

THE IMPOSSIBLE PROFESSION—II

A psychoanalyst's first patients.

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

The New York Psychoanalytic Institute, founded in 1931, is the oldest school for analysts in this country. It is hard to get into (only twenty-five per cent of those who apply are admitted—an average of six new students a year) and hard to get out of (between five and eight years of study). Analytic education has three facets: the candidate, as a student is called, undergoes a personal analysis, he takes courses, and he does analysis under supervision. The New York Psychoanalytic provides its candidates with instructional cases through an agency called the Treatment Center. People looking for low-cost analytic treatment (referred there by Institute members or by psychiatrists, psychologists, or social workers) come to the New York Psychoanalytic building, at 247 East Eighty-second Street—a shabby four-story structure of timorous Art Deco aspect (the thirties nebbish style)—where they are interviewed and assessed and usually found wanting: eighty-nine per cent of the people who apply are turned away. Cases suitable for starting analysts are not easy to come by, the head of the Treatment Center, an analyst named George Gross, told me as I sat across from him in his gloomy, decrepit office on the fourth floor of the Institute, and as he

struggled to open a drawer in his enormous desk. Gross is a dark, heavysset man in his early fifties, of a grudging, not easy courtesy, who has a way of investing commonplace facts with aliveness and interest. The right sort of case, he explained, has to be both suitable for analysis and not too hard for an inexperienced practitioner. Some narcissistic disorders, for example, are too hard for a student. "I have one such case here in my desk," Gross said, struggling again with the drawer. Giving up on the narcissistic disorder, he went on, "We look for patients whose object relations are not so insecure that they cannot form therapeutic alliances. In narcissistic and borderline patients, that capacity is impaired. We consider the classical psychoneuroses—obsessional cases, hysterics—very promising. We know more today about criteria for analyzability than we did in the past, and we have a high success rate. Our crude criterion for success is whether or not the patient stays in treatment. We divide applicants into two categories: acceptable—which includes high-risk-high-gain cases—and unacceptable. There are no surprises—we haven't had a surprise since 1974. When a case in the high-risk category fails, we are not surprised, and when a case in the acceptable category succeeds we are not surprised, and we screen out psychotics. To avoid self-fulfilling prophecy, the student analyst doesn't know whether his patient is high-risk or not. Nor does he get the interviewer's comments and impressions; he gets only neutral descriptive material. We don't take patients who can afford thirty dollars or more an hour. The fee is arranged according to income, and the average today is seven dollars and nine cents an hour. Patients have paid as little as ten cents an hour. Analyses are done in the candidate's office, not here, unless the candidate doesn't have an office, and then we let him use a room here. Most candidates are already practicing psychiatrists. Patients are seen five times a week. The candidate meets once a week with his supervisor to discuss the case, and every six months he is supposed to turn in a summary of his work to that point. Candidates sometimes have trouble turning in those summaries, and we have to remind them. Another problem a candidate sometimes has is with his patient's initial feeling that the candidate is inferior to the older, established analysts."

Gross gave the drawer one more futile tug, and then spoke with quiet pride of the Institute's refusal both of federal reimbursements and of money from private foundations. He said that the faculty is not paid (Gross's job as the administrator of the Treatment Center is the only paid position in the Institute), that supervisors are not paid, that most of the Institute's income is from members' dues (six hundred dollars a year, from about two hundred members), and that analysts can be found at the Institute on weekends fixing venetian blinds and painting chairs. All this is to avoid any trace of outside influence or interference. "We want to remain absolutely independent, we want no one to tell us what to do, and we are slowly, inexorably going bankrupt," Gross said.

I had already heard a good deal about the Institute from a practicing psychoanalyst named (by me, for this report) Aaron Green. He came to New York during the sixties to study at the Institute, and at the beginning of his second year of training he received his first case—a twenty-two-year-old woman—from the Treatment Center. It was a case he now regards with a mixture of horror, pleasure, amusement, puzzlement, self-criticism, and self-satisfaction. "For the first two years of this analysis, I was in agony over it," he recalled in one of our many conversations. "I cursed the people at the Treatment Center for giving me such a case. I felt totally incompetent and impotent. I dreaded the time of day when her hour came. The analysis lasted five years, and today I'm rather proud of it. The patient came into analysis a very unhappy young girl with some very troublesome hysterical symptoms, and she left with all the symptoms gone and married to a dentist. But it took me a long time to realize that I wasn't failing with her.

"I remember when she first came into my office—a short, plump, self-conscious girl, who giggled and gave vapid, inconsequential answers to the questions I asked her. We had a few sessions sitting up, and then one day I said, 'Why don't you lie down on the couch?' She giggled and walked over to the couch and arranged herself on it gingerly, with a lot of tugging at her skirt, and went on talking in her inane, girlish, monosyllabic way. This kept

up for three or four sessions. Then one day she walked in and didn't *get* on the couch, she *threw* herself on it. She bounced up and down and began to *rail* at me. 'You don't *do* anything for me,' she said. 'You just sit there and don't *do* anything. You don't tell me anything. What kind of business is this? Why don't you *do* something for me? Why do you just sit there?' She went on and on, berating me for my coldness and passivity and indifference to her sufferings—and that was the true beginning of the analysis. But I didn't know it. I sat there cowering under her anger and irked with her for not knowing that what I was doing as I 'just sat there' was classical Freudian analysis. I found her in every way disappointing. I had expected a patient who would free-associate, and here they had sent me this banal girl who just blathered. I didn't understand—I was so naïve then—that her blathering *was* free association, that blathering is just what free association is. Worse than that, I thought I had to instruct her on the nature of her unconscious. I would laboriously point out to her the unconscious meaning of what she said and did. Only after years of terrible and futile struggle did it dawn on me that if I just listened—if I just let her talk, let her blather—things would come out, and that this was what would help her, not my pedantic, didactic interpretations. If I could only have learned to shut up! When I finally did learn, I began to see things that Freud had described—to actually see for myself symptoms disappearing as the unconscious became conscious. That was an incredible thing. It was like looking through a telescope and realizing that you are seeing what Galileo saw.

"But for the first two years that case seemed like a personal misfortune. I wanted to throw her back at the Institute and say, 'What? You gave me *this* for a first case?' She was so nasty and unpleasant. She was so uncoöperative and unappreciative. If I heard her say it once, I heard her say it a thousand times: '*So what?*'—in a nasty, sneering voice. '*So what?*' I felt demeaned, put down, furious, frustrated, impotent. My fury often caused me to act in unanalytic ways toward her. I'm ashamed of that. I would do many things differently now. But the interesting thing—the incredible thing—is that

what I did didn't matter. She sneered and scoffed at everything I said, but she came faithfully five times a week, month after month, year after year, and the analysis bubbled along in spite of her belligerence and mistrust and my innocence and ignorance."

"You say that just 'letting things come out' helped her," I said. "That sounds like the old cathartic method."

"Yes, yes," Aaron said. "That old stuff that Freud and Josef Breuer wrote about in 'Studies on Hysteria' hasn't really changed. Analysis is still cathartic. We're still trying to 'transform neurotic misery into common unhappiness' by setting in motion a process whereby motivation gets expressed directly, rather than going off sideways into symptoms. Freud and Breuer called this 'abreaction.' We no longer use that term, and we have a more refined knowledge of the kinds of obstruction that the mind puts up against the threat of change, but the process is essentially the same. In the case of this girl, when I finally learned to shut up, stuff began to spew out of her—stuff that was barely on the fringes of her consciousness but that caused her to change just by being brought out. In the popular imagination, the analyst is an authoritarian, dominating figure who has rigid control over a malleable, vulnerable patient. What this case forcibly impressed upon me is that the reverse is true—it is the patient who controls what is happening, and the analyst who is a puny, weak figure. Patients go where the hell they please. All the analyst can do is say, 'If you'll deign to listen to me for a moment—if you could just divert your attention to this particular place instead of that one—you may see that . . . et cetera, et cetera.' That's all he can do. In this case, all I could do was every now and then direct the patient's attention to what she was doing in her attempts to keep that stuff from spewing out—something she preferred not to watch. That's called 'the analysis of the resistance,' which doesn't mean that you shake your finger at the patient and say, '*You're resisting!*' That's the worst thing you can do, and I'm afraid I sometimes did do it in the first years of that case. The right way is just to point out to the patient how he keeps himself from thinking certain things and feeling

certain things, so that he becomes self-conscious and the evasion doesn't work so automatically. That's all. That's the analyst's scalpel. He can't open up his patient's mind and reach in and start tinkering. The only thing he can do is tell the patient, 'Look there,' and most of the time the patient doesn't look. But sometimes he does, and then his automatic behavior becomes less automatic."

I had read a writeup of the young woman's case which Aaron had prepared for the American Psychoanalytic Association as a prerequisite for certification and membership, and had found it baffling, irritating, boring, insulting to women, and self-damning. In its unrelenting pursuit of sexual matter and meaning, it brought to mind the Dora case, in which Freud often conducted himself more like a police inspector interrogating a suspect than like a doctor helping a patient. "Aha!" Freud would say to poor Dora, an attractive and intelligent eighteen-year-old girl suffering from a nervous cough, migraine, and a kind of general youthful malaise. "Aha! I know about you. I know your dirty little secrets. Admit that you were secretly attracted to Herr K. Admit that you masturbated when you were five. Look at what you're doing now as you lie there playing with your reticule—opening it, putting a finger into it, shutting it again!" I sensed some of the same badgering and needling quality in Aaron's case history. I asked him whether his own behavior might not have provoked some of the girl's belligerence and antagonism.

"My analytic behavior was not everything it should have been," he agreed. "I was very unschooled and very intent on getting analytic procedure down pat. I come out of that writeup looking pedantic and constricted, and there is some truth to that impression. There is some truth to Leo Stone's characterization of the beginning analyst as a rather ludicrously rigid and unyielding person. I take full responsibility for the excruciating and ill-advised things I did in that analysis. She was often 'right,' and I was often 'wrong.' And for all that, for all my oafishness and pompousness, her basic attitude toward me—the transference—was quite unaffected by what I said

and did, had its own rhyme and reason, went its own way. My unanalytic behavior muddied the water, made the transference harder to discern and point out convincingly to the patient, but it didn't *create* the transference. If I had been St. Francis of Assisi, she would have said '*So what?*' no less frequently and sneeringly."

I mentioned a paper I had read by Ralph Greenson on "the non-transference relationship," in which the author relates a number of horrendous stories about rigid beginning analysts. In one of these cautionary tales, a beginning analyst comes to his supervisor and tells him about an oddly unsatisfying session he has had with a patient who came in with his head swathed in an enormous bandage. Following strict analytic technique, the young analyst made no comment on the bandage, and silently waited for the patient to start free-associating. No associations came: the patient was struck absolutely speechless by the analyst's unbelievable insensitivity and inhumanity. In another example (this one appears in Greenson's book "The Technique and Practice of Psychoanalysis"), an anxious young mother tells her candidate analyst how desperately worried she is about her ailing baby. The analyst says nothing. His silence and lack of compassion cause the patient to lapse into a miserable, tearful silence of her own. Finally, the analyst says, "You're resisting." The patient quits the analysis, saying to the analyst, "You're sicker than I am." Greenson, concurring with this opinion, advises the candidate to seek further analysis.

