

Interview with Donna Orange

Hélder Chambel and Paula Campos



“A lifelong student of philosophy, with a midlife addition of clinical psychology and psychoanalysis, I teach in psychoanalytic institutes: IPSS (Institute for the Psychoanalytic Study of Subjectivity, New York), NYU Postdoctoral Program in Psychotherapy and Psychoanalysis -- Relational Track, and ISIPSé (Istituto di Specializzazione in Psicologia Psicoanalitica del Sé e Psicoanalisi Relazionale, Roma e Milano). I also offer clinical consultation in these institutes and others and teach in humanistic psychotherapeutic settings worldwide and in private study groups. My recent books are *Thinking for Clinicians: Philosophical Resources for Contemporary Psychoanalysis and the Humanistic Psychotherapies* (2010), *The Suffering Stranger: Hermeneutics for Everyday Clinical Practice* (2011), *Nourishing the Inner Life of Clinicians and Humanitarians: The Ethical Turn in Psychoanalysis* (2015), *Climate Crisis, Psychoanalysis, and Radical Ethics* (2017), and *Psychoanalysis, History, and Radical Ethics: Learning to Hear* (2020).”

“The face with which the Other turns to me is not reabsorbed in representation of the face. To hear his destitution which cries out for justice is not to represent an image to oneself, but is to posit oneself as responsible, both as more and as less than the being that presents itself in the face. Less, for the face summons me to my obligations and judges me. The being that presents himself in the face comes from a dimension of height, a dimension of transcendence whereby he can present himself as a stranger without opposing me as obstacle or enemy. More, for my position as *I* consists in being able to respond to this essential destitution of the Other, finding resources for myself. The Other who dominates me in his transcendence is thus the stranger, the widow, and orphan, to whom I am obligated.” (E. Levinas, *Totality and Infinity* p. 215)

Fonte: <https://sites.google.com/site/donnamorange/>

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Interview conducted by e-mail.

Hélder and Paula – Hello Donna. We are very grateful for your availability for this interview. Some of your texts are part of our Association’s training in Psychoanalytic Psychotherapy, so the questions we will ask you are, in part, the result of discussions that have arisen in the training seminars. Thank you for helping us think.

Philosophy is very important in your work and somehow it seems that it tries to put together what “Freud separated from the beginning”. Freud followed a rationalist idea integrated in the scientific current of his time. Many of us have little knowledge of Philosophy, while you seem to have an “inner choir” with many philosophers.

Donna – My early work was teaching philosophy in the university. Psychoanalysis came later, but in old age I have increasingly returned to philosophy. My work began with the American pragmatists, but over time I have turned to studying and teaching European phenomenology, most recently Edmund Husserl at Duquesne University.

Hélder and Paula – Could you tell us why do you think Freud wanted to move away from Philosophy?

Donna – As a young man, Freud wanted to be a philosopher. He attended five courses with Franz Brentano—also the teacher of Edmund Husserl, father of phenomenology. On Brentano’s recommendation, the young Freud was chosen to translate one volume of the Works of John Stuart Mill into German. But he soon realized that, as a Jew, he would probably never be able to teach in the university, and thus would not be able to marry and support a family. So he turned to medicine, where he encountered important thinkers and scientists of, as you put it, “a rationalistic bent.” When he came to develop his own science (Wissenschaft) of psychoanalysis, he needed to discount the expected critiques from philosophers. Irony: his lifelong interest in culture, history, and literature always intersected with his psychoanalysis, greatly enriching our field from the beginning, but the assumptions smuggled in from the hard sciences could not be questioned, whereas philosophers were inclined to question everything. Freud’s authoritarian tendencies also played a part, I think. There is surely much more to this story than I am telling, of course.

Hélder and Paula – You can also explain to us why you consider philosophy so important for psychoanalysis, to the point of thinking about a “Clinical Philosophy”?

