

# THE IMPOSSIBLE PROFESSION—I

*A psychoanalyst reflects on what Freudian therapy can—and cannot—achieve.*

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*(This is the first part of a two-part article. [Read the second part.](#))*

It almost looks as if analysis were the third of those “impossible” professions in which one can be sure beforehand of achieving unsatisfying results. The other two, which have been known much longer, are education and government.—*Sigmund Freud: “Analysis Terminable and Interminable” (1937).*

As psychoanalysts, we are only too aware that our profession is not only impossible but also extremely difficult.—*Adam Limentani: International Journal of Psycho-Analysis (1977)*.

**A**aron Green (as I shall call him) is a forty-six-year-old psychoanalyst who practices in Manhattan, in the East Nineties. He has seven patients in analysis, who come four or five times a week and lie on the couch, and eight patients who come for psychotherapy once or twice or three times a week and sit in a chair. He charges between thirty and seventy dollars per (fifty-minute) hour. He is on the faculty of a local medical school, where he teaches and supervises medical students and psychiatric residents. He is a graduate of the New York Psychoanalytic Institute and a member of the New York Psychoanalytic Society. He came to New York to study at the Institute after getting his medical degree and serving his internship and residency in a New England city.

He is a slight man, with a vivid, impatient, unsmiling face. He has thin dark hair and wears professorial clothes. A herringbone jacket, light-blue oxford shirt, subdued tie, and gray flannel trousers are his customary apparel. He looks Jewish. He lives with his wife and son in a brownstone apartment off Madison, four blocks from his office. The living room of his apartment is furnished with black modern sofas and armchairs, beige carpets, reproductions of modern art, photographs, folk art and archeological objects, and books; it is spare, extremely neat, pleasant, perhaps a hair studied. His consultation room is a kind of poor relation of his living room. The couch is fifties Scandinavian modern rather than seventies high-tech Italian; the pictures are old MOMA reproductions rather than Fondation Maeght exhibition posters; there are floor lamps instead of track lighting. The lights in the consultation room are kept dim, purposely.

The psychoanalysis that Aaron Green practices is of the most unswervingly classical Freudian sort. His thinking about theory and technique has been shaped by Charles Brenner, the intransigent purist of American psychoanalysis, author of a magisterial, impenetrable “Elementary Textbook

of Psychoanalysis” and, with Jacob Arlow, of “Psychoanalytic Concepts and the Structural Theory,” a once controversial, now standard advanced text. Brenner is known for his advocacy of a fanatically meticulous, aseptic analytic technique and for his hard-line theoretical position, which goes from Freud through the ego-psychology triumvirate of Heinz Hartmann, Ernst Kris, and Rudolph Loewenstein to the culminating quartet of himself, Jacob Arlow, Martin Wangh, and David Beres. Green is contemptuous of most recent developments in psychoanalysis, dismissing them as fads. He is unimpressed by the French structuralist psychoanalyst Jacques Lacan, whose impenetrably obscure writings have been gaining increasingly earnest attention here, but whose innovation of reducing the fifty-minute analytic hour to an austere seven or eight minutes (or sometimes even to a single oracular *parole* murmured in the waiting room) has yet to be adopted. He is similarly skeptical of the new theories of Heinz Kohut and Otto Kernberg, derived from work with narcissistic and borderline disorders; the stir that Kohut (who works in Chicago) and Kernberg (who works here) have been making within and outside the field fills him with disgust. The English object-relations people (D. W. Winnicott, W. R. D. Fairbairn, Michael Balint, Harry Guntrip, and others), who predate and foreshadow the Kohut and the Kernberg groups, are equally wrong-minded, he feels. When the name “Melanie Klein” is uttered, he closes his eyes and groans softly.

Green is critical of his own work. He feels it is good, but not as good as it will be when he has had more experience. He looks back on past cases with misery and guilt over blunders he has made. When a patient gets better, Green credits the psychoanalytic process; when he doesn't, he blames himself. He has been doing analysis—counting the years of work he did under supervision during his training at the New York Psychoanalytic Institute—for more than a decade. He was in analysis himself, with two analysts, for a total of fifteen years. The first analysis began while he was in medical school and lasted for six years; the second was his training analysis at the Institute, which lasted for nine years.

I met Aaron Green for the first time on a freezing winter day about a year ago, when I went to his office to interview him; I was preparing a report on contemporary psychoanalysis, and his name was on a list of sources that a psychoanalyst friend had given me. I remember that the day was freezing because I remember the agreeable warmth of the low-ceilinged, dimly lit room in which he received me; I felt as if I had come out of a bleak, harsh woods into a cozy lair. This feeling of comfort and relaxation, I now suspect, derived from something besides abundant steam heat. I had sat in other analysts' overheated offices and had felt, if anything, rather chilled. The analysts I had seen so far had dealt with me as they habitually deal with patients on first meeting—courteously, neutrally, noncommittally, reservedly, “abstinently”—and had also shown a certain wariness over being in the presence of a journalist. With Aaron Green, however, things were different from the start. He subtly deferred to me, he tried to impress me. He was the patient and I was the doctor; he was the student and I was the teacher. To put it in psychoanalytic language, the transference valence of the journalist was here greater than that of the analyst.

**T**he phenomenon of transference—how we all invent each other according to early blueprints—was Freud's most original and radical discovery. The idea of infant sexuality and of the Oedipus complex can be accepted with a good deal more equanimity than the idea that the most precious and inviolate of entities—personal relations—is actually a messy jangle of misapprehensions, at best an uneasy truce between powerful solitary fantasy systems. Even (or especially) romantic love is fundamentally solitary, and has at its core a profound impersonality. The concept of transference at once destroys faith in personal relations and explains why they are tragic: We cannot know each other. We must grope around for each other through a dense thicket of absent others. We cannot see each other plain. A horrible kind of predestination hovers over each new attachment we form. “Only connect,” E. M. Forster proposed. “Only we can't,” the psychoanalyst knows.

Freud got on the scent of transference in the late eighteen-nineties, during his early, hit-or-miss treatment of hysteria by the “cathartic method” of Josef Breuer, in which memories of the events believed to have precipitated hysterical symptoms were evoked under hypnosis—and thus presumably defused of their power over the sufferer. In his “An Autobiographical Study,” of 1925, Freud recalls “an experience which showed me in the crudest light what I had long suspected.” The experience related to

one of my most acquiescent patients, with whom hypnotism had enabled me to bring about the most marvellous results, and whom I was engaged in relieving of her suffering by tracing back her attacks of pain to their origins. . . . As she woke up on one occasion, [she] threw her arms round my neck. The unexpected entrance of a servant relieved us from a painful discussion, but from that time onwards there was a tacit understanding between us that the hypnotic treatment should be discontinued. I was modest enough not to attribute the event to my own irresistible personal attraction, and I felt that I had now grasped the nature of the mysterious element that was at work behind hypnotism. In order to exclude it, or at all events to isolate it, it was necessary to abandon hypnosis.

But the “mysterious element” was also present in the method Freud next adopted—of pressing the patient’s forehead and urging him to remember—as it was in the culminating free-association method of psychoanalysis proper. Time after time, without any apparent provocation on his side, Freud’s women patients (overtly or covertly) fell in love with him. “On the first few occasions, one might perhaps think that the analytic treatment had come up against a disturbance due to a chance event,” Freud wrote in his “Introductory Lectures on Psychoanalysis,” of 1917. “But when a similar affectionate attachment by the patient to the doctor is repeated regularly in every new case, when it comes to light again and again, under the most unfavorable conditions, and where there are positively grotesque incongruities, even in elderly women and in relation to grey-bearded men—even where, in our judgment, there is nothing of any kind to entice—then we must abandon the idea of a chance disturbance and recognize that we are dealing with a phenomenon that is intimately bound up with the nature of the illness itself. This new fact, which we recognize so unwillingly, is known

by us as *transference*.” The “painful discussion” could no longer be avoided. “It is out of the question for us to yield to the patient’s demands deriving from the transference; it would be absurd for us to reject them in an unfriendly, still more in an indignant, manner,” Freud went on in the “Introductory Lectures.” Instead, “we overcome the transference by pointing out to the patient that his feelings do not arise from the present situation and do not apply to the person of the doctor, but that they are repeating something that happened to him earlier. In this way we oblige him to transform his repetition into a memory.”

This was easier said than done. In a paper of 1915 entitled “Observations on Transference Love” (part of a series of papers on analytic technique addressed to his fellow pioneering psychoanalysts), Freud took up in forthright detail the delicate and weird task of persuading a female patient to regard her love for the analyst both as a normal part of the treatment (“She must accept falling in love with her doctor as an inescapable fate”) and as something unreal and hallucinatory—an artificial revival of early feelings that has nothing to do with the person of the analyst. Then, in one of those startling and beguiling reversals that characterize his writings, Freud turns on his own argument and says, But isn’t *all* love like that? Isn’t what we mean by “falling in love” a kind of sickness and craziness, an illusion, a blindness to what the loved person is really like, a state arising from infantile origins? The only difference between transference-love and “genuine” love, he concludes, is the context. In the analytic situation, nothing is permitted to come of the patient’s love; it is a situation of renunciation. Both parties must “overcome the pleasure principle” and renounce each other for a higher goal—the doctor for the sake of professional ethics and scientific progress, the patient in order to “acquire the extra piece of mental freedom which distinguishes conscious mental activity—in the systematic sense—from unconscious.” Freud describes the temptations for the analyst that are inherent in the situation—especially for “those who are still youngish and not yet bound by strong ties”—with rueful candor:

Sexual love is undoubtedly one of the chief things in life, and the union of mental and bodily satisfaction in the enjoyment of love is one of its culminating peaks. Apart from a few queer fanatics, all the world knows this and conducts its life accordingly; science alone is too delicate to admit it. Again, when a woman sues for love, to reject and refuse is a distressing part for a man to play; and, in spite of neurosis and resistance, there is an incomparable fascination in a woman of high principles who confesses her passion. It is not a patient's crudely sensual desires which constitute the temptation. These are more likely to repel, and it will call for all the doctor's tolerance if he is to regard them as a natural phenomenon. It is rather, perhaps, a woman's subtler and aim-inhibited wishes which bring with them the danger of making a man forget his technique and his medical task for the sake of a fine experience.

From these early, unimaginable transactions between proud, lovesick women and nervous, abstinent analysts the concept of transference expanded beyond the situation of the patient's falling in love with the analyst (or, in the case of a male patient, of bitterly hating him) to embrace every aspect of the patient's relationship to the analyst. As psychoanalysis developed, the transference became at once more central and more complex. By 1936, in "The Ego and the Mechanisms of Defense," Anna Freud was able to distinguish between the passionate love and hate. transferences—what she called the simple "irruptions of the id"—and the more subtle transferences that are the early defensive maneuvers of the ego against the instincts. But such distinctions could not be made in the earliest period of psychoanalysis, to which the "Transference-Love" paper belongs.

