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## THE HISTORICAL REASONS FOR THE FAILURE OF ANNE SEXTON'S 1950s PSYCHOTHERAPY

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### ABSTRACT

This study illustrates how the powerful influence of the 1950s New York Psychoanalytic Institute had severely limited the knowledge of American psychoanalysts, and particularly in relation to treatment of patients with preoedipal arrests and character disorders.

The active rejection of all the clinical work with the character disorders done at Tavistock and at the British Psychoanalytic Society had profoundly impacted the work of Dr. Martin Orne, during the ten years when he attempted to treat Anne Sexton, a highly manic, narcissistic, and depressed borderline personality housewife, who became one of America's most well known and highly honored poets.

Reflecting on elements of an in-depth study of Sexton in *The Creative Mystique: From Red Shoes Frenzy to Love and Creativity* (Kavaler-Adler, 2014), this study shows how Martin Orne's lack of acquaintance with the writings of the British object relations theorists severely limited his ability to see the core psychic trauma impacting Sexton's mind and body, and severely limited awareness of his counter-transference and of his views on "memory" in patients with character pathology. Yet, Dr. Orne was the only legitimate and compassionate psychoanalytic doctor that Sexton ever had.

The politics of the New York Psychoanalytic monopoly had wide ranging effects on clinical mental health treatment during the 1950s and 1960s, and presents a critical psycho-historical dilemma.

*Key words: Anne Sexton, psychohistory, borderline personality, psychotherapy, preoedipal trauma, psychoanalytic training*

When the famous and infamous American poet, Anne Sexton, went mad in the manner of a borderline personality, with extreme narcissistic vulnerability and narcissistic defenses, no one knew what to do with her (Kavaler-Adler, 2014). She cracked up, or "decompensated," during the 1950s, when the New York Psychoanalytic Institute ruled the psychoanalytic/ psychotherapeutic world. At the turn those who were not deemed "analyzable" could be relegated to the "inferior" status of supportive therapy, or if temporarily psychotic or suicidal (as in the case of Sylvia Plath), they could be sent to "shock therapy," or worse – they could be lobotomized. All the rich clinical work with primal trauma in the borderline, narcissistic, and schizoid character disorders that was done at Tavistock (London) and within the British Psychoanalytic Society had been actively ignored and rejected by the psychiatrists who ran the New York Psychoanalytic Institute at that time. In fact, D.W. Winnicott had been so assaulted with vociferous condem-

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nation by the New York Psychoanalytic, and he suffered a heart attack immediately after presenting there (Rodman 2004). Little did those bullying and mocking psychiatrists know that they had been ridiculing one of the top theorists and clinicians in future psychoanalytic theories! Little did they know that they had been spitting venom at one of the most fruitful clinical papers related to psychotherapy with the preoedipally traumatized character disorders, "The use of the object and relating through interpretations" (Winnicott, 1968). This is the paper in which the fundamental clinical conceptualization of "object survival" in the face of primitive borderline rage is addressed (as in Balint's "basic fault" patients).

In the meantime, Kleinians in the British Psychoanalytic Society Institute, as well as the members of more independent Winnicottian group, and other clinicians, such as Michael Balint (at Tavistock), were all making headway into the treatment of the preoedipally arrested character disordered group, those called "false self disorder" by Winnicott (1960) and those called "basic fault" patients by Michael Balint (1979), who inherited the practice of Sandor Ferenczi. These seriously committed clinicians had been learning through clinical creativity and experimentation that character disordered patients (called patients with personality disorders today), need a very different kind of treatment, with understanding that classical psychoanalysis was developed to treat neurotics, people who had reached the oedipal stage and had symbolic level functioning (Segal, 1956). That which was a deeply rooted expression of the repressed unconscious for neurotics, was only a "false self" analysis for character disorders, as first pointed out by D.W. Winnicott (1960). Anne Sexton would become an excellent example of this kind of failed psychotherapeutic treatment, where patients would only receive the analyst's words, on an intellectual level, while their whole primal and traumatized inner child-self remained dissociated, and continued to be acted out, inside and outside of treatment. This clinical situation required a very different kind of treatment, not that of insight and interpretation of repressed unconscious mental phenomena.