"Yeah," Aaron said. "I know those stories of Greenson's. They are very heartrending and affecting, and completely off the mark. If you look at them closely, they just don't hold up. In the case of the mother with the sick baby, it wasn't the analyst's, lack of 'compassion' that caused the patient to break off treatment—it was his poor analytic technique. There are a hundred things he could have said to her other than 'You're resisting' which would have been helpful, which would have led somewhere, but which would have been neutral. The job of the analyst isn't to offer the patient sympathy; it's to lead him to insight. It was the same thing with my first case. The trouble wasn't

my lack of compassion for the patient but my lapses from analytic neutrality. It isn't that I should have accepted the presents she brought me—though maybe I could have refused them less priggishly—but that I should have analyzed the motive that lay behind the gift-giving in a more rigorous and thoroughgoing manner.”

“But what *about* that priggishness?” I asked. “Can you leave it out of account? Greenson says that it's important for the patient to distinguish between his transference reactions to the analyst and his realistic perceptions of him. He says of the woman with the baby that her reactions to the analyst were ‘realistic.’ ”

Aaron shook his head. “That's taking such a crude and simplistic view of analysis—and of life,” he said. “It perpetuates the myth that what goes on in the analysis is different from what goes on in real life. It gives analysis an ‘as if’ quality. It says the transference isn't real. But the transference *is* real—as real as anything out there. And, conversely, ‘the real relationship’—whatever that is—is not exempt from analytic scrutiny. If the analyst comes into the session and insults the patient, and the patient says ‘So it's true! You really hate me’ and the analyst says ‘Yes! I really hate you!’, does this mean that all the patient's irrational and fantastic ideas about the angry parent of childhood are now *negated*? Are now not to be investigated? Now fall outside the pale of analytic scrutiny?”

“I remember a seminar I once attended that was led by a brilliant and flamboyant Hungarian analyst named Robert Bak. The issue under debate was the nature of transference, and I raised my hand and asked rhetorically, ‘What would you call an interpersonal relationship where infantile wishes, and defenses against those wishes, get expressed in such a way that the persons within that relationship don't see each other for what they objectively are but, rather, view each other in terms of their infantile needs and their infantile conflicts? What would you call that?’ And Bak looked over at me ironically and said, ‘I'd call that life.’

“In both analysis and life, we perceive reality through a veil of unconscious infantile fantasy. Nothing we say or do or think is ever purely ‘rational’ or ‘irrational,’ purely ‘real’ or ‘transference.’ It is always a mixture. The difference between analysis and life is that in analysis—in this highly artificial, extreme, bizarre, stressful, in some ways awful situation—these infantile fantasies come into higher relief than they do in life, become accessible to study, as they do not in life. The purpose of analysis isn’t to instruct the patient on the nature of reality but to acquaint him with himself, with the child within him, in all its infantility and its impossible and unrepudiated and unrepudiatable longings and wishes. Terms like ‘the real relationship’ and ‘therapeutic alliance’ and ‘working alliance’ simply obscure and dilute and trivialize the radical nature of this task.”

“So you share Charles Brenner’s dislike of those terms, and his uncompromising view of analytic technique.”

“I do. I think that Brenner’s uncompromising—you might even say fanatically pure—way of doing analysis permits you to find things out that you would not find out under a less rigorous procedure. It also, paradoxically, gives the patient more freedom than he has under the more relaxed analytic techniques. Ruthless and authoritarian though it seems, strict analytic neutrality is the more libertarian alternative. When you temper the rigors of analysis with judicious doses of kindness and friendliness, you are taking away some of the patient’s freedom, because *you* are deciding what is best for him. But doing analysis in Brenner’s pure and undeviating way is very hard. It demands a great deal of the analyst, and puts him under a tremendous strain. No one likes to hurt people—to cause them pain, to stand silently by as they suffer, to withhold help from them when they plead for it. That’s where the real wear and tear of analysis lies—in this chronic struggle to keep oneself from doing the things that decent people naturally and spontaneously do. One hears a lot about the abstinence that the analytic patient has to endure, but the abstinence of the analyst is more ruthless and corrosive. The ‘working alliance’ and the ‘therapeutic alliance’ and the ‘non-transference

relationship' are all what Brenner calls resistive myths—myths that analysts who are unable to tolerate analytic abstinence have invented to justify their lapses from neutrality. They say, 'Oh, I don't have to act analytically now. This is the therapeutic alliance, this is non-transference'—as if they were stepping into some no man's land where all bets were off and the analyst and the patient could assume a relationship different from the one of analysis proper. But there is no such neutral zone, there is no 'other' relationship, there is no honest way of escaping the pain and stress of doing analysis.

“Let me illustrate with an incident from my practice. I once arrived fifteen minutes late for an appointment with a patient. I was appalled by my oversight and apologized profusely to the patient. Now, the analysts of the lenient sort would say, 'You did the right thing. It's good to admit it when you've made a mistake; it's good to show the patient you're only human. It's an empathetic response. It strengthens the therapeutic alliance. It makes him feel you're on his side.' And so on. But I knew I should *not* have apologized. I knew I should have waited to learn what the patient's response to my lateness was, instead of rushing in with my apology. In my self-analysis of the lapse, a rather vicious analyst joke came to mind, which goes like this: A new woman patient comes to a male analyst's office, and he says, 'Take off your clothes and get on the couch.' The woman gets undressed and lies down on the couch, and the analyst gets on top of her. Then he says, 'You can get dressed now and sit in that chair.' She does so, and the analyst says, 'O.K. We've taken care of my problem. What's yours?' It's a silly joke, and a vicious one, but it gets at something fundamental. In that situation of being late, I acted like the analyst in the joke. I put my own interests before those of the patient. I felt guilty about my lateness, and by apologizing I was seeking forgiveness from the patient. I was saying to him, 'Let's take care of my problem—never mind about yours.' ”

The second patient Aaron received from the Treatment Center was a refined, cultivated woman, eager to do the analytic work, appreciative of

Aaron, extremely pleasant and interesting to be with, and very good-looking. As he had cursed his luck with the first patient, he couldn't believe his good fortune in having drawn the second. She was the most gratifying of patients. She made literary allusions, and understood the ones he made. She worked on a magazine and had an impressive-sounding circle of literary acquaintances. As he had dreaded the sessions with the first patient, he looked forward to the ones with the second. He was dazzled by her, a little in love with her. After two years, the analysis ground down to a horrible halt. It was a total failure. "I was blinded and lulled by her charm," Aaron recalled ruefully. "I fell down badly on the job. Instead of pointing out to her the nasty, harsh things I should have pointed out, I exchanged literary references with her. I didn't see the trap I had fallen into until it was too late. In the first case, where the patient gave me no pleasure whatever, to put it mildly, I was able to hew to my course and be of some help to her. In the second case, I failed the patient utterly."

"Are you suggesting that the more congenial a patient, the harder it is to analyze him or her?"

"In this case it was."

"So personal relations are an encumbrance in analysis."

"Freud says they are, in several places in his writings. There is the well-known passage in 'Recommendations to Physicians' where he compares the analyst to the surgeon, 'who puts aside all his feelings.' Then there's the passage in a letter to the analyst Oskar Pfister in which Freud chides him for being 'overdecent' and insufficiently ruthless to his patient, and counsels him to behave like the artist who steals his wife's household money to buy paint and burns the furniture to warm the room for his model. I like to tell the residents I teach a story I heard from one of my teachers at the Institute—obviously apocryphal—about the artist Benvenuto Cellini, which makes the same point. Cellini was casting a statue, and he needed some calcium for

his bronze alloy. He couldn't find any around the studio, so he picked up this little boy and threw him into the pot for the calcium in his bones. What was the life of a little boy to the claim of art?"

I thought of George Orwell's "Reflections on Gandhi," in which he objected to the side of Gandhi's nature that permitted him to do the moral equivalent of throwing the boy into the pot in the name of a higher ideal. To Orwell, there was no higher ideal than the humanistic one. "The essence of being human is that one does not seek perfection, that one *is* sometimes willing to commit sins for the sake of loyalty, that one does not push asceticism to the point where it makes friendly intercourse impossible, and that one is prepared in the end to be defeated and broken up by life, which is the inevitable price of fastening one's love upon other human individuals," Orwell wrote, with moving irascibility. To the notion that the ordinary man is a failed saint Orwell retorted, "Many people genuinely do not wish to be saints, and it is probable that some who achieve or aspire to sainthood have never felt much temptation to be human beings."

I remembered a talk I had had with an analyst I'll call Gregory Cross—a man of saintlike dedication to his calling, whose eyes shone with zeal as he spoke of his work and of his aspiration to give ever more precise interpretations to his patients. We sat in his consultation room one evening after the last patient had left. The room had the harsh and anguished modernity of the rooms in the paintings of Francis Bacon; in its motel-like detachment from the things of this world, it was like analytic abstinence itself. The couch was a narrow foam-rubber slab covered with an indifferently chosen gold fabric; over its foot, where the patients' shoes rested, a piece of ugly black plastic sheeting was stretched. The room was like an iconoclast's raised fist; this analyst's patients didn't come here to pass the time of day, it told you. Cross himself looked like the gnarled, tormented stubs of men that Bacon paints. You felt that he didn't sit down to meals but furtively gulped his food, like a stray animal; you fancied that his wife had left him years ago, and that for several days he hadn't noticed she was gone.

He was a man without charm, without ease, without conceit or vanity, and with a kind of excruciating, prodding, twitching honesty that was like an intractable skin disorder. He told me of his love of Freud. He said that he read and reread the Standard Edition, finding constant inspiration and refreshment in the Master. But he confessed that when he had first encountered Freud's writings, as a psychiatric resident, he couldn't understand what they were all about. He just couldn't crack the surface. He had become interested in psychoanalysis through the simple social-revisionist writings of Karen Horney, and it wasn't until his training analysis that he was able to break through the resistance to true psychoanalysis which he felt that most people put up. He said that now he sat all day in his chair—from eight in the morning to seven at night—listening to patients, leaving the room only to go to his own analyst. To understand his patients better, he wanted to know himself better—to delve into himself more deeply—and so he had gone back into analysis, as Freud had counselled analysts to do in "Analysis Terminable and Interminable." Cross spoke in a soft, low, deliberate, somewhat monotonous manner. He was one of the most serious and sincere and austere men I have ever met. As we talked, I felt chastened by his thorny sincerity and gravity, and felt difficult things in me coming out to meet the difficulty of his nature. Everything he said was very simple (he used no jargon) and yet somehow veiled, as are the utterances of poets and holy men. I asked him to recommend books and papers. The other analysts I had talked to all told me to read this book, to read that paper. Gregory Cross dismissed my request. He looked at me kindly and seriously and said, "It will come out of yourself." When I got home and played the tape of the conversation, Cross's words were completely unintelligible. So I have invented him after all, I thought.

I remembered another evening talk, this one in the Fifth Avenue apartment of a woman analyst I'll call Greta Koenig—an older Middle European émigrée with a fresh, smiling face and a simple, gentle, earnest manner. We sat around a coffee table laden with pastries, little rolls, cheeses, fruit,

chocolates, and bottles of liqueur, and as my hostess pressed delicacies on me she talked of female orgasm. She sliced *Dobos Torte* onto translucent old flowered porcelain and remarked thoughtfully that a clitoral orgasm may be accompanied by feelings in the vagina and thus, properly speaking, can be called a vaginal orgasm. I felt a strong urge to laugh. As if reading my thoughts, Greta Koenig smiled and said, "It used to be very difficult for me to talk about such things. I used to have to force myself to talk about them to patients. But the analyst must talk about the genitals. There is no way around it, and now there is nothing I can't talk about." She spoke of her unequivocal devotion to the Institute and to psychoanalysis. She and her husband (also an analyst) are in the inner circle of the Institute. Her entire life was taken up with psychoanalytic concerns: during the day she saw patients, at night she went to meetings at the Institute, and when she and her husband went out to dinner or entertained at home it was always with analysts. Other people fall away, she explained. There is less and less to talk about with people on the "outside," who don't look at things the way analysts do. "We never seem to tire of one another's company," she said with wondering satisfaction. She told me that she never lied to patients, never talked about herself, and never had physical contact with them. She showed me her consultation room, which led off the front hall of the apartment: a pleasant, orderly room, of a faintly European stamp, but without much character. It wasn't as insistently impersonal as Cross's room, but it calmly kept its owner's secrets, respectfully guarded the patient's right not to know.

