Psychoanalysis
THE IMPOSSIBLE PROFESSION

Janet Malcolm
Psychoanalysis:
The Impossible Profession
To my father
It almost looks as if analysis were the third of those “impossible” professions in which one can be sure beforehand of achieving unsatisfying results. The other two, which have been known much longer, are education and government.

—SIGMUND FREUD,
"Analysis Terminable and Interminable" (1937)

As psychoanalysts, we are only too aware that our profession is not only impossible but also extremely difficult.

—ADAM LIMENTANI,
International Journal of Psycho-Analysis (1977)

If two people are repeatedly alone together, some sort of emotional bond will develop between them.

—PHYLLIS GREENACRE,
Journal of the American Psychoanalytic Association (1954)

The soul God gave me isn't of the sort
That prospers in the weather of a court.
It's all too obvious that I don't possess
The virtues necessary for success.
My one great talent is for speaking plain;
I've never learned to flatter or to feign;
And anyone so stupidly sincere
Had best not seek a courtier's career.

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Psychoanalysis:
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I

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

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

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

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

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

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

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

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

But the "mysterious element" was also present in the method Freud next adopted—of pressing the patient's forehead and urging him to remember—as it was in the culminating free-association method of psychoanalysis proper. Time after time, without any apparent provocation on his side, Freud's women patients (overtly or covertly) fell in love with him. "On the first few occasions, one might perhaps think that the analytic treatment had come up against a disturbance due to a chance event," Freud wrote in his *Introductory Lectures on Psycho-Analysis*, of 1917.

But when a similar affectionate attachment by the patient to the doctor is repeated regularly in every new case, when
it comes to light again and again, under the most unfavorable conditions, and where there are positively grotesque incongruities, even in elderly women and in relation to grey-bearded men—even where, in our judgment, there is nothing of any kind to entice—then we must abandon the idea of a chance disturbance and recognize that we are dealing with a phenomenon that is intimately bound up with the nature of the illness itself. This new fact, which we recognize so unwillingly, is known by us as transference.

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

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

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

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

In that period, the feverish rush of discoveries that Freud had made in the eighteen-nineties—about dreams, the unconscious, repression, infantile sexuality, the Oedipus complex, free association, transference—was settling into a design of orderly beauty. All the pieces fit, and the whole thing shone. When Freud was invited to Clark University, in Worcester, Massachusetts, in 1909, he gave a lecture series that was an excited celebration of the new science of psychoanalysis. A radiance and a buoyancy run through the Clark lectures (Freud reconstructed them from memory—they had been given extemporaneously—and published them shortly after his return to Vienna), which were to fade from later accounts of the same events. (Compare the Clark lec-
turers with "Analysis Terminable and Interminable," of 1937—Freud's last, dark, dense, profound paper. It is like comparing a Beethoven bagatelle with a late quartet.) These lectures remain the most concise and lucid account in and out of Freud's writings of the birth of psychoanalysis; nowhere is the complicated story more effortlessly told.

Freud begins by asserting that Breuer, and not he, was the father of psychoanalysis (a statement he was to curtly retract a few years later). "I had no share in its earliest beginnings," he writes, and he goes on to tell of Breuer's treatment, back in 1880, of a girl called Anna O., who was afflicted with "the enigmatic condition which, from the time of ancient Greek medicine, has been known as 'hysteria,' and which has the power of producing illusory pictures of a whole number of serious diseases." Anna's hysterical symptoms included paralysis of her limbs, disturbed vision, a severe nervous cough, aversion to food and drink, loss of memory (bizarrely, she had forgotten her native German, and could speak only English), and a tendency to go into states of what Freud, dropping into French terminology, called absence. Unlike other doctors of the time, who believed hysteria to be a form of malingering and treated its victims with harshness and contempt, Breuer devoted himself to this beautiful, intelligent twenty-one-year-old girl, sympathized with her sufferings, and, through "benevolent scrutiny," finally arrived at a means of helping her. He was struck by the way she muttered words to herself during her fits of absence, and he had the idea of hypnotizing her and—by using the muttered words as a starting point—getting her to relate her "profoundly melancholy fantasies," which very often centered on the image of herself at her father's sickbed. These gloomy musings made the girl feel better—she coined the
term "talking cure" for them—and presently led to the disappearance of her symptoms, after she had been "brought to remember, under hypnosis, with an accompanying expression of affect, on what occasion and in what connection the symptoms had first appeared." For example, one of Anna O.'s most troublesome symptoms—a pathological aversion to drinking water, even though she was horribly thirsty—was dispelled by her recollection of once seeing a little dog belonging to her English lady companion drink water from a glass. The sight had filled her with disgust and anger, which she had politely suppressed; only now, in Breuer's trance, could she express these feelings, and after doing so she asked for water, drank a great deal, and was never troubled by her water phobia again. Gradually, other symptoms disappeared, through other recollections of psychic traumas, and "the treatment was brought to an end."