In that period, the feverish rush of discoveries that Freud had made in the eighteen-nineties—about dreams, the unconscious, repression, infantile sexuality, the Oedipus complex, free association, transference—was settling into a design of orderly beauty. All the pieces fit, and the whole thing shone. When Freud was invited to Clark University, in Worcester, Massachusetts, in 1909, he gave a lecture series that was an excited celebration of the new science of psychoanalysis. A radiance and a buoyancy run through the Clark lectures (Freud reconstructed them from memory—they had been given extemporaneously—and published them shortly after his return to Vienna),

which were to fade from later accounts of the same events. (Compare the Clark lectures with “Analysis Terminable and Interminable,” of 1937—Freud’s last, dark, dense, profound paper. It is like comparing a Beethoven bagatelle with a late quartet.) These lectures remain the most concise and lucid account in and out of Freud’s writings of the birth of psychoanalysis; nowhere is the complicated story more effortlessly told.

Freud begins by asserting that Breuer, and not he, was the father of psychoanalysis (a statement he was to curtly retract a few years later). “I had no share in its earliest beginnings,” he writes, and he goes on to tell of Breuer’s treatment, back in 1880, of a girl called Anna O., who was afflicted with “the enigmatic condition which, from the time of ancient Greek medicine, has been known as ‘hysteria,’ and which has the power of producing illusory pictures of a whole number of serious diseases.” Anna’s hysterical symptoms included paralysis of her limbs, disturbed vision, a severe nervous cough, aversion to food and drink, loss of memory (bizarrely, she had forgotten her native German, and could speak only English), and a tendency to go into states of what Freud, dropping into French terminology, called *absence*. Unlike other doctors of the time, who believed hysteria to be a form of malingering and treated its victims with harshness and contempt, Breuer devoted himself to this beautiful, intelligent twenty-one-year-old girl, sympathized with her sufferings, and, through “benevolent scrutiny,” finally arrived at a means of helping her. He was struck by the way she muttered words to herself during her fits of *absence*, and he had the idea of hypnotizing her and—by using the muttered words as a starting point—getting her to relate her “profoundly melancholy fantasies,” which very often centered on the image of herself at her father’s sickbed. These gloomy musings made the girl feel better—she coined the term “talking cure” for them—and presently led to the disappearance of her symptoms, after she had been “brought to remember, under hypnosis, with an accompanying expression of affect, on what occasion and in what connection the symptoms had first appeared.” For example, one of Anna O.’s most troublesome symptoms—a pathological

aversion to drinking water, even though she was horribly thirsty—was dispelled by her recollection of once seeing a little dog belonging to her English lady companion drink water from a glass. The sight had filled her with disgust and anger, which she had politely suppressed; only now, in Breuer's trance, could she express these feelings, and after doing so she asked for water, drank a great deal, and was never troubled by her water phobia again. Gradually, other symptoms disappeared, through other recollections of psychic traumas and "the treatment was brought to an end."

This account, as readers of Ernest Jones' biography of Freud are aware, discreetly leaves out the disaster that befell Anna O.'s treatment and brought it to an abrupt end. "Freud has related to me a fuller account than he described in his writings of the peculiar circumstances surrounding the end of this novel treatment," Jones reveals, and he goes on:

It would seem that Breuer had developed what we should nowadays call a strong countertransference to his interesting patient. At all events, he was so engrossed that his wife became bored at listening to no other topic, and before long she became jealous. She did not display this openly, but became unhappy and morose. It was a long time before Breuer, with his thoughts elsewhere, divined the meaning of her state of mind. It provoked a violent reaction in him, perhaps compounded of love and guilt, and he decided to bring the treatment to an end. He announced this to Anna O., who was by now much better, and bade her good-by. But that evening he was fetched back to find her in a greatly excited state, apparently as ill as ever. The patient, who according to him had appeared to be an asexual being and had never made any allusion to such a forbidden topic throughout the treatment, was now in the throes of an hysterical childbirth (pseudocyesis), the logical termination of a phantom pregnancy that had been invisibly developing in response to Breuer's ministrations. Though profoundly shocked, he managed to calm her down by hypnotizing her, and then fled the house in a cold sweat. The next day, he and his wife left for Venice to spend a second honeymoon, which resulted in the conception of a daughter; the girl born in these curious circumstances was nearly sixty years later to commit suicide in New York.

In a recent study, "The Therapeutic Revolution: From Mesmer to Freud," two French psychoanalysts, Léon Chertok and Raymond de Saussure,

pointedly contrast Breuer's panic in the Anna O. case with Freud's coolness in the face of similar erotic stimulation (the incident of the patient's putting her arms around his neck), arguing the interesting notion that Freud's discovery of transference was (apart from any question of its validity) a *defensive* measure—a kind of “prophylaxis” that depersonalized the relationship and interposed a “third person” between the patient and the doctor, like the duenna-nurse who peers over the gynecologist's shoulder during examinations. “Until Freud's discovery,” they write, “psychotherapists had been haunted, whether consciously or not, by the possibility of erotic complications in the relationship. They could thenceforth feel reassured.” That Breuer took Anna's sexual feelings toward him personally, whereas Freud discovered transference as a result of the importunities of *his* importuning patient is the difference between ordinary intellect and genius. The difference might also be, as Chertok and de Saussure hypothesize (and it doesn't detract from Freud's genius to do so), the difference between a man of confident sexuality and one who wasn't so sure of his attractiveness—who couldn't believe a woman would find him irresistible and so had to hunt around for some other explanation for her conduct.

Freud heard about the case of Anna O. from Breuer in 1882, and it made a great impression on him, but seven years went by before he ventured onto the path that the frightened ur-psychoanalyst had fled. In 1886, on his return from study in Paris with the great neurologist Jean Martin Charcot, who had convinced him of the psychological etiology of hysteria, Freud set up practice in Vienna as a specialist in nervous diseases. For twenty months, he treated his patients by means of electrotherapy (according to directions in a textbook by W. Erb) plus baths, massage, and something called the Weir Mitchell rest cure, but with a growing sense of futility. Then, for sixteen more months, he treated them with no less ineffectual hypnotic suggestion. Finally, in 1889, he tried Breuer's cathartic method, and found, as he reported in the Clark lectures, that “my experiences agreed entirely with his.” However, it was not long before Freud became dissatisfied with this method, too. Inducing

hypnosis was not easy for him—he didn't seem to be good at it—and he could get only a fraction of his patients into the desired trance. To judge from the following account of his attempts to put patients under (it appears in his and Breuer's "Studies on Hysteria," of 1895), erotic complications were the least of Freud's troubles:

I soon began to tire of issuing assurances and commands such as "You are going to sleep! . . . sleep!" and of hearing the patient, as so often happened when the degree of hypnosis was light, remonstrate with me: "But, doctor, I'm *not* asleep," and of then having to make highly ticklish distinctions: "I don't mean ordinary sleep; I mean hypnosis. As you see, you are hypnotized, you can't open your eyes . . ."

Freud began to wonder whether he could achieve catharsis without hypnosis, and was emboldened to try by an inference he drew from an experiment he had recently witnessed in Nancy, performed by a physician named Hippolyte Bernheim, who was also using hypnotic suggestion to treat hysterics. Bernheim demonstrated that a person awakened from a trance could be induced to remember what had happened during the trance if the hypnotist firmly insisted that he *did* remember, against all his protestations that he didn't. Freud tried similar coercion on his patients, and it worked. "In that way, I succeeded, without using hypnosis, in obtaining from the patients whatever was required for establishing the connection between the pathogenic scenes they had forgotten and the symptoms left over from those scenes. But it was a laborious procedure, and in the long run an exhausting one; and it was unsuited to serve as a permanent technique."

However, the very difficulty and laboriousness of the process led Freud to a crucial insight. This was his postulation of a force within the patient that had originally pushed the pathogenic experiences out of consciousness (Freud called it "repression") and of its counterpart ("resistance"), which had *kept* them out of consciousness. "All these experiences had involved the emergence of a wishful impulse which was in sharp contrast to the subject's other wishes, and which proved incompatible with the ethical and aesthetic standards of his personality," and thus had to be "repressed," Freud wrote in

the Clark lectures. For example, one of his patients (Elisabeth von R.) had repressed the memory of a wish to marry her brother-in-law, which had come to her unbidden at the deathbed of her sister and had so horrified her that she converted it into a hysterical symptom. “Our hysterical patients suffer from reminiscences,” Freud wrote in the first Clark lecture. Only when his urging technique forced the memory back into Elisabeth’s consciousness could she rid herself of its pathogenic power.

Eventually, by ceasing to badger the patient and allowing him to say anything he liked, Freud arrived at (stumbled on) the psychoanalytic method that has remained unchanged to this day. “Allowing” (Freud’s word in the Clark lectures) hardly does justice to the process of free association. In a well-known passage in “The Interpretation of Dreams” (1900), Freud likens the feat of the patient who suspends his critical faculties and says everything and anything that comes into his mind, regardless of its triviality, irrelevance, or unpleasantness, to that of the poet during the act of creation. He quotes from a letter that Schiller wrote in 1788 in reply to a friend who had complained of meagre literary production:

The ground for your complaint seems to me to lie in the constraint imposed by your reason upon your imagination. I will make my idea more concrete by a simile. It seems a bad thing and detrimental to the creative work of the mind if Reason makes too close an examination of the ideas as they come pouring in—at the very gateway, as it were. Looked at in isolation, a thought may seem very trivial or very fantastic; but it may be made important by another thought that comes after it, and, in conjunction with other thoughts that may seem equally absurd, it may turn out to form a most effective link. Reason cannot form any opinion upon all this unless it retains the thought long enough to look at it in connection with the others. On the other hand, where there is a creative mind, Reason—so it seems to me—relaxes its watch upon the gates, and the ideas rush in pell-mell, and only then does it look them through and examine them in a mass. . . . You critics, or whatever else you may call yourselves, are ashamed or frightened of the momentary and transient extravagances which are to be found in all truly creative minds and whose longer or shorter duration distinguishes the thinking artist from the dreamer. You complain of your unfruitfulness because you reject too soon and discriminate too severely.

Just as there are few people who can write poems like Schiller, there are few analytic patients who can free-associate easily, if at all. Analysts today don't expect the free-association process to take hold until well into the analysis; in fact, some regard the appearance of true free association as a signal to terminate the analysis. But in 1900 Freud, enchanted by his great discovery (which was nothing less than the "invention of the first instrument for the scientific examination of the human mind," according to James Strachey, the English psychoanalyst and editor of the Standard Edition of Freud's works), underestimated its complexities and contradictions. "A relaxation of the watch upon the gates of Reason, the adoption of an attitude of uncritical self-observation, is by no means difficult," he innocently reported in "The Interpretation of Dreams." "Most of my patients achieve it after their first instructions."

Free association—"the ore from which, with the help of some simple interpretative devices, the analyst extracts its content of precious metal," as Freud wrote—led to dream interpretation, since the patient's associations often led him to the dreams of the night before. "It came as the first fruit of the technical innovation I had adopted when, following a dim presentiment, I decided to replace hypnosis by free association," Freud wrote in 1914, in "On the History of the Psychoanalytic Movement." He went on, "My desire for knowledge had not at the start been directed toward understanding dreams. I do not know of any outside influence which drew my interest to them or inspired me with any helpful expectations." Through associations with parts of a dream, the patient would penetrate its disguises; the associations would lead him from the deceptive "manifest content" of the remembered dream to the deep "latent content," where a wish was invariably lodged. In the "History," Freud recalled that "the interpretation of dreams became a solace and a support to me in those arduous first years of analysis, when I had to master the technique, clinical phenomena, and therapy of the neuroses all at the same time. At that period, I was completely isolated, and in the network of problems and accumulation of difficulties I often dreaded

losing my bearings, and also my confidence. There were often patients with whom an unaccountably long time elapsed before my hypothesis—that a neurosis was bound to become intelligible through analysis—proved true; but these patients' dreams, which might be regarded as analogues of their symptoms, almost always confirmed the hypothesis. It was only my success in this direction that enabled me to persevere.”

