Psychoanalytic Society, with the colluding alliance of her male analyst, Edward Glover, who despised Melanie Klein (Grosskurth, 1988). What they couldn't possess they would destroy. However, this was all unconscious, and would remain so in a psychoanalytic world that only interpreted penis envy. Also remaining unconscious was the terrifying fear of the envy of the other, originally fear of the mother's envy, which later became the envy towards other adult women.

Karen Horney spoke up against penis envy (Burke, 1988). Janine Chassaguet-Smirgel offered cases to demonstrate that all that which seemed to stem from envy of men in adult women really went back to both oedipal and preoedipal levels of envy related to the mother, and to the mother's narcissistic expression of envy as well (Burke, 1998). In the same book (Burke, 1998),

Peter Shabad moves us still further, with his writing about the evil eye in the envious parent. He writes of how the parent's envy is expressed as an evil, intruding, possessive eye that unconsciously imprints itself on the child psyche. When left unconscious in the adult this incorporated evil eye promotes fears and inhibitions that block accomplishments being visibly expressed in the world. The unconscious fear is that the parent's eyes will watch and destroy with envious spite and hate. For years one of my female patients in intensive analysis placed a tissue mask over her eyes as she lay on the couch, and opened her soul and her grief to birth her new found abilities. In reading Shabad, I came to understand how this could be an attempt to ward-off the envious eyes of both parents, who each illustrated envy in their distinctive ways. Her mother had fought against her primal levels of separation and affiliation with friends outside the family.

However, it is Melanie Klein who speaks to me at the level where my patients and I live. Klein knew that primal envy, much prior to any gender differentiated envy, was woven together with hunger in the unconscious – hunger for an object, which always stems back to the primal object, mother. Educated in a Kleinian world in South America (Chile), Otto Kernberg (1975) speaks of “oral envy,” and sees its critical role in character pathology, particularly in borderline, narcissistic and schizoid conditions. We greet and meet the world with our oral hunger and take in mother as breast through our mouths. Even though the physical and emotional holding of the mother that D. W. Winnicott describes can modify this hunger, contain it, and satiate it to a relative degree, failings in such holding are always there, and at traumatic levels of maternal unavailability hunger morphs into a mammoth ghost of unfulfilled longings that haunts us at unconscious levels. Consequently, Emily Bronte, who lost her mother during the critical preoedipal years of separation-individuation, writes in *Wuthering Heights* of Heathcliff as the demon lover who's oral and anal sadism are vivid (Kavaler-Adler, 1993/2013). Heathcliff's cannibalistic cravings for his one and only love Catherine, become increasingly dramatic as he is deprived of the object of his hunger, and his envy of her leads to his retaliatory attacks against her sister-in-law and against her sister-in-law's dog, who he murders after marrying and raping the dog's owner. He cannot live without his other half, as one part of Emily Bronte's divided and split primal self cannot live without its other half. The dogs in the novel have big and vicious teeth that crave a never achieved satiation through murder, and Heathcliff himself “foams at the mouth,” according to Emily Bronte. However, as I describe in my book, *The Compulsion to Create: Women Writers and Their Demon Lovers* (Kavaler-Adler, 1993/2013), it is Ronald Fairbairn who informs us about insatiability, speaking of the splitting and sealing-

off of the internal world. By reading Ronald Fairbairn, we learn of how our psyches can split away from our core selves in order to avoid the conscious pain of knowing that inner place where primal deprivation and abandonment has taken place. Sealed-off with no human affect connection, living in an internal world constructed from the pathological relationships of the past, there is no nurturance coming in from contact with others. Consequently insatiability is inevitable for nobody can reach the inner starving self, the self that has eaten the poison pie parent in infancy and toddlerhood. There is insatiable hunger for intellectual and concrete compensations that evolve into an active and gluttonous insatiability. The gluttony is overt, while the envy is dissociated or unconscious and thus covert.

We must, however, turn back to Klein when we think of how oral hunger is fueled by and prompted by perpetual envy. Such haunting envy is hidden behind the contemptuous and critical sour grape attacks, or behind the mere dismissals of others who symbolize achievement, power, and love. Achievement, power, and love seem both idealized and demonic to those who starve for their own accomplishment, and who cannot be fed or reached for the nurturance of interpersonal contact. As analysts we attempt to reach those hidden, sealed off hungry places, and we get continuous rebuffs by our highly vulnerable and envious patients who fear being touched as much as they crave it. Like Winnicott's (1963) patients, who want to be found and fear being found at the same time, we are scapegoated by those who envy us.

Those acting out envy often had pathologically envious parents and or siblings, as Melanie Klein had with her mother and older brother. This is a motivational perspective that Klein ignores, but it is the one picked up by Peter Shabad. Klein was super sensitive to envy because of her family, as shown so vividly in Phyllis Grosskurth's 1988 biography of Melanie Klein. The letters of Klein's mother speak volumes about a parent's envy of a child, and particularly about a mother's envy of a daughter. Melanie Klein's mother thrived on shipping her daughter, Melanie, off to health spas so that she could rule the roost at home, taking over the role of mother to Melanie's children, and taking over the role of wife to Melanie's husband. She even planned dinner parties for her daughter's husband's guests and acted as hostess. Melanie Klein's daughter hated her for her maternal abandonments, which were all instigated by Melanie's mother, Melitta's grandmother.