A third soldier of Freud I had met, who now came to mind as another exemplar of psychoanalytic transcendence, was Hartvig Dahl. That is his real name. Most of the other analysts I talked to asked me not to use their real names, in order to preserve their analytic incognito with patients. But Dahl is an analyst without patients. He is a psychoanalytic researcher—a member of a small, scattered group of analysts who work mostly alone and mostly without the respect or interest of their patient-seeing colleagues. The reason for their lowly status derives from the nature (and history) of psychoanalysis

itself. Its therapeutic and scientific functions have traditionally been viewed as inseparable; the therapeutic encounter is seen as the laboratory of the science of psychoanalysis. Accordingly, each practicing analyst is a scientific investigator, each case an experiment yielding corroboration or elaboration or interesting refutation of established theory, each patient a sort of unwitting laboratory animal. The non-practicing analytic researcher doesn't fit into this self-contained dual-purpose scheme of things, and is felt to be superfluous and a little *déclassé*.

Hartvig Dahl is the New York Psychoanalytic Institute's grudging concession to the claims of "pure research;" he is a sort of *shabbas goy* to the orthodox membership. (The once nastily anti-Semitic characterization of psychoanalysis as "the Jewish science" is today good-humoredly accepted by analysts as an accurate comment on the great predominance of Jews in the profession, and on the parallel between Talmudic and analytic hermeneutics.) Hartvig Dahl doesn't look like the other New York Psychoanalytic analysts. When I first met him, in his office at the Downstate Medical Center, in Brooklyn, he was wearing faded jeans and a work shirt, and at subsequent meetings (in warmer weather) he wore shorts and running shoes. He is an extraordinarily tall man, in his mid-fifties, who came here sixteen years ago from Seattle, where he had studied psychoanalysis at a training-center branch of the San Francisco Psychoanalytic Institute. He has the flavor of the American West about him, and there adheres to him something of the poignancy of the rough-hewn, morally fine Americans in Henry James's international novels who find themselves embroiled with outwardly *soigné*, morally piggish Europeans. But when I first met Dahl I was put off and bored. I couldn't understand what he was up to—much of it depended on a knowledge of higher mathematics, which I didn't possess—so I dismissed it out of hand. He gave me a batch of his published papers, and the first one I looked at, entitled "The Measurement of Meaning in Psychoanalysis by Computer Analysis of Verbal Contexts," so alarmed me with its charts and graphs that I fled the meeting as if pursued by a swarm of bees. In my own

defense, I submit this extract from it:

TABLE 4
 WORDS CORRELATED [$p < .05$, $N = 25$ analytic hours] WITH EACH OF
 FOUR SELECTED WORDS

<i>MOTHER</i>	.73 MY .66 AFRAID .66 TENSE .65 PENIS .65 KISS .63 BREAST .62 INTERCOURSE .61 HOMOSEXUAL .58 MOUTH .58 NAKED .58 SEXUAL .57 SISTER .53 WOMAN .50 SLIGHTLY .46 ANXIOUS .42 SHE	<i>YOU</i>	.68 YOUR .66 WHAT .57 THAT .56 IT .55 ME .52 INSIST .64 I	<i>SISTER</i>	.70 SIDE .57 MOTHER .53 LOVE
				<i>FATHER</i>	.83 ASHAMED .79 GUILTY .72 BABY .69 INTERCOURSE .62 INTO .59 MY .44 LOVE .43 SHE .41 NAKED

Each of four selected words and the words with which it significantly ($p \leq .05$, $N = 25$ hours) correlated.

A few months later, I happened to come across the rest of the papers that Dahl had thrust into my unwilling hand, and idly leafed through one of the less horrible-looking ones. I found myself reading it with growing excitement; though dauntingly titled “Countertransference Examples of the Syntactic Expression of Warded-Off Contents,” it was clear and fascinating. It told of a rather commonplace discovery that Dahl and his co-authors—Virginia Teller, a Ph.D. in linguistics, and the psychiatrists Donald Moss and Manuel Trujillo—had made while reading transcripts of a tape-recorded analysis, and of a most extraordinary inference that they had drawn from it. The discovery, familiar to all users of tape recorders, was the fact that people who sound all right when you are talking to them are actually speaking in a most peculiar fashion, as a verbatim transcript of their words will disclose. What the tape recorder has revealed about human speech is something like what the photographer Eadweard Muybridge’s motion studies revealed about animal and human locomotion; no one had ever seen the strange positions

that Muybridge's camera caught and froze, and no one had ever heard what the tape recorder pointed out about the weirdness and sloppiness of human speech. Dahl and his colleagues, instead of simply "allowing for" the difference between the spoken word and the transcript, as everyone before them had done, went on to take a closer look at the syntactical peculiarities that the transcript threw into relief, and it dawned on them that these peculiarities were no accident but had a hidden purpose: they were a devious way of expressing unacceptable wishes and feelings. The tool for the unmasking of these covert communications was Noam Chomsky's transformational-generative grammar, in which Virginia Teller was well versed. From the tape under study, a number of the analyst's interventions were extracted and scrutinized for "hostility or seductiveness, approval or disapproval of the patient's behavior, as well as excessive assertions of authority." The findings were devastating. Ten interventions were held up as illustrations of ten different "*syn-tactics*" (as Dahl called these covert communications), through which the analyst did the psychological equivalent of pinching, kicking, and twisting the arm of the hapless patient. Here is the first example and the authors' commentary:

"YOU KNOW, THIS IS THE WAY IT HAS ALWAYS BEEN PRESENTED, IN TERMS OF NEGATIVES. YOU KNOW, IT WAS NOT BAD, IT WAS NOT THIS, IT WAS NOT THAT."

Consider the phrase ". . . it has always been presented. . . ." This is an instance of the agentless passive—a passive-voice sentence with no underlying subject. . . . The analyst could have said, "You have always presented it in terms of negatives," but instead said, "it has always been presented"—a form which makes it impossible to determine who has done the presenting. The analyst has effectively eliminated the patient in a manner which seems quite inappropriate to the dyadic situation. In short, we seem to have uncovered psychological murder by syntax.

At our next meeting, in Dahl's agreeably book- and paper-cluttered office, he stated his firm belief in the necessity of tape-recording analytic sessions for research purposes. "Otherwise, we have no data," he said. "Now we have only

analysts' subjective accounts of what they *believe* went on—accounts that are simply restatements of the hypothesis about the patient that the analyst ended up accepting. Science doesn't consider that good enough. In other sciences, hearsay accounts are not admissible as data." Having a body of raw data and making it publicly available, Dahl feels, is the first step toward the validation of the claims of psychoanalysis to be a science. He believes that the analyst's inferences must be shown to derive from objective rules and laws rather than coming off the top of the analyst's head. He has dedicated his life to making a contribution to this most difficult demonstration, which he feels will not take place in his lifetime. His devotion to, and belief in, psychoanalysis derives from his own experience of analysis, which he credits with "giving me a second chance to grow up." "My analyst's analyst was Menninger, whose analyst was analyzed by Abraham, whose analyst was no one. Which makes me an orphan," he said, with a smile. After graduating from the San Francisco Institute, Dahl practiced analysis in Seattle for four more years and then came East to train in research. Analytic work hadn't suited him—it was an ordeal for him to sit all day, to be silent and passive. He said that he got restless, bored, and itchy. He told me of a turning point in his relations with the New York Psychoanalytic, to which he had been unenthusiastically admitted on his arrival here. The Institute had invited the celebrated Otto Kernberg to come and speak on his theory of object relations, and Dahl had been named one of the two discussants of the presentation. The other discussant was Charles Brenner. "Brenner did something very nice," Dahl recalled. "He let me talk first. Usually, the more important discussant speaks first, and then everyone leaves; by putting me first, Brenner assured me of an audience. That was very decent of him. I did a hatchet job on Kernberg. I had done my homework, and I crushed him, and everyone knew I had. After that, I became socially acceptable. People who had dismissed me as a computer nut started being nice to me. All kinds of people started noticing me, inviting me to parties."

We left Dahl's office and went a few floors up, past the animal-

experimentation section of the hospital, to a bleak little warren of rooms where a keypunch machine, recording equipment, and the tapes, transcripts, and notes of a six-year analysis that Dahl had conducted and tape-recorded a few years ago were kept. Dahl introduced me to Virginia Teller, a pretty young woman of reserved friendliness and calm and confident orderliness, who was sitting at an empty desk analyzing a sentence. Dahl has attacked his recorded analysis (1,204 sessions) on many fronts, and for the past three years has concentrated on a single session. The session was the fifth one of the analysis, and he proposed that I listen to it. He seated me in a small room borrowed from some vacationing sex researchers, threaded a tape into a large recording machine, showed me how to start and stop the tape, and left the room. I paused before turning on the machine, a little awed by what I was about to do: eavesdrop on a patient's confessions to his analyst. I remembered Freud's admonition in the first of his "Introductory Lectures": "You cannot be present as an audience at a psychoanalytic treatment. You can only be told about it; and, in the strictest sense of the word, it is only by hearsay that you will get to know psychoanalysis. . . . The talk of which psychoanalytic treatment consists brooks no listener." I turned on the machine, and listened for fifty minutes to a young man's halting, rambling soliloquy describing ordinary trivial events and expressing commonplace thoughts and feelings. It was like listening to a boring, self-absorbed acquaintance. I thought of something that Aaron had once said about the location of the unconscious: "Analysis takes place on the surface. Everything that goes on between analyst and patient has to do with what is conscious. *Conscious*. The popular notion of the unconscious as something buried deep down within us, and of the analyst as someone who delves deep down into his patients, is erroneous. The metaphor of depth is wrong. What the lay public doesn't realize, and what we analysts have to keep reminding ourselves of, is that the unconscious is a hypothesis. All we have to go on in our inferences about unconscious conflict and motivation is what our conscious patients tell us." In Session Five, Dahl spoke only twice. He sounded impressive—like an older, wiser, more benign and authoritative version of

himself. When I told him of this impression later, he laughed and said, “I was pretty impressed with myself, too.” He said that he deliberately spoke very little in the first years of the analysis, so that no one could say he had “suggested” anything to the patient. However, the material that came out was so stereotyped that he is being criticized anyway. Dahl is unperturbed. He believes that the analysis was a good one, that the data were honestly derived, and that his belief in science—his conviction that “the world is an orderly place”—will see him through the professional, bureaucratic, and emotional trials that lie ahead of him.

When I told Aaron of my impressions of psychoanalysts as a species of near-saint, he gave me one of the looks that he uses whenever someone or something he considers “unscientific” comes under discussion. But presently, as if in unconscious, grudging acquiescence, he began to speak of two analysts who had sinned against the mores of the analytic community, had traduced its ascetic ideal, and had been savagely punished for their transgression—a story well known among analysts. Their sin was to marry a patient. Or, rather, as Aaron caustically explained (since analysts have been known to marry patients before), their sin was to be prominent, powerful, renowned analysts—leading lights of the analytic world—who married patients. If some nonentity should marry a patient, Aaron said, he would merely be frozen out of the referral network and allowed to sink into even greater obscurity in the institutional world. But if a former president of the American Psychoanalytic Association marries a patient, if a member of the Educational Committee of the New York Psychoanalytic Institute marries a patient, if a training analyst marries a patient, if a brilliant theoretician marries a patient—all of which is what happened here—then he must be ruthlessly dealt with, hurled from his high place, stripped of his honors, and have his head stuck on a pike as an example to others who might be tempted to forget their analytic vows.

