

Interview with Albert Mason, MD, FIPA by Marianne Robinson, PhD, FIPA

This following interview was conducted in advance of Albert Mason's guest teaching and lecturing to the candidates and active members of the Northwestern Psychoanalytic Society in Seattle, Washington on June 17-18, 2011. Marianne Robinson is a senior training and supervising analyst and founding member of NPSI. The interview has been edited only slightly for readability. Although not strictly an essay, we felt it was nevertheless a fitting first offering in the *Associations* section of the NPSI website.

Marianne Robinson: We are all looking forward to your visit. There is among all of us members and candidates, some of whom have just finished two semesters of studying Melanie Klein, a lot of curiosity about you and your training in England. We are also reading many of the papers on evolving British Object Relations that come out of London. Your thinking has been evolving as well. So it is now it is my privilege to ask some of the questions we hope you will want to discuss. The first question is, "How did you come to become a psychoanalyst?"

Albert Mason: I was an anesthesiologist first and I became very interested in delivering babies without anesthesia, because anesthesia depresses the respiration of the baby. So I experimented with hypnotism and it went quite well except it is very time consuming. And then local anesthesia came along and the need for hypnosis decreased and it became more of a curiosity rather than something practical. The thing is, that once you are known as a hypnotist in a hospital they send you all the hard cases that they don't know what to do with and want you to perform miracles.

So one day I was about to anesthetize a young boy who looked to me as if he was covered with warts, millions and millions of them all over his body except his face and chest. The surgeon was trying to graft skin on him but it didn't work. So one day I said to the surgeon "why don't you try hypnosis." He said, "Why don't you?" So he turned the case over to me, and I hypnotized the boy and told him the warts should go off his left arm and sent him away. He came back a week later and his arm was totally clear. I photographed him and showed it to the surgeon and he looked at me with a pitying look and said "This isn't warts! This is a case of congenital ichthysiform erythroderma." He said it is congenital, incurable, structural and don't do any more because nobody will believe you. I was shocked. I looked it up and saw that this was something he had been born with and decided to publish it. I had him photographed in sections and published it in the *British Medical Journal* as I treated him limb by limb. It was picked up by every newspaper in the world including *Time Magazine* and I was famous overnight for curing the elephant skin boy. So, you know, I didn't understand anything of what I had done and I was offered a scholarship at St. George's Hospital to investigate the treatment of skin disease by hypnotism.

I treated 100 cases and presented them at the International Congress of Dermatology. By that time I was beginning to get very puzzled because I was producing some cures and didn't understand anything about it. [I thought] and besides I'd have to do psychiatry to

find out. So I gave up anesthesiology and did a psychiatric residency. I received another scholarship for the treatment of asthma and I published another series of cases.

By this time I was really very puzzled because I was producing results and didn't understand why! Psychiatry didn't help me, so I then decided to take my series of cases to a famous psychoanalyst, Clifford Scott. He was one of Melanie Klein's analysands and went on to become professor of psychoanalysis at McGill University. I showed him my series of cases—100—treated by hypnosis with a 70% cure rate. He asked me how long did I take with each case. I said I took one hour with each. I talked to them and hypnotized them. And then he asked how long they had been treated in the skin department. I said, "In the skin department they paint them blue, they paint them green, they take ten minutes, and they go out." He said, "Well, what you may be showing is the more time and trouble you take the better the result."

So my take on hypnosis went down the toilet. Scott so impressed me with his cutting through to an underlying truth that I decided that I would go and get psychoanalytic training. I applied to the British (Psychoanalytic Institute) and I was interviewed by [Donald] Winnicott. He said, "If you are accepted, what group do you want to go into?" I said "I don't know." He then said, "If you don't know, you go in the Middle Group [referring to the Independent Group]."

So I was appointed to the Middle Group, and after that I went and spoke to a good psychiatrist friend of mine, Irving Krieger, who had just applied to the British as well. He asked, "Which group are you in?" And I said, "the Middle group" and he said, "why are you going there, Albert?" I told him I didn't know. He said, "Why don't you go in the Klein group. They teach you everything the Middle group teaches but you get more. They teach you about Melanie Klein." I said, "More! That's for me!"