I propose that Melanie Klein never faced this directly. Nevertheless it all came up in her acute sensitivity to the envy in herself and in her patients. She could smell the contempt and spoiling criticism of the envious patient a mile away. In her brilliant understanding of all pertaining to

the primal stages of infancy and depressive position separation-individuation, Klein could see how current self-righteous contempt stemmed from the hunger and tantalization of her primal relationship with her mother. Klein could see how such adult attitudes of contempt stemmed from the time when weaning, and the dynamics of separation accompanying it, turned the sweet milk of infancy sour, and the idealized breast turned bad. Klein's paper on "Envy and Gratitude," given in its initial form in the thirties, and then published in 1957, revolutionized psychoanalysis. This paper focused on primal hunger and primal trauma and its object relations deprivations. It also split Winnicott away from Klein, and began a whole school called the British Independent Group (Grosskurth, 1988). This group rejected envy and the somewhat fantastic metapsychology of Klein's form of death instinct. This Independent Group preferred to look at trauma in its relationship to early and actual parental failings.

What did D. W. Winnicott have to say about envy? For one thing he saw the envy in the mother while Klein only saw envy in children and patients. As reported in Rodman's biography of Winnicott, Winnicott wrote poetry about the mother who intensely hungered to ingest and own the vitality of her young male child. Winnicott's mother co-opted what she could from her son. According to Winnicott's biographer, Winnicott's mother stifled his masculinity, and tried to mold him into the feminine form of a caretaker so that her son would take care of her. Winnicott's first marriage was a disaster because he was forced into the role of caretaker. Winnicott describes his mother as one who envied his basic energetic aliveness, his "vitality."

But what Winnicott proposed as clinical and developmental perspectives on envy is quite in contrast to Melanie Klein. He spoke of how the mother can allow the baby or child to be a part of her, and of how this diminishes the envy of the child towards the mother. He may have picked up how narcissistic patients will try to live vicariously through the analyst in the midst of an idealizing transference in treatment, and will only transform into envious and insatiably hungry envious critics at the point when the narcissistic bond with the analyst is disrupted.

Was this actually a plausible clinical approach to envy? Winnicott's mother had broken her bond with her son in early infancy when breast feeding sexually excited her, according to Rodman, Winnicott's biographer. His response wasn't envy, but seeing his mother's envy of him, especially for his vitalization, his masculinity, and for his potential sexuality, a sexuality which she seems to have actively attempted to crush. So Winnicott spent a clinical lifetime trying to repair the disrupted bond, by becoming the mommy's caretaker himself and bringing good enough mothering into treatment with his patients. Although he was very aware, as Klein

was, of the powerful aggression that we all can enter the world with, and of the power of retaliatory rage in the face of traumatic failures of mothering in infancy, which require self reflective and self containing processing, he spoke of “ruthlessness” rather than envy in his focus on this aggression. He even made ruthlessness benign by speaking of it as the developmentally necessary expression of the true self. By relegating envy to the mother like his own, who cannibalized the vitality of her child, he gave less credence to envy in the child and in the child within the patient than Klein did. Even when he did look at envy as destructive dynamic within the patient, his work emphasized restraint in making interpretations on the part of analyst, or refraining from interpretation altogether. He provides an example of this in his article on “The Capacity for Concern” (Winnicott, 1963) and in his book, *Maturational Processes and the Facilitating Environment* (Winnicott, 1965). As the psychoanalyst he waits for the patient to acknowledge his own destructiveness, and believes that the patient only does this when he feels enough love to make reparation.

He writes:

Example III: A man patient came into my room and saw a tape-recorder. This gave him ideas, and he said as he lay down and as he gathered himself together for I have finished treatment, what has happened here with me will be of value to the world in some way or other. I said nothing, but I made a mental note that this remark might indicate that the patient was near to one of those bouts of destructiveness with which I had had to deal repeatedly in two years of his treatment. Before the end of the hour, the patient had truly reached a new awareness of his envy of me, an envy which was the outcome of his thinking I was a good analyst. He had the impulse to thank me for being good, and for being able to do what he needed me to do. We had had all this before, but he was now, more than on previous occasions, in touch with his destructive feelings towards what might be called a good object, his analyst.

When I linked these two things, he said that this felt right, but he added how awful it would have been if I had interpreted this on the basis of his first remark. He meant, if I had taken up his wish to be of use and had told him that this indicated an unconscious wish to destroy. He had to reach to the destructive urge before I acknowledged the reparation and he had to reach it in his own time and in his own way. No doubt it was his capacity to have an idea of ultimately contributing that was making it possible for him to get into more intimate contact with his destructiveness. But constructive effort

is false and meaningless unless, as he said, one has first reached to the destruction.
(Winnicott, 1965, p. 103.)

In giving the patient validation as he made his own interpretations, Winnicott seems to be saying that the patient can feel like part of the analyst, just as a baby can feel like part of the mother, until the baby is ready to separate. Winnicott seems to have advocated a clinical merger in the face of envy, a merger which poses all kinds of questions around collusion for psychoanalytic clinicians.

Winnicott's dialectic with Klein is interesting as he emphasizes all opposite perspectives on Klein's views. I would propose that sometimes he created too extreme a polarization, but other times he provides us with a very valuable and needed contrast. This contrast is one which allows a developmental focus in our work, and which proposes the prospect of good enough mothering as the "hope" for our human civilization.