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

It would seem that Breuer had developed what we should nowadays call a strong countertransference to his interesting patient. At all events, he was so engrossed that his wife became bored at listening to no other topic, and before long she became jealous. She did not display this openly, but became unhappy and morose. It was a long time before Breuer, with his thoughts elsewhere, divined the meaning of her state of mind. It provoked a violent reaction in him, perhaps compounded of love and guilt, and he decided to bring the treatment to an end. He announced
this to Anna O., who was by now much better, and bade her good-by. But that evening he was fetched back to find her in a greatly excited state, apparently as ill as ever. The patient, who according to him had appeared to be an asexual being and had never made any allusion to such a forbidden topic throughout the treatment, was now in the throes of an hysterical childbirth (pseudocyesis), the logical termination of a phantom pregnancy that had been invisibly developing in response to Breuer's ministrations. Though profoundly shocked, he managed to calm her down by hypnotizing her, and then fled the house in a cold sweat. The next day, he and his wife left for Venice to spend a second honeymoon, which resulted in the conception of a daughter; the girl born in these curious circumstances was nearly sixty years later to commit suicide in New York.¹

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

Freud heard about the case of Anna O. from Breuer in 1882, and it made a great impression on him, but seven years went by before he ventured onto the path that the frightened ur-psychoanalyst had fled. In 1886, on his return from study in Paris with the great neurologist Jean Martin Charcot, who had convinced him of the psychological etiology of hysteria, Freud set up practice in Vienna as a specialist in nervous diseases. For twenty months, he treated his patients by means of electrotherapy (according to directions in a textbook by Wilhelm Erb) plus baths, massage, and something called the Weir Mitchell rest cure, but with a growing sense of futility. Then, for sixteen more months, he treated them with no less ineffectual hypnotic suggestion. Finally, in 1889, he tried Breuer’s cathartic method, and found, as he reported in the Clark lectures, that “my experiences agreed entirely with his.” However, it was not long before Freud became dissatisfied with this method, too. Inducing hypnosis was not easy for him—he didn’t seem to be good at it—and he could get only a fraction of his patients into the desired trance. To judge from the following account of his attempts to put patients under (it appears in his and Breuer’s Studies on Hysteria, of 1895), erotic complications were the least of Freud’s troubles:
I soon began to tire of issuing assurances and commands such as “You are going to sleep! . . . sleep!” and of hearing the patient, as so often happened when the degree of hypnosis was light, remonstrate with me: “But, doctor, I’m not asleep,” and of then having to make highly ticklish distinctions: “I don’t mean ordinary sleep; I mean hypnosis. As you see, you are hypnotized, you can’t open your eyes . . .”

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

However, the very difficulty and laboriousness of the process led Freud to a crucial insight. This was his postulation of a force within the patient that had originally pushed the pathogenic experiences out of consciousness (Freud called it “repression”), and of its counterpart (“resistance”), which had kept them out of consciousness. “All these experiences had involved the emergence of a wishful impulse which was
in sharp contrast to the subject's other wishes, and which proved incompatible with the ethical and aesthetic standards of his personality," and thus had to be "repressed," Freud wrote in the Clark lectures. For example, one of his patients (Elisabeth von R.) had repressed the memory of a wish to marry her brother-in-law, which had come to her unbidden at the deathbed of her sister and had so horrified her that she converted it into a hysterical symptom. "Our hysterical patients suffer from reminiscences," Freud wrote in the first Clark lecture. Only when his urging technique forced the memory back into Elisabeth's consciousness could she rid herself of its pathogenic power.

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

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

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

Free association—“the ore from which, with the help of some simple interpretative devices, the analyst extracts its content of precious metal,” as Freud wrote—led to dream interpretation, since the patient’s associations often led him to the dreams of the night before. “It came as the first fruit of the technical innovation I had adopted when, following a dim presentiment, I decided to replace hypnosis by free association,” Freud wrote in 1914, in On the History of the Psycho-Analytic Movement. He went on, “My desire for knowledge had not at the start been directed toward understanding dreams. I do not know of any outside influence which drew my interest to them or inspired me with any helpful expectations.” Through associations with parts of a dream, the patient would penetrate its disguises; the associations would lead him from the deceptive “manifest content” of the remembered dream to the deep “latent content,” where a wish was invariably lodged. In the History, Freud recalled that

the interpretation of dreams became a solace and a support to me in those arduous first years of analysis, when I had to master the technique, clinical phenomena, and therapy of the neuroses all at the same time. At that period, I was completely isolated, and in the network of problems and accumulation of difficulties I often dreaded losing my bearings, and also my confidence. There were often patients with whom an unaccountably long time elapsed before my hypothesis—that a neurosis was bound to become intelligible through analysis—proved true; but these patients’ dreams, which might be regarded as ana-
logues of their symptoms, almost always confirmed the hypothesis. It was only my success in this direction that enabled me to persevere.

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

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

Freud pauses here to take one of his habitual swipes at the opponents of psychoanalysis, comparing them to patients under the sway of resistance. "We often become aware in our opponents, just as we do in our patients, that their power of
judgment is very noticeably influenced affectively, in the sense of being diminished," he writes. This argument puts the reader into a quandary. On the one hand, it offends all his notions of fairness in arguing; to ascribe an opponent's opposition to his going soft in the head is surely the most outrageous of ad-hominem arguments. On the other hand, it cannot be dismissed, either, by anyone who has ever helplessly felt his own power of judgment being sapped by a strong emotion—as who of us hasn’t?