Then I went back to Winnicott and said, "Do you mind if I change my mind and go in the Klein group?" He said, "Not at all. What changed your mind?" I said, "I hear you get more." Winnicott said, "Well you could say that." So I went into the Klein group. Then he said, "Have you chosen your training analyst?" I told him I didn't know any. He said we'll give you the first one who has a vacancy. It happened to be Hanna Segal! So that's how I became a candidate.

MR: And that's how you came to have Hanna Segal as your training analyst.

AM: Yes. Pure luck!

MR: What was your experience as her analysand?

AM: The experience was rather shocking, as you can imagine, because she psychoanalyzed my need to do hypnosis, and my history, and everything about it. I gave up hypnosis after writing and publishing a book on it for medical practitioners in 1960. I gave it up because I realized I was just relieving symptoms, and not understanding, and

not giving the patient understanding. So, [naturally] they were converting and relapsing and that's how I started to become an analyst.

MR: To the extent that your identity had been as a hypnotist and that was where your success had been, it must have been an upsetting experience.

AM: It was very upsetting! I had a large practice of patients who came from all over the world and I was in Harley Street. On top of the world! But I soon realized all sorts of things I never knew before. That I was really shifting symptoms from one part of the body to the other.

MR: Reading between the lines, can I read that Hanna Segal saw this as the expression of some kind of omnipotence?

MA: Absolutely! And she let me know it! And that's how I came upon the idea of folie a deux and I wrote a paper called, *A Psychoanalyst Looks at a Hypnotist: A Study of Folie A Deax* where I examined my own motives and realized that the patient looks for a magical healer. And *I thought I was a magical healer* so we were projecting similar phantasies into each other. That can sometimes produce a profound effect which it did in that case. Anyway I gave up hypnosis, became a psychoanalyst, and had supervision with Betty Joseph and Wilfred Bion.

MR: You had two control cases?

AM: Yes, and I had a lot of supervision because working in a hospital I got all sorts of borderline and psychotic patients to treat. I got supervision with Herbert Rosenfeld, Donald Meltzer, and several cases with Bion. I had lots of supervision with the Kleinians and became a confirmed Kleinian.

MR: How was the decision made to move to the United States?

AM: There was a group of people in Los Angeles who had been interested in Klein and they asked Hanna Segal, Herbert Rosenfeld, and Betty Joseph to come, but none of them wanted to come. Then they asked Bion, and he decided to would go. And then they also asked me because they had seen a case I presented at the International Congress on the treatment of a manic depressive psychosis. So I spoke to Bion and asked if he would mind if I came. He said he'd like to have someone to supervise the cases [i.e. candidates] he analyzed, so we came together in 1969.

MR: So the two of you were approached separately.

AM: Yes, by the same group. By that time I had been a psychoanalyst for about ten years.

MR: Moving to the US from England seems like an adventurous undertaking for two psychoanalysts at that time.

AM: In Bion's case it is difficult to know. He once said it reminded him of India and I think that he was a little tired of being President of the British [Society] and President of the [Tavistock] Clinic and being asked to be on committee after committee. He wanted to focus on his work and writing. I think that was a very important reason.

As far as I am concerned, my case is rather complex. I wrote a little paper on it. I was born in America you know. In Newark, New Jersey and came to England when I was 1 ½ years old. My grandmother, who I was very close to, had five sons. Some of them she sent to the States. This is from Russia. And one of them could not get through Ellis Island. That was my father. He had a lung disease, so they sent him back. Later my grandmother tried to come to America too and they sent her back too from Ellis Island because she had the same lung disease as my father. This upset me very much; that they would send this old lady back who had four sons in the States.

At the time I was asked and accepted to come to the States I didn't realize [the unconscious significance of my decision]. They wanted me to bring Klein to the States and Klein was my "grandmother." Klein, being my analyst's analyst held the same position in my mind as my grandmother. So I was determined to bring my grandmother to the States, this time to be "united" with her American sons. So that's the reason I came, although I didn't understand that for another ten years. I thought I was coming to teach Klein. I didn't understand I was coming to get my grandmother through Ellis Island.