From the study of his own dreams during his self-analysis in the late eighteen-nineties, Freud discovered “what an unsuspectedly great part is played in human development by impressions and experiences of early childhood,” as he wrote in the Clark lectures. He went on, “In dream-life, the child that is in man pursues its existence, as it were, and retains all its characteristics and wishful impulses, even such as have become unserviceable in later life. There will be brought home to you with irresistible force the many developments, repressions, sublimations, and reaction-formations by means of which a child with a quite other innate endowment grows into what we call a normal man—the bearer, and in part the victim, of the civilization that has been so painfully acquired.”

Along with free association and dreams, Freud goes on to cite (we are in the third Clark lecture) a third entrée into the unconscious: the various small “faulty actions,” or “parapraxes”—slips of the tongue, misreadings, the forgetting of names, the losing and breaking of objects, and so on—by which we daily betray ourselves. These trivial actions provide clues to unconscious motivation and bolster the psychoanalyst's belief in psychic determinism—the belief that there is nothing arbitrary or haphazard or accidental or meaningless in anything we do.

Freud pauses here to take one of his habitual swipes at the opponents of psychoanalysis, comparing them to patients under the sway of resistance. “We often become aware in our opponents, just as we do in our patients, that their power of judgment is very noticeably influenced affectively, in the sense of being diminished,” he writes. This argument puts the reader into a

quandary. On the one hand, it offends all his notions of fairness in arguing; to ascribe an opponent's opposition to his going soft in the head is surely the most outrageous of ad-hominem arguments. On the other hand, it cannot be dismissed, either, by anyone who has ever helplessly felt his own power of judgment being sapped by a strong emotion—as who of us hasn't?

Lecture Four begins with the observation that “psychoanalytic research traces back the symptoms of patients' illnesses with really surprising regularity to impressions from their *erotic life*.” Freud reflects on the unpalatability of this notion, observing that his colleagues all disbelieved it initially, and that he himself reluctantly “converted” to it only after much clinical experience compelled him to do so. “A conviction of the correctness of this thesis was not precisely made easier by the behavior of patients,” he adds. “Instead of willingly presenting us with information about their sexual life, they try to conceal it by every means in their power. People are in general not candid over sexual matters. They do not show their sexuality freely, but to conceal it they wear a heavy overcoat woven of a tissue of lies, as though the weather were bad in the world of sexuality.” Just how truly wretched the sexual weather was in Vienna in the eighteen-nineties may be gleaned from the letters that Freud wrote to his friend Wilhelm Fliess between 1887 and 1902. (These came to light after the Second World War and were published in 1950.) In a draft of a paper called “The Aetiology of the Neuroses,” which he sent to Fliess in 1893 (enjoining him to keep it away from his young wife!), Freud draws a picture of contemporary Viennese sexual life that is fraught with Ibsenesque gloom and fatalism. All choices were hopeless: either a young man went to prostitutes and got syphilis and gonorrhoea or he masturbated and became neurasthenic; women who married neurasthenic (thus impotent) men became hysterical; women and men who (perforce) practiced coitus interruptus to avoid conception became neurotic. “Society seems doomed to fall a victim to incurable neuroses which reduce the enjoyment of life to a minimum, destroy the marriage relation, and bring hereditary ruin on the whole coming generation,” Freud bleakly concluded.

By 1897, Freud had undergone the intellectual revolution that took him from this dour but unremarkable social view of sexual malaise to his radical psychological theories regarding infantile sexuality and the Oedipus complex. Things within proved to be no less grim than those without: if we aren't dashed on the shoals of the psychosexual stages of development (becoming perverts, homosexuals, or obsessional types), we sink beneath the weight of our Oedipal grief. No one leaves childhood unscathed; few reach adulthood capable of love and heterosexual sex. The difference between neurotics and normal people is a matter only of degree, Freud says in the last Clark lecture: We all "entertain a life of fantasy in which we like to make up for the insufficiencies of reality by the production of wish fulfillments." In distinction from the successful man of action who is able to impose his wishes on reality, or the artist who transforms them into works of art, the neurotic escapes from reality through his symptoms. "Today, neurosis takes the place of the monasteries which used to be the refuge of all whom life had disappointed or who felt too weak to face it," Freud writes.

In closing the Clark series, Freud addressed himself to the question of what happens when, after psychoanalytic treatment, the neurotic's repressed unconscious wishes are set free. Does he become a libertine and rebel? Extremely unlikely, Freud says. In most cases, "*repression* is replaced by *condemning judgment*." The ex-neurotic will now deliberately choose not to do what he has previously murkily not done; his "better impulses," rather than his unsuccessful (symptom-producing) repressions, will guide him to his renunciations. Or he may "sublimate" the infantile wishes; that is to say, convert their original sexual aim into a culturally and socially valuable end while retaining their basic energy. Or, finally, he may choose to claim some modicum of sexual happiness for himself. Freud here protests (as he continued to do into the twenties and thirties) the too harsh repressions of society. "Our civilized standards make life too difficult for the majority of human organizations," he writes. "We ought not to exalt ourselves so high as completely to neglect what was originally animal in our nature. Nor should

we forget that the satisfaction of the individual's happiness cannot be erased from among the aims of our civilization.”

**B**y 1909, Freud's unassuming quest for a cure for nervous disorders (“Anyone who wants to make a living from the treatment of nervous patients must clearly be able to do something to help them,” he tartly observed of his own bungling attempts in “An Autobiographical Study”) had improbably flowered into the vast system of thought about human nature—psychoanalysis—which has detonated throughout the intellectual, social, artistic, and ordinary life of our century as no cultural force has (it may not be off the mark to say) since Christianity. (Freud himself preferred to align the psychoanalytic revolution with the revolution of Copernicus and then the revolution of Darwin, saying that the first showed that the earth was not the center of the universe, the second that man was not a unique creation, and the third that man was not even master of his own house.) It was as if a lonely terrorist working in his cellar on a modest explosive device to blow up the local brewery had unaccountably found his way to the hydrogen bomb and blown up half the world. The fallout from this bomb has yet to settle. It isn't even clear whether the original target—the neurotic patient—wasn't overshot; “proof” of the efficacy of psychoanalytic cure has yet to be established, and no analyst claims it.

Soon after the Big Bang of Freud's major discoveries—around the time of the Clark lectures—the historian of psychoanalysis notes a fork in the road. One path leads outward into the general culture, widening to become the grand boulevard of psychoanalytic influence—the multilane superhighway of psychoanalytic thought's incursions into psychiatry, social philosophy, anthropology, law, literature, education, and child-rearing. The other is the narrow, inward-turning path of psychoanalytic therapy: a hidden, almost secret byway travelled by few (the analysts and their patients), edged by decrepit mansions with drawn shades (the training institutes and the analytic societies), marked with inscrutable road signs (the scientific papers)—the

road along which Aaron Green is trudging. As for Freud himself, he travelled both routes, extending the psychoanalytic view to literature, art, biography, anthropology, and social philosophy in works such as “Totem and Taboo,” “Moses and Monotheism,” “Leonardo da Vinci,” and “Group Psychology” as well as sticking to the theoretical and clinical core of psychoanalysis.

In the period between 1910 and 1915, by which time a small band of fellow-workers had formed, Freud published a series of short papers on analytic technique which reflected his growing understanding that “to make the unconscious conscious” was not as simple a business as he had first thought. His work with patients was leading him to new appreciations of the complexity of the task. In a paper called “‘Wild’ Psychoanalysis” (1910), he derides (his own) “long superseded idea . . . that the patient suffers from a sort of ignorance, and that if one removes this ignorance by giving him information (about the causal connection of his illness with his life, about his experiences in childhood, and so on), he is bound to recover.” He goes on to mordantly observe that “such measures have as much influence on the symptoms of nervous illness as a distribution of menu cards in a time of famine has upon hunger.” In “On Beginning the Treatment” (1913), Freud burlesques the analyst who can’t wait to zap the patient with the patient’s horrid unconscious wishes: “What a measure of self-complacency and thoughtlessness must be possessed by anyone who can, on the shortest acquaintance, inform a stranger who is entirely ignorant of all the tenets of analysis that he is attached to his mother by incestuous ties, that he harbors wishes for the death of his wife, whom he appears to love, and that he conceals an intention of betraying his superior, and so on!” In this same paper, Freud spells out the various practical arrangements that have remained more or less intact in classical analysis. He recommends that the analyst lease his time by the hour, and that the patient be liable for payment whether he comes or not, adding dryly, “Nothing brings home to one so strongly the significance of the psychogenic factor in the daily life of men, the frequency

of malingering, and the non-existence of chance as a few years' practice of psychoanalysis on the strict principle of leasing by the hour." Analysts have tended to follow Freud in this, with a few notable exceptions, such as the late Frieda Fromm-Reichmann, who couldn't bring herself to charge for missed appointments. ("I feel that it is not the psychiatrist's privilege to be exempt from the generally accepted custom of our culture in which one is not paid for services not rendered," she wrote in her book "Principles of Intensive Psychotherapy.") Another piece of practical advice offered by Freud that did not fall on deaf ears was that the psychoanalyst shouldn't be ashamed to charge substantial fees for his services, that he should collect payments regularly, and that he shouldn't take free patients. (Freud had tried free treatment—as he tried everything—to see how it worked, and reported that it didn't: "Free treatment enormously increases some of a neurotic's resistances. . . . The absence of the regulating effect offered by the payment of a fee to the doctor makes itself very painfully felt; the whole relationship is removed from the real world, and the patient is deprived of a strong motive for endeavoring to bring the treatment to an end." The derisive popular notion that psychoanalysts hypocritically claim that their high fee is "good for the patient" or "part of the treatment" may have arisen from a misunderstanding of this passage.) The physical arrangement of analysis—the patient lying on the couch, with the analyst seated behind him—is discussed in "On Beginning the Treatment." Freud called the arrangement a "remnant of the hypnotic method" and said that he continued it first of all because, frankly, he didn't like to be stared at all day, and—more to the analytic point—because it kept "the transference from mingling with the patient's associations imperceptibly" and allowed it to come more sharply into relief as a resistance.

In "Recommendations to Physicians Practicing Psychoanalysis" (1912), Freud describes the special way of listening to the patient that the psychoanalyst must learn. It is as different from ordinary listening as the patient's free association is different from ordinary talking; in fact, it is a

counterpart of free association. “It consists simply in not directing one’s notice to anything in particular and in maintaining the same ‘evenly suspended attention’ (as I have called it) in the face of all that one hears,” Freud writes, and he cautions the analyst not to let anything—therapeutic ambition above all—get in the way of the aimless, Zen-like state of desirelessness in which he listens, bending “his own unconscious like a receptive organ toward the transmitting unconscious of the patient.” He compares the analyst to the surgeon, “who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skillfully as possible.” (Nowhere does this surgical analogy, which Freud repeatedly uses in his writings, seem more inapt than in this paper—the incongruous yoking of the image of the exquisitely relaxed analyst, inclining toward his patient’s psyche as a sinuous, long-stemmed plant languorously yields to the law of tropism, with that of the cold, hard surgeon, tensely concentrating his mental forces on the technical job at hand. The incongruity derives, perhaps, from Freud’s own struggles to reconcile the unwieldy findings of psychoanalysis with the orderly positivism of the Helmholtz school of science, in which he had been educated. An unfinished early work called “Project for a Scientific Psychology” was his strenuous, doomed effort to give a physiological source to the psychological phenomena he was discovering.)