### ***Anne Sexton Meets Dr. Martin Orne***

Dr. Martin Orne was introduced to Anne Sexton when she was hospitalized in a Massachusetts inpatient psychiatric hospital unit, after Sexton had lost control and had thrown her older daughter (then only around four years old) against a wall – for putting her feces into a toy truck. Anne Sexton was just an anonymous housewife at that time, which was frequently left home alone, with her children, when her traveling salesman husband, Kayo Sexton, was on the

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road selling his wares. Alone at home, Anne frequently had impulsive one night stand affairs, when she couldn't tolerate being alone. In her words, she needed "action," even if she wasn't particularly seeking a sexual affair. Anne was an excellent borderline level example of a person who does not have "the capacity to be alone" (Winnicott, 1963). Knowing today about the psychodynamics of and developmental arrest pathology of borderlines, we can state that it is obvious that Anne was unable to tolerate a state of aloneness. This may have resulted from total emotional dependence on a narcissistic mother in the primal years of her childhood. So when Sexton was left alone, without her husband or other adult caretaking company, her internal state of emptiness and potential abandonment depression were warded off by drinking, smoking, and generally carousing, which included impulsive sexual merger experiences with men that she could find for company. Her behavior could not go unnoticed neither by her husband nor by her in-laws. Not only was she seen as acting out the behavior which was characterized then as the behavior of a "slut," but she would retaliate against anyone who criticized her for it by making impulsive suicide gestures. As if this wasn't bad enough, Sexton actually fell in love with one of her momentary suitors and was thinking of leaving her husband, Kayo, altogether. When criticized by her mother-in-law, Sexton made a suicidal gesture to retaliate, both for being criticized, and for being controlled (see Middlebrook, 1991), while she was not in any independent position of choosing to leave her husband. Then, the final event transpired, when Anne flipped out and threw her four year old daughter against the wall.

Sexton's children were temporarily taken from her, to be in the care of her mother-in-law, and she was committed to a mental hospital. She became psychotic when she felt trapped in her marriage, with her in-laws, and her children. She was a danger to her children and to herself, with enraged abuse of her daughter and suicidal gesture abuse of herself. Borderlines can become psychotic when they feel abandoned or trapped, but have no inner resources to deal with these states of feelings. They dissociate from the feelings and act out. This seems to be how Anne Sexton wound up in a mental hospital; and since mental hospitals were usually reserved for schizophrenic patients, Sexton was put into a ward with schizophrenics. Being a chameleon without an identity of her own, she started to mimic the behavior of these patients, with odd talk and gestures, and perhaps with catatonic stares. Only a sharp doctor, such as Dr. Martin Orne, could decipher that Anne Sexton was only acting like a schizophrenic, because of her hysteric proclivity for mimicking others. She was a hysteroid borderline, as well as a depressed and

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manic one. So Anne Sexton was discovered, in the midst of a psychotic atmosphere, by the very astute Dr. Orne. He had been assigned to treat Sexton by his mother, who worked as a psychiatrist at the hospital. It was very much to Anne Sexton's advantage that Dr. Orne recognized that her behavior was only mimicking the one of the chronic schizophrenic patients, but was actually just behavior of the acting out "hysterical." Of course, he didn't make the distinction between a neurotic and borderline hysteric, because borderline pathology was not understood by Freudians. Freud, who discovered hysteria while working in Paris with the great Charcot, had never made the distinction between borderline hysterics that he saw in the hospital and the borderline hysterics, like Anna O. that he had seen in private practice, or from neurotic hysterics he had tried to treat (Freud & Breuer, 1985).