Clinical Examples

The Neurotic Hysteric

D. W. Winnicott (1971) wrote about object survival (Kavaler-Adler, 1993b, 1995), a phenomenon in which the analyst receives the attacks of the patient and attempts to tolerate and contain them, without retaliation or abandonment. Whether unconscious envy should be interpreted or merely be survived by the analyst is a matter of evaluating the level of psychological functioning of the patient. When repression is involved in neurotics, who are primarily in the depressive position, with developed capacities for symbolization, interpretation is useful and generally necessary to help the patient be conscious of unconscious aggression, when both turned on themselves, and towards the analyst, in the midst of transference states of envy. Unconscious envy and its hungry insatiability is always accompanied by devaluation and spoiling. The manifest gluttony, related to this unconscious and thus covert envy is often evident in analytic patients' verbal expressions, such as in the patient who always comes in overwhelmed, having "too much to say."

In the case of Geraldine she had avoided her transference envy for years in treatment. After working through many other issues, traumas and intrapsychic conflicts, she left treatment for several years. Then her life, in her words started to "fall apart." She returned to the female analyst with floods of violent impulses, which she was able to experience on a symbolic level through vivid psychic fantasies (Klein's "phantasies"). She was inhibited in her work as a

writer. She was enraged and grief stricken over the loss of idealized male figures in her life. She was stymied in relation to forging out in social environments, let alone on dates with men. The death of her grandmother made her feel that she had lost her center. She had always located her center of stability outside of herself, in the image of her grandmother, and in the kind of mothering her grandmother had provided, when her actual mother had “fallen apart,” at the time when Geraldine was only two years old, during the separation-individuation developmental period. Geraldine’s mother left her father at that time, after he had become violent, and had once attempted to bang Geraldine’s mother’s head against the wall.

When Geraldine returned to psychoanalytic treatment with me, she had withdrawn from working in structured work environments. Resorting to freelance work, she was failing to meet deadlines for the first time. On the couch only once a week, when she had been on the couch two and three times a week in the past, she began to experience erupting psychic imagery when in the therapy room with me and when alone at home. Lying on the couch, she would see herself in fantasy ripping open her flesh or cutting open her wrists just to have the release of watching blood surge out of her. She would also see herself banging her head against a table to open up its contents, and would also visualize many other forms of violent screaming through her body for release. When she couldn’t cry, she was bleeding profusely through her uterus, far beyond any times of menstrual bleeding. She found conclusive medical evidence to show that she was creating this bleeding, on a psychological level. She herself interpreted to me that she was crying through bleeding. I added that the crying through her uterus could imply a profound unconscious disappointment about being at an age when it looked probable that she would never have the chance to have a baby, since up to that point her relationships with men had either failed or ended, or had stayed on a level of platonic idealization. Gut wrenching disappointment would follow such idealization.

In treatment with me Geraldine cried. Geraldine faced her losses related to the loss of idealized men, men whom she had looked to provide a sense of still having a parent, when her only actual stable parent, her grandmother, had died. Still the violent images continued! The images continued haunting her, invading her and torturing her. She couldn't sleep.

Geraldine began a round of going to psychiatrists for sleep medication. However, all the rageful and violent self-mutilating images continued, until I began to interpret her unconscious envy while in the midst of such imagery experienced by Geraldine. Geraldine developed a new belief that only a male psychiatrist might save her. So while seeking medication, she discovered a

male psychiatrist, who (she believed) would allow her to do her work and earn a living, so she wouldn't fall out of life altogether. She had rejected a female psychiatrist who attempted to medicate her. Faced with the possibility of Geraldine being on the verge of leaving treatment, I, for the first time, began to pointedly interpret the transference rage related to envy that Geraldine had been running away from for a long time.

Geraldine told me that the male psychiatrist had told her that even though voices in her said that she couldn't do her work, she knew she could do it. He gave her reassurance rather than interpretation of the unconscious meaning of her negative thoughts, reinforcing her conscious defense. Ignited within my own being by a countertransference envy and rage towards this intruding male psychiatrist, whose understanding of unconscious symbolic meanings was limited at best, I began to tell Geraldine that she seemed ready to hear some things now that I had not thought she was ready for earlier. I told her that being, as she herself said "all over the place" in floating and oceanic images of wrist cutting and headbanging was her way of avoiding being in one place, where she would have to experience that she was in the room with me, a woman who she had a lot of terrifying and violent feelings towards. I told her that she was for years unaware of her envy of me.

It was after Geraldine spoke about wanting to kill her mother in the group that I took on her murderous feelings in the transference. I told Geraldine that she envied me for having a husband, as evidenced by her violent resistance and anger when I had had a medical operation many years ago and my husband had called her from the hospital, as he had called all my patients, to tell them I was O.K. I told her she was envious of my professional success and accomplishments as recently evidenced by her reaction to my taking a business trip to a far away and exotic land where I was presenting a professional paper at a conference. I told her that she had also alluded to many other signs of my professional success that she said had reminded her of her former self, when she was functioning in a professional environment as a writer. Specifically I mentioned her comment about coming into my office one day and seeing a drink of café latte on my desk along with papers I was working with. She had said, "I used to be sitting at a desk with a drink while I worked, and now I can't concentrate. I've lost it."

Along with these interpretations I also told Geraldine that she feared facing her angry, rageful, and envious feelings towards me because she was afraid of destroying the fragile mother she had within (and in the internal world) who I could sometimes represent. I became the transference mother who had given up all her artistic talents, and had withdrawn into a state

of dependence through psychological disorganization. I told her that unconsciously she could see me as both a rival and as a vulnerable soul whom she was afraid of destroying. On the one hand, she envied me and wanted to knock me off to claim the spoils for herself, especially when she felt so impotent in her own work life. I also said that she simultaneously would see me as a weak and helpless mother who had submitted to her grandmother's co-opting of Geraldine's mothering, a helpless mother who had told Geraldine that she had withdrawn into madness to avoid sin; sin was guilt over hatred towards her own mother who was so profoundly functional and competent.