Freud made other “recommendations” in 1912 that have since become standard in psychoanalytic treatment: that the analyst should himself be analyzed, that he should not reciprocate the patient’s confidences (“The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him”), and that he must not try to educate or morally influence or “improve” the patient in any way. “As a doctor, one must above all be tolerant of the weakness of a patient, and must be content if one has won back some degree of capacity for work and enjoyment for a person even of only moderate worth.” For a doctor to speak of the “worth” of his patients falls strangely on the modern ear. An earlier discussion of the issue,

in “On Psychotherapy” (1905), sounds even stranger:

One should look beyond the patient’s illness and form an estimate of his whole personality; those patients who do not possess a reasonable degree of education and a fairly reliable character should be refused. It must not be forgotten that there are healthy people as well as unhealthy ones who are good for nothing in life, and that there is a temptation to ascribe to their illness everything that incapacitates them if they show any sign of neurosis.

As Freud groped his way toward the complexities of ego psychology, he was obliged to modify this simple view of human fallibility—to see that illness and character were not, after all, discrete—but, significantly, he never changed his profoundly amoral view of psychoanalytic therapy.

“Transforming your hysterical misery into common unhappiness” (“Studies on Hysteria”) remained the ungarnished program of psychoanalysis, with no frills added of “self-improvement” or “fulfillment,” which such revisionists as Alfred Adler, Harry Stack Sullivan, Erich Fromm, and Karen Horney were to covertly offer their patients. Herbert Marcuse, in his “Critique of Neo-Freudian Revisionism” (the epilogue to his book “Eros and Civilization”), icily examines the tone of uplift and the Power of Positive Thinking that pervade the revisionists’ writings, and mocks their claim to scientific seriousness. That same atmosphere of the sermonette pervades the writings of today’s *nouvelle vague* neo-Freudians, Kernberg and Kohut. Kernberg’s “clinical descriptions” of narcissistic patients are like passages from a nineteenth-century novel cataloguing the ethical deficiencies of its villains and villainesses. Kohut adopts a more pastoral tone toward *his* “shallow,” “grandiose,” “self-centered,” “envious,” “exploitive,” “empty” patients, but his intention seems no less reproofing and improving.

In “Remembering, Repeating, and Working Through” (1914), Freud added a new dimension to his repudiation of intellectual knowledge as a mechanism of cure. When he replaced urging by free association, it was still in order to facilitate the backward flow of the patient’s thoughts—the “ore” Freud sought was the memory of psychic trauma. Now Freud saw that it wasn’t

necessary to struggle against the patient's resistance to remembering. The doctor needed only to observe the patient's present behavior, since even though "the patient does not *remember* anything of what he has forgotten and repressed, he *acts* it out, without, of course, knowing that he is repeating it." Freud goes on, "For instance, the patient does not say that he remembers that he used to be defiant and critical toward his parents' authority; instead, he behaves in that way to the doctor. . . . He does not remember having been intensely ashamed of certain sexual activities and afraid of their being found out; but he makes it clear that he is ashamed of the treatment on which he is now embarked, and tries to keep it secret from everybody." Freud called this phenomenon the "repetition compulsion," and went on to observe that the task of the analyst is to convert repeating into remembering. The analyst must be prepared "for a perpetual struggle with his patient to keep in the psychical sphere all the impulses which the patient would like to direct into the motor sphere; and he celebrates it as a triumph for the treatment if he can bring it about that something that the patient wishes to discharge in action is disposed of through the work of remembering." Freud is here talking of the impulsive, foolish, even dangerous things that the patient may do outside the analysis while under the sway of wishes that have been activated by the analysis. He notes how much more dangerous analysis is now than it was in the old days of hypnosis. "Remembering, as it was induced in hypnosis, could not but give the impression of an experiment carried out in the laboratory. Repeating, as it is induced in analytic treatment according to the newer technique, on the other hand, implies conjuring up a piece of real life; and for that reason it cannot always be harmless and unobjectionable." Freud proposed a rather inelegant precaution (one that is no longer advocated): that the analyst get the patient to agree to put off during his treatment all important decisions—such as marrying or taking a new job—which he might repent of later.

During the period of the technical papers, Freud was guided in his thinking about repression and resistance by conceiving of the mind in terms of a

*spatial* arrangement of the unconscious and conscious states. In the “Introductory Lectures,” proposing a “crude” metaphor, he asks the student to imagine a large entrance hall that opens onto a small, narrow drawing room. In the large hall (of the unconscious), mental impulses “jostle one another” as they try to get past the guard who stands on the threshold of the drawing room, which Freud named the preconscious. The fate of most of these impulses is to be immediately repelled by the guard or, should they slip by him and get into the drawing room, to be dragged back. (The latter are the *repressed* unconscious thoughts.) The few impulses that are allowed into the drawing room are not yet conscious, and may or may not become so, depending on whether or not they “succeed in catching the eye of consciousness.” Freud located this “eye” at the far end of the preconscious drawing room. The significant border relationship in regard to repression and resistance was not the one between the preconscious and the conscious but the one between the preconscious and the unconscious. This “topographic” model of the mind was derived from Freud’s concept of how dreams are formed, and it remains at the heart of psychoanalysis. (“The property of being conscious or not is in the last resort our one beacon light in the darkness of depth psychology,” Freud wrote in 1923 in “The Ego and the Id.”) However, it proved not to provide a strong enough theoretical structure to carry the increasing weight of clinical discovery; as time went on, and Freud did more and more analyses, the topographic model began to creak, and finally—on the issue of unconscious guilt—it broke down. To deal with the fact that some patients didn’t get well—in fact, seemed to *worsen*—as the unconscious became conscious, Freud devised a new model of the mind, which offered a way of grappling with this perplexity, and which changed the analyst’s view of what his task was. Previously, the analyst had conceived of himself as a kind of medium bringing messages from the realm of the unconscious to the reluctant ear of consciousness—as an intermediary between the patient’s buried passions and his overt morals. In the Clark lectures, for example, Freud (in another of his “crude analogies”) likened repression to the measures that would be taken if someone in the university

lecture hall began to laugh and shout and make such a nuisance of himself that the lecturer had to stop speaking. Three or four strong men in the audience would then have to put the unruly fellow out and wedge their chairs against the door to prevent his return—as in psychic life unacceptable wishes are expelled from consciousness and a barrier of repression is mounted against them. However—Freud went on with the analogy—putting the unruly fellow out might only make matters worse: enraged by his expulsion, he might stand outside the door and shout and bang his fists against the panels and altogether make more trouble than he made when he was in the room. (Repression is always failure.) In that case, Freud whimsically proposed, Dr. G. Stanley Hall, the president of Clark University, would have to go out and speak to the man, get him to promise to behave himself, assure the lecturer and the audience of the transgressor's good intentions, and get him readmitted to the hall. This, Freud concluded, “presents what is really no bad picture of the physician's task in the psychoanalytic treatment of the neuroses.”

In the situation of “negative therapeutic reaction,” which impelled Freud to construct a new model of the mind, this scenario took an unexpected turn. Everything happened as described—the barricade of chairs was removed, the chastened miscreant was allowed back in the auditorium, peace and quiet were restored—but the lecturer still couldn't speak! Dr. Hall's efforts had evidently been for nothing; it appeared that the man making so much noise wasn't the cause of the lecturer's incapacity at all. They had got the wrong man! The culprit unnerving the speaker was a man standing outside the window singing religious hymns—a man nothing like the unshaven bum who had pounded on the door, but a man of unutterable refinement, a colleague of Stanley Hall's! What Freud was beginning to realize was that his tidy equating of the unconscious with unbridled instinct and of the conscious with morality wasn't workable. There appeared to be *unconscious* morality as well, and consequently, as he wrote in “The Ego and the Id,” “we land in endless obscurities and difficulties if we keep to our habitual forms of

expression and try, for instance, to derive neuroses from a conflict between the conscious and the unconscious.”

The new “structural theory” accounted for the new element by conceiving of the mind in terms of three psychic agencies: the ego, the id, and the superego, which stand for reason, passion, and conscience, and whose fate it is to be locked in perpetual conflict. In this view, the neurotic is a person whose ego has become weakened by the conflict with its internal enemies as well as by its responsibilities as the mind’s emissary to external reality. (The psychotic is someone whose ego has abdicated from this responsibility—as it does nightly in normal people in the psychosis known as dreaming.) The analyst comes to the aid of the beleaguered ego and joins forces with it against its internal enemies. Invariably, the cause of the trouble, the start of the debility, is traced back to childhood—to a particular, fateful, universal experience called the Oedipus complex. The complex describes the shattering, by fear of castration, of a small boy’s dream of making love to his mother, and the formation of the superego as a permanent memorial to his dread. “The paradoxical proposition that the normal man is not only far more immoral than he believes but also far more moral than he knows” (as Freud wrote in “The Ego and the Id”) arises from this dire early experience. Freud’s association of morality with castration anxiety—“the little lover” of four or five gives up his ambitions toward his mother *fast*, and forever, when “more or less plainly, more or less brutally, a threat is pronounced that this part of him which he values so highly will be taken away from him”—led him to the inescapable conclusion that women, to whom the worst had already happened, must be less moral than men. “I cannot evade the notion (though I hesitate to give it expression) that for women the level of what is ethically normal is different from what it is in men,” Freud wrote in “Some Psychological Consequences of the Anatomical Distinction Between the Sexes” (1925). “Their superego is never so inexorable, so impersonal, so independent of its emotional origins as we require it to be in men. Character traits which critics of every epoch have brought up against women—that

they show less sense of justice than men, that they are less ready to submit to the great exigencies of life, that they are more often influenced in their judgments by feelings of affection or hostility—all these would be amply accounted for by the modification in the formation of their superego which we have inferred above.” He added, “We must not allow ourselves to be deflected from such conclusions by the denials of the feminists, who are anxious to force us to regard the two sexes as completely equal in position and worth; but we shall, of course, willingly agree that the majority of men are also far behind the masculine ideal, and that all human individuals, as a result of their bisexual disposition and of cross-inheritance, combine in themselves both masculine and feminine characteristics, so that pure masculinity and femininity remain theoretical constructions of uncertain content.”

The female Oedipus complex runs an opposite course from the male one. While the boy is frightened out of his love affair with his mother by the threat of castration, the girl is impelled into hopeless love for her father by pique with her mother “for having sent her into the world so insufficiently equipped.” “No human individual is spared such traumatic experiences,” Freud wrote of the Oedipus complex in “An Outline of Psychoanalysis” (1940). However, “the whole occurrence, which may probably be regarded as the central experience of the years of childhood, the greatest problem of early life, and the strongest source of later inadequacy, is so completely forgotten that its reconstruction during the work of analysis is met in adults by the most decided disbelief. Indeed, aversion to it is so great that people try to silence any mention of the proscribed subject, and the most obvious reminders of it are overlooked by a strange intellectual blindness.”