Donna – My friend and eminent psychoanalyst Warren Poland often says that philosophy and psychoanalysis are inseparable; philosophy is the lecture course and psychoanalysis is the lab. Myself, I think like Socrates that the unexamined life is not worth living, and that both disciplines help with this examination. The profoundly held beliefs that shape our clinical practice and theories need to be highlighted and questioned if our field is to develop and if our practice is to remain a form of humanistic and humanitarian service to human beings. My Thinking for Clinicians is completely devoted to this project.

Hélder and Paula – We get the feeling that relational ethics is the main theme of your work. It reminds us of Ferenczi and stresses that the relational dynamics derived from a “Cartesian” psychoanalysis, with its concepts of neutrality and abstinence, are in themselves traumatic for patients. Could you tell us a little about how you relate your perspective of relational ethics to the practice defined by Freudian psychoanalysis? Namely, when you talk about the imperative need to support “The Suffering Stranger” and when you consider that what is often described in psychoanalysis as the “resistance of the patients” may after all be “the resistance of the heroes”.

Donna – Interesting question, because I cannot remember ever describing my perspective as “relational ethics.” Perhaps something got lost in translation. I do speak of “radical ethics,” an asymmetrical relation that places the other always before my own needs or interests. I am obligated already when I meet the other, whose suffering demands my response. It requires me not to leave the other to die alone. As a psychoanalyst, I work in the service of the other, whose obligation to me is not my concern. The other is my sister or brother, and I cannot be indifferent or evade.

Hélder and Paula – Psychoanalysis placed maternal and paternal transference at the center of clinical intervention. You say you do a “big sister transfer”. What clinical repercussions derive from this therapeutic attitude? Don’t patients really need an “authority” that gives them security and confidence in the therapeutic process? What relational dynamics can come from leaving a “place of power” to a place of “brotherhood”? How can patients benefit from this change in relational attitude?

Donna – First, I see transference as what phenomenologists call historical sedimentation. This means I always bring emotional history and presumptions to the encounter with the other. This may include the transferences that Freud described, the countertransferences that Racker studied, and include sibling transferences and countertransferences on both sides. This does not remove authority, but shapes it and the ways it will be experienced. Most often the authority in psychoanalysis is shared: the patient is more expert on their own experience, while I may have more training. Moving to “brotherhood” permits new experiences of solidarity for people who have been profoundly alone, or maybe egoistic.

Hélder and Paula – Could you summarize what you really mean by “the ethical turn” in psychoanalysis?

Donna – See what I said above about radical ethics. The ethical turn also tends to mean that the most disadvantaged others—due to race, history, climate change, distance, and so on—come into concern among psychoanalysis. Since 2011, the biennial multidisciplinary conference “Psychology and the Other” has embodied this concern, but many institutes and training programs are paying closer attention now.

Hélder and Paula – You have highlighted the concept of “clinical hospitality” and challenged the idea of the importance of diagnosis in psychoanalysis. You defend a perspective of not categorizing people, proposing the transition from a “hermeneutic of suspicion” to a “hermeneutic of trust” in the relationship with our patients. You also tell us that you reject all reductionist ways of reading reality and that you therefore see psychoanalysis from the Theories of Intersubjective Systems, where the therapeutic encounter can only be understood in the articulation of the therapist’s subjectivity with the patient’s subjectivity in a given contextual space.

Could you summarize how you understand the psychoanalytic therapeutic process? And, within this understanding, could you explain to us what you think can help our patients in their suffering? What can be really therapeutic for our patients? What is our job here?

Donna – This question needs a whole book, of course, and I cannot do it justice here. But my work in the past 30 years has concerned emotional understanding, compassion, emotional availability, and accompanying the traumatized and those destroyed by violence, neglect, and injustice. These attitudes, along with those you mention, make possible some reduction in shame, in loneliness, and in despair. These are generally my therapeutic objectives. Sometimes there are also positive gains, like restoration of dignity, a sense of personal purpose, and more flexibility in meeting life’s challenges. Patients also sometimes take greater interest in their impact on others, including the analyst and those “ungrievable” ones that Judith Butler studies.