For the first time in many sessions, Geraldine seemed to wake up when I said all this. She said, "Why didn't you tell me this before?" I said, "It wasn't until today that you really showed me you were ready for it, and that you could hear me." She was profoundly interested in what I had to say, and she stopped "indulging" in floating images of self attack at that moment, and for the rest of that session. She said that she was going to be going away on a vacation the next week, with a girlfriend, but that she would like to continue this discussion when she came back.

When Geraldine returned from her vacation she told me that she had had a vivid psychic fantasy after our last session. The fantasy illustrates the transference envy I had interpreted in the last session. However, due to her envy she was reluctant to tell me the fantasy. She said, "If I tell you you'll use it in your writing," and I'm not writing. Nevertheless she proceeded to tell me that she had had a very passionate, aggressive and powerful sexual fantasy. She imagined that she was forcing me to submit to her sexually. As if through sex she could take everything from me that she wanted. In her fantasy she had her fist up towards me, as she forced me to lie down and submit and she said triumphantly: "Now I'm going to get mine!" Geraldine expressed a great deal of anger following this report. Then in the next session, Geraldine found the depth of her sadness and her grief, after threatening to leave me. I was able to interpret that she needed to grieve the losses she had created in the last five years, when she had evaded her own mature female sexual and romantic yearnings, while following a spiritual practice with an idealized male figure whom she had substituted for a boyfriend. She was afraid she couldn't connect to the world now and do her work, but as she surrendered to a great deal of sadness and allowed herself to weep, she said that she could feel me palpably present and with her. I told her that I represented the world now, and since she was able to connect to me, by accepting the feelings in her deeper self she could connect to the world, in a natural way, not in the compulsive way that she was battling with herself to submit to, nor in the behavioral way the male psychiatrist was proposing, but through the natural flow of feeling and psychic reality that was emanating

from her as she felt her grief. She said it really felt good to let go, and she felt like we were touching now through me feeling her feelings, when she needed to be touched so badly. However, she laughed ironically and said: "I keep thinking I have to do something." As she relinquished her compulsion to "do something" we could have emotional communion and touch. Consequently, she gained the connection that could be internalized to strengthen her. This connection dissipated her transference envy somewhat, and could be bit by bit more effective in dissipating unconscious envy, which would follow the thinking of D. W. Winnicott. However, the Kleinian interpretative approach to unconscious envy is vividly seen in the clinical process with Geraldine, who was on a psychological level where the symbolic meaning of interpretations could be received and understood.

The Paranoid-Schizoid Position in the Paranoid Borderline Character Disorder

In contrast to the Interpretive approach that was so critical in the case of Geraldine, who was operating at a symbolic and neurotic level, symptomatic of Klein's depressive position, is the Initial on interpretive but holding and containing approach. This latter non-interpretive approach of Winnicott's "object survival" has been effective in the character disordered patient, whose primal pre-oedipal trauma has developmentally arrested her whole personality.

This object survival clinical position moved from non interpretation to interpretation with developmental growth. Hilda was a patient with paranoid borderline character structure, and envy constituted a pervasive and yet dissociated form of insatiability. Envy only became conscious through repression during the latter part of Hilda's treatment, when significant "developmental mourning" (Kavaler-Adler 1992a, 1992b, 1993, 1995, 1996, 1998, 2000a, 2000b, 2003a, 2003b, 2004, 2005a, 2005b, 2006) related to her primal mother loss had taken place, and after the profound bad object mother addiction was modified in treatment. Once envy could be contained in the patient, after it had been for years contained in the analysis within the therapeutic holding environment, interpretations based on the neurotic level of repression could be made. These interpretations, made in the latter part of a nine years long psychoanalytic psychotherapy treatment, had a dramatic effect on the patient's ability to undergo psychic change, and to become an active agent rather than remaining a perpetually reactive victim.

When Hilda entered treatment she allowed no transitional or analytic space between herself and me, her analyst. This was obviously a reflection of the traumatized foreclosure of her internal world and her intrapsychic life, since symbolic capacities had been at least partially

aborted by the empty schizoid state of her mother during much of her infancy and throughout her childhood. Instead of self reflection within herself or symbolic communications between us, Hilda spent most of her sessions in her first two years of treatment erupting with sarcastic verbal attacks that were pointedly directed at me, while in the room with me. These sarcastic attacks, which had the “biting” sarcasm of a hungry and emotionally starving infant, seemed intensely compulsive. The only possible attitude therefore I could take as her potential analyst was to let her express her incessant verbal attacks, while containing my own reactions, and occasionally commenting on the hunger and loneliness that might lie behind her attacks on me. I also would point out the sadistic smile that would come upon her face as she put me down with devaluing and spoiling comments, which reflected an envious as well as gluttonous hunger for all that I appeared to have, be and possess.