While belief in the Oedipus complex is universal among psychoanalysts, there is wide disagreement about whether it is indeed the central experience of childhood and the greatest problem of early life. There are schools of analytic thought that hold earlier experiences to be more crucial. The Kleinians, for example, put the action as far back as the first year of life.

They see the first faint stirrings of guilt in the mewling and puking of six-month-olds—or, rather, they reconstruct it from the analyses of children and adults—and place the formation of a moral sense at around nine months, when a baby enters what they call “the depressive position.” This Blakean state reflects the baby’s appalled realization of what he is doing to his mother as he nurses at her breast—the “hole” he is leaving in her as he sucks—and his wish to make reparation. It marks, in D. W. Winnicott’s phrase, “the change-over from pre-ruth to ruth.” The regular Freudians dismiss the Kleinian reconstructions as crazy and fantastic (as if their own reconstructions of the castration complex described perfectly ordinary, everyday events). Where an analyst stands today in relation to “pre-Oedipal” or “pre-genital” experience is a measure of his orthodoxy. The more orthodox the analyst, the more certain he is that the buried child unearthed in each adult analysis is a four- or five-year-old reliving and reënacting the Oedipal drama; and the more avant-garde the analyst, the more certain he is that the child is a maimed infant reëxperiencing some lack or some trauma in his early rearing. The orthodox school doesn’t deny that significant mental events take place during infancy, but insists on the primacy of the Oedipal period. Conversely, to the Kleinians and the rest of the avant-garde (the object-relations schools) the events of the Oedipal period are pallid and inconsequential in comparison with the cliffhanging psychodramas of infancy.

Freud’s structural theory, with its epilogue of the superego, gave the Oedipal scenario its final form, but it didn’t introduce the Oedipus complex. Freud had happened on that back in the eighteen-nineties while coming to terms with his disconcerting realization that his patients’ stories of childhood seduction, on which he had confidently erected his theory of the etiology of the neurosis in childhood trauma, were largely untrue. The chief innovation of the structural theory was the way its new terminology changed the attitude of the analyst toward the patient’s resistances. In his new capacity as the ally of the ego in its struggle against the id and the superego, the analyst

(paradoxically) became an even more passive agent in the therapeutic relationship. In the beginning, the analyst all but shook the patient to get him to remember traumatic events; then there came a period of more subtle struggle over the patient's insufficient observance of the fundamental rule of saying whatever comes to mind; and finally a culminating condition of total *laissez-faire*. Under the new dispensation, the manner in which the patient (unconsciously) defends himself against the analysis becomes itself a focus of the analysis, since the patient's defenses repeat and reflect his characteristic resistances, or "defense mechanisms," as Anna Freud called them in her housewifely ordering of the new material, "The Ego and the Mechanisms of Defense." In contemporary psychoanalysis, how the patient disobeys the fundamental rule is at least as interesting to the analyst as what comes out when he obeys it. The study of his disobedience is "ego analysis" and that of his obedience "id analysis," and, as Freud said in "Analysis Terminable and Interminable," analytic work "is constantly swinging backward and forward like a pendulum" between the two. The patient's transferences are similarly classified according to their ego or id origins. Passionate love for or hatred of the analyst is a repetition of early instinctual impulses. More subtly unjustified feelings about the analyst are reversions to early defenses of the ego against threatening primitive id impulses. The defenses, Anna Freud points out, are harder to get at than the impulses, because while the "irruptions of the id" make the patient uncomfortable and ashamed—he is only too glad to dissociate himself from them by accepting the idea that he is repeating something from childhood—the defenses against them are familiar, comfortable, unobjectionable, "ego-syntonic" ways of being, and are thus difficult to see as transference rather than as "real."

The patient's difficulty on this score is paralleled by the analyst's difficulty in maintaining himself as a mirror for the patient's self-scrutiny. The analyst is, after all, a real person, with real qualities and peculiarities and emotions. Since Freud's establishment of the psychoanalytic situation as we now know it, psychoanalysts have been wrestling with (in some cases, escaping from) its

radical unlikeness to any other human relationship, its purposeful renunciation of the niceties and decencies of ordinary human intercourse, its awesome abnormality, contradictoriness, and strain. Analysts have been as restive under and resistant to the rigors of the situation as patients have—particularly analysts of a certain benignity and expansiveness of temperament. Freud himself seems never to have totally grasped (or chose to overlook) the dire implications of his great therapeutic instrument. He conducted therapy as no classical Freudian analyst would conduct it today—as if it were an ordinary human interaction, in which the analyst could shout at the patient, praise him, argue with him, accept flowers from him on his birthday, lend him money, and even gossip with him about other patients. Sandor Ferenczi, one of Freud’s circle of early analysts, was a still worse offender than the Master. In his biography of Freud, Jones reprints a letter that Freud wrote to Ferenczi in 1931 playfully admonishing him to stop kissing his patients—which in its jocularly is as interesting for what it reveals about Freud’s free-and-easy attitude toward therapy as for the evidence it furnishes of Ferenczi’s far-outness. “Now picture what will be the result of publishing your technique,” Freud wrote. “There is no revolutionary who is not driven out of the field by a still more radical one. A number of independent thinkers in matters of technique will say to themselves: Why stop at a kiss? Certainly one gets further when one adopts ‘pawing’ as well, which, after all, doesn’t make a baby. And then bolder ones will come along who will go further, to peeping and showing—and soon we shall have accepted in the technique of analysis the whole repertoire of *demi-viergerie* and petting parties, resulting in an enormous increase of interest in psychoanalysis among both analysts and patients. . . .”

Among Freudian analysts today, there is fairly universal agreement about what constitutes analytic behavior and what doesn’t. The analyst as far as possible confines himself to listening to the patient and (sparingly) offering him his conjectures—which are called “interpretations”—about the unconscious meaning of his communications. He does not give advice, he

does not talk about himself, he does not let himself be provoked or drawn into discussions of abstract subjects, he does not answer questions about his family or his political preferences, he does not show like or dislike of the patient, or approval or disapproval of his actions. His behavior toward the patient is as neutral, mild, colorless, self-effacing, uninterfering, and undemanding as he is able to make it, and as it is toward no one else in his life—with the paradoxical (and now absolutely predictable) result that the patient reacts with stronger, more vivid and intense personal feelings to this bland, shadowy figure than he does to the more clearly delineated and provocative figures in his life outside the analysis. On this paradox—on the patient's quickness to overfill the emotional vacuum created by the analyst's reticence—the analysis is poised, and it may as easily founder as take off. If the patient sees the analyst as a cold, callous person of limited intelligence and unbounded tactlessness, he may decide to quit the analysis. In fact, Freud originally felt that positive feelings toward the analyst at the start of treatment were a necessary precondition for it. Although this is no longer accepted (numerous patients have stuck out analyses with analysts they detested), analysts continue to search themselves for what may have been their own contribution to the debacle of discontinued, aborted, or failed treatment. Perhaps it wasn't a patient's negative-transference reactions so much as his obscure perception of the analyst's unkindly, if not outright sadistic, disposition toward him that caused him to flee the analysis. For to the complication of transference must be added that of countertransference; i.e., the analyst's inappropriate reactions to the patient, based on his own unconscious misassociation of him with significant figures in his own past. (In its original, limited meaning, countertransference referred to an obstruction to the analyst's understanding of the patient, which the analyst had to strive to overcome. In recent years, countertransference has been expanded to embrace *all* the feelings of the analyst toward the patient, with special attention to those that are deliberately—if unconsciously—elicited by the patient and thus properly belong in his dossier rather than in the analyst's.) And to *that* complication must be added the treacherous and

unresolved (unresolvable?) question of analytic “reality.” For implicit in the idea of transference as distortion is the assumption of some true, or truer, state of things that is being obscured. If the patient’s “menacing illusion” (as Freud called it in “An Outline of Psychoanalysis”) of being in love with the analyst is just that—an illusion, which the analyst must “tear the patient out of,” showing him “again and again that what he takes to be new real life is a reflection of the past”—then how is one to regard the “reality” to which the patient is returned? What is the nature and who is to be the judge of the “real relationship” between patient and analyst? Freud never much interested himself in this question. His discovery of the illusory relationship was, after all, the news, and the actual relationship between doctor and patient was not. But as time went on it became increasingly evident that in psychoanalysis doctor and patient stand in a relationship markedly different from the relationship that exists between doctor and patient in medical practice, and analysts have been increasingly preoccupied with (and divided on) the subject of the “non-transference relationship.” The lengthening duration of analysis is a factor in this new interest: analysis as a kind of weird avant-garde experiment that you lend yourself to for a couple of months (as the early patients did) is quite a different proposition from the eight- or ten-year analyses that are nowadays commonplace. (When analysis changed from a symptom-curing therapy to a character-changing therapy, as the shift from id to ego psychology caused it to do, it naturally required more time.) A *modus vivendi* of some sort must be established between patient and analyst, tolerable to both, if this singular and unprecedented association is to last the course, to say nothing of whether it will benefit the patient. “With due respect for the necessary strictest handling and interpretation of the transference,” Anna Freud wrote in 1954, “I feel still that we should leave room somewhere for the realization that analyst and patient are also two real people, of equal adult status, in a real personal relationship to each other. I wonder whether our—at times complete—neglect of this side of the matter is not responsible for some of the hostile reactions which we get from our patients and which we are apt to ascribe to ‘true transference’ only.”

Anna Freud's plain speaking occurred at an analytic symposium where she discussed a paper called "The Widening Scope of Indications for Psychoanalysis," by the New York analyst Leo Stone, with whose humanistic view of the analytic relationship she heartily concurred. A few years later, in 1961, Stone was to elaborate this view in his classic study "The Psychoanalytic Situation." At the symposium, he was content to simply express his fear that analysts' overzealous playing of their roles as silent, ungratifying, unknowable beings might subvert the very process it was intended to set in motion. Early in the paper, Stone reveals the sort of person (and analyst) he is as he looks with a kind of sorrowing wonder at the flourishing psychoanalytic scene of New York in the nineteen-fifties (today wistfully referred to as "the heyday of psychoanalysis"), when "scarcely any human problem admits of solution other than psychoanalysis." Stone goes on to ruefully note that "by the same token, there is an almost magical expectation of help from the method, which does it grave injustice. Hopeless or grave reality situations, lack of talent or ability (usually regarded as 'inhibition'), lack of an adequate philosophy of life, and almost any chronic physical illness may be brought to psychoanalysis for cure." What Stone finds most disquieting about this overestimation is its implicit "loss of sense of proportion about the human condition, a forgetting or denial of the fact that few human beings are without some troubles, and that many must be met, if at all, by 'old-fashioned' methods: courage, or wisdom, or struggle, for instance; also that few people avoid altogether and forever some physical ailments, not to speak of the fact that all die of illness in the end." Stone goes so far as to offer the startling suggestion that "if a man is otherwise healthy, happy, and efficient, and his rare attacks of headache can be avoided by not eating lobster, for example, it would seem better that he avoid eating lobster than that he be analyzed."

