ENVY IN THE CONTEXT OF PATRIARCHAL HIERARCHIES: UNDERSTANDING SOCIAL INFLUENCES UPON THE EXPERIENCE OF ENVY FOR THE INDIVIDUAL AND IN PSYCHOANALYTIC PRACTICE

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INTRODUCTION

Historically, the psychoanalyst’s primary consideration has been the intra-psychic life of the individual as formed within a family context, while discussion about the broader social influences upon the individual and the family have been minimal. Overlooking the social origins of personal ideals and values that influence the family, the patient, and the psychoanalyst, would be like ignoring any other countertransference phenomenon. I use the topic of envy, as one example, to show the importance of including elements of social and political life to bring further understanding to the treatment and theory of psychoanalysis.

In this paper, I examine the effect of patriarchal hierarchies on the social norms that are internalized by both genders to inform what is enviable in a given culture and what is acceptable envy expression. I’ll begin by defining envy; identify the role patriarchal hierarchies play in stimulating envy; then, demonstrate the power that patriarchal views had upon envy and gender-bias in early psychoanalysis; and conclude with female and male case material demonstrating the manner these social influences affect the individual expression of envy as seen clinically in both men and women.
Envy is a devaluing experience causing great personal distress. Like a narcissistic injury, envy ignites anger and the impulse to retaliate when an admired trait, possession, or success of another feels threatening to personal self-esteem. The rigid hierarchies and subjugation of women indigenous to patriarchal cultures stimulate idealizations that further intensify the envious response.

Envy is paradoxical. It can quickly erupt into terrible confrontations between siblings, friends, colleagues, or between parent and child, analyst and patient, and yet social custom dictates destructive envy is seldom discussed openly. Our field, also influenced by the beliefs of a larger social context about envy has repeated this clandestine tendency by focusing only on the most pathological forms of it, as if envy were not ubiquitous to human nature.

The key to understanding the role of hierarchies in stimulating destructive envy lies in the thesis that certain beliefs and social norms become idealized and are then communicated between the social and the personal levels. The social becomes personal (introjection) when these socially constructed norms are accepted on an individual level as personally true (identification). In addition to beliefs, the acceptable expression of private emotion is learned within a social context (Gergen, 1996). Put succinctly, humans in a given culture consciously and unconsciously form and are impacted by the beliefs and norms of that society. An acceptable model for expression of emotion develops; then these learned behaviors are passed from person to person and from one generation to another. Trends are established for emotional expression. For one example, men express themselves
more easily with anger and women with sadness (Lerner, et al, 1992). Now, more particular to my topic of envy -- typically, women are more likely to admit to envy, while in general, men do not (Burke, 1998).

These standards are set in a given culture or group and the individual members compare themselves to these particular ways of behaving and feeling, and often experience themselves as not measuring up. Frequently, these feelings of inadequacy breed envy and envy is damaging both to the individual mind and to relationships.

Therefore, I am proposing that the link between the personal and the social context in understanding envy and patriarchal hierarchies cannot be overlooked.

**ENVY DEFINED**

Envy combines a painful wish to possess a cherished quality or property seen with or in another, along with feelings of malice, hostility, destructiveness, and/or revenge toward the envied person (Eisler, 1922; Klein, 1957; Spillius, 1993). Although many contemporary psychoanalytic theorists admit that envy is ubiquitous and inevitable in the mind of the individual and in relationships (Steiner, 2008); because it can be so destructive, thus accompanied by shame, envy unlike other emotional experiences is not discussed in a broad spectrum of diagnoses (de Pottél, 2002). Instead, most articles about envy are restricted to case examples portraying patients with severe psychopathology (Kernberg, 1986, for one).
In contrast to those theorists who think about envy in a narrow perspective, I see envy like any other emotion, as multi-determined and based on one’s developmental history, past and current life experience, and maturity level (de Pottél, 2002). People who tend to have more difficulty with envy and managing its destructive behaviors usually have had earlier disappointments, losses, and/or trauma making it difficult to tolerate the inevitable affect of envy that is evoked in every day life. The more severe the wound or injury is felt to be, the more the person is likely to feel deficient or inferior and experience the compound affect of envy. This compound affect includes: 1. admiration; 2. a narcissistic injury; 3. a longing for a quality or possession (probably idealized); and 4. anger at the possessor with a wish to take revenge or destroy that which is admired (Spillius, 1993; Klein, 1957). I think two additional components are important to consider when looking at envy in a broader spectrum; that is, 5. shame, and 6. an assortment of compensations and adaptations to avoid, enact, manage, and defend against the debilitating experience of envy, thus, giving the concept of envy a broader perspective.