For example, Hilda would ask if she could read a journal article of mine that she spotted in my office that was about a writing group I was conducting with a group of women. When I did allow her to take a copy of the article, she promptly came in and ripped it and me apart, with only a fleeting and mostly hidden admission that she fantasized the sharing of the women in the group to be extremely desirable and even tantalizing. This fleeting admission was promptly overshadowed by her emphatic emphasis on how corrupt I must be to have included colleagues in the group and charged them to be in the group. She exclaimed, “I had to question what kind of therapist I was with! What kind of person would *charge* colleagues!” I sat listening to her with my usual internal defensiveness that I managed to keep to myself. To myself I said to her in my fantasy “But I have a certain expertise with writing and publishing that these women think they could learn from!” The coup de grace of all these sarcastic verbal bites, due to her envy of me as a writer, teacher, and therapist, was when Hilda came into a session and proclaimed triumphantly that she had discovered that Routledge, the universally known British and American academic publisher that had published two of my books at that time, was actually a vanity press. She had managed to find a vanity press called Routledge Inc. that simulated the identity of the authentic Routledge press, which had originally been founded in England as Kegan, Routledge, and Paul, at the time when that press had published Ronald Fairbairn’s original papers.

This moment in time was the greatest challenge for me. Although I didn't say anything overtly, it would never leave my consciousness in all the years I worked with this woman that she thought I was publishing my professional books in a vanity press. Of course I could temper my internal defensive anger at her attempt to totally spoil my professional success by seeing the

profound inadequacy that she was feeling about her own abilities at the time, which kept generating the envious attacks. She let me know that she herself could hardly write a paragraph, and that she had great difficulties knowing how to write or shape or end a sentence. When she attempted to write a two page proposal for attending a workshop in her field, she spent weeks obsessively correcting and re-correcting herself. She implied in her way, usually alluding to the shame of her hidden inadequacies, that she felt intense shame about the contrast between her fantasy of herself as a prospective writer and her actual capacity to even approach self-expression through writing. Ironically, as I grew from a part-object metallic breast in her mind, which she called a “battering ram,” to a part-object metallic penis, and to a whole bad object “critical mother,” Hilda actually reached a point where her envious attacks were experienced as having conflict within them.

In Winnicott’s terms, she was no longer “pre-ruth” or ruthless. She began to feel some conflict about her destructive impulses that were being focused continually on attacks towards me (had been for many years). Most poignant was the conflict she displayed related to her impulse to turn the tables on me and make me the envious one by commenting on my not having children. My childless state was a fact that she surmised without validation. She, on the other hand, not only had two children, but also took great pride in herself as a mother, a pride she could not yet feel in any other area of her life. She said that she thought she was being extremely cruel by lording the fact over me that she had children and I didn’t. She wondered how injured I was by her comments. As usual I didn’t say anything that I might be thinking about myself, but I did comment on her capacity to feel guilt and conflict at that point, which had not been in conscious evidence during her earlier years in treatment. But what struck me as being so ironic at this point was that Hilda thought she was devastating me with these comments about my not having children, when what had really incited such a dramatic internal response from me was her assumption that my books, which I did experience as children of mine, had not been published by a prominent press that I had taken great pains to be reviewed by and published by, but rather had been merely published through the perhaps desperate outlay of my own cash handed over to a vanity press. She really didn’t know me, although in her delusional omnipotence she thought she knew me through and through. Of course, it was her very envy and inability to receive good contact from me without immediate backlash reactions of sarcastic attacks that limited her ability to truly perceive me, or perceive any other for that matter, who she might hunger for but never actually know.

Over the years this changed somewhat, but the movement from containing and holding to interpretation in treatment really highlighted Hilda's personal shock, shame, and ultimately guilt-ridden struggle to be a more compassionate human being. It was at a critical and pivotal point in Hilda's treatment when I ventured forth with an interpretation that at first enraged her and later fascinated her. This interpretation was to take place after Hilda had been growing in intimacy with me. She had also been having erotic cravings and yearnings for me at both preoedipal and now oedipal levels, as symbolized in dreams of her passionately kissing a woman who sat behind her in the movies,¹ and in dreams of being seduced by a male analyst. She had moved psychologically from experiencing me as a part object metallic breast and metallic penis to that of being a full woman with rich, nurturing and erotic breasts, or a lull man with a juicy and fecund penis. In the midst of a whole tirade of very personal attacks she made upon me to counteract her need for me on oral, phallic and genital levels, a need I had interpreted as quite shameful to her, I made a much more aggressive interpretation, I declared quite in the spontaneity of the clinical moment: "You want to ruthlessly attack me without any guilt!" In making this interpretation I moved dialectically between Klein and Winnicott in approaching depressive position guilt through words that were aimed to make unconscious impulses conscious as repression took place along with development, while also focusing on Winnicott's innocent ruthlessness as needing to yield to that of a full being who needed to accept guilt and have a conscience to achieve interpersonal compassion, related to Winnicott's (1965) "capacity for concern."

Of course, this only occurred to me later. In the moment I just felt it was time to call a spade a spade! I definitely felt it was time to set limits to Hilda's blithe entitlement to interpersonal and transference attacks with the now newly effective tool of interpretation. Her response at first was outrage! How dare her masochistic therapist rebel against being the ever sacrificing mother, the sacrificial lamb, that willingly went to slaughter to validate the glory of psychotherapeutic goals, who would tolerate her attacks without a word, except to mildly point out how Hilda was having a readily understandable backlash reaction after having her tender inner self touched! How dare I go beyond this mild focus on her self-protective process to an actual interpretation aimed at insight and responsibility! How dare I protest against her incessant attacks at all! Wasn't it my job to take it? Didn't she pay me? How dare I presume to hold her responsible and point out her ruthlessness and her allergic reaction to guilt, to existential guilt, to the kind of guilt that we all have to bear as human beings that actually make

us human beings, as Melanie Klein so clearly understood when she articulated her theory of the “depressive position!.” Melanie Klein had drawn the line in the sand between neurotic guilt that we could get past and existential guilt that we had to own to be responsible agents in our lives, as well as to be empathic and caring human beings who could offer compassion!