In "The Psychoanalytic Situation," Stone argues for the necessity of "framing" the stormy primitive drama of transference and countertransference in a placid relationship of two adults: one a doctor of

manifest good will and reliability, the other a patient of comparable maturity and responsibility—insofar as he comes to the sessions, pays the bills, and takes the analyst’s unconventional behavior as a “technical instrumentality” rather than as a personal attack. *Within* the transference, of course, the patient may (and almost invariably does) wallow in his sense of injury and deprivation, rejection and outrage. But a part of him should always “know” that these feelings are not to be altogether trusted. This capacity of the patient for detachment and self-observation Stone characterizes as “a benign split of the ego” (into observing and experiencing parts), which he considers essential for the working of the analytic process. His concern is that the analyst’s unrelentingly analytic behavior may subvert the process by shaking the faith of the patient’s observing ego in the analyst’s benignity and tipping the balance in favor of the experiencing ego’s delusion of malevolence. “Whereas purely technical or intellectual errors can, in most instances, be corrected, a failure in a critical juncture to show the reasonable human response which any person inevitably expects from another on whom he deeply depends can invalidate years of patient and largely skillful work,” he writes. In wry protest against the overliteral and trivializing application of Freud’s “mirror principle,” Stone remarks, “I doubt that the evolution of the transference neurosis is often seriously disturbed by the patient’s knowing whether one takes one’s vacation in Vermont or Maine, or indeed (let me be really bold!) that one knows something more about sailing than about golf,” and he adds, “I think that it *is* not seldom disturbed by a persistent or repetitive arbitrary refusal to answer such questions, after sufficient speculative fantasy, if there is no more *specific* or *adequate* reason than a general principle that the patient must not know anything about one, or that the analyst does not answer questions.” (Kohut puts the matter very succinctly in a footnote in his book “The Analysis of the Self” when he says, “To remain silent when one is asked a question is not neutral but rude.”) Stone mordantly notes, “The enthusiastic and engaging assertion of an older colleague many years ago that his patient would have developed the same vivid transference love toward him ‘if he had been a brass monkey’ is, alas (or

perhaps fortunately!), just not true. For *all* patients, to the degree that they are removed from the psychotic, have an important investment in their real and objective perceptions; and the interplay between these and the transference requires a certain minimal, if variable, *resemblance*.”

To his delicate disentanglement of the strands of transference from those of “the real relationship” Stone adds the complication of a kind of metatransference, which he calls “the primary transference,” or “the primordial transference.” This has to do with the unconscious meaning that the patient attaches to the psychoanalytic situation itself, which derives, Stone hypothesizes, from his craving for the omnipotent parent of early infancy. This craving is universal and can be activated by doctors, politicians, clergymen, and teachers as well as by analysts. Stone draws an interesting (and, for his argument, telling) distinction between the meaning of the primary transference generated by the physician and that generated by the analyst. While the physician’s direct physical and emotional ministrations correspond to those of the “omniscient, omnipotent, and unintelligible” mother of the earliest period of infancy, the analyst’s activities resemble (in unconscious reverberation) the not so agreeable ones of the mother in the months when the infant is learning to talk and to separate from her—“that period of life where all the modalities of bodily intimacy and direct dependence on the mother are being relinquished or attenuated, *pari passu* with the rapid development of the great vehicle of communication by speech.” It is in this state of “intimate separation,” or “deprivation in intimacy,” that analysis is conducted, deriving its mutative power from the tension between verbal closeness and emotional distance. Stone believes, however, that the earlier, gratifying mother must not be totally eclipsed by the later, frustrating one—that the analyst’s “physicianly vocation” must meld with his analytic one if the analytic process is to develop and flourish.

This brusque summary of Stone’s exquisite essay is comparable to a “college outline” of “The Golden Bowl.” Stone’s plea for humaneness and flexibility and common sense is encased in the most subtly reasoned, profoundly

erudite, and awesomely “difficult” of meditations on a complex subject. Other analysts, before and after Stone, have remonstrated against analytic rigidity, but none with Stone’s authority and sincerity. In its comfortable commingling of abstruse technical and metapsychological concepts with ordinary human wisdom, “The Psychoanalytic Situation” recalls the writings of Freud—and, indeed, among psychoanalysts Stone inspires the sort of reverence that few but Freud himself have inspired. (That Stone is almost completely unknown outside the profession is curious and unfortunate)

Stone’s attractive humanistic view of the analyst’s role is currently shared by all but a small minority of analysts. The leader of the opposition is Charles Brenner. Brenner has none of Stone’s elegance of expression and incandescence of literary persona, but he is a worthy foe. His austere position has an icy beauty. In an article published in July, 1979, in the *Journal of the American Psychoanalytic Association*, entitled “Working Alliance, Therapeutic Alliance, and Transference,” Brenner challenged the whole notion that transference and “the real relationship” can be separated. “Therapeutic alliance” and “working alliance” are terms coined by the late Elizabeth Zetzel and the late Ralph Greenson, respectively, to denote the positive adult relationship in which the transference is framed. To Brenner, all such separating and “framing” is suspect. He sees the “working alliance” or the “therapeutic alliance” as a kind of shady side deal that the analyst offers the patient to gain his compliance—a deal that looks kindly and humane on the surface but in fact robs the patient of the full use of the analytic instrumentality. “Suppose an analyst were to fall asleep during a session, or to forget an appointment with a patient. Should he apologize, explain, and discuss the reasons for his action with his patient?” Brenner asks in his book “Psychoanalytic Technique and Psychic Conflict.” He gives this rather magnificent answer:

Many analysts would say he should . . . and their arguments for doing so are persuasive. Yet I believe the better course to follow is the usual one of encouraging a patient to express his thoughts and feelings about what has happened. Only in that way can one

learn whether a patient has taken his analyst's mistake as a slight that has offended and angered him, or as a sign of weakness that allows him to feel superior and even triumphant, or as a welcome excuse for anger, etc. A conscientious analyst will naturally regret such a mistake, he will certainly try, through self-analysis, to discover his unconscious reasons for having acted as he did, but he will be well advised to maintain an analytic attitude even to such an event, and not to assume what it must mean to his patient without hearing what his patient has to say. It is presumptuous to act the analyst, unbidden, in a social or family situation. It is a technical lapse to be other than an analyst in one's relation with an analytic patient.

Several years ago, Brenner and Stone jointly led a seminar at the New York Psychoanalytic Institute in which just such nice points of technique were debated. "Should the analyst express sympathy to a patient whose father has just died?" was one question that was put to the leaders. Stone said that he, of course, *would* express sympathy. Brenner said that he, of course, *wouldn't*. Recently recalling this incident, a younger woman analyst of somewhat romantic leanings declared, "Charlie is a very kind man. He might not say anything to the patient, but I'm sure he would let him know somehow, probably with his eyes, how sorry he was." She has missed Brenner's point. In the "Working Alliance" article, Brenner returns to this eventuality, and gives this unexpected and unarguable reason for analytic neutrality even in the face of death:

It is true enough that it often does no harm for an analyst to be thus conventionally "human." Still, there are times when his being "human" under such circumstances can be harmful, and one cannot always know in advance when those times will be. As an example, for his analyst to express sympathy for a patient who has just lost a close relative may make it more difficult than it would otherwise be for the patient to express pleasure or spite or exhibitionistic satisfaction over the loss.

This is taking respect for individual experience and generosity of spirit toward human frailty very far indeed.

**“W**hen I received my letter of acceptance from the New York Psychoanalytic Institute, it was as if I had been given an injection

of adrenaline, amphetamine, and heroin. I have seldom in my life felt so triumphant. I knew that my life was going to be the way I wanted.” Aaron Green said this to me one Wednesday morning in his consultation room, where he and I had taken to meeting weekly at the same hour, as if for therapy. The empty couch looked out on the room with a meaningful air. “I’m not any old shabby foam-rubber sofa,” it seemed to say. “I am *the couch*.” Aaron sat in a big, sagging olive-green upholstered chair near its head—his habitual seat, a sort of nest padded with accustomed objects: the lamp table on the right strewn with books, scientific journals, letters, pencils, notebooks, a mug of tea; the glass-topped table on the left piled with paper towels (the couch’s antimacassars, changed for each occupant) and also holding a telephone, a small round clock, a drug company’s appointment calendar, and a vase of decaying chrysanthemums. It put me in mind of a chronic invalid’s chair. I sat across from him in a smaller easy chair, and between us, on a hassock, lay my small, attentive-looking Japanese tape recorder. “I had hated medical school,” Aaron continued. “It was dehumanizing and brutalizing, and when I was an interne and resident in B— I learned what horrible places hospitals are—how the patient’s needs are trampled underfoot and everything is done for the staff’s convenience. When I got into the New York Psychoanalytic, I felt I had come in out of the cold. I had applied to other institutes, but this was the one I desperately hoped to get into—the oldest, largest, most renowned analytic institute in America, the institute of Hartmann, Kris, Loewenstein, Jacobson, Greenacre, Isakower, Bak, Arlow, and Brenner. The one thing that marred my happiness was the prospect of going into analysis again. I didn’t see why I had to. I felt I was already perfectly well analyzed.”

Freud’s recommendation that the analyst himself be analyzed has become an inflexible and central fact of analytic education. The “candidate,” as the student is called, is assigned a “training analyst,” with whom he has an analysis that—at least in theory—is no different from ordinary therapeutic analysis, though certain subtle differences are inevitable. In a grim voice,

Aaron went on to tell me of a traumatic event that had marked his arrival in New York from B—.

“When I was told the name of my training analyst, I was somewhat mollified by the fact that I had drawn one of the plums of the New York Psychoanalytic’s roster—a very eminent older woman analyst, now deceased, who was a writer and theoretician of international renown. I was frankly flattered by the assignment—feeling it to be connected to my own superior attributes—and arrived at the first session nervous but cocky. I sat down (it is the custom for candidates to have a few preliminary sessions sitting up with their prospective training analyst) and we began to talk, and about fifteen minutes into the session—after I tell you what happened, you will imagine what those fifteen minutes had been like—this small, stout, benign-looking older woman suddenly banged her hand on her desk in exasperation and said, ‘*You are a maddening person! You are like a gadfly!*’ She glared at me with anger and dislike. I had been weaving and dodging and interrupting and cutting into her questions with counterquestions. But I hadn’t realized how irritating I was being, so when that raw aggression suddenly came flying across the room I was absolutely stunned by it.”

“What did you do?”

“Nothing. I was scared. I was afraid I’d get into trouble. That the Institute would see me as a troublemaker. I had had trouble in medical school. I was a very abrasive person. But I didn’t want trouble with this woman, so I became humble and conciliatory. At the end of the hour, I asked meekly when the analysis proper would begin. When would I start lying down on the couch? And it was then that she showed her true quality. She said—this impressed me, I will always admire her for it—‘Forgive me for bursting out at you like that, and go to another analyst. An analysis should not start with a scene. I am not the right analyst for you. Go to someone else.’ Now, that’s being a *mensch*. No, she shouldn’t have burst out at me like that. But who had the courage to face up to what had happened! Not me. I was too frightened. I

would have been willing to work with her to avoid trouble.”

“Did you get another woman analyst?”