These events occurred years ago, and Aaron had heard about them only at

tenth hand. He wasn't sure that the stories he had heard were accurate in their details—in the version he told me, Analyst X had begun to go out with his patient shortly after her analysis had ended, while Analyst Y had got into a messy triangle during the analysis—but there was no question about what happened when the relationships became known to the leaders of the Institute. The transgressors were instantly disciplined: they were removed from the roster of training analysts, they were divested of their various functions in the ruling structure, they were dismissed from their teaching posts. Their careers in the higher reaches of establishment psychoanalysis were over. They eventually left the city; one of them died a few years ago. The scandal rocked the analytic community, and has become a part of its mythology. Like children watching in fascinated horror as a sibling is caned for something the watchers themselves have done many times in their imagination, analysts talk in hushed tones about the downfall of X and Y, some agreeing with the harsh implacability of the Institute's position, others feeling that justice should have been tempered with mercy.

I said, “The first analyst was punished for something he did *after* the analysis. Isn't that taking things very far?”

Aaron sighed and said, “From patients' second and third analyses we now know things about the ‘aftereffects’ of analysis which make the line between what is ‘in’ and what is ‘outside’ our work a good deal more tenuous than was previously supposed. In the early days of analysis, people were very casual about things that we're very careful and nervous about today. In fact, they did things we would consider crazy today. They didn't know what we know about the transference. They didn't know its dangers. They were like Marie Curie, who didn't know about the dangers of radium, and who got leukemia from handling it casually.”

Freud's own well-known case of transference-burn was Dora, who did not kindle his affections so much as trash his therapeutic ambitions by walking out on the analysis after three months. “Her breaking off so unexpectedly,

just when my hopes of a successful termination of the treatment were at their highest, and her thus bringing these hopes to nothing—this was an unmistakable act of vengeance on her part,” Freud laments at the end of the case history, adding, “No one who, like me, conjures up the most evil of those half-tamed demons that inhabit the human breast, and seeks to wrestle with them, can expect to come through the struggle unscathed.” Freud’s characteristic propensity for turning crushing defeat to brilliant intellectual advantage is exemplified by the Dora case, for in ruminating about the causes of his failure he came up with his first full-blown formulation of the concept of transference. His brief allusion to transference in “Studies on Hysteria”—in regard to a patient who wanted to kiss him because of a “false connection” she had made between him and a man she had wanted to kiss years before—shows at what a murky and unformed stage his discovery then was. In a postscript to the Dora case history, Freud makes the leap from vague intuition to confident hypothesis, and to some historians of psychoanalysis this is where the chief significance of the paper lies. But there is a curious lacuna in the various accounts Freud gives of his discovery of transference—a strange silence concerning the circumstances under which he made his first rueful public acknowledgment of its powerful presence. In all these accounts, Freud conveys the idea that it was the erotic importunities of his women patients that caused him to postulate the presence of a universal phenomenon that would explain the behavior he was convinced he had not provoked. Yet from the evidence of the postscript one would gather that it was, rather, Freud’s rage, frustration, and disappointment over Dora’s defection that were the fulcrum of his momentous discovery. Léon Chertok and Raymond de Saussure’s notion of the “prophylactic” function of the concept of transference (as expressed in “The Therapeutic Revolution: From Mesmer to Freud”) may apply to the negative example of Dora as well as to the positive one of the importuning woman: it offers protection against the mortification of therapeutic failure just as much as it does against the temptation of sexual involvement. In “forgetting” Dora’s role in the discovery of transference, was Freud wreaking a vengeance of his own on the feckless

girl who, as he saw it, had given him a servant's fortnight's warning of her intention to quit the analysis?

This is not the only mystery in the Dora case. There is something rum about the whole paper—something unsatisfactory and unsatisfying. You read it with a growing sense of irritation, confusion, disorientation, and ennui, alternating with excitement. Something nags at you as you read, like a forgotten word, and something seems familiar about your impatience and boredom: it is the impatience and boredom produced by other people's dreams. As Freud taught us, what one thinks of as a dream—i.e., what one remembers and reports—is nothing but a lying façade behind which an intimate truth is hidden. Through what Freud called “the dream-work,” the true latent “dream-thought” is transformed into the false “manifest dream.” This “work” is undone by analysis: the dreamer, by allowing his mind to wander freely in connection with various parts of the dream, is inexorably led to the meaning of the dream, to the *wish* at its heart.

If we regard the Dora paper—whose purported intention was to show how dream interpretation is used in analysis, and which revolves around two dreams of Dora's—as if it were itself a dream, and submit it to the special scrutiny that Freud devised for teasing the repressed out of the manifest, much of its mystery (and boredom) dissolves. That Freud all but openly (if unconsciously) invites us to do so—that the paper bristles with covert meanings and well-placed clues to them—seems more and more evident when one tries to crack its code rather than merely to read it. The first intimation that there is more here than meets the eye is Freud's choice of name for his patient. “But we *know* why Freud chose the name Dora,” the well-versed reader of Freud will protest. And it's true that in “The Psychopathology of Everyday Life” Freud uses his choosing of the name Dora to illustrate the concept of psychic determinism—the notion that nothing is accidental. He writes that when he was considering what pseudonym to give the girl, to his surprise only one name out of the hundreds of possible names occurred to him: his associations led him to his

sister Rosa's nursemaid, a girl whose name was also Rosa but who had taken the name Dora to avoid confusion with her mistress. Freud reports the "incredulity" with which he greeted this plebeian association, followed by his philosophical acceptance of the classless ways of the mind. But there is reason to think that Freud stopped associating too soon—that if he had followed his first instinct of recoil from the nursemaid, if he had not settled for her but had forged on past her, he would eventually have arrived at the name whose potent allusiveness and compelling symbolism were the cause of its insistent, all-effacing primacy in Freud's mind. Who could Dora be but Pandora? The case rattles with boxes; you practically trip over one wherever you turn. There is a jewelry box in the first dream (which Freud wastes no time in connecting with the female genitals); there are two boxes in the second dream, whose respective disguises (of key and railroad station) Freud quickly penetrates; and there is the above-mentioned reticule, which Dora pokes her finger in and out of. (In their delightful, erudite "Pandora's Box," of 1956, the art historians Erwin and Dora [!] Panofsky trace the metamorphosis of the original large earthenware jar [*πίθος*] that Pandora opened in the Greek account of the myth to the small box [*pyxis*] with which she has been conventionally equipped since the Renaissance, and locate the turning point in a text of Erasmus.) Another veiled allusion to the authoress of all our ills glimmers out of Freud's discussion of the primitive antithesis between fire and water, with which he inaugurates his interpretation of Dora's (as he believed) masturbation-induced enuresis. In a paper written some thirty years later, called "The Acquisition and Control of Fire" (1932), Freud elaborates his notion of the connection between fire and micturition in the primitive mind, and argues that this atavism is present in the Prometheus myth, signalled by the penis-like fennel stalk in which Prometheus carried his stolen gift to mankind. The point (for the present argument) is the connection between Prometheus and Pandora. She was created to punish man for Prometheus' theft. She was formed of clay and water and endowed with great beauty and a bad character ("a shameless mind and deceitful nature," according to Hesiod). Epimetheus, disregarding the warning of his

brother Prometheus, took Pandora into his house as his wife, and it was there that she opened the fatal jar, or box, and let out all the evils and plagues that man had previously been free of, shutting the lid only in time to contain delusive hope. (Note the echo of Freud's complaint about the "half-tamed demons" released by the work of analysis.)

Numerous commentators on the Dora case have been unpleasantly struck by the tone that Freud adopted toward his patient—a good-looking, intelligent, but rather pathetic eighteen-year-old, who was brought in by her father to the forty-four-year-old neurologist and paterfamilias, and who confidently related a sad story of exploitation, molestation, and betrayal by the grownups around her. But instead of giving her the fatherly concern and compassion that she expected—and that today's practitioners of adolescent psychiatry would naturally extend to someone so young and troubled—Freud treated Dora as a deadly adversary. He sparred with her, laid traps for her, pushed her into corners, bombarded her with interpretations, gave no quarter, was as unspeakable, in his way, as any of the people in her sinister family circle, went too far, and finally drove her away. The association of Dora with Pandora helps explain Freud's strange behavior. If Freud's countertransference invested Dora with all the seductiveness and dangerousness of Eve, if he saw her not as the messed-up little Viennese teen-ager she was but as Original Woman, in all her beauty and evil mystery, it is no wonder that he treated her as he did. Freud was no freer of the capacity for overestimation than the rest of us are, and perhaps less so. His idealizing transference to his friend Wilhelm Fliess is regarded as crucial to the discoveries of the nineties. The scales eventually fell from Freud's eyes about Fliess—after he had made use of him in the way that a patient "uses" his analyst through the transference. His discoveries made, Freud dropped their unwitting catalyst as he had dropped Breuer and was to drop Jung. Dora served something of the same purpose. Her power over Freud's imagination spurred him to his feats of ratiocination about her unconscious and, more significantly, created the tense, irritating, subterranean drama that

gleams out of the paper like a street light shining into an insomniac's eyes.

Freud describes a scene in the middle of the analysis where he comes upon Dora in the waiting room hastily concealing a letter she has been reading. He naturally insists that she tell him what was in the letter. After a great show of reluctance, she finally confesses that the letter is from her grandmother, who has written to urge her to write more frequently. Freud finds this uninteresting and irrelevant, and concludes that “Dora only wanted to play ‘secrets’ with me, and to hint that she was on the point of allowing her secret to be torn from her by the doctor.” If that indeed was what Dora was doing—and another analyst might have been less incurious about the grandmother—she could not have found a more willing and eager playmate. Freud's eagerness to tear secrets from his patient (what is the Pandora myth at bottom but a parable of defloration?) is amusing to read in the light of the laborious protestations of innocence he makes throughout the Dora paper. In its opening pages, he declares:

In this case history . . . sexual questions will be discussed with all possible frankness, the organs and functions of sexual life will be called by their proper names, and the pure-minded reader can convince himself from my description that I have not hesitated to converse upon such subjects in such language even with a young woman. [To defend myself] I will simply claim for myself the rights of the gynecologist—or, rather, much more modest ones—and add that it would be the mark of a singular and perverse prurience to suppose that conversations of this kind are a good means of exciting or of gratifying sexual desires.