Dr. Orne became interested in seeing Anne Sexton in his private practice. As he suspected, when removed from the mental hospital situation, Sexton no longer exhibited the schizophrenic behavior that she had been posturing and mimicking while in-patient. Given that Dr. Orne took some courses at the New York Psychoanalytic, he decided to treat Anne Sexton as an analyzable neurotic. No one at that institute, which ruled psychoanalytic practice throughout the United States, knew what a borderline was, as they never listened to Winnicott or any other British theorists. Consequently, there was no treatment defined for borderlines. This only came later in Topeka, Kansas, at the Menninger Clinic, where Otto Kernberg (1975), James Masterson (1979, 1981), Donald Rinsley (1982), and others experimented with borderline level patients, and invented "expressive analysis" for them, which became known as psychoanalytic psychotherapy.

So Dr. Martin Orne valiantly embarked on a course of psychoanalysis-like psychotherapeutic treatment with Sexton, although he may not have used a couch. In doing so, Dr. Orne also rescued Sexton from a situation, where she could have the same disastrous "treatment" as Sylvia Plath, when Plath was hospitalized. She could become the victim of shock treatments, since she, like Sylvia Plath, had made suicidal gestures, and was considered to be depressed, as well as possibly schizophrenic. In truth, Dr. Orne was an auspicious find for Anne Sexton, as he became the most dedicated and caring psychotherapeutic doctor she ever had. Dr. Orne started to tape Sexton's sessions, hoping this will help her remember the sessions and study their content. This was a naïve assumption, since Sexton's "forgetting" was related to borderline dissociation reactive to warding off abandonment depression after sessions. Nevertheless, he started taping

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Sexton's sessions for purely therapeutic reasons, always thinking about his patient's needs. Yet, Dr. Orne's willingness to share the tapes with biographers and with the public, after Sexton's suicidal death in her 50s, was declared to be a gross violation of confidentiality. Dr. Orne was scathingly castigated by the media for exposing audio tapes to the public, which was unfair, especially that Sexton's daughter (who was the executor of her will) and the rest of her family approved this, following Sexton's own wishes to always expose herself to the public. Her poetry over her lifetime was extremely personal, self-revealing, and often exhibitionistic. Her motives were certainly not to be reserved or confidential in her personal expression, whether outside of therapy or within it. Besides all, Anne Sexton's tapes allowed those who study borderline and narcissistic pathology to understand Sexton, and why her creativity and fame soared in her life, while her mental health and treatment failed. But further, and equally important, it is shameful for the media to attack Dr. Orne, who was the only legitimate and well meaning psychotherapist that Anne Sexton ever had. When after ten years of treating Sexton, Dr. Orne decided to go into research, he referred Anne to a psychiatrist "Dr. Y.," who was formally trained as a psychoanalyst. Despite his training, Dr. Y. colluded with Sexton in a mutual seduction that extended to years of having sex with her on the couch during her sessions. This did not preclude Dr. Y. to charge fees, as well as taking Anne's checks for this so-called treatment. So treatment with Dr. Y. was a total unethical farce, which Dr. Orne tried to intervene in, and threatened Dr. Y. with an ethics committee investigation if Dr. Y. didn't stop his sexual and emotional acting out with Sexton. Unfortunately, Anne Sexton herself (because of her severe eroticized masochistic psychodynamics that went way back to her mother and father) prevented any intervention or investigation of Dr. Y., and protected him by hiding what was going on in Dr. Y.'s consulting room from Dr. Orne. Then, when Dr. Y. dumped Anne to "work on his marriage," she ended up with a cold female psychiatrist, who severed any contact between Anne and caring Dr. Orne. This later psychotherapist required Dr. Orne to stop having monthly visits with Anne Sexton. Now, she was really all alone, and ultimately, she was lost, and she committed suicide. Ironically, it is Dr. Martin Orne who has been criticized by the media and public, while the doctors who brutally betrayed Anne Sexton or rejected her, were never held accountable for their abuse and neglect.