Hilda was aghast! She proclaimed that I had gone beyond the limits of what a therapist could feel entitled to say to a patient. She protested that she would check it out, with all her friends who had been in therapy, but that at the moment she couldn't see how she could continue with me. She left in a huff at the end of the session. Nevertheless she returned and she repeated my interpretation over and over, using it now to demarcate the critical line of separation between us. I never repeated my words, but she repeatedly articulated my words with her own editorial commentary, which changed gradually over time as she actually began to use and internalize and integrate the interpretation. She remarked with sarcastic aggression at first: “I want to ruthlessly attack you without guilt!” Then with less aggression and some fledgling self reflection: “I want to ruthlessly attack you without guilt?” And then later, I'm warning you before I attack you now, or even later.” I want to ruthlessly attack you without guilt, but I've been keeping it to myself!” Ultimately she decided that she wanted to protect me. I pointed out that she might want to protect her mother by protecting me as I had come to represent her mother. She was forcefully struck by this and came in the next session and allowed herself to surrender to tears before me. saying as she cried softly: “I must love my mother if I wanted to protect her!”

Gradually Hilda began to accept her capacity for love and tenderness without having to retaliate against her own heart with piercing sarcastic backlash reactions and blows towards the other. She began increasingly to become a sensitive and compassionate person. Eventually she allowed her feminine side to appear, and began to allow her sensual and sexual sensations to be in the room with me, and to allow herself to dress more like a woman in her daily life. She even commented on my way of dressing. She began to use me as a model, rather than continuing to smash me down because she couldn't have what I had in her envy. She then could say: “You're not really a beautiful woman, but you have a style. You have a certain flair with the way you dress, and with the jewelry that you wear.” This was a big admission for an envious woman towards another woman, who could now be experienced as a differentiated woman as she came to accept her gender and its virtues as well as its limitations.

The Schizoid's Vacuum Cleaner Sucking Envy

In *Schizoid Phenomena, Object Relations, and the Self*, Harry Guntrip (1976) speaks of the insatiable oral hunger in the schizoid personality. Guntrip describes the voracious form of this hunger as a vacuum cleaner sucking intensity that can be felt by the analyst, or by anyone in the room with the schizoid patient.

Richard Sewall (1974), in his extremely comprehensive biography of Emily Dickinson, speaks of an editor's reaction to the secluded personality of Emily Dickinson in the same terms as Guntrip describes the schizoid personality. Colonel Higginson was an editor who Emily Dickinson had corresponded with through letters, but who never came to publish Emily Dickinson's poetry. One day he was passing through the terrain of her family home and he decided to drop in for a visit to see who this self proclaimed and opinionated poet was-the woman whom he had received numerous missives from. Dickinson displayed a lust to publish and a simultaneous terror of publication. She had both a fear of being found and the deep need to be found as spoken of by D. W. Winnicott (1971).

Emily Dickinson had a craving for attention, with its hidden terror of invisibility, that must have combined with the profound pathological fear of being seen that promoted her invisibility. All these paradoxical and conflicting motivations must have been present at the time when the poet transgressed her own limits in her adult years of seclusion, and actually entered her family's living room to greet the editor Higginson. The biographical reports have it that the editor stayed a few minutes in an extremely uncomfortable psycho-physical state when in the presence of Emily Dickinson, and then quickly fled. He reported to others that he had found her intensity unbearable. In a play about Dickinson, "The Belle of Amherst," this moment is dramatically memorialized as the figures of Higginson and Dickinson vociferously clash. At the moment of the psychic clash, the Emily Dickinson character in the play reads a poem that speaks of the crash within her, as related to the clash without, with Higginson. Emily, in the play, speaks the Emily Dickinson lines: "A great hope fell. You heard no noise. The ruin was all within."

Dickinson was a schizoid personality. She appears to have been traumatized by the detachment of a mother who in Emily's early infancy not only possessed a schizoid personality of her own, but who also was in a severe pathological mourning state due to the recent loss of several siblings and family members. The poet's mother seems to have been arrested psychologically, as evidenced by her limited functioning in life (Cody, 1971), and by her failing to mourn the

losses that seemed to have haunted her during her pregnancy with her first daughter. Emily, and during Emily's birth, Infancy and toddler years, when separation-individuation need to take place. Therefore, Emily Dickinson's very real infant deprivation appears to have greatly contributed to her compulsion to withdraw from the world as her hungers and psychological needs related to these hungers could not be met in the world (see Cody, 1971).