Later in the case, after dragging a fellatio fantasy out of the girl, Freud assures the reader—who, he feels, must be astonished and horrified by “my daring to talk about such delicate and unpleasant subjects to a young girl”—that “it is possible for a man to talk to girls and women upon sexual matters of every kind without doing them harm and without bringing suspicion upon himself, so long as, in the first place, he adopts a particular way of doing it, and, in the second place, can make them feel convinced that it is unavoidable,” and that “the best way of speaking about such things is to be

dry and direct.” Today’s more sophisticated analysts have no compunction about admitting the stimulation they feel when a patient talks about sex; it is regarded as one of the ordinary occupational hazards of the work. In his innocence (and given his time), Freud was probably more stimulated by his conversations with Dora than today’s more wary and (given our time) jaded practitioners would be. Indeed, Freud’s unconscious personal motives invest the Dora paper with the powerful and irritating hold on the imagination of analysts which it has held since its publication, as “Fragment of an Analysis of a Case of Hysteria,” in 1905, five years after Dora slammed the door. (Freud kept delaying publication, fretting over something.) Behind its surface lesson of how to do dream analysis lies a more fundamental preoccupation. Behind the (manifest) scientific report on a doctor’s search for the causes of a patient’s hysterical symptoms lies a (latent) primitive drama of a man’s struggle with himself—a struggle that everyone and anyone who does analysis experiences in relation to each and every one of his patients. “Might I perhaps have kept the girl under my treatment if I myself had acted a part, if I had exaggerated the importance to me of her staying on, and had shown a warm personal interest in her—a course which, even after allowing for my position as her physician, would have been tantamount to providing her with a substitute for the affection she longed for?” Freud asks after Dora’s defection. He answers his rhetorical question by primly asserting, “I have always avoided acting a part, and have contented myself with practicing the humbler arts of psychology.” But in his postscript Freud ruefully acknowledges that his slowness to take in and interpret Dora’s transference from Herr K.—the friend of the family whose sexual attentions at once frightened and excited her—to himself was the cause of her abrupt leave-taking. But surely Freud’s association of himself with Herr K. was not all on Dora’s side; he himself wanted to do the things with Dora that Herr K. had tried to do. The part that Freud was anxious at all costs to avoid acting was that of the lecher, the—horror of horrors!—father who seduces his own daughter. The prurient interest that Freud attributes to others was his own. His harshness and coldness to Dora was his way of throwing cold water on

his own far from cold feelings toward her. Ernest Jones, in his biography of Freud, marvels at how “quite peculiarly monogamous” Freud was, and writes, “Of few men can it be said that they go through the whole of life without being erotically moved in any serious fashion by any woman beyond the one and only one. Yet this really seems to have been true of Freud.” But was it? The man who taught us to look into our hearts to find that we are interested in little else *but* sex was surely not exempt from his own discovery. Jones fails to distinguish between the desire and the deed. One might say that Freud’s remarkable monogamy was, on the contrary, a direct consequence of the erotic arousal he experienced in his daily work. As the first analyst, he was the first to have to grapple with the passions that the unique analytic relationship unleashes in *both* participants, and on his days off he was not apt to chase girls. The Pandora’s Box that Breuer opened with Anna O. and fled Freud steadfastly remained to face. In the Dora paper, Freud sets down—with what Leo Stone has called his “inspiring frankness”—the dialectic of fantasy and reality, passion and reason, freedom of feeling and constraint of behavior by which the analytic situation is ruled. Behind the apparent “innocence” of Freud’s sexual wishes toward Dora lies a profound and skeptical knowledge of himself and of his motives and of the danger of his creation. He knew he was playing with fire, but he had the Promethean audacity to persist in his dangerous game of therapy. In the Dora paper, Freud illustrates the double vision of the patient which the analyst must maintain in order to do his work: he must invent the patient as well as investigate him; he must invest him with the magic of myth and romance as well as reduce him to the pitiful bits and pieces of science and psychopathology. Only thus can the analyst sustain his obsessive interest in another—the fixation of a lover or a criminal investigator—and keep in sight the benign *raison d’être* of its relentlessness.

And, finally, he must let the patient go. Dora’s abrupt leave-taking was an extreme but standard version of the ending of analysis. All analyses end badly. Each “termination” leaves the participants with the taste of ashes in

their mouths; each is absurd; each is a small, pointless death. Psychoanalysis cannot tolerate happy endings; it casts them off the way the body's immunological system casts off transplanted organs. Throughout its history, attempts have been made to change the tragic character of psychoanalysis, and all have failed. In the forties, for a notable instance, the Chicago-based émigré analyst Franz Alexander, following the lead of Sandor Ferenczi, proposed a happy ending for analysis in the form of a "corrective emotional experience," which enjoyed an enormous vogue. What this "experience" came down to was nothing much—some sort of guarded and antiseptic kindness and reassurance from the analyst, a form of what is called "supportive" therapy today. Instead of reliving the same old sorry Oedipal drama on the couch, the patient would get a new deal, would find things to be not so bad this time around. The hard-line Freudians savagely fought the soft-hearted Alexandrians, and by the late fifties had defeated them; the "corrective emotional experience" has become one of those terms, like "the final solution," that are never uttered without their attendant shudder. Today, another Chicago analyst, Heinz Kohut, has come up with another revision of psychoanalysis which seeks to blunt its hardness and coldness, and again the profession has been polarized. In the context of this history, the punishment of the two New York Psychoanalytic Institute analysts takes on a larger meaning. It represents a theoretical posture as well as a moralistic one; it concerns the dogma of the psychoanalytical movement as well as the mores of the profession.

I asked Aaron if he could imagine himself doing what the two analysts had done.

"What do you mean 'imagine'?" Aaron said. "I've had such thoughts many times."

"So the temptation is there, but it must be resisted."

"I don't know about resisted. No. Analyzed."

“But you wouldn’t do what they did.”

“Analyzed,” Aaron repeated. “Analysis says nothing about what one ultimately does. Analysis provides one with the greatest possible freedom regarding what one does. There have been many times when I’ve entertained fantasies not only of dating and marrying patients but of having sexual intercourse with them. These are common countertransference reactions. Yes, I have had these fantasies. Every other analyst has had them, too, and they’re not the issue. The issue is whether the analyst is in an emotionally desperate situation that prevents him from analyzing his reactions and causes him to do something dire. These two men—as far as I can understand the rumors and the myths—were men whose marriages were breaking up in middle age. They were men in desperate straits. Analysts who sleep with their patients are usually people in desperate psychological straits. It isn’t the attractiveness and seductiveness of the patient; rather, it’s that the analyst is in horrible shape in his own life and turns to the patient for help. People who seduce their own children are people in dire emotional circumstances who turn to their children to feel better about themselves—with tragic consequences.”

“So when you analyze your feelings about a patient before choosing not to sleep with her, you already know you won’t, the way a father knows he won’t sleep with his daughter,” I said. “Aren’t you being disingenuous when you say you just analyze yourself and your fantasies, not knowing where the analysis will lead? Since you already know it won’t lead anywhere? Why not just accept that limitation on your behavior? Those two analysts evidently broke the incest taboo.”

Aaron nodded a sort of reluctant agreement and said, “I feel lucky that I’ve never been in such a situation. There have been beautiful young patients who have fallen in love with me in an erotic transference—one feels the instinctual tug of this kind of thing—but that’s par for the course, that’s not what the issue is. The issue is that one of those men had been president of

the American Psychoanalytic Association and the other was almost as important. There are several ways one can look at their act. One can regard it as an instance of human frailty—the act of men in middle age tempted to grab at an opportunity for more joy from life, aware of what the consequences will be if they go against the mores of their tribe but deciding to do it anyway. Seen in these terms, a certain heroic and tragic quality adheres to their choice. But let me give you another scenario, a less sympathetic one but just as probable. Here are two men who are idealized and idolized. Wherever they go in psychoanalytic circles, people say, ‘Look, there goes So-and-So.’ They are figures of the most enormous renown and prestige; they generate dazzle and glamour. And they figure, as they say in Yiddish, ‘*Der Reb meg*’—‘The Rabbi is allowed.’ That’s less sympathetic, but it corresponds to their positions. There is certainly the possibility that they were intoxicated by their own renown and by the idolatry directed at them. You can carry it a step further. Take a person who has an underlying sense of guilt, an abiding feeling of moral deficiency, whose guilt is so strong that he has to do something self-destructive—what about his reaction to being idolized, idealized, lionized, worshipped? Carry it one transformation further. What about the surgeon who doesn’t wash his hands before doing an operation? What about the surgeon who doesn’t sew the patient up properly? That’s malpractice. What these men did may be considered malpractice.”

“How so?”

Aaron got up and said, “Phyllis Greenacre has written very trenchantly on this subject. I’ll read you what she wrote.” He took a bound volume from his bookcase and leafed through it until he found his place. “This is from a paper called ‘The Role of Transference’ that appeared in the *Journal of the American Psychoanalytic Association* in 1954,” he said, and read:

I cannot in the least agree with the remark of a quite eminent analyst, repeated to me several times, that so many analysts overstep the boundaries of the transference—even in grossly sexual ways—that therefore the best thing to do is to say nothing about these incidents. It is only by discussing these possibilities (rather than by punishing the

offenders) and by emphasizing their dangers to students and among ourselves that we can really develop our science to the research precision which must be aimed at in each clinical case. . . . The carrying through into a relationship in life of the incestuous fantasy of the patient may be more grave in its subsequent distortion of the patient's life than any actual incestuous seduction in childhood has been. . . . The power of the unconscious is such that it "gets back" at those who work with it and treat it too lightly.

Aron was appointed to the minor administrative office at the Institute for which he had been proposed. He told me of his feeling of anxiety on the day he got a telephone call from the president of the Institute. He had affected not to care, but the thought of being passed over was afflicting, and when the president told him he had been appointed he was enormously relieved. Though he considers the office unimportant, he says he would have felt terrible if he had lost out. "It took on a transferenceal meaning for me," he said. "The minute I heard the president's voice on the phone, I started to tremble. My heart was beating too fast. I was in a bad state of anxiety. All this for a menial administrative job!"

The problem of unresolved transference in professional analytic societies is freely and frequently discussed in the analytic journals. In my leafings through the journals, I had come across numerous papers on the subject, and been struck by the extraordinary tension and bad feeling that pervade analytic organizations. "Envy, rivalry, power conflicts, the formation of small groups, resulting in discord and intrigues, are a matter of course," the Dutch analyst P. J. van der Leeuw wrote in 1968 in the *International Journal of Psycho-Analysis*, adding wistfully, "We expect fulfillment from the relationships between ourselves, and are so often disappointed. I have the impression that there are few true friendships among our members. Only now and then do our interrelationships develop into real friendship." Jacob Arlow ruefully observed in 1972 in the *Journal of the American Psychoanalytic Association*, "The tensions emanating from the division of colleagues into two categories of analysts—training analysts and just plain analysts—intrude themselves into the organizational and scientific life of the institutes." Arlow

went on to attribute “the nagging feeling of discontent which pervades many colleagues who are not appointed training analysts” to the shared fantasy of the analytic community that the training analysis is a “prolonged initiation rite” whose natural culmination is admission to the ranks of the elect.

When I expressed some of my surprise to Aaron that analysts, who are supposed to be wiser and more reflective than the rest of us, conduct their organizational life in such a demented manner, he shook his head in vigorous disagreement.

“Analysts aren’t wiser and more reflective than other people,” he said.

“They’re no different from other people.”

“But they’ve been analyzed. Doesn’t that give a person some edge, a little extra power over his emotions and impulses?”

“Very little,” Aaron said. “And such small edge as analysts have they exercise in only one situation in life—namely, the analytic situation. In that most unnatural, highly artificial, stressful situation, the analyst’s small advantage of self-knowledge and self-control comes into play. But when you take him out of his consultation room, his advantage recedes and he becomes just like everyone else—he begins to act just like other people.”

“This is ironic,” I said. “The analyst works with his patients to get them to behave more rationally and reflectively, and remains irrational and unreflective himself.”