Dr. Orne was the most ethical and caring psychotherapist Anne Sexton ever had (Middlebrook, 1991). Yet, given the historic times, when New York Psychoanalytic Institute

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rejected all the findings of the British object relations theorists concerning the treatment of character disorders, Dr. Orne was a naïve participant in the poet's ultimate fate. The cards were stacked against him. He did not have the knowledge to succeed more than he did in her treatment. Anne Sexton became a brilliant and successful poet under his care, but she never was healed psychologically. In fact, she became the victim of her own pathology as a substance abuse addict, as she became severely addicted to drugs and alcohol. Anne Sexton was also a sex addict and a masochist (who attached herself to the male doctor who seduced and betrayed her as a patient for years, evidencing as a demon lover complex, representing an addiction to an eroticized bad object).

***The False Self Treatment of Anne Sexton:***

***Dr. Orne meets the Borderline's Intellect, and Runs from the Dissociated Child Self***

When Dr. Orne began treatment with Anne Sexton, she had five days a week treatment with her (when she was in the hospital). Dr. Orne was emotionally available and close to Anne, and was not intimidated nor fooled by the nature of her pathology she had exhibited in the hospital. He began seeing her several times a week in his private practice, and he eventually gave her double sessions (Skorczewski, 2012). With this degree of contact and connection, he was able to speak with Sexton about her problems. He found that she had a high level intellect, despite the fact that she had not gone past high school. One day, he asked her what talents she thought she had, and she couldn't think of any. She thought that if she had to make an independent living, all she could be was a prostitute. Dr. Orne was shocked by her lack of self-esteem and lack of discovery of any of her own abilities and talents. He wasn't quite aware of how much this related to her not yet having a developed core authentic self, since she lacked the internal nurturing environment one needs for development. Her mother's narcissistic character pathology seems to have played an important part in Anne's lack of internal psychic structure, because of developmental arrest. But Dr. Orne was not educated in these terms. He may have assured her that she had talents she had not discovered. Following their discussion about her view of her lack of abilities, she saw a TV program on Shakespearean sonnets. She sat by the TV (not to feel alone, as long as the TV was on) and began to use the structure of the sonnet that was given on the TV, and wrote her first poetry. Instantly, she could write sonnets, and found herself writing more and more of them. That is how Anne Sexton had discovered a creative ability that made her the most highly paid poet in America (she was earning money by giving poetry readings and

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lectures about poetry). As a woman in the 1950s, Anne Sexton gave birth to herself at the very beginning of 1960s, when the women's movement developed.

Dr. Orne was so impressed that he was to mistake her intellect, with this newly discovered poetic brilliance, for an integrated self and an independent and stable mind. He was taken in by this self-created star, who like her narcissistic mother and father, could very well perform before the mirroring audience, whether the audience was the audience of one (her psychoanalytic psychotherapist) or of many, such as large academic and public groups.

### ***The False Self Analysis, Intellectualization with the Borderline Pre Symbolic Patient***

Despite Martin Orne's very limited training in psychoanalysis (as he only had taken some courses at the New York Psychoanalytic Institute, not full training), he believed in the psychoanalytic method. When he met Anne Sexton in the hospital, Orne immediately visited her there five times a week, as if to begin a five times a week psychoanalytic contact. When she left the hospital and entered his private practice, he arranged for two or three double sessions a week. In the audio tapes that Orne made of these sessions, it was clear that Orne believed that the double sessions played a large role in her improvement (Skorczewski, 2012). However, it was to be seen how substantial or insubstantial this supposed improvement was in reality.