MR: How did you come to that realization after ten years?

AM: It is a long story, but I was determined to bring my grandmother back through Ellis Island because I was very upset that they had turned her back.

MR: An amazing journey. It must have been very satisfying on that level to be the grandson who reunites the family.

AM: That's right! And I did not understand that at all at the time. The paper I wrote about it "Why I came to the States" was published in the Los Angeles Psychoanalytic Bulletin.

MR: And what did you find in the States when came over?

AM: I found a few people who were interested and many people who had asked us to come over deserted because there was enormous hostility toward Wilfred and myself.

MR: Because you represented the New Idea (Bion)?

AM: That's right. The president of the Los Angeles Psychoanalytic Institute (LAPSI) announced one day that Kleinians would not be allowed to teach, treat, or supervise in LAPSI. That was the atmosphere here. We were presumed to be "non-analytic." I protested to the IPA and they sent a team here to investigate. The LAPSI President said that APsaA (American Psychoanalytic Association) had instructed him, but that's not

true. It was a local matter. They were frightened because we were attracting so many candidates.

Later Susan Isaacs came over. By that time I had a clinical professorship in USC and I was teaching at UCLA.

MR: How did you connect with Jim Gooch, for example?

AM: I supervised Jim Gooch and he said, "How do I learn what you know?" I said, "You have to back into analysis." So, I sent him to be analyzed by Bion.

Gradually, I was asked to teach in a local psychology school and they wanted to start a psychoanalytic program. So, I gathered together all the disenfranchised analysts and asked them if they wanted to teach psychoanalysis. About ten of them did and they joined us. The school is now the CGI (California Graduate Institute). I did not join because I wanted to become a training analyst and would never have become one if I had joined there.

So I became a training analyst and analyzed a few analysts. Jim Grotstein, who was a training analyst already, was one of my supervisees. He and I and Fred Vaquer who was had been one of my analysands formed a new group and that was how PCC began.

MR: I am aware and know from experience that you were instrumental in sharing, not only your psychoanalytic knowledge but also the organizational aspects that PCC had achieved. We owe a debt of gratitude to you and others in PCC for our formation. And I know that you have been instrumental in starting other groups as well, such as the Confederation of Independent Psychoanalytic Societies (CIPS).

AM: Yes. And PINC (Psychoanalytic Institute of Northern California) in San Francisco. And, yes, I was one of the founding members of CIPS. I was part of everything unfortunately!

MR: You were also President of PCC twice. How would you describe the tension of all that as well as the capacity to hold onto clinical aspects of your identity as a psychoanalyst? Holding your clinical identity while also doing some of the heavy administrative tasks?

AM: It was a burden and a big task at the time, but I was young and enthusiastic back then, and believed that what I had to offer from the British was valuable. At the same time as there was hostility from one group, there was also a lot of support from many people; most notably Jim Grotstein. When Bion and I first arrived, a lot of [analysts] went into analysis with Bion. But many [of those we thought were interested in our work] disappeared. Jim Grotstein was the first to stick around. He was a big influence. Some of the others had joined the Intersubjective group or the Ego psychology group.

MR: That was a time of great turmoil in Los Angeles.

AM: Oh yes! APsaA came down to investigate us. Then I became a training analyst, after several attempts, mind you. They failed me on several occasions. The committee found my clinical work exemplary but the Council turned me down on account of my character [chuckles]. I tried twice and they turned me down. Finally, I appealed saying that it was clear that it was prejudice. My work had been found exemplary so this had to be personal and prejudicial. I asked that several people be relieved from the accrediting Council and they were. Then I was accepted. It made a world of difference. So within three or four years with Fred Vaquer, Dick Alexander, and Yvonne Hansen we could form a study group and that's how PCC began.

MR: Looking back, how do you see the evolution of Kleinian theory at PCC?