“But that *isn’t* what the analyst works to achieve with his patients. This is a popular myth about analysis—that it makes the patient a clearer thinker, that it makes him wise and good, that people who have been analyzed know more than other people do. Analysis isn’t intellectual. It isn’t moral. It isn’t educational. It’s an operation. It rearranges things inside the mind the way surgery rearranges things inside the body—even the way an automobile mechanic rearranges things under the hood of the car. It’s that impersonal

and that radical. And the changes achieved are very small. We live our lives according to the repetition compulsion, and analysis can go only so far in freeing us from it. Analysis leaves the patient with more freedom of choice than he had before—but how much more? This much: instead of going straight down the meridian, he will go five degrees, ten degrees—maybe fifteen degrees if you push very hard—to the left or to the right, but no more than that. I myself have changed less than some patients I've analyzed. Sometimes I get discouraged about myself. Sometimes I worry about myself. A few weeks ago, I did something that still bothers me and worries me. My wife and I were having dinner with some friends in SoHo. We were lingering at the table, drinking wine and laughing a lot, and the conversation turned to analytic fees. Someone—these friends weren't analysts—started making jokes about them. Now, fees are a subject that I'm very sensitive about, for a number of reasons. First of all, because the whole subject of money is a charged one for me. I frankly want more money than I have, and I'm envious of analysts who are rich, yet I can't bring myself to do what's necessary to increase my income—that is, to beg for referrals. That, at any rate, is how it looks to me—the whole business of younger analysts sidling up to older colleagues at parties and meetings, like mendicants clutching at the robes of the nobility, and saying with apparent nonchalance, 'Oh, I have some free hours.' That's how it's done, and it seems degrading to me, and I can't do it. So I have unfilled hours, and am bitter. But there's something else that makes me sensitive to jokes about analytic fees. I have a patient whose analysis has all but revolved around the paying of the fee. At one point, this apparently simple practical matter took on such acute significance for him that he simply didn't pay me for a year. Yes, a *year!* And I allowed it to happen: he didn't pay, and I continued to see him week after week, month after month, following the thing out strictly analytically. I consider it one of the most heroic things I have ever done as an analyst, and it was tremendously successful. One day, he came in and handed me a check for fifty-seven hundred and eighty dollars. But lately he's stopped paying me again. We're going through it all once more, and I'm tense and worried about

it, so when they started making jokes about fees at the dinner party I wasn't disposed to laugh, and I began very earnestly and seriously to explain to them how very important these things are. But they went on making their jokes—it was a lively party; we had drunk a lot of wine—and finally I committed the grossest social faux pas. I lashed out with the most boorish, pontificating, morally outraged tirade—embarrassing to everyone there, and most of all to me. There I was: an analyst—mature, reflective, well analyzed (more or less)—acting just like a person. Worse.” He laughed bitterly.

Aaron's self-flagellating mood continued during our meeting, weaving itself into our conversation whenever an opening offered itself. The subject of treating psychotics came up, and Aaron said he didn't like to work with them. “It bothers me sometimes,” he said. “The reason is that I'm not very generous. I'm self-absorbed. I'm interested in my own ideas, my own worries, my own pains, my own pleasures. It's hard for me to give very much. The people who work well with schizophrenics are people whose center of gravity is a bit displaced, who can make another person the center of their lives, who are endowed with an unusual measure of intuitiveness and sensitivity and kindness. Ferenczi was such a person—his empathy reached the magnitude of genius, and he was a man of great personal kindness. My first analyst was such a person, and Leo Stone is another. These qualities enable them to withstand the strain of working with very sick patients, and—when they are treating neurotics—allow them to dispense with the rigor of analytic technique a little more easily. *They can afford to do it.* Whereas others, like me, who are not so kind, not so sensitive, not so intuitive, require more graphic demonstrations of data in order to be sure about what they're doing and where the patient is. As for schizophrenics, it takes a special kind of person to work with patients who demand so much, and most analysts don't treat them, for all kinds of reasons. My own reasons—of selfishness and self-absorption and incapacity for immersion in another person—are probably the very reasons that drew me to psychoanalysis itself. I was attracted to psychoanalytic work precisely because of the distance it would create between

me and the people I treated. It's a situation of very comfortable abstinence. A situation of *not* getting involved with the other person, of *not* taking responsibility for the other person's behavior, but only for one's own. Psychoanalysts talk quite frankly about the defensive comfort of analytic silence, passivity, and neutrality. It fits in with certain profound motives. Psychoanalysts, moreover, are voyeurs: they're at the window watching what's going on in the bedroom, getting very excited, but not jumping into the fray. The defensive and instinctual motives that go into becoming an analyst are innumerable, and not pretty. They're cowardly, they're primitive. As if—I rush to add—all human behavior didn't have these roots. But these motives are certainly at the bottom of the desire to be an analyst. To say 'I've become an analyst because I'm interested in the mind' or 'because I want to help people' is hardly adequate, and no self-respecting analyst would ever settle for that, ever."

And yet apparently the work of analysis, for all its comfortable distance and non-involvement, is oddly unpleasant and agitating. Analysts are plagued by doubt and anxiety. "The gestalt of the profession is guilt," Aaron said. "Guilt over not understanding the patient. Analysts always suspect themselves of not being in control of the plethora of material coming out of the patient. They are being paid and trusted to perform a therapeutic service, and they are in the dark about certain things about the patient. There may be a rattlesnake under that rock, and they don't see it. This kind of thing is devastating, and it's chronic. Everybody worries about it. It's talked about, in an extremely guarded way, whenever analysts get together in small groups. It's in these small groups that the ambiguities and self-doubts come out. You don't hear about them at the meetings of the American Psychoanalytic Association or of the International.

"There are some analysts who, when they talk in public about their patients, talk with the most tremendous confidence and assurance, and draw the most profound admiration and envy. One such is Otto Kernberg. When Kernberg talks about a patient, he talks as if he understood him inside and out,

backwards and forwards, with relatively little effort, and he is just dazzling. Dazzling, brilliant, impressive, and”—Aaron paused to bang his fist on the arm of his chair for emphasis—“*unconvincing*. There’s the rest of us, crushed under the ton of bricks we call our ambiguity about our patients, which we drag about with us day after day, and there’s Kernberg, who gets up on a rostrum and talks about his cases as if they were nose jobs. Once, I heard him talk about his use of countertransference in a case. He told about an image that floated into his mind as the patient was talking. The image derived from a movie he had seen in which a man murders his mistress in a particularly bloody and sadistic manner. Kernberg related that he pushed it out of his mind. Then, two weeks later, something came up in the patient’s associations about his hatred of his wife, and Kernberg remembered the image. ‘I realized that I should not have pushed it out of my mind,’ Kernberg said. ‘I should have taken it as factual material, and had I done so I would have saved the patient ten sessions of work.’ I sat there and thought, Christ, how many sessions have gone by when *I* haven’t caught something—ten, twenty, fifty, a hundred? And here’s Kernberg worrying about ten sessions that he could have saved the patient. He had screwed up, and ten sessions had been wasted. And I was so envious that Kernberg could feel accountable for missing something and costing the patient ten hours, while I dragged my ass around for God knows how long before I finally understood something about a patient. I recently thought back to Kernberg’s speech—I heard it five years ago—and I thought what foolishness to think that making an interpretation ten sessions earlier would be the equivalent of making it ten sessions later. As if nothing else had taken place, and the delay hadn’t had its own reason and logic, and the patient wouldn’t be readier to hear it and the analyst readier to make it. If you try to understand the patient in the overwhelming fullness of his individuality and idiosyncrasy, you will not have the easy time of it that Kernberg has had with his schematic methods. You will feel discouraged, guilt-ridden, depressed, lost, confused, and deluged by the quantity of data and by its ambiguity and complexity.”

“But does it eventually fall into place? Do you finally understand the patient?”

“Yes. If you go about it in ways that are undistorting, yes. But it takes years of work, and it’s full of pitfalls.”

At our next meeting, I confessed to Aaron that I sometimes got tired of hearing him talk—that I rather resented always listening to him and never talking about myself.

“There it is,” Aaron said, with an ironic gesture of the hand.

“Is that how you feel with your patients?” I asked.

And how! In one of the nicest things that Kohut’s done, he writes about wanting to shout at the patient who ignores him and treats him as if he were a mere sounding board, ‘But what about *me*? Aren’t you interested in *me*?’ He goes on to counsel analysts working with such a patient not only to accept their feelings of anger and frustration but to accept the patient’s self-involvement as well—to understand that the patient has the right to be more interested in himself than in the analyst. Kohut’s legitimizing of *all* of the patient’s behavior was an important contribution. Analysts have to tolerate all kinds of unpleasant feelings. I’m glad you’re experiencing something of what we go through. The uncomfortable emotions that the patient evokes in the analyst should not only be borne but be examined for what they may reveal about the *patient*.

“I had a patient once who made me horribly sleepy. I couldn’t understand it at first. She was by no means a boring person. She associated well, and she was someone I liked and respected—a very fine, a truly *good* person. So it just didn’t seem possible that this almost suffocating sleepiness could be a reaction to her personally. I thought it must be the time of day I saw her—but that couldn’t be, because she had different hours on different days. I

thought it might be the result of staying up too late, so I drank black coffee. But the sleepiness persisted, and finally it dawned on me what it was all about. I realized that the patient had developed an erotic transference to me and was defending herself against it by making herself uninteresting and dreary—as she had done throughout her childhood with her father, and as she was doing in adult life with the men with whom (for some strange reason) she could never get into any sort of satisfying lasting relationship.”

“But the sleepiness was *your* symptom,” I said. “She didn’t really *make* you sleepy.”

“But she did. That’s the beauty of it. That’s where countertransference can be of such enormous clinical usefulness. It’s not a simple business. You have to carefully pick apart the various strands. You have to distinguish between what your reactions to the patient are telling you about his psychology and what they are merely expressing about your own. In this case, it was necessary for me to distinguish between the usual queasiness I feel when a woman patient develops an erotic transference to me and the peculiar boredom that her behavior toward me elicited. The feeling of queasiness has to do with my anxiety about seduction: here’s this person in my charge who trusts me and has developed intense childlike feelings toward me—called the transference—and here I am stimulated, and also scared, because you don’t *do* that sort of thing. The sleepiness was something else. It really had nothing to do with me personally. It was evoked in me, as it had been evoked in her father and then in the men in her adult life. I was simply reacting to her as they had reacted to her and as anyone would react to her.

“It was unconscious, of course, and extremely subtle. Her free association seemed to be full of the richest and deepest analytic material. Actually, it was empty. It was shallow and hollow, and I was bored because of what was missing—namely, the sap, the juice, the eroticism that is in everything and that makes for life and interest, that keeps us awake and alive.”

“What did you do about it?”

“Whenever I had a chance, whenever it appeared in the analytic material, I would point out to her that she was trying to get away from sexual interaction with me. For instance, when she came into the room she wouldn’t look at me. She would sort of sidle past me and scrunch down on the couch with her head turned toward the wall. I pointed this out to her. Once, I happened to come into the building as she was coming in, and we rode up in the elevator together. I could see that it was agonizing for her to be so close to me. She went into a kind of panic over the incident. Well, I brought it out into the open and referred to it whenever an opportunity presented itself. I was now attuned to her defensive maneuver and watched for it. And slowly the whole issue of her sexuality and her relationships with men and her attitude toward her father began to emerge. She began to *remember* rather than *act out* her vengeful coldness and sexlessness toward her father. And I, of course, stopped being sleepy.”