Envy is considered the nastiest of the seven deadly sins, which include pride, greed, lust, anger, gluttony, and sloth. [NOTE TO AUTHOR: Considered the nastiest by whom? There certainly are many who would consider one or another deadly sin as the nastiest. Either specify, please – or rephrase.] At its most destructive the person
experiencing envy secretly wants to destroy or ruin the envied possession or person. Revenge against the envied person just for having the admired trait or possession is the central focus of being envious. The response of revenge suggests that the missing and coveted trait or possession re-stimulates the experience of inadequacy and narcissistic injury, like the earlier emotional trauma. Thus, for the person overwhelmed by malignant envy, obtaining the trait or sought after possession becomes secondary to the primary focus of revenge (Spillius, 1993). Instead, the ultimate revenge would be narcissistic debasement and/or humiliation of the other, as if that would even the score. Considering the complexities within the envy dynamic, it is easy to see how a privileged state of one person could evoke in another a feeling of injustice or an envious’ wish for revenge (the unspeakable side of envy). I propose that with the added disadvantage of being in a lesser position in a patriarchal hierarchy, there can be a further inflammation of feelings of inferiority, intensification of perceived unfairness or inequality, and/or stimulation of a wish to even the score.

**Patriarchal Hierarchies**

Patriarchy, defined in the narrow sense, refers to a system, historically derived from Greek and Roman law, in which the male head of the household had absolute legal and economic power over his dependent female and male family members. The term patriarchy defined in a broader sense means a hierarchical social system and way of thinking that extends beyond simply the institutionalization of male dominance over women and children in the family that
extends to a society in general (Lerner, 1992; Random House Unabridged Dictionary, 1993). This male domination is not really about individual men having control over individual women (yet it could be). Instead, it is a generalized sense of domination by a group esteemed to be most valued over those that are not in the same social class, race, gender, and/or sexual orientation. Patriarchal hierarchies have now become an accepted model of leadership style in many organizations.

Implicit to hierarchical structure is oppression. Oppression controls thinking and action; leads people to adjust to the “right way.” Thus, creativity and growth are stunted (Freire, 1984). Oppression is an overwhelming anti-life mechanism that stifles thinking and action, as does envy. Authentic thinking is kept alive through active communication and dies when subordinated to an authority deemed to be superior (Fromm, 1966; Freire, 1984). Erich Fromm (1966), a psychoanalyst with a particular focus on culture’s relevance to individual experience, also suggests that those who are oppressed feel less impotent by submitting to and identifying with the group in power. This submission and/or diminishment minimizes the awareness of the painful lack of individual empowerment. Similarly, envy intensifies when there is awareness of difference and recedes with conformity. Those in power within a group or society control those considered in a lesser position in the hierarchy by domination and repression.

*Patriarchy and Envy Linked*
These tensions, exacerbated within a patriarchal leadership style, create a backdrop wherein the inevitable comparisons made between one person and another are intensified and thus, envy is evoked. The stratification within a patriarchal hierarchy sets up a system where those in leadership positions want to keep the status quo. Those who are in an inferior position want to change their situation to get what the privileged have. It really is a black and white system that is similar to the private envious experience of either wanting to be the best or feeling left with the worst.

Envy can also exist in the minds of the privileged. Just because someone ascribes to a patriarchal belief system does not mean they feel adequate. Those in the dominant group are silent carriers of their own unresolved envious feelings and are often frightened their status could be usurped. A creative contribution can be threatening within professional groups because progress establishes difference (Fonagy, 2008). Or, the overall maintenance of established norms and the existence of the group in control could be threatened. These hierarchal tensions of patriarchal cultures expose the inhabitants to the inevitable threatening experience of envy and the fear of others’ envy. Both envy and the conservation of the patriarchal hierarchy are maintained and controlled by a very powerful means—silence.