“No. They assigned me a man. At first, I was contemptuous of him. I thought him a dull mediocrity. I found him pedestrian. I regarded his work as hack, textbook stuff. Well, it wasn’t hack, it wasn’t textbook. His work turned out to be of extremely high quality. My second analysis turned out to be much more thorough, much more profound than the first. But I didn’t know that at the time. My initial attitude was ‘Who are you? I’ve never heard of your name, even in the literature. You’re not famous.’ You see, my first analyst *had* been famous. He was a very brilliant and charming old man—an Austrian Jew of the first generation of analysts after Freud—who had come to this country during the big exodus of European analysts in the thirties. He didn’t keep the analytic incognito very much. He was a good deal more casual about it than my second analyst, and was much more demonstrative, expressive, and supportive. *His* analyst had been Sandor Ferenczi, and he idealized him. There was a bust of Ferenczi in his consultation room, together with one of Freud, who had analyzed Ferenczi. I could thus trace my analytic lineage back to Freud. You smile, and you should. It’s a preposterous notion. It’s the most primitive kind of family romance—my parents are aristocrats, I’m descended from royalty, all that sort of stuff. I know that now. But I didn’t then, and you’d be surprised by the number of people in and out of establishment psychoanalysis who hold to these childish fancies about their royal descent.”

I asked Aaron what he meant by “establishment” psychoanalysis. He explained that in this country the establishment is formed of the institutes that are recognized by the American Psychoanalytic Association, which came into existence in 1911, three years after the International Psychoanalytical Association was organized by Freud in Europe. The regulations and standards of the American are stricter and stiffer than those of the International, which oversees the analytic institutes and societies of the rest

of the world. Aaron believes that American psychoanalysis is a great cut above psychoanalysis elsewhere in the world; he is contemptuous of what he calls the laxness and sloppiness of English, European, and South American analysis. There are other people, naturally, who are unimpressed by American analysis and are critical of the American Psychoanalytic Association's iron hold over the profession. The most controversial of the American's regulations is the one that, in effect, requires members to be medical doctors. The rule was laid down in 1923 in the belief that alignment with the medical establishment would give the struggling new profession the respectability it needed. It gave it that, but debate continues on whether too much wasn't sacrificed by this strategy—whether too many good people who are unwilling to go through medical training aren't being lost to analysis. Some of the greatest names in psychoanalysis were laymen—Anna Freud, Erik Erikson, Ernst Kris, to name the most celebrated. The International leaves the question to the discretion of the individual institutes, and most do not require that their members be doctors. Freud himself was opposed to the medical requirement, arguing (in a pamphlet called “The Question of Lay Analysis,” written on the occasion of a lawsuit by the Austrian government against a non-medical colleague, Theodor Reik) that training in the care of bodies has little bearing on the treatment of souls. Philip Rieff, in “The Triumph of the Therapeutic” (1966), points with bitter malice to what he sees as the evil consequences of the medical requirement:

More often than not, the contemporary candidate for training in one of the institutes now comes straight out of a medical school with precisely the wrong kind of education, for which a reading of Freud's case histories and various other courses in the development and structure of psychoanalysis cannot compensate. The early psychoanalysts were educated men when they gathered around Freud; the contemporary psychoanalyst is not an educated man when he leaves the institute. . . . By default, the institutes have become what most of their students ardently desire them to be: trade schools preparing them for accreditation and the good life in some suburb, without night calls from troublesome patients.

Non-doctors who wish to practice psychoanalysis in this country get their

training at what Aaron (with unabashed snobbery and an admitted total lack of justification) calls the “fly-by-night” institutes. These include institutes founded by revisionists, such as the Karen Horney Institute and the William Alanson White Institute, as well as those set up specifically to accommodate non-doctors, such as the National Psychological Association for Psychoanalysis, founded in 1946 by Reik, who had emigrated here. The situation is a messy, incoherent one, difficult for the person who is looking for an analyst to make his way through. And this is to say nothing of the back street of dubious and outright fraudulent therapies beckoning to the person in desperate straits.

Within the establishment, in addition to the New York Psychoanalytic Institute, New York has the N.Y.U. Psychoanalytic Institute (formerly the Downstate Institute), peaceably founded in 1949 by Sandor Lorand, of the New York Psychoanalytic, and the Columbia University Center for Psychoanalytic Training and Research, painfully wrested from the New York Psychoanalytic in 1944 by Sandor Rado, in a savage schism whose scars are apparently still borne by both institutes. Aaron’s attitude toward the N.Y.U. Institute is that of an older sibling toward a younger brother: affectionate, tolerant, a bit condescending toward the boy’s evident immaturity, and admiring and envious of his dash and style and charm. For Columbia, the no-good son, he has nothing but bitterness and scorn.

“But the schism was years ago,” I said. “What’s the matter with them now?”

Aaron frowned, and said in a low, dark voice, “They’re sharp dressers.”

I laughed. “Is that all?”

“Isn’t that enough?” Aaron said. He laughed, too.

We returned to his early training at the New York Psychoanalytic. “When I started, I was eager to do the course work,” he said. “I had taught myself a little theory in an undisciplined way, and now, I thought, I would learn the

whole corpus of psychoanalytic theory from the great teachers of the greatest analytic institute in the world. I didn't attach much importance to the supervised casework I would be doing. I felt that I was already a good psychotherapist—I had been at the top, or close to the top, in my residency—and I thought I just needed more practice. And I looked on the training analysis as a loathsome, unnecessary encumbrance. So I came to analytic training with values that were the exact *opposite* of those of the training institution in which I was enrolled. The New York Psychoanalytic (like most institutes) sets the greatest store by its training analysis. Second to that, it values the supervised casework—a one-to-one relationship about another one-to-one relationship. And pretty far down below those two is the book learning. Now, after several years of training, my values, by some strange coincidence, have reversed and become those of the Institute. The courses turned out to be disappointing. There were a few exceptions, taught by good teachers, but mostly they were boring discussion classes, in which I had to sit and listen to my fellow-students—who knew even less than I did. The classes were at night, from eight-thirty to ten, three times a week. Analytic institutes are night schools; the faculty and the students—most of whom are already working psychiatrists—see patients during the day. I would arrive after a day's hard work at the hospital and sit there tired and bored and irritated. My training analysis opened my eyes and gradually changed me. I realized that my first analyst had not been rigorous or ruthless enough. His technique hadn't been good. The troubles I'd had in medical school—I'd started analysis at the end of my second year—would probably have been compounded if I hadn't been in analysis; he helped me get through all kinds of confusions and despairs. But it was the second analysis that changed me. I'm not so belligerent and abrasive anymore, so touchy and angry."

I said, "How do you know it was the analysis that changed you, and not simply the fact of getting older?"

"That's a very common and firmly held idea," he said. "The idea that what happens in analysis would have happened anyway—that people 'naturally'

change as life goes on, and analysts take credit for changes they aren't responsible for. I've had thoughts like that myself about my analysis, and have had to stop myself. I've had to remind myself of how rigidly determined our lives are—how predictable and repetitive, how encrusted and hardened, how resistant to change. If we changed as easily as it's claimed, there wouldn't be people going into analysis at forty and fifty; they would all have changed 'naturally' by then into wise, mature, moderately contented people. A person who goes into analysis in his twenties, as many people are doing today, can't see this as well as a person who goes into analysis later on, after his life has become hopelessly, repetitively unsatisfying, after he has seen himself make the same mistake over and over again, after he has come to feel how trapped he is and to understand how little freedom he has. The young person whose life hasn't taken a course yet can deceive himself into thinking that his life has unlimited potential, though in fact it is already limited and determined. I made that mistake earlier, but I'm old enough now to have a sense of how my life would have gone if I hadn't had analysis."

"What would have been different about your life?"

"It would have been extremely constricted, full of bitterness and depression. To some extent, I know that because it still is," Aaron said with a rueful smile. "You see, I haven't changed all that radically. I don't think basic character structure ever changes. We're not that malleable. But one of the ways I became impressed by the changes occurring in me was through the appearance of substitute symptoms. As I gave up certain character traits, I developed acute symptoms. I had read about that happening—Freud writes about it—but I never thought it would happen to me. Well, it was happening. As I grew less nasty and pugnacious and argumentative—as I began more and more to say to myself, 'Hell, you don't have to do that anymore'—I grew more and more anxious about things I had never been anxious about before. Like being in crowds and sitting in the balcony at the theatre. I also developed a speaking anxiety, which I still have, and which really troubles me. It gets in the way of my teaching and prevents me from

speaking at congresses. I was invited to speak at a meeting of the American Psychoanalytic Association—I was to be one of the discussants of a paper on a subject of special interest to me: Freud’s dual-instinct theory—and I had to refuse. I just couldn’t do it. The mere thought of being on that stage at the Waldorf terrified me. I feel flawed and humiliated by this symptom. It’s one of the things I may have to go back into analysis about.”

“But is it such a serious flaw? Is it even a symptom?” I asked. “Don’t we all have something we don’t do well or can’t do at all?”

“My immediate reaction to that is to say, ‘Look, if I’m going to have a flaw, let it be in an area that doesn’t interfere with my professional ambition’—which, of course, is nonsensical.”

“Since ambition is the problem?”

“Right. There’s no question about it. Ambition is the problem. But I think you’d be surprised by what the ambition is about. It isn’t just getting out there and killing my father. That’s just part of it. There are other things, too. Well, I’ll be frank. It’s the desire to be a beautiful woman. You find all kinds of surprises in analysis.”

“Somehow, that doesn’t surprise me about you,” I was interested to hear myself say.

“Well, it surprised me! It bothered me, I can tell you.”

The next Wednesday, I told Aaron about my meeting the night before with three people from the Institute. This was the second time I had met with this trio—two male analysts in their fifties and a woman analyst in her sixties—in the woman’s handsomely appointed Park Avenue apartment. The meetings were in response to a telephone call I had made to the Institute, asking for information about its curriculum, entrance procedures, faculty appointments, and so on, and requesting permission to sit in on a few

classes. It was soon clear that the three analysts, who were members of the powerful Educational Committee, by which the Institute is largely ruled, had been sent out to meet and fend off the press. After each of the evening meetings, which were long, strained, and tedious, I felt the stirrings of an old childhood sense of anxiety, obscure wrongdoing, and resentment.

“The more I think about it, the more I think there’s something very queer about the way they meet me in threes,” I said to Aaron.

“They’re policing each other,” he said. “They’re saying to each other, ‘You keep me from saying anything wrong, and I’ll do the same for you. We’re in this together.’ ”

“But what is it all about? What are they hiding? What could there be to hide in an analytic institute?”