AM: It is clearly thriving! PCC is strong. I just finished teaching a class of nine candidates and another Institute has two candidates. And two local Institutes had to join together because they did not have enough candidates.

MR: Can you describe the parts of Kleinian theory are the most important now.

AM: In a nutshell, it is the understanding of primitive anxieties. So many of our patients now are not neurotic. They are much more seriously ill. The understanding of persecutory anxieties and depressive anxieties connected to separation individuation from the primary object. Also understanding projective identification and how that works. The book on projective identification in which my chapter appears and which I will present in Seattle has just come out.

At the moment I am engaged in writing my own book. It is a collection of my teachings and lectures called "Second Thoughts, With Apologies to Bion." It has several papers on folie a deux, and there is a good paper on the Freud-Fliess relationship where I describe Freud as delusional.

MR: Are there any theoretical dead ends? Theories that have fallen by the wayside.

AM: It depends on who you talk to. There is a feeling that part objects and anatomical descriptions have now given way to functional understanding, but that is not entirely true. There are times—and I will talk about this in Seattle—when interpretations connected to the body and phantasies about the body (the breast, the penis, the womb, and the eyes) are sometimes meaningful to some patients. So I certainly have not given up using such interpretations when appropriate.

Again there is a woman, a professor of Literature and a candidate in the British. She gave a lecture here recently on the difference between Betty Joseph and Hanna Segal. I responded to that saying that in fact I think that is largely fallacious. I illustrated that in various ways. I spoke to Betty, and I spoke to Hanna, and both said the same thing to me. That the differences are minor and basically they work the same way.

MR: What are your own favorite contributions or elaborations to British Object Relations theory?

AM: Really just emphasizing the anxiety connected to separation and weaning. That's the area I am most interested in. The point where the baby becomes aware of the space between itself and its object, and when all the anxiety, loss, jealousy, envy, and shame come together; and that's the time they often regress to the paranoid schizoid state and how do we deal with that? Also, how projective identification plays a part and how you have to interpret it. I will illustrate that in the supervision case I will present in Seattle.

MR: I find myself remembering that you once illustrated schizoid mechanisms by taking the example of a kitten of yours who would not come out from under the refrigerator while its siblings had no such trouble. This leads me to ask you to say something about the issue of Nature versus Nurture.

AM: Sure I can say something about that! There is no such thing as a phantasy without a reality component, or a reality without a phantasy. I will bring some quotations of Melanie Klein from her lectures on technique which have not been published. She makes the point clearly and explicitly. In fact, what you will see is that several of Bion's formulations come straight from her lectures on technique—which he acknowledged.

MR: Do you feel Bion gave Klein appropriate due.

AM: Sometimes. Not always. His concept of “no memory and no desire” comes straight from one of her lectures. I will use it and you will see.

MR: How do you keep vital over the years?

AM: I love the work! I find it ever fascinating and find every single case different. There is no such thing as a generalization when it comes to good clinical work.

MR: Is there anything I have not asked you that you would like to include.

AM: Well yes. The understanding of the formation of superego and the many superegos we have. That is something that is so important in our work and in matters of technique. How we all have different superegos and how they are formed. There are a multitude of superegos. For example, I must have supervised half a dozen people who are trying to treat obsessive compulsive patients and it is quite clear that the patients have to exert enormous control over their objects, and how this process of control goes back to phantasies of control of the mother (the maternal object) and how introjection of that object which has got the controlling part of the self affects the patient's mind. How these people, like addicts, often feel they are controlled by a part of their mind they can not resist. Like a bulimic patient or a sexual addict. They are so interesting because they can not resist these impulses because they are projected into an object, [which is actually] an omnipotent controlling part of themselves. They can not resist it because it is omnipotent.

I am also interested in the voyeur because it centers on control of the object by looking. I can talk about that very interesting area, too, in Seattle.

MR: I want to thank you very much and feel very grateful for how generous you have been today about what you think, what makes you tick, and where you come from.

AM: I have been given so much that I feel the least I can do is give as much back to others as I have been given. I have had the most generous analyst and supervisors and feel very fortunate to have been present with people who have been generous. I am happy to do it.