During the many sessions a week, Anne Sexton spoke of her thoughts and dreams, and perhaps fantasies. A significant dream arose for reportage after Anne Sexton's husband, Kayo, went into his own psychotherapy, and began to set limits with his wife, Anne. For the first time Kayo refused to get pulled into a brawl at dinner time, when Anne was plied with alcohol. For the first time Kayo refused to physically beat his wife after being reduced to utter castrated humiliation by her provocative verbal taunts and attacks. Immediately, Sexton's unconscious reacted with a dream in which she was being beaten. Sexton, could not resist the wish to be beaten, since her father had acted out eroticized beatings with her, such as the one she reported in her poem "In the Beach House" (Sexton, 2000, p. 108). In this poem, Anne Sexton describes the intense erotic submission to her father after the "royal strapping" of her body to his marital bed, and then beating her with her own riding crop, after she had just dismounted from riding a horse.

This kind of unconscious dream material was psychically real enough. However, the fundamental problems of Anne Sexton's psyche, which continually caused her disrupted self reactions, where she would fall apart, or continually feel or enact suicidal impulses, along with self medicating herself with both drugs and alcohol, were not due to neurotic symptoms or

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inhibitions due to repression. Her fundamental self sabotaging defenses were based on a primal psychic split in her two year old separation-individuation phase, when her narcissistic mother could not negotiate maintaining an attuned connection to her while she was separating and individuating, and finding her own identity and her own autonomy (Masterson, 1979, 1981). Her narcissistic mother couldn't relate to where she was on a feeling or affective level, couldn't relate to her primal internal self. Although this narcissistic mother's and narcissistic father's failures in parenting were cumulative, continuing throughout her childhood, there was a critical traumatic failure of bridging the gap between herself and her mother when she needed to developmentally move forward by internalizing an attuned mother during the stages that Margaret Mahler (1971) describes as separation individuation. This primal maternal failure results in a continuous splitting and dissociation fragmentation process, along with the externalization of herself into the other through projective-identification (Klein, 1946; Joseph, 1989). These borderline phenomena of the psyche, along with the narcissistic defenses she inherited from her parents, prevented Anne Sexton to integrate herself at a primal level. She could not love and hate the same person. She idealized and devalued, idealized, submitted, and alternately demonized. She could not negotiate anger and love in a relationship, and sustain intimacy and commitment. She also could not symbolize her internal experience within relationships in her external world, because she could not do so in her internal object relations world with her internalized primal parents. She also had the wound of emotional abandonment from her cold narcissistic mother, who was compelled to be into herself, rather than to be able to relate empathically and with symbolic word communication with her children.

All these borderline phenomena were unknown to Dr. Martin Orne because he was limited by the teachings of the New York Psychoanalytic Institute, which only recognized the defenses of neurotics, and the psychic structure of neurotics (id, ego, superego), continually rejecting the large array of knowledge of borderline character disorders being written about in London, by clinician theorists within the Kleinian group at the British Psychoanalytic Society and the Winnicottian Independent group, along with those like Michael Balint who practiced at the Tavistock clinic. Margaret Mahler's studies were not published until 1975 (see Mahler, Pine, & Bergmann, 1975), so her work in the external manifestations of preoedipal development, and disrupted preoedipal development, were not yet part of the teaching of the one main institute in the United States, New York Psychoanalytic.

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So Dr. Martin Orne was set up to fail when he took Anne Sexton's intellectual mimicking of his psychoanalytic vocabulary as signs of authentic understanding on her part, supposed understanding of her unconscious experience as it manifested, not only in dreams, but in transference phenomena. Sexton had mimicked the schizophrenics in the hospital, and now she mimicked Orne's intellectual psychoanalytic vocabulary with its neurosis based psychoanalytic concepts. In the sessions that Orne taped, Anne Sexton is speaking about how her father transference is there with him, and possibly with Kayo. They develop a simpatico rapport on this intellectual plane, which Orne mistakenly believes is more than intellectual. He becomes an example of what Winnicott describes as the psychoanalyst who buys into a false self analysis. He thinks true insight into the unconscious is being uncovered by him and Sexton, and that this will cure Sexton, so she can use self-understanding to pursue her now externally successful life. He is unaware that Sexton is warding off all her primal trauma developmental arrest affects by her intellectual symbiosis with him. At home, she still acted out, but it had not yet come into the transference, or into the therapeutic object relationship. While conversing intelligently about transference in the present from her parental oedipal father relationship in the past, Sexton's time bomb psychic splitting, dissociation, primitive rage, and abandonment depression void, based on never mourning primal object loss grief, are in the background all the time. They don't erupt overtly again until she leaves Orne for a trip to Europe funded by a travel grant for artists. However, before describing the powerful psychic regression that haunts the future of Sexton, I will say a few words about Orne's naïve belief that Sexton is gaining true insight into herself because she is listening to tapes of her sessions, to supposedly understand and "remember" what has gone on in these sessions.