Within this silence exists the envy quagmire to which terms like evil and hate, as well as malignant, have been applied. The main aim of envy is to spoil that which is desired. This spoiling can be analogized to a cancerous-type of
growth that destroys healthy cells. There are increasing feelings of shame that contribute further to its private and unspeakable nature. Silence is the mechanism by which envy and conservation of the existing inequality in patriarchal culture are controlled. Thus, those in a dominant position retain a control in the hierarchy, tensions build, and the inevitable comparisons from a devalued position result in envy. The envier is unaware that the internal obsession with the possessions of the other inhibits true personal liberation. Similar outcomes from the same amount of effort are limited in a hierarchy based on the subjugation of women and rigid structures. Both envy and the inherent inequality of the patriarchal hierarchy are hushed and fester within this idealized and closed system.

Hierarchies, Internalization of Idealized Norms, and Envy

Perpetual youth is a value in the United States that has particularly focused on an ideal female body that includes thinness and perfect breasts. There are many idiosyncratic and intrapsychic reasons that determine which women become so obsessed with this perfection that eating disorders result. This is one example of an external ideal in which these social norms become personal and pathological. As well, there have been increasing numbers of women and men coming to treatment who want to control the aging process and undergo various types of cosmetic surgery, in particular for women, breast augmentation.

Both men and women internalize patriarchal beliefs that are learned at the social level in a patriarchal society. Gradually, these beliefs are accepted on a personal level. This same mechanism of internalization operates to silence the
open admission of envy. The sense that envy should not be openly expressed is learned socially, as if the act of revealing envy implies an admission of inferiority. This oppressive process internalizes the imperative to silence envy and manage malignant envy on the societal level. That is, the individual becomes a carrier of the same belief system as those in charge of a hierarchy-style of leadership, envy is then diminished, and thus, idealized norms are perpetuated and re-enforced.

PATRIARCHAL BIAS IN PSYCHOANALYTIC THEORY ABOUT ENVY

Freud (the father of psychoanalysis) did not use the term envy, except in relation to the penis (e.g., 1905). Thus, envy was not listed in the index to the Standard Edition, only penis envy. Freud’s primary focus on penis envy in women implied only women experience envy. However, as early as 1922 Eisler linked envy to self-esteem. It seems to me, although not directly stated, Eisler implied that envy was an expectable response in male and female development (gender neutral).

Other psychoanalytic authors displayed the forbidden aspect of envy through discussion of the basic components and conflicts about envy without using the word envy (Abraham, 1910 and Glover, 1924). Instead, they focused on what were called anal-narcissistic phase fixations, which described manifestations of concerns with the hidden desire to have the possessions of others. Today, we would call this phenomenon envy, but at that time Freud’s psychosexual stages of development were the predominant way of understanding and labeling the mind’s structure and function. These stages were a revolutionary way to link the
corresponding issues of mental life with the physiological growth milestones in
the child’s body. Thus, the anal-narcissistic phase fixations in adults were thought
to replicate a time when the child selfishly watched over the possessions he
already had or wanted what he didn’t have. Therefore, an intense ambivalence of
admiration and rage led to hostility, exaggerated criticalness, and an
overdeveloped envy constellation (my language, not theirs). The discussions of
these authors were centered on a person hating someone 1. superior or stronger, 2.
with whom he has a strong positive affective bond and 3. who is perceived as
frustrating or denying him love or some other desired gift. I notice there is an
implied concept of hierarchy adding to the intensity of envy.

Melanie Klein, was the first analyst to realize the centrality of envy in the
mind and relationships. Personal dislike of Klein and her view of envy as
constitutionally based engendered much debate amongst her colleagues. Although
Klein was born about 25 years later than Freud, life for her as a female in a
patriarchal society was not easy. She was not allowed to go to medical school as
she wanted due to her family’s wish she lead a traditional life with marriage and
children. The societal dictates of the time demanded that women even if
professionals were limited to work with the church, children, or in the kitchen. It
is easy to see how this type of restricted hierarchal structure creates oppression
and could lead to envy.