As I write about in *The Compulsion to Create Women Writers and Their Demon Lovers* (Kavaler-Adler, 1993/2000/2013), Emily Dickinson attempted to substitute an identification with the idealized intellectual image of her father, and his capacities for symbolization for the lack of an adequate maternal internalization. She withdrew into her home and even further into her room, even neglecting to go outside as far as the family garden. She lived out her adult life in her head, formulating words on the page to form a new genre of poetry, which nobody at the time, least of all the editor, Higginson, could understand. Her sealed off infant self, so full of hunger for human contact and connection, erupted through an internal rage that she turned against herself as she felt "a bomb in her bosom" (Kavaler-Adler, 1993, 2000, p.443). Dickinson suffered silently the suicidal thoughts that accompanied this feeling of the archaic rage from infant trauma forming like a bomb in her breast a threatening sense of internal explosion that could become external if she let it (see Kavaler-Adler 1993, 2000). The poet's sealed off infant self had an insatiable craving that could never be fed, and it thus manifested as the kind of tension that she exhibited with Higginson, who she most probably envied for his power as an editor, despite her intellectual contempt for him. Dickinson's contempt, as reported by her biographer, Sewall, in comments Dickinson wrote in her letters to Higginson, may have intellectually defended her against her envy, and against the hungry emotional and infant level human need that lay behind it. This envy linked to an infant craving for an emotionally unavailable mother could be unconsciously compelling in Dickinson despite her actual, and later proven, superiority to Higginson in literary matters. The reality pales against the unconscious and/or dissociated insatiability of the infant, who hungers for mother love and psychological milk that can also be acted out in food gluttony. Like all of Harry Guntrip's (1976) schizoid personalities, Emily Dickinson evidenced the kind of vacuum cleaner sucking hunger that lies behind the profound level of envy seen in character disorder personalities and in schizoid personalities in particular.

In the clinical setting I have come across this vacuum-cleaner sucking personality in the moment of a onetime clinical consultation, as well as in extended treatment. When the covert psychic structure deficit, stemming back to maternal deprivation during the first three years of

life, from the time when an integrated self first forms, provokes a lifetime of unconscious envy, its behavioral forms of insatiability and gluttony can be quite profound. Schizoid personalities, such as Dickinson, evidence this insatiability on an intellectual level, and they also use their intellects to try and provide themselves with a defensive self sufficiency that they use to deny interpersonal dependency. Consequently they deny the need for a reparative figure, such as the psychoanalyst in the clinical setting. They often fear psychological dependence too much to surrender to the clinical setting where psychological reparation can take place, but at a slow pace that does not gratify their grandiose belief that they can cure themselves by figuring everything out in their heads. Yet the craving to ingest something that is lacking in the “empty core” experience (Seinfeld, 1991) of the schizoid body interior is so trenchant that the schizoid person might attempt to acquire what is needed in an overt gluttony that can only be clinical consultation that vividly illustrates this phenomenological dilemma and its gluttonous expression.

Linda called me for a consultation of a unique sort. She explained on the phone that she had read one of my books, *Mourning, Spirituality and Psychic Change: A New Object Relations View of Psychoanalysis* (2003), and was interested in setting up an appointment with me to come and talk about it. She said that she had read the book several times and was impressed by how much further I went into the actual clinical treatment than all the other books she had read on the topic. She further explained that she was flooded with questions after reading the book that were like a big puzzle she needed to put together. She also stated that she was not in the mental health field, but actually was in the sciences, and that reading in her field had become “boring” to her, and that she was excited by reading the psychoanalytic literature. She said that she would be glad to pay for a consultation, but that she needed to know beforehand that I would not expect her to talk about anything personal since she knew for a definite fact that she was not interested in being in psychotherapy or psychoanalysis, even though she was infinitely curious about how they worked for others. She asked if I would agree to see her for a consultation under these circumstances. I was curious myself about what the book had meant to her and what kinds of questions she would raise, so I said I would be willing to arrange a consultation of the nature she asked for. We set a time at one of my offices in Manhattan, and she came promptly to the appointment we had arranged.

When Linda appeared, she was dressed professionally, although she looked somewhat masculine in her overall appearance. Right from the beginning of the “consultation” she began to fire questions at me. I would attempt to answer each in kind as if we were in a private

intellectual tutorial on my book. Although it is a given in my work as a psychoanalyst that there are no “answers,” but only a process I had agreed to answer all of Linda’s questions on an intellectual level. I agreed to this despite the questions being related to the very personal and intimate work I did with people who agreed to be in a therapeutic process with me as a clinician.

As we spoke, with me attempting to answer the barrage of questions Linda increasingly assaulted me with, I realized that many of Linda’s tangential comments were given in reaction to my “answers,” and must be related to herself. For example, she said that it is obviously awful to be a child, when parents were only interested in each other, and obviously didn’t want to be bothered with children. It was extremely clear that there was no psychological space between us for me to even infer, let alone inquire, into whether such comments had anything to do with her. If I attempted to do anything of the kind she would immediately return to a barrage of questions that she said were aimed at filling in the gaps of the puzzle in her mind about psychoanalytic treatment that she had created. She made her concept of treatment sound quite mechanical as she inquired as to how the patient could accept lying on the couch, and what needed to be said to a patient to make them “submit” to such a move. Another line of questioning was about how the analyst could sit and contain all the hostility of the patient, and did analysts ever slip into reactive aggression when it became too much.