“I don’t know exactly. But I suspect that this kind of peculiar, suspicious, guilt-ridden behavior has something to do with the training analysis and its special difficulties. Analysts learn to do analysis by being analyzed themselves—a rather remarkable method of professional training. It’s as if a surgeon learned to do surgery by being operated on. And yet the training analysis isn’t exactly like the regular therapeutic analysis, either. An analysis ends when the patient resolves his transference neurosis—when he finally accepts the fact that the analyst is *not, not, not* going to fulfill the wishes the patient had as a child toward his parents, that it just isn’t going to happen that way, that he must renounce these wishes toward the analyst and fulfill them in his own life, in his work, in his attachments, through his children. In other words, that he is an adult and must put away childish things. Which is *horribly painful*. O.K. Now, imagine the situation of the candidate when his analysis ends. Instead of going his way like the ordinary analysand, he joins the profession of his analyst—joins the very institute of which his analyst is a member, and begins to make his way up in the hierarchy his analyst has already reached the top of. As time goes on, the wishes that the candidate

has had to renounce and sublimate—but that are always there—are powerfully reactivated. He begins to dare hope that maybe he *will*, after all, be admitted into the parental bedroom, that he *will* be treated to the secrets of the parents, that he *will* find out what they ‘do’ in there, that he *will* be able to form alliances with one or another of them. Not everyone feels like that—some people drop out of the institute world and go their own way—but the majority, like me, for whatever infantilely motivated reason, hope that they will get into that bedroom: that they will become training analysts.”

“But not everyone makes it.”

“Not everyone makes it. Our institute is large, and the places in the inner sanctum are limited. Many of those who don’t make it—who see others accepted into the bedroom while they are passed over—become bitter. They are the reason for the discontent, antagonism, backbiting, and factionalism of our institute, for the constant danger of schism. As for the ones who do make it, their behavior is like that of uneasy, shifty-eyed ‘good children’ who have got into favor with their parents at the expense of their siblings. They have made it into the bedroom and are keeping the other children out, and they feel guilty and defensive because they’re afraid they didn’t get in there fairly.”

“What about you? Are you going to get into that bedroom?”

“I don’t know. I have certain inhibitions—neurotic in nature, I know—about pushing myself into places. The Oedipal rivalries, fears, guilts are still operative. They’re not anywhere near as strong as they were before my second analysis, but they’re still there, and they take their toll.”

“Why do you feel you have to push? Why don’t you assume you’ll naturally rise in the hierarchy because you’re good at the work?”

“Oh, I’m very good at the work. I’m better than most people in my year—there’s no doubt about that.”

“Then why do you have to push? Why don’t you just rise?”

“Right. That’s the question. Why aren’t they tapping me on the shoulder and letting me in? The fact is that the people who are appointed training analysts aren’t always the best people available. There are others who are just as good, and maybe even better, who are not chosen.”

“And you are afraid that this will happen to you—that you will be passed over?”

“Yes. I’m not politic. I don’t socialize much with analysts. My friends are mostly academics and artists. When I’m invited to analysts’ parties, I often refuse. My wife, who is a sculptor, isn’t part of the society that the analysts’ wives form, and she feels out of place at these affairs. The analysts’ wives all know each other, they serve on the Institute’s Hospitality Committee together, they all but play mah-jongg together.”

“So you don’t like analytic society?”

“It bores me.”

“What about the younger people, the colleagues on your own level?”

“They bore me, too. It’s the same thing. They talk about their houses in the country, the schools their children go to, their trips in the summer—all that. I don’t feel comfortable with them. I recognize this as an old childhood trait. I’ve never felt ‘in’ anywhere—not in school, not in college, not in medical school, not in psychiatric training—and now I’m playing it out in relation to the analytic community. Everyone’s analysis unearths a central fantasy, and mine is that of an outsider looking into the bedroom: feeling excited and scared, getting aroused, trying to figure out what is going on, but not having to get involved, not having to risk anything. There are many ways of playing out this fantasy. I could have become a Peeping Tom, for one extreme possibility, but I became a scientist instead—a psychoanalyst, a person who

gets to know another person very intimately but doesn't have to get involved with him. I'm very much a Jew—another kind of outsider. So if you ask me if I want to get into the inner sanctum of the New York Psychoanalytic—well, *yes*, I do, well, *no*, I don't. I have all kinds of fantasies about what goes on in the inner sanctum, most of which aren't true. They couldn't possibly be true” Aaron laughed at the thought of his fantasies.

“Don't things always look better from the outside?” I said.

Aaron agreed. “I used to have a symptom. I used to have social anxiety before going to parties. Parties, you know, are highly instinctualized things. Well, the symptom fell away during my analysis, and now I go to parties, and they're so mundane.”

“The best parties are the ones you're not invited to.”

“That's right.”

“When you do get into the inner sanctum, you'll find that all they talk about is their houses in the country, their children's schools, their wives' yoga classes . . .”

Aaron smiled and said, “You know, in actuality, I've been treated very nicely by the administration. I've had appointments to minor committees, I've been invited to do various things. Just last week, someone called me up and said I was being proposed for a minor administrative office. I said O.K.—though I probably won't get it, because I'm young and unknown. I'm forty-six years old and I'm young. What kind of a profession is this?”

“Do you feel like a kid in relation to the older analysts?”

“Sometimes. Look, you felt it, too, when you compared yourself to a child in front of threatening grownups after you'd met with the Educational Committee people. Which was partly your own psychology coming out—and it's partly *my* psychology coming out, too. I can imagine that,

theoretically, there are people younger than I who feel on the level of equals with Them—who are not cowed and intimidated. But only partly. Because there's no doubt that the organization is hierarchical and that the people in charge do not extend an attitude of invitation and incorporation to the younger generation and to the people on the periphery. They *are* exclusive, and all analytic institutes aren't like this one."

"During my meeting with the Educational Committee people, I was always aware that they were three and I was one. There was the feeling of 'against' throughout the evening."

"That is the way they come on with the students, and even, to some extent, with the general membership. I experienced that feeling of 'against' during training. Everyone felt it: We all felt like children. Thirty-five-year-old children! There's a student organization at the Institute now—there's even a national organization of analytic candidates and recent graduates, called CAPE—but there were only faint rumblings about organizing when I was a candidate. I remember once one of my classmates—a very fiery, radicalized fellow, who has since moved to the suburbs and become dull and rich—was haranguing a group of us about organizing, when one of the more authoritarian people on the Educational Committee came into the room. He listened, and then, looking at my classmate as if he were some unpleasantness, said silkily, 'Why an organization? The important thing is to say whatever comes into your mind.' I thought, Son of a bitch! *But. But.* He was right. The motives of student organizations are nothing if not transferential."

"The kids getting together against the parents."

"Right. The student organization is kid stuff in the truest sense of the term. That son of a bitch was right. The Educational Committee never came out with any official pronouncement about the student organization. About how it would interfere, how it would be extraneous—at best a waste of time, at

worst a resistance. They never said that—it would have been foolish of them to say it—but I believe that that was their attitude. Let the children play. Analytic education is inescapably an infantilizing experience. Interesting, isn't it? That a profession which gears itself so much to progressive maturation should conduct its education as an infantilizing experience.”

“The Educational Committee people told me that from twenty to twenty-five per cent of the candidates don't graduate, and that most of these are asked to resign. How did you feel about the threat of expulsion when you were a candidate?”

“I didn't feel it as a threat, exactly. But the possibility was always there. I had several friends who were asked to resign.”

“After a long time in training?”

“Yes, sometimes after many years.”

“What does it mean when someone is dropped?”

“I don't know. These things are shrouded in mystery and a tremendous amount of secrecy—secrecy that is observed not only by the Institute but by the person dropped. In general, either people founder on their casework or they are unanalyzable. Character also counts. There was a man in my class who had a terrible character. He was slick, sharp, he lied, he wasn't *nice*. It enraged me to see him at the Institute and to think that he would be practicing analysis. Well, one day he wasn't there anymore, and I was enormously relieved and glad that he had been found out and booted.”

“So the parents are omniscient after all.”

“Hardly. The place is run like a candy store.”

“What do you mean?”

Aaron squirmed in his chair and grimaced. “They’re so casual. They’re so unprofessional. They’re like the people in the British House of Lords, who would meet in the evening and run England. I look around me and wonder, Do I want to be connected with these people for the rest of my life? Can I fulfill myself among them? Am I going to be happy? Or will I be bored and stultified and trapped? You should excuse that I, a psychoanalyst, put things as naïvely as that, but that’s the way I think about them. I feel I’m being sucked in and taken over. I feel scared and out of control. I had this feeling with this kind of intensity once before in my life—the first time I fell in love. The Institute has a strong gravitational pull. When you spend all day alone with patients—which is to say *alone*—the company of colleagues becomes a great source of solace and reassurance and of stimulation. Some analysts spend almost every evening at the Institute; there are psychoanalytic widows and orphans. I ask myself, Do I want to live like that—like a man hopelessly entangled with a voracious, dull mistress? Obviously, it’s not *just* boredom and stultification that I fear. It’s getting involved, it’s having to put my narcissism on the line, it’s getting bruised. I’ve seen so many colleagues get bruised. A colleague somewhat senior to me—a man I like very much—recently suffered a small but painful, and I’m afraid typical, public humiliation. He presented a proposal at one of our general business meetings—it had something to do with the renovation that is going on in our building—which got ignominiously tabled. Not because it wasn’t a good idea but because it had got caught up—as so many issues recently have got caught up—in the factionalism of the Institute. His eminently sensible and reasonable proposal became another battleground for the struggle between the ins and the outs. All kinds of recriminations, with implications of improper behavior, began to come out. It was fascinating and horrifying for us younger members (of forty-five) to look on as our elders made cruel, slanderous attacks on each other.”

“What was it about?”

“It was about rugs and chairs. A member of the Renovation Committee

knew of someone—the wife or the sister-in-law of another member—who was a decorator and might get things cheaper. And this was the chance the other side was looking for to jump in and criticize the committee—accusing them of bad planning, of irresponsible allocation of money—and even, finally, to question the whole renovation and the morality of spending money on decoration when it could go for things like pensions for the workers at the Institute. But none of this was the real issue.”

“What was the real issue?”

“The real issue was that there is a clique of people at the Institute who fill all the important posts and decide who is to become a training analyst, and there is another clique of people who don’t have power and who want it. That’s what practically every controversy at our institute is about. It used to trouble me—until I thought about other professions and realized that it’s no different anywhere else. The neighbors do it, too! The goyim do it! This kind of hierarchy and infantilization exists in every other profession. It’s in law, in business, in science, in education. There are Oedipally significant positions in every profession, and when people are up for them it creates a crisis that infantilizes them—causes grown men to squabble like kids about trivial things. I remember a few years ago when my older brother was in one of these crises. He was then assistant headmaster of a boys’ private school in N—. The head of the school, who was one of those legendary great schoolmasters, was up for retirement, and my brother was in an agony of indecision about whether or not to put himself up for the position in competition with people from the outside. Freud wrote about this very trenchantly in ‘Moses and Monotheism.’ Things happen in life, he said, which correspond so closely to infantile fantasies or infantile experiences that they cause the infantile fantasies or experiences to dominate adult life. We’re constantly reacting to the evocative power of reality. In my brother’s case, there was, in addition, a horrible sharing of unconscious fantasy. The older man saw the succession as the younger generation coming to cut off his member, and the younger man, who wanted the position, saw it in terms of

cutting off the older man's member—thus his indecision. So they were very much in sync with each other in this Oedipal drama. Which exists only on a fantasy level. Because the fact is, it's a job. *It's just a job!* So is being a training analyst at the New York Psychoanalytic. That's the funny thing about it all. Why can't adults deal with these things in terms of objective realities?"

"But if the job were seen for what it is—for the poor thing it is—who would want to do it?"

"That's just it. What are the sources of motivation and pleasure? The sources of motivation and pleasure are *infantile wishes*." ♦

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