However, Klein was a feminist during a very difficult time in the history of
women. Within psychoanalysis she challenged the notion of the centrality of the
penis in the development of the female psyche. Her theoretical and clinical emphasis was instead developed and organized around the mother and her breasts, not the father and his penis. Klein broadened the exclusive female gender-bias perspective about envy to include males or females since both sexes work out their early transition from the mother’s breast. Thus, she established the gender-neutral possibility to envy.

One of Freud’s important contributions was the impact of the body on the psyche (Ellman, 2000). I can only assume Freud might have had some personal issue about envy or he, too, was reflecting the social custom to silence admission of envy. Respecting the historical/cultural context of Freud at the time he made his scientific contributions, penis envy can be understood as a metaphor reflecting a woman’s sense of her powerlessness in the world rather than simply or only a wish for an anatomical part. Freud generalized male anatomy and development to women without regard for their differences (Grossman and Stewart, 1977; Chasseguet-Smirgel, 1970; and Horney, 1939). Thus, penis envy as a developmental metaphor can be understood as the child’s early envious wishes to have it all. Stated another way, part of maturity is developing a healthy ego ideal to face limitations and maximize strengths. Perhaps, the obsession with being thin (a wish for perpetual youth and perfection) is also a metaphor reflecting a wish for power and status.

DISCUSSION AND CASE EXAMPLES
Envy is an emotion that humans struggle with psychologically. [NOTE TO AUTHOR: recommend that you delete “psychologically”. What other kind of struggle does a human have with an emotion?] It is universal, yet paradoxically, unspeakable and shameful. The context of the psychoanalytic relationship is a microcosm that creates a fertile environment where these types of comparisons, evaluations, diminishments, and then envious reactions flourish. As well, the context of a patriarchal leadership style intensifies envy in the individual through the re-enforcement of idealized social norms. These standardized norms are transmitted and controlled at the individual and social levels. Therefore, it is natural for all of us to evaluate and compare ourselves with one another, to experience envy, relive these experiences in analysis, and cleverly manage this forbidden and shameful experience. Now I’ll demonstrate how envy unfolds within the transference/countertransference encounter using cases from both genders with various degrees of pathology. Of course space does not permit the entire case, but I think you’ll see from the relevant portions of the cases I use, how the dynamics of patriarchal hierarchies and envy are uniquely exhibited in each case and worked through within the treatment dyad with varying degrees of pathology.

**Female Case**

Sondra had considered plastic surgery as an external solution to her emotional distress, but was willing to undergo psychoanalysis to better understand the internal underpinnings of her issues. She immigrated to the United States as a
teenager from a third world country, desperately wanting to fit in here in her new
culture. Sondra was smart, acquired higher education, married, and had children
of her own. Internally, she struggled with an obsessive envy of women who had
larger breasts than hers. Sondra felt emotionally devastated when she compared
herself to women (with larger breasts) in her husband’s presence, thinking he
overvalued breast size as well.

I began to feel impatient with her repetitive obsession with breast size.
Sondra defeated my efforts to help by indirectly communicating her pain with
excruciating details when prejudice was inflicted against her regarding gender,
race, and social class. Increasing tension grew at the transference/
countertransference edge. I analyzed my own issues and realized I had not wanted
the role she was assigning me. She was punishing me as a member of the
patriarchy with her suffering and lack of progress. I could see that I had wanted to
show her I was different, that is, a nice member of the patriarchal hierarchy. I
interpreted to her my sense she was experiencing me as part of the same world that
hurt and devalued her, so it was hard to take my help. Her obsessive focus on
external issues lessened, our alliance grew stronger, and the work deepened to
reveal the following associations.