***The Misunderstanding of Memory by Dr. Orne, and of the  
Object Relations Basis of Memory***

When Dr. Orne thought that Anne Sexton was failing to remember what he and she had discussed from one session to the next, he began to audio tape her psychotherapy sessions. He then strongly advised Sexton to listen to the tapes so she would retain what they had discussed, and could continue the conversation, supposedly with her unconscious, as well as with him, in the next and future sessions. This is how her biographers got her tapes, which became so controversial in the media after her death, when they were released to the public. However, the premise upon which Orne was operating in giving Sexton the instructions to listen to each tape of

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her last session was and is a faulty premise. The premise is that her failing to remember her sessions was a cognitive and intellectual failing that could be ameliorated by her listening and then jogging her memory with the therapy tapes. Actually, Anne Sexton had to literally memorize the tapes to please and appease Dr. Orne in his concern about her not remembering and thus not learning from her sessions. This was all part of a non organic, artificial and mechanical "false self" operation. In truth, Sexton's failure to remember her sessions was based on the disruption of her connection with Orne as her primal bad object attachment, from a dissociated part of her borderline character disordered psyche, began acting out more in their transference relationship. She was undoing what he said to her as her idealized view of him was counteracted by her secret split off bad object or devalued object attachment view of him, which was based on the inadequate narcissistic mother during the separation-individuation stages of development, and particularly on the rapprochement phase of this two year old level of development. Unknown to her or to him, she was acting out her split off mother hatred, and primal rage, by disrupting her own memory of his "wise" psychoanalytic interpretations.

Dr. Orne's fallacy was his failure to understand that all memory is dependent on internalized object relations, from conception and through birth, symbiosis, and then on through the formation of the core self through separation-individuation, all in the preoedipal years. Memory utilizes cognitive and intellectual abilities, but is dependent on the sustained object relations in the internal world in relation to the other who is being remembered, or in relation to the self and other external relationship that is being remembered. If the internal imprint of the outer object cannot be sustained due to the disruption of the internal representation of the other by split off and dissociated primal trauma rage, then the memory of the connection and words with the other fails to be sustained. So, when Anne Sexton memorized the tapes to please Orne, in the "false self" mode of accommodation and mimicking that she often operated from, she was not truly learning anything about herself, and she was not integrating any affective experience with her intellectual knowledge. She did not have any true awareness of her dissociated "primal aggression" affect self, and how it operated to sabotage anything she consciously pursued in her life, being attached to an internal attacking "bad object."

#### ***Orne's Fallacy, Anne Sexton's Travel Grant Trip, and Regressive Decompensation***

Anne Sexton was afraid to go off on a trip to Europe, away from him, with just a group of artists, traveling together on a travel grant, but Dr. Orne, however, encouraged her. He actually

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reassured her that she had come a long way in her therapeutic work with him, and told her that she was now operating at a level of self awareness that allowed her to function adequately on a trip away from him and her family. Part of Orne's belief that Anne was functioning at a better level was due to how well Anne had memorized her therapy tapes, and thus had been able to report to Orne her supposed insights, gained from such sessions. Actually, my understanding of this is that the whole deal was a false self operation on Sexton's part, where she used her very good cognitive functions and intellect, without the genuine capacity to create symbolized understanding of her internal feeling self, to provide mimicking feedback to Dr. Orne, in response to his intellectual interpretations, as opposed to mutative interpretations (Strachey, 1934).