Hélder and Paula – You speak to us of a “practical knowledge” in psychoanalysis, which is opposed to a “technical knowledge”. In contrast to a specific technique that can be applied to all situations, we must develop the ability to do the best we can in each specific situation. This process requires great humility and abandoning, in contact with our patients, our theoretical constructions that are often a source of security for therapists. How can we teach this therapeutic humility? How can we convey to colleagues who are starting in our profession the idea that, although theoretical knowledge is important, it can contribute to not having enough openness for our patients to understand? Do we fall into too abstract and philosophical

knowledge, which is difficult to teach? How can one learn and teach the need to “know in order not to know”?

Donna – I cannot say it better than you have. The only way to teach clinical humility is to embody it in our teaching and supervision. We need always to be ready to say “I’m sorry,” and “I was wrong.” Also “I don’t know” and “I need help.” (These I learned from Canadian writer Louise Penny).

Hélder and Paula – You tell us that you defend an “infinite responsibility towards the other”, a dimension that goes beyond the ethics of the social contract of duties and responsibilities towards the other. You speak of the idea of compassion, of suffering with, of enduring your suffering with our patients. We are thinking that, considering that many of our patients had profoundly traumatic and painful life events, with great suffering, to what extent our profession is not, in this perspective (without using “double mind” mechanisms), a profession deeply traumatic, which challenges our availability and our limits as humans. What do you think about this? How can we “help ourselves” in this suffering with patients?

Donna – Again, very well said! We need to help each other, and always be ready to say we need help, in our work and to survive our work. My “Nourishing the Inner Lives of Clinicians and Humanitarians” book is all about this.

Hélder and Paula – In your book on climate change, tell us about a “Double Consciousness” that does not allow us to see our responsibility in this matter. If we psychotherapists and psychoanalysts had a transformation towards a “more integrated mind”, that would allow us to see our collective responsibility in the human and social injustices of the world in which we live, in your opinion, what would be the most important changes in clinical dynamics, in therapeutic rules and political intervention taking place in our offices and in the social intervention of psychotherapists and psychoanalysts? What challenges do we have, from a practical point of view, on this theme?

Donna – We must learn to be citizen psychoanalysts, involved in the climate emergency and working against white supremacy in ourselves. Some of these topics, earlier treated as defensive evasions, are now in the center of psychoanalytic concern. There can be no rule that says “that is not psychoanalysis.” Sorry, Freud. The world in which we and our patients live is the psychoanalytic world. If we are evading responsibility for each other, our patients will see our hypocrisy.

Hélder and Paula – In an intersubjective perspective, as Stolorow and Atwood wrote in the 1970s, our psychoanalytic theories are influenced by our subjectivity.

You speak several times about your life experience and the way this same experience has marked your way of being in psychoanalysis. Can you tell us a little about how your personal experience defined you as a woman psychoanalyst and as a writer in psychoanalysis? About how your subjectivity contributes to the construction of your theoretical ideas, based on solidarity and relational ethics, as therapeutic factors for the traumatic dimensions of our patients?

Donna – As Stolorow and Atwood would surely agree, our own experiences of trauma and of erasure mark us and shape us as clinicians, making us more sensitive to particular kinds of suffering in our patients. Having grown up in a violent family, I have long responded to patients who consciously or unconsciously have suffered similarly. I probably miss the suffering of others whose history seems more “normal.”

You ask about working and writing in psychoanalysis as a woman. This situation is inescapable and never ends. Before I came into psychoanalytic work, I taught philosophy, where women were rare and our voices apparently inaudible. Often I found similar erasure in psychoanalysis, where male teachers and writers get credit for ideas I have also taught and written, and do not apologize for borrowing my exact words. This experience, fortunately, has taught me to listen to silenced voices in the psychoanalytic world, and to support younger women and other invisible ones in beginning to speak and write. Resentment about these experiences is, I find, a waste of time.

Note by Donna Orange: “I might add that I find this interview format very difficult. I cannot see your faces or hear your voices, or ask you where the question comes from. And you cannot ask me follow-up questions. That said, I hope this will be useful to somebody! And I hope to meet you someday in real life.