The conversation turned back to Kohut. Aaron elaborated on his divided view of the celebrated Chicago analyst—as an important contributor to analytic technique and as a misguided theoretician. “There used to be certain patients whom many, if not most, analysts found difficult, if not impossible, to treat, now known as patients with narcissistic disorders,” he said. “These people had always been around, and analysts were always uncomfortable with them. Some of them would idealize the analyst to such a preposterous degree that the analyst felt obliged to remonstrate, to say, ‘Look, I’m not that way. I’m not what you think I am. I’m just an ordinary human being.’ Others would treat the analyst like dirt, would refuse to recognize him as a person, would simply use him as someone who was there only to listen. These patients would reduce the analyst to saying furiously, ‘Look, you’re ignoring someone who is *here*. Why are you ignoring me?’ Then Kohut came along and said, in effect, ‘Don’t treat these transferences differently from any others. Don’t disabuse the patient who idealizes you. Don’t reprove the person who ignores you. Let these transferences develop. Don’t cut them

short through premature interpretation. You will be better able to tolerate your anger and frustration at being treated as a non-person and your discomfort at being idealized if you understand that these are manifestations of the patient's pathology rather than attempts to subvert the analytic process.' This was a good thing to say. It needed to be said.

“Unfortunately, Kohut didn't stop there. From applying general psychoanalytic principles to narcissistic transferences he went on to inventing a whole ‘psychology of the self,’ as he calls it. In trying to account for what had happened to narcissistic patients to make them so, he generalized about what happens in everyone's development, and what he has come up with is, to my mind, very dubious. It revises psychoanalytic theory where no revision is warranted, and it introduces assumptions that simply clutter up basic theory. The more postulates you make, the less their explanatory power becomes.

“Last year, Kohut published a paper in the *International Journal* that caused quite a stir. It's called ‘The Two Analyses of Mr. Z.,’ the first of which Kohut had done before he made his discoveries—before he became a Kohutian—and the other afterward. I read it with utter amazement. The first analysis, which he calls a ‘classical analysis,’ just didn't make sense. In the second, ‘Kohutian’ analysis, he finally did what any one of us ‘classical’ analysts would have done in the first place. But the Kohutians rapturously hold up the paper as certification of the Second Coming. You ought to see the coterie that has formed around him. They think that his is the true psychoanalysis—that he has introduced something radical and revolutionary, and that psychoanalysis is going to have to assimilate it. It's what the people around Adler and Jung were saying in the twenties, and what those around Franz Alexander were saying in the forties. Psychoanalysis has waves of this kind of thing, and it serenely lets them wash over itself, because eventually they all subside. Who talks about Franz Alexander today—except to put down his ‘corrective emotional experience,’ or to deny, as the Kohutians are at constant pains to do, that they are offering more of the same? The people I respect—yes,

people like Arlow and Brenner—just don't write and talk the mawkish way Kohut and his disciples do. The Kohutians are desperately trying to not pull away from psychoanalysis. They try to tone things down. They try to be as unprovocative as possible when they write in the journals and speak at scientific meetings. But underneath you sense the revolutionary fervor, the belief in the New Messiah."

"Have you ever seen Kohut?"

"I've heard him talk twice, but his public appearances are rare. Like a good messiah, he keeps himself further and further away, sequestered from the masses. When he's invited to speak, he sends his emissaries, his true disciples. I hate it all, I'm contemptuous of his 'self psychology,' and yet I respect Kohut's contribution to technique. Whenever I read his clinical discussions, my therapeutic technique improves. It's true. His descriptions of narcissistic transference phenomena help me to recognize them when they appear and to deal with them more evenhandedly than I might do otherwise. He reminds me of my obligation to the patient, which is to think analytically about everything he says and does."

"So what do you have against him?"

"The same thing I have against all the revisionists of psychoanalytic theory. It always comes down to the same issue—the issue of the drives. At the last fall meeting of the American Psychoanalytic, in the Waldorf, Kohut made a brief, charismatic appearance. His disciple Paul Ornstein, from Cincinnati, had given a speech spelling out the Kohutian line and holding up 'The Two Analyses of Mr. Z.' as if it were the miracle of the loaves and fishes. Then Kohut himself appeared, like God or Lenin come down from Heaven. The ballroom was filled to the rafters with the faithful and the curious. People were literally dangling from balconies and wedged together in doorways and on staircases. So finally this slight, white-haired man, dressed in a nondescript gray suit, appeared and talked for about five minutes. He didn't

say much, but he betrayed it all in one sentence. ‘*What if man is simply not an animal?*’ he asked rhetorically at the end of his homily. Meaning, ‘Let’s forget the drives. Let’s forget that sex is the source of all human motivation. Let’s forget that we’re nasty, beastly, aggressive, infantile. Let’s forget that we’re determined. Let’s forget that we’re *driven* organisms.’ Freud’s hypothesis of the drives has never been acceptable to the public, or palatable even to many within psychoanalysis itself. There has been a persistent attempt to whittle away at the radicalism of psychoanalytic theory—to make it less harsh and less damaging to man’s traditional sentimental idea of his nature. That’s why I like Brenner so much. Brenner is willing to draw radical inferences, to take things to their extreme, to go all the way. I believe that Brenner’s view will prevail, because, for all its apparent harshness and reductionism, it contains a more profound and complex and interesting statement about human nature than any of the revisionist views do. To say ‘Man is not an animal’ is to say nothing that banal people haven’t always said. To say that our essential humanity resides in precisely that part of our nature which is most instinctual, primitive, and infantile—*animal*—is to say something radical.”

Aron and I decided to “terminate” our talks at the beginning of August—the traditional vacation time and ending time of analysis. At our final meeting, we talked about, among other things, “analyzability,” a technical term coined to express the idea of some innate capacity (or incapacity) for being analyzed, which would account for the fact that some people swim when thrown into the choppy waters of analysis, while others have to be dragged, coughing and spitting, to shore. If one could detect and head off the “unanalyzables” before they went into analysis, much futile effort, wasted money, bitter disappointment, and even tragedy could be averted. But to date no Geiger counter of analyzability has been devised, and, as Joan Erle and Daniel A. Goldberg, Institute faculty members, wrote in 1979, in a paper called “Problems in the Assessment of Analyzability,” “what seemed relatively straightforward at first became increasingly

complicated.”

The complications began with the “widening scope” of which Leo Stone wrote in 1954, which admitted to psychoanalytic treatment patients who were much sicker than the ones Freud had originally treated, and which ushered in modifications of analytic technique that the needs of these patients seemed to demand. This new situation raised questions that are still being debated: What should the nature of the modifications be? How far can you modify analytic technique and still call what you are doing analysis? *Is* analysis (modified or plain) always the best treatment for everyone? On the third issue, the English analyst Adam Limentani wrote, in the *International Journal* of 1972:

In psychoanalytic circles, there is a tendency to ignore the fact that in certain appropriate cases mental suffering can be alleviated and psychotherapy facilitated by a large variety of means, not always available twenty, or possibly ten, years ago. Even if we paid no attention to the competition coming from esoteric cults and from other approaches, such as touch therapy, hypnosis, sensitivity training, existentialism, etc., it is the duty of the modern psychoanalytic consultant to make positive recommendations for individual psychotherapy, for group or community therapy, and for active resocialization when indicated, rather than thinking of such therapeutic interventions as *faute de mieux*, i.e., once psychoanalysis has been ruled out.

The attitude that Limentani deplores was subtly implicit in the “Widening Scope” paper, where Stone advocated spreading the wealth of psychoanalysis beyond the safe-bet hysterics and obsessionals to the dicey psychotics and “borderlines” (as patients have come to be called who are more severely afflicted than ordinary neurotics but are not mad. The designation remains controversial). “From my point of view,” Stone wrote, “psychoanalysis remains as yet the most powerful of all psychotherapeutic instruments, the ‘fire and iron,’ as Freud called it.” While granting that “the difficulties increase and the expectations of success diminish in a general way” as the outer reaches of psychological disorder are approached, Stone insisted that “there is no absolute barrier” and that “the ‘borderline’ patient under certain

special conditions may be a better patient in the long run, for all of the intrinsic difficulties, than the hysteric.” In fact, Stone went on to say, “It is basically a greater error to use psychoanalysis for trivial or incipient or reactive illnesses, or in persons with feeble personality resources, than for serious chronic illnesses when these occur in persons of current or potential strength.”

What Stone was suggesting—that the complexity and unpredictability and mystery of the human personality may reduce such categories as “borderline” and “schizophrenic” and “hysteric” to near-meaninglessness—was corroborated by the results of a ten-year study of “analyzability” published by Erle in 1979 in the *Psychoanalytic Quarterly*. The study was of forty patients selected by the Treatment Center between 1967 and 1969 and analyzed by candidates under supervision. (The cases were “easy” neurotic disorders, suitable for novice work; Aaron’s first case was among them.) In the opinion of the judging committee, only forty-two per cent of the patients were thought to have been in any way “involved in a psychoanalytic process,” although sixty per cent were deemed to have received therapeutic benefit. This on-the-face-of-it peculiar distinction (if the patient has benefitted from his analysis, why split hairs about whether he is “analyzable”?) has pervaded psychoanalytic thought since its earliest days. That the analyst is out for bigger game than simply making the patient feel good is one of psychoanalysis’s oldest and most firmly held beliefs. And that the analyst may unwittingly be treading on his own toes—may be subverting the analysis by making the patient feel too good—is a danger that continues to enliven the pages of the analytic journals. Here is a recent example of this concern, from a paper on transference by Brian Bird, published in the *Journal of the American Psychoanalytic Association* in 1972:

One of the most serious problems of analysis is the very substantial help which the patient receives directly from the analyst and the analytic situation. For many a patient, the analyst in the analytic situation is in fact the most stable, reasonable, wise, and understanding person he has ever met, and the setting in which they meet may actually be

the most honest, open, direct, and regular relationship he has ever experienced. . . . Taken altogether, the total *real* value to the patient of the analytic situation can easily be immense. The trouble with this kind of help is that if it goes on and on, it may have such a real, direct, and continuing impact upon the patient that he can never get deeply enough involved in transference situations to allow him to resolve, or even to become acquainted with, his most crippling internal difficulties. The trouble, in a sense, is that the direct nonanalytical helpfulness of the analytic situation is far too good! The trouble also is that we as analysts apparently cannot resist the seductiveness of being directly helpful.

In 1918, Freud was already worrying about the helpfulness that Bird describes. In a paper called “Lines of Advance in Psychoanalytic Therapy,” he sternly wrote that “any analyst who out of the fullness of his heart, perhaps, and his readiness to help, extends to the patient all that one human being may hope to receive from another commits the same economic error as that of which our non-analytic institutions for nervous patients are guilty.” He went on:

Their one aim is to make everything as pleasant as possible for the patient, so that he may feel well there and be glad to take refuge there again from the trials of life. In so doing, they make no attempt to give him more strength for facing life and more capacity for carrying out his actual tasks in it. In analytic treatment, all such spoiling must be avoided. As far as his relations with the physician are concerned, the patient must be left with unfulfilled wishes in abundance. It is expedient to deny him precisely those satisfactions which he desires most intensely and expresses most importunately.

Twenty years later, in “Analysis Terminable and Interminable,” Freud cites a case of “spoiling” of his own, which impelled him to take a historic step. The patient was the famous “Wolf Man,” about whom Freud had written at length in a paper called “From the History of an Infantile Neurosis” (1918)—a rich young Russian who, as Freud described him, “had come to Vienna in a state of complete helplessness, accompanied by a private doctor and an attendant.” Freud continued:

In the course of a few years it was possible to give him back a large amount of his independence, to awaken his interest in life and to adjust his relations to the people most important to him. But there progress came to a stop. We advanced no further in clearing

up the neurosis of his childhood, on which his later illness was based, and it was obvious that the patient found his present position highly comfortable and had no wish to take any step forward which would bring him nearer to the end of his treatment. It was a case of the treatment inhibiting itself: it was in danger of failing as a result of its—partial—success.