With Dr. Orne's blessing, Anne Sexton launched herself off to Europe. She seemed so much less depressed and disorganized than when she had begun seeing Orne for treatment. The beginning of the trip was auspicious, but little did Anne or Dr. Orne know, how her borderline psyche, with its newly manufactured equilibrium, based on intellectual incorporation of Dr. Orne, would fail. Since Sexton seems to have swallowed Orne's interpretations, without psychic digestion and true symbolizing internalization, Orne could not become an internal symbolic representation, whose presence could sustain Sexton through difficulties. This left Anne Sexton vulnerable to any new psychic trauma. In the beginning of the trip, the physical exercise that Sexton got when walking around in the touring trips of Europe helped her feel good. She began to write letters home to her husband Kayo, and to respond to his now passionate letters, as he too hoped she was really well, and hoped that she might actually be able to be faithful to her. However, towards the very end of the trip the new psychic trauma came that turned everything in Anne Sexton's psyche on its head. The last night before her return to the states, she engaged in a mutual seduction with a handsome Frenchman. She spent the night with him, and they had sex. The next day, however, Sexton fell apart, and returned to Kayo, and then to Orne in a psychologically collapsed and decompensated state. My understanding of this is that Sexton could not tolerate the truth of her new betrayal of her husband, Kayo. She could not tolerate guilt. In Melanie Klein's (1946) language about psychic positions, with developmental aspects, she was not able to operate genuinely in the depressive position. With anything she could not tolerate, would it be primal psychic hunger, primal envy, or guilt – she would immediately regress to a paranoid-schizoid position state of mind, where primal splitting and dissociation

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reigned, and where she suffered intense internal persecution from a "primitive superego" (Klein, 1946), similar to Fairbairn's (1952) "antilibidinal ego" or Seinfeld's (1990) "anti-dependent self."

Sexton had never navigated through the primal developmental object loss of separation-individuation, where the object loss was mild enough to allow for the tolerance of the loss, so she never was able to contain and process the sadness of grief affect, nor the sadness of the grief of guilt and regret (see Kavaler-Adler, 2013). In order to have developed the capacity to do this, she would need to have a "good enough mother" (Winnicott, 1953), as opposed to her rather indifferent and cold narcissistic mother—during the critical phases of separation-individuation in the second year of life. Sexton did not have the "good enough mothering: she needed in the primal era of self formation and self integration, so she had overly aggressive reactions to deprivation, disruption, and traumatic object loss. After her French sexual affair, I propose she suffered inwardly directed taunting attacks, as in the operation of a retaliatory and persecutory attacking superego, or what Ronald Fairbairn (1952) has called an antilibidinal ego. When in a state of intense persecutory attack from within, the borderline character decompensates, and seems to "fall apart" or gets into a semi-psychotic state, where reality testing is lost, and self destructive behavior is impulsively enacted.

So Anne Sexton returned to Dr. Orne in a washed out state of depersonalization and dissociation, where she could not make contact and relate through object connection. Her hatred of herself, and possibly her fear of a punitive retaliatory abandonment by Kayo and Orne, after her return to adulterous affairs, all were probably part of her self-preoccupied and self-persecutory state. Dr. Orne failed to make contact with her, but rather, as a psychiatrist, he turned to hospitalizing her. Sexton was put into the psych ward of a hospital, and in stark contrast to her earlier hospitalization, when Orne rescued her, and visited her every day; she was banished in isolation to the hospital ward now. Orne refused to see her; he seems to have been unaware of how he might be enacting his hostile countertransference reaction towards a patient who had disappointed him.