Sondra was raised in a large family with little money or privileges. Her
father contributed little economically, and on his occasional visits, he was
physically abusive to her mother. Clearly, this patient was deprived on emotional
and material levels during her important developmental years. Until I interpreted
the hierarchical tension between us, she felt that I would see her the way she saw herself. She experienced me as part of a patriarchal hierarchy in which she felt devalued, yet a culture in which she desperately wanted to belong. This is one of the key internal issues in the conflict of envy – overvaluing the other and undervaluing the self within a self-defeating cycle.

I could see many possible unconscious meanings in this woman’s mind for her wish for larger breasts; such as the wish for a nurturing mother. But from our many discussions together, I understood that the breast signified her wish to be accepted into a patriarchal culture where this prized part of the female body was both idealized and objectified. Instead, in a parallel manner, she felt deeply rejected by her family, new culture, and perhaps, me.

Internally, Sondra continued to feel a deep sense of hurt and shame from her early traumatic experiences. Once we worked past the external focus on breast size, there was a young part of her that could barely cope with the overwhelming feelings she was now experiencing. Together we were caught in an envious struggle. She was defeating my efforts towards understanding, yet indirectly demanding I be the loving parent she wanted. Her repetitive torment about breast envy now, within the transference, was an envious struggle between us. She was envious of my perceived adequacy and felt devalued by it. Thus, she could not take the help from me she sorely needed.

Here, I’ve presented one woman’s internalization of an idealized image of the female body portrayed in this culture as a presenting symptom in a case about
envy. The initial envy of breast size developed into a typical case of envy within the treatment dyad. That is, she wanted my help, but felt envy to perceive me as more adequate, so initially she had to defeat her progress. Often attempted defeat of the analyst is called a negative therapeutic reaction, but in this milder form, I considered her bind what I call “envy resistance.” It was necessary to identify her projection onto me as the perpetrator of her suffering within a patriarchal hierarchy to proceed. To further explore the issue, I will discuss a male case, where as is often typical, envy is more disguised beneath the presenting issues.

**Male Case**

Tom was a 32 year old married man with a four year old son. He was a hard worker and a dedicated family man. He reported episodes of anxiety that ranged between times of actual panic to other times of mild nervousness when he handled complicated and intense situations with remarkable ease. He declined the use of medication hoping he would get relief from his intense anxiety through our therapeutic work. I was encouraged by Tom’s requisite curiosity for analytic work (wanting to identify the deeper issues that motivated him); there were, however, other times he approached issues in such a concrete manner that I doubted his psychological-mindedness. I wondered if his concrete thinking emerged when he was disconnected from his feelings, stirring anxiety (danger) and limiting his ability to self-soothe.

During the first six months of psychoanalytic therapy Tom reported a decrease in his symptoms of anxiety, but I was struck by how unaware he was of
I also began to feel devalued as my interventions were rarely quite right. However, symptom relief led to other memories, such as, “I never felt like I got it, the way I saw the other kids getting it; you know, like interacting and being with one another. They laughed together and I didn’t understand what was so funny.” As a young man, Tom’s father came to the United States from a Middle Eastern country. Tom could not consider my intervention that with language and cultural challenges, his father might have felt and appeared awkward in this new culture.

Tom’s resistance took the form of an idealization of his parents that covered his disappointment (and accompanying guilt for feeling disappointed). Due to his conflict about being disappointed in his father for not fitting in, idealization was the conscious defense. Yet in time, Tom admitted, “My parents never had anyone over to the house like the other kids’ parents did. I felt they [the other kids] had it better than me.”

Tom’s most crippling current worry surrounded his son’s daycare experience. He was terrified the other boys would bully his son and without Tom’s protection, his son would be irreparably harmed. Although there were times his son returned home with stories of being teased, I could see that Tom’s anxious manner, conveyed by asking his son dozens of questions, re-enforced the situation. Then, in a parallel manner, my countertransference response was a worry about Tom devaluing himself in his career and family. I hypothesized that these deep worries about his son were a displacement of Tom’s minimization of
his own abilities. This configuration of issues between Tom and his son and, Tom and me, comprised the major resistance that covered his own envy. Let me explain by illustrating some clinical material.