However, all of this verbal Q-and-A between us, which hardly bordered on being an actual conversation, since no sense of either of our subjective self experiences was allowed in the room, was only the verbal and manifest part of what was going on as she and I spoke. The rest of the transaction was transpiring on a body level. As I tried to stick to our “contract” for this intellectual consultation, and attempted to answer questions, rather than to use the questions to inquire into what the other in the room with me was experiencing, as I would in a clinical consultation, I noticed that I was feeling increasingly depleted. In fact, I could feel quite explicitly, on a visceral level, that I was being sucked dry until the point of total evisceration. I felt like my insides were being eviscerated with each new question from this woman, who I am calling Linda. Furthermore, as I felt this within my own body I was struck with the contrast in her body as I looked at her. She seemed to be coming alive, and even bubbling along with new energy, as her inquiry continued, and I continued to submit to it. I was struck by how enlivened she had become by what felt like her extraction of all the visceral aliveness within my own being, along with the extraction of answers from me on an intellectual and verbal level. Despite this, I compulsively extended the consultation beyond what might be my normal limits, perhaps in the hope that something would actually transpire between us in the moment despite

the monumental resistance to contact Linda was putting up. Of course, my hope was to lie fallow since Linda's internal schizoid barrier made itself vividly known in our barricaded interplay that lacked actual responsive interaction.

In my own assimilation of my experience with Linda I realized how much Linda had operated like an emotional and psychological parasite with me. I also realized that this was part of all schizoid phenomenology and dynamic. However, with no break in the schizoid operations for over an hour and a half, and with my willingness to play the schizoid game on an intellectual level without sitting back and feeling directly put off or sleepy by the schizoid barrier, it was more clear to me than ever how oral the nature of the schizoid personality was. I had felt eaten out from within in the stomach and gut of my body being. Like the Kleinian breast being sucked out and devoured by the envious other I had felt scooped out and then discarded at the end of the interview.

I had been paid money for the time and had also been given some narcissistic compensation for my evisceration and depletion as Linda continued to sing the praises of my book, and of my in depth integration of theoretical and clinical thought. Nevertheless, I felt deprived and even starved at the end of the session. I may have felt Linda's sealed off and dissociated infant self, which hungered for the breast of a mother who could not yield to her, being constantly preoccupied. Linda's mother might have been preoccupied with her internal troubles or with troubles in relation to her husband, but my visceral experience of Linda would suggest that her mother was preoccupied at the profound and continuous level that Emily Dickinson's mother had been when she withdrew inward, away from her female infant, because she was obsessed by grave object losses that she couldn't process through mourning.

How does all this have to do with envy and gluttony? I would suggest that Linda was overtly expressing her gluttony with an orgy of intellectual questions that might never have stopped if I didn't finally end the time for the consult. Eviscerating me, Linda was like the vacuum-cleaner sucking schizoids of Harry Guntrip. Her insatiability was intensely extracting of any good visceral and psychological energy in the other and in this case in me. Her intellectual sucking through questions would provide a counterfeit form of nurturance, when real psychological nurturance (based on affect experience and contact) couldn't be ingested and digested due to the schizoid barrier (dissociation barrier). The schizoid barrier blocked contact and connection. This blocked authentic relatedness that allows us to be humans, as opposed to machines, such as vacuum cleaners. The mechanical barrage of Linda's intellectual questions could have been

computerized and thus could actually have been the outward operations of a machine, similar to a vacuum cleaner.

In terms of envy I would say that the simulated oral ingesting through intellect was the overt gluttony that mirrored the covert psychological hunger within. The psychological hunger is voracious, of course, due to the schizoid barrier that doesn't allow for contact and human connection. However, its insatiability also suggests the psychodynamics of envy, as Klein (1957) saw it. Although I was seemingly the object of admiration for Linda, due to my book that had so impressed her, her admiration was like a thirst that could never be vanquished. Therefore, it inevitably had to turn into its pathological form of unconscious envy. This unconscious envy reaped its destruction through the spoiling operations of a potent barrage of intellectual questions, which served as insatiable demands that could never be met, because the real need in Linda was on a body and emotional level, not on an intellectual level. True admiration is a mature form of conscious envy that allows appreciation of another who has something one finds desirable but does not wish to destroy, since the one with true admiration has enough inside his/her own psyche to share in the bounty of the admired other, through interpersonal contact and connection. The one who admires is different than the one with unconscious envy in that she can share in what the other has by appreciating the one with the bounty. Through appreciation, the one admiring can aspire to have something of her own that matches, although never perfectly, the possession of the other. Since the one admiring can use the appreciation of the other to learn from her, and thus to aspire to gaining a similar form of bounty, she is not fixed in the position of victimized "have not" who must sour the grapes she cannot have. Given all this Linda's mode of admiration must be seen as a pseudo admiration or a counterfeit simulation. Although she wished to gain what I had through intellectual sucking and biting, her attempts to swallow me were bound to fail since she didn't have the internal psychological equipment-internal models of a good enough object-that could allow her to digest what I offered. In addition the schizoid barrier that prevented her from gaining a sense of my intellectual offerings through internal affect experience prevented her from really knowing the subjective truths behind all my intellectual "answers."

Although Linda temporarily eviscerated me she would be left as hungry and starving later, as ever. Returning to starvation repeatedly could not support a state of true appreciation and admiration. Instead she was bound to fall into the dark dungeon waters of envy residing in the unconscious. The envious one destroys what she cannot have, and didn't Linda destroy me to a certain extent in our consultation? She didn't do it as a narcissistic character would do with

devaluing and spoiling statements about me and my ideas. Nevertheless, she did it by never being satisfied, and by depleting me of all my energy and enthusiasm, turning her initial offerings of admiration, respect and curiosity about my ideas into the category of pseudo offerings. Like any envious one she was acting out the dynamic of trying to steal what I had, rather than sharing in it in order to digest it, appreciate it, and ultimately to use it for her own constructive creations. Consequently her gratitude for my books began to feel like sour grapes, turning the sweetness of my own authentic clinical experience into the sour form of dried up ideas that lacked emotionally alive context.

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