Yet, Orne's coolness toward Sexton at this point is understandable. Dr. Orne had seen Sexton off on her trip with a fond farewell, believing that he had used psychoanalytic theory to treat her, not having any tools to understand that she was not a neurotic psychoanalytic patient. He thought he had succeeded as her doctor, and as an aspiring psychoanalyst. Her false self

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behavior had reinforced the belief he wanted to have that he had cured her. Now she comes back to him in a disheveled, psychologically collapsed and out of contact mental state. He was probably furious, but unwilling to be conscious of it. Here again, the failure of his New York Psychoanalytic Institute to learn from the British theorists left its follower bereft of understanding what countertransference is, especially with a borderline patient. I propose that Martin Orne did not understand that his judicious banishing of Sexton to a mental hospital was, at least in part, an act of revenge and retaliation against her for failing him. He did not realize that his unacknowledged rage and disappointment was something he experienced as a projected part of her own early traumatized psyche, related to Sexton's early maternal disappointment at a traumatic level, which unleashed rage. Her masochistic turn against herself caused Dr. Orne to have the rage that Sexton needed to experience for herself in treatment, in order to truly get better, within a therapeutic environment.

***Dr. Orne's Failure to Understand Sexton's Borderline Rage Enactment  
in Her Final Phase with Him***

When Anne Sexton returned to Dr. Orne's private practice, after her hospitalization, the therapeutic terrain was to be quite different than formerly, before her trip to Europe. Having seen herself as a failure, and having felt rejected by Orne (after he threw her into the hospital, without visits), her false self was no longer operating to appease him. Her split-off, enraged, and abandoned two-year-old side began to be enacted in her behavior with him. At the end of sessions, she would not get up to leave when he said it was time for her to go. She would, instead, withdraw into a trance state, right before her doctor, and would passively refuse to leave his office. At the end of the session, Sexton sat and stared ahead. She was in a trance, and seemed paralyzed, unconsciously refusing to move. I propose that she was being controlled by her formerly dissociated abandonment trauma state, split-off from her related self state since early childhood. The end of the session was now triggering the primal separation and abandonment trauma. It was at the point where she had to leave Dr. Orne, and she no longer had an intellectual link with him at the session's end, that Sexton enacted her passive rage and her trance-like merger with him. Anne Sexton could not, and would not leave Orne's office. Dr. Orne had to force her to go. But the next thing he knew, Sexton returned to his outside waiting room with a carton of milk, and refused to leave the waiting room, as she nursed herself with the milk in the container.

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Here too, an early split off scene from the primal era of separation-individuation trauma is seen. Anne Sexton was nursing herself, showing that she wanted the maternal milk, the milk of the earlier symbiotic breast mother, who had abruptly left her deprived and abandoned, and un nourished during the separation-individuation phases of development. She wanted her breast mommy. She showed it to Orne in her (protosymbolic) presymbolic enactment, but Orne did not have the tools or knowledge to interpret what the hell she was doing.

### ***Conclusion***

Dr. Orne was the victim of his limited education from the New York Psychoanalytic Institute, which reigned over all psychoanalytic psychotherapeutic treatment in America. He was the victim of New York Psychoanalytic Institute dominating the American scene, and simultaneously rejecting all the teachings of the British psychoanalytic psychotherapists, and British object relations theorists. The British theorists had based all their theories on clinical work with borderline character disordered patients, and with even more pathological patients, such as schizophrenics and manic depressives.

Left without these teachings, the very ethical and concerned Dr. Orne was limited in his clinical approach to a borderline character like Anne Sexton. So was Ralph Greenson, when he attempted to treat Marilyn Monroe, another seriously disturbed borderline celebrity. Greenson didn't know how to treat a borderline character, so he brought Marilyn Monroe home to stay for a time with his family, hoping that a warm and supportive atmosphere could help her (Taraborrelli, 2010). But this was a superficial external solution, which could never resolve the primal object loss and underlying abandonment depression. Both Dr. Orne and Dr. Greenson lacked the knowledge to treat borderlines that was ignored by the New York Psychoanalytic Institute.

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