Freud gave the Wolf Man an ultimatum. He told him that he would treat him for exactly one year more, and no longer. “At first he did not believe me,” Freud writes, “but once he was convinced that I was in deadly earnest, the desired change set in. His resistances shrank up, and in these last months of his treatment he was able to reproduce all the memories and to discover all the connections which seemed necessary for understanding his early neurosis and mastering his present one.”

Freud’s deviation from analytic passivity into active intervention has been codified and incorporated into analytic practice under the term “parameter”—a usage first employed by Kurt Eissler in a paper of 1953, in which, invoking the example of Freud, he cautiously advocated the use of commands, directives, and advice in certain special situations to avoid stalemate. Parameters being by nature minor, almost negligible, deviations from analytic neutrality, they have never aroused much controversy, or even much interest, in the psychoanalytic community; they are like a baseball player’s darting off base and scurrying back before the throw. It is another matter with the more far-reaching modifications advocated first by Ferenczi, then by Alexander, then by the British object-relations theorists, and now by Kernberg and Kohut (to mention the most conspicuous figures). These modifications derive from complex and disparate theories about what patients suffer from, how they became ill, and what should be done to help them, and they continue to polarize the profession. But implicit in even the most avant-garde position is a belief in a basic experience called psychoanalysis—a belief in its unique efficacy with mental suffering and in the (homeopathic) idea of curing suffering with suffering. To do its profound and searing work on the soul, analysis must be an ordeal. (“Cruel though it

may sound, we must see to it that the patient's suffering, to a degree that is in some way or other effective, does not come to an end prematurely," Freud wrote in "Lines of Advance in Psychoanalytic Therapy.") And at the heart of the ordeal (of classical analysis, that is; the romantic new versions offer other forms of pain) is the "transference neurosis," described by Freud as an artificial illness that the analysis itself brings into being. It takes the form of the patient's obsessive interest in the person of the analyst. As Hans Loewald wrote in 1971, it is "the patient's love life—the source and crux of his psychic development—as relived in relation to a potentially new love object." He continued:

It cannot be too unusual for patients—I certainly remember it from the time I was a patient on the couch—to experience, at least at times, being in analysis as an illness, insofar as it is a regressive and unsettling experience, not dissimilar to the passions and conflicts stirred up anew in the state of being in love which, from the point of view of the ordinary order and emotional tenor and discipline of life, feels like an illness, with all its deliciousness and pain.

In the final volume of Proust's "Remembrance of Things Past," the Narrator, sitting in a little library waiting to go in to a recital, is flooded with illumination after illumination about love, art, memory, and time. All the pieces of the puzzle of his experience suddenly come together for him, and he emerges from his reverie ready to undertake the task of writing the magical book that the reader holds in his hand and will soon have to part from. Proust's conviction about the awesome impersonality of love—of its perverse independence of its objects—is the very conviction that the analysand gains on achieving what Loewald calls "the higher psychic organization," which permits him to relegate his love and hatred of the analyst to the rubbish heap of all his past loves and hatreds, and (should he care to pursue the sorry matter further) "place" it in the long-gone but never dead days of his parents' well-meaning disastrous early dealings with him and with each other. Another resemblance between the Proustian and the Freudian views (aside from the shared belief in the power of the unconscious)

is reflected in the very circumstance of the Narrator's culminating epiphany. The scene Proust describes has its psychoanalytic counterpart in the phenomenon of the "good analytic hour," described by Ernst Kris in a celebrated paper of 1956 entitled "On Some Vicissitudes of Insight in Psychoanalysis." This hour, which comes only rarely, if at all, in the course of an analysis, "seems as if prepared in advance. . . . All seems to click, and material comes flowing . . . as if prepared outside of awareness." Writing of one such session, Kris recalls, significantly, that "the mood of the patient, the atmosphere in the room was heavy. . . . A mood of skepticism, and even defeatism, mirrored the reluctance originally attached to the scene, of which the good analytic hour was a belated reflection." So, too, did Proust's Narrator have to pass through the Slough of Despond before finding his way to the kingdom of art. Just before his radiant revelation in the library, he had come to the despairing realization that he would have to renounce his lifelong ambition of becoming a writer—that he had nothing to say.

Aaron told me about some of his own past wrestlings with the conundrum of analyzability. He spoke of an early analytic patient with whom he had fumblingly struggled and failed. "She was one of the few patients I've ever had whom I really didn't like. I felt that nothing she did—as a wife, as a parent, as a friend, even as a patient—had any redeeming virtue or value. Her parents had treated her overtly well but fundamentally shabbily, and she grew up to be a shabby person: cruel, exploitative, destructive, cold, false. There was nothing in her upbringing that would have helped her become a decent person. She couldn't trust anyone, and she had false relations with everyone—even with me, her analyst. I hated that patient and condemned her. I would sit there appalled and outraged by what she told me. I remember discussing her case with a group of colleagues with whom I met for mutual supervision, and how appalled and outraged *they* were. 'Look,' they'd say when I told them about one of her gratuitous acts of cruelty to her children. 'Look, you've got to say something to her. You can't let her go on being cruel to innocent children.' But I didn't listen to them. I said nothing to her. I was

trying to do analysis.”

“And she wasn’t analyzable?”

“She wasn’t analyzable. For no other reason than that she was so false. I never engaged with that, I never challenged that, and I should have, though she might not have remained in treatment as long as she did. *Or* I should have done what my colleagues urged me to do: given her advice, complimented her on some things, bawled her out a little about others, supported and nurtured her. I find myself doing more and more of that now with my psychotherapy patients. But that’s hardly analysis—and in those early days I very much wanted to do analysis.”

“So you imposed it on people for whom it wasn’t the right treatment?”

“Yes. In my defense—I guess I do feel somewhat defensive about this—let me say that there was a theoretic rationale for trying to do analysis with people who were quite sick. There’s a whole literature on the subject of the limits of applicability, and I was following out the position that says interpretive techniques can be extended to borderline and narcissistic disorders, and even used on psychotics. This is the position Arlow and Brenner take in their book on ego psychology, and I know of a number of analysts who have been able to do successful analytic work with very sick patients. But it didn’t work out at all well for me. I pursued that experiment of doing analysis with borderlines and severe narcissistic characters for about five years, and they were rather terrible years. I used to dread going to the office, and I was tense and bored for much of the day. Then, as time went on and these patients sort of fell away, other patients came along who were better integrated and more suitable for analysis, and now the work is no longer so gruelling and upsetting. Working with very disturbed patients is painful. Of course, one becomes a psychiatrist by first working with very, very sick patients and only gradually moving on to less sick ones. Then, when one does analysis with a healthy patient, it’s easy, like cutting butter.”

“So analysis is for the healthy?”

“It works better for the healthy. But I haven’t seen anything in general medicine where that wasn’t the case. The healthier the patient, the better the treatment.”

We talked about what patients suffer from. Many analysts believe that today’s analytic patient is a different animal from the one Freud saw and devised psychoanalysis for. In a paper called “Current Psychoanalytic Object Relations Theory and Its Clinical Implications,” published in 1975 in the International Association’s *Journal*, Leonard Friedman writes, “The uncomplicated good hysterics, or even the exclusively obsessive-compulsive patients for whom our classical analytic technique was developed, are for many analysts now a memory—for many more, they are cases they have only read about.” Aaron is suspicious of this view, feeling it to be shaped by ideological bias; its proponents, he says, seek to justify changes in classical theory and technique by saying that the patient has changed. His own experience tells him otherwise. “That first patient of mine was a classic hysteric,” he said. “The case could have been done in 1900. Or 1100.”

We returned to the paradox of how the artificiality and abnormality of the analytic situation are the conditions under which ordinary human nature shows itself most clearly. “That paradox exists in all of science,” Aaron pointed out. “If you want to study the activity of enzymes in the cell, for example, the first thing you do is to literally tear the cell apart. You crush it, you mash it, you do all kinds of artificial and abnormal things to it, and finally you see where the greatest enzymatic activity is taking place in the big gooey mess you’ve made, and you isolate the enzyme.”

“That’s a nice analogy: you make a gooey mess of the patient.”

“That’s right. The patient enters the analytic situation, which is unlike any situation he has ever encountered before, and which makes it impossible for him to operate in the accustomed, automatic ways of normal life, and he

becomes anxious, disorganized, confused, dazed. Yes, he becomes a gooey mess, And then important things begin to ‘filter out.’ You begin to locate nodes of important psychic activity.”

Aaron went on to cite—not for the first time—Freud’s surgery analogy, and I asked him why he liked it so much.

“Because it’s so radical,” he said. “Because it indicates how impersonal and intimate analysis is. Because it tells you that it is not a casual procedure, that it is serious and dangerous, that it is dire.”

“So you feel that something is done ‘on’ the analytic patient, the way an operation is performed ‘on’ a surgical patient?”

“Yes.”

“And yet the goal of analysis is insight.”

“Yes.”

“How do you reconcile the two images—the anesthetized patient on the table to whom something is being done and the person actively and consciously gaining insight?”

“Easily. Because the achieving of insight is as deep and radical and complex a procedure as the cutting out of a tumor. Insight isn’t superficial—it isn’t simply learning something mildly interesting about yourself. It is *becoming* yourself. It’s finding your way to the child in yourself, it is a profound *recognition*. And it takes a tremendous amount of work on the part of both analyst and patient to negotiate this achievement. In surgery, though the patient is anesthetized his body continues to work as usual: the heart continues to pump, the blood continues to flow, the lungs continue to function. Similarly, in analysis a great deal goes on in the patient that he isn’t aware of and that the analyst is cautiously monitoring. At the end of the analysis, it can happen that neither the analyst nor the patient knows exactly

what happened. There's a story about the analyst Annie Reich, who once described a very good analysis at a conference. People were impressed, and said, 'You should write up this analysis,' and she said, 'I'm not ready to write about it, because I haven't yet figured out what happened.' The analysis had been finished for several years, and she still hadn't figured it out.

"Another story tells of an analyst who decided to do some follow-up work. He telephoned two women patients who had been in analysis with him five years previously. They were comparable cases: both had had stormy, tempestuous analyses, with all kinds of *Sturm und Drang* and very emotional, intense transferences. Now, five years later, one woman said, 'Doctor, every night before I go to bed I thank my lucky stars that I had you as my analyst. The analysis with you has changed my life. Not a day goes by that I don't think about what I learned from you, and apply it. You are an ever-living presence in my daily life, and I think of you with something like reverence.' The other woman—who had had just as tempestuous and emotional and intense an analysis—said, 'You know, every so often I think about you, and I think, Maybe my life wouldn't be much different if I hadn't been in analysis. To tell you the truth, I don't remember much of the analysis. You seem to be a nice man. I guess the experience was O.K. But I can't say what helped me and what wouldn't have happened anyway.' Right away, he knew who had had the better analysis. When you're through with the operation, you sew up the patient, you hope that the scar isn't too conspicuous, and if everything afterward goes as it should—fine, that's enough.

"At the end of 'A Midsummer Night's Dream,' the human characters wake up and rub their eyes and aren't sure what has happened to them. They have the feeling that a great deal has occurred—that things have somehow changed for the better, but they don't know what caused the change. Analysis is like that for many patients."

"The analysts are the fairies, then," I said, taking Aaron's analogy a fanciful step further. "They are Puck and Oberon and Titania and Cobweb. They

behave according to the laws of their kind, and they fight the esoteric battles of their kingdom, using the patient as a pawn. They cause strange and remarkable things to happen to him, and they mean no harm.”

Aaron permitted a bemused smile to alight on his serious, guarded features, and stared into the middle distance. The sound of a door slamming—heralding the patient whose arrival always brought our talks to an end—took him out of his reverie. We shook hands, as we always did. I felt tears welling in my eyes, and didn't look to see if there were any in his. ♦

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