Tom recalled as a boy he felt like a “wimpy nerd.” Although now as an adult he feels intelligent, then, as a boy, he felt he was over-sensitive and uncoordinated, falling short of the male ideal. Neither parent understood, nor helped him deal with these distressing early feelings. Ironically, even though Tom was very involved in his son’s daily experience, his anxiety limited his emotional availability to his son.

He couldn’t say the words “I envied,” but he described many situations of envy, where he wished he was more like some other boys and had thoughts of their failing in some way. “It wasn’t fair,” he would say. Further associations emerged of Tom’s life in the shadow of his older brother who was revered as gifted and talented academically and athletically by his family and many teachers who taught both brothers.

I tried to link these experiences with the manner in which he currently underplayed his abilities. Initially, he would resist my intervention by exaggerating what I had said, “You want me to brag and show off. Where would that get me?” He was in quite a bind. He was fighting for his own inferiority. I could see that this defeat of my interventions as both competition and as a fear he might be envied. I interpreted his anger with me, realizing in his mind I, like his parents, did not understand what facing all of this would mean. I interpreted to
him that even though he came for help, he seemed to have to figure everything out for himself, as if taking my help was admitting I had something he wanted. Also, if I had something to offer I moved from the familiarity of the devalued maternal transference to the many faceted and intense father transference. He was trapped in a conflict that necessitated him retaining a position of inferiority, even though on another level, he wanted to believe he had all the answers himself.

He was angry to have spent so much of his life trapped by the myth that he was not smart or capable, yet he was still caught in a catch-22 of devaluation. As well, underlying his anxiety and low self-esteem was an intense envy he had never admitted to himself or anyone else. His defense of inferiority blocked the envious feelings he had felt ashamed to admit. It was difficult for him to realize he considered most people as superior, yet he also felt spiteful towards those people. Characteristic of his younger years, when he judged himself as a “wimpy nerd,” he felt further devalued to admit to envy and those intense “girl” feelings. I might add here that in my clinical experience, men often consider envy a “female” emotion, whereas competition is the parallel male counterpart, which is socially accepted, and even valued.

The next area that opened in our work together was the influence of his father’s culture on their family. For example, the firstborn son was granted the privilege of the father’s namesake and a superior position with the other siblings. Here we see the intergenerational transmission of these cultural beliefs. A break in this hierarchical order was to dishonor his father. Now, in Tom’s mind he felt
disobeying the patriarchal rule was tantamount to disgracing his father’s name. Oedipal issues within this reified patriarchal order were complicated. Tom’s devaluation symptom served as a compromise that kept him safe with his mother who was also devalued in the family. We were now able to understand why he felt so threatened to relinquish the comfort of devaluation. The devalued position protected him from the intense competitive issues with his father and brother and kept him close to his mother. I understood Tom’s anger at me to be for disrupting the equilibrium created by his continued devaluation of himself, his son, and me, while facing the intense feelings of envy, competition, and anger. Although there are many ways of understanding Tom’s difficulties, understanding the deeply buried envy dynamic, greatly expanded this man’s capacity to function in a life reflecting his true abilities.

CONCLUSION

And so, I have used the topic of envy and moved beyond the usual intra-psychic realm, formed within the family of origin, to include the manner patriarchal hierarchies, within the broader social network, can intensify this complex emotional experience. Psychoanalysis offers a way for men and women to emerge from the oppression and injustice intrinsic to patriarchal hierarchies. The destructive envy evoked from comparisons to idealized social norms can be transformed from silent misery to open discussion of disappointments and expression of anger. Thus, transcending the hierarchical system of black and
white thinking and the either/or paradigm of envy, the other does not have to be destroyed in order to have what is desired.

There is really not a cure for envy, but with dynamic understanding and analytic interpretation using transference and countertransference, its malignant crippling effects can be mitigated. Envy can be used as a signal that identifies choices, not a life of self-absorption or devaluation of the self and idealization of the other. In the context of hierarchies, it means being secure so not to be taken in by the popular culture (a standardized ideal) or the beliefs of the privileged as necessary to feel whole. I am fascinated by the intricacies of these social issues as they are interwoven in our minds and come alive with our patients.

REFERENCES


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