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

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

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

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

Soon after the Big Bang of Freud's major discoveries—around the time of the Clark lectures—the historian of psychoanalysis notes a fork in the road. One path leads outward into the general culture, widening to become the grand boulevard of psychoanalytic influence—the multilane superhighway of psychoanalytic thought's incursions into psychiatry, social philosophy, anthropology, law, literature, education, and child-rearing. The other is the narrow, inward-turning path of psychoanalytic therapy: a hidden, almost secret byway travelled by few (the analysts and their patients), edged by decrepit mansions with drawn shades (the training institutes and the analytic societies), marked with inscrutable road signs (the scientific papers)—the road along which Aaron Green is trudging. As for Freud himself, he travelled both routes, extending the psychoanalytic view to literature, art, biography, anthropology, and social philosophy in works such as Leonardo da Vinci, Totem and Taboo, Group Psychology, and Moses and Monotheism, as well as sticking to the theoretical and clinical core of psychoanalysis.

In the period between 1910 and 1915, by which time a
small band of fellow-workers had formed, Freud published a series of short papers on analytic technique which reflected his growing understanding that "to make the unconscious conscious" was not as simple a business as he had first thought. His work with patients was leading him to new appreciations of the complexity of the task. In a paper called "'Wild' Psycho-Analysis" (1910), he derides (his own) "long superseded idea . . . that the patient suffers from a sort of ignorance, and that if one removes this ignorance by giving him information (about the causal connection of his illness with his life, about his experiences in childhood, and so on), he is bound to recover." He goes on to mordantly observe that "such measures have as much influence on the symptoms of nervous illness as a distribution of menu cards in a time of famine has upon hunger." In "On Beginning the Treatment" (1913), Freud burlesques the analyst who can't wait to zap the patient with the patient's horrid unconscious wishes: "What a measure of self-complacency and thoughtlessness must be possessed by anyone who can, on the shortest acquaintance, inform a stranger who is entirely ignorant of all the tenets of analysis that he is attached to his mother by incestuous ties, that he harbors wishes for the death of his wife, whom he appears to love, and that he conceals an intention of betraying his superior, and so on!" In this same paper, Freud spells out the various practical arrangements that have remained more or less intact in classical analysis. He recommends that the analyst lease his time by the hour, and that the patient be liable for payment whether he comes or not, adding dryly, "Nothing brings home to one so strongly the significance of the psycho-genic factor in the daily life of men, the frequency of malingering, and the non-existence of chance as a few years' practice of
psycho-analysis on the strict principle of leasing by the hour.” Analysts have tended to follow Freud in this, with a few notable exceptions, such as the late Frieda Fromm-Reichmann, who couldn’t bring herself to charge for missed appointments. (“I feel that it is not the psychiatrist’s privilege to be exempt from the generally accepted custom of our culture in which one is not paid for services not rendered,” she wrote in her book Principles of Intensive Psychotherapy.) Another piece of practical advice offered by Freud that did not fall on deaf ears was that the psychoanalyst shouldn’t be ashamed to charge substantial fees for his services, that he should collect payments regularly, and that he shouldn’t take free patients. (Freud had tried free treatment—as he tried everything—to see how it worked, and reported that it didn’t: “Free treatment enormously increases some of a neurotic’s resistances. . . . The absence of the regulating effect offered by the payment of a fee to the doctor makes itself very painfully felt; the whole relationship is removed from the real world, and the patient is deprived of a strong motive for endeavoring to bring the treatment to an end.” The derisive popular notion that psychoanalysts hypocritically claim that their high fee is “good for the patient” or “part of the treatment” may have arisen from a misunderstanding of this passage.) The physical arrangement of analysis—the patient lying on the couch, with the analyst seated behind him—is discussed in “On Beginning the Treatment.” Freud called the arrangement a “remnant of the hypnotic method” and said that he continued it first of all because, frankly, he didn’t like to be stared at all day, and—more to the analytic point—because it kept “the transference from mingling with the patient’s associations imperceptibly” and allowed it to come more sharply into relief as a resistance.
In "Recommendations to Physicians Practicing Psycho-analysis" (1912), Freud describes the special way of listening to the patient that the psychoanalyst must learn. It is as different from ordinary listening as the patient's free association is different from ordinary talking; in fact, it is a counterpart of free association. "It consists simply in not directing one's notice to anything in particular and in maintaining the same 'evenly suspended attention' (as I have called it) in the face of all that one hears," Freud writes, and he cautions the analyst not to let anything—therapeutic ambition above all—get in the way of the aimless, Zen-like state of desirlessness in which he listens, bending "his own unconscious like a receptive organ toward the transmitting unconscious of the patient." He compares the analyst to the surgeon, "who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skillfully as possible." (Nowhere does this surgical analogy, which Freud repeatedly uses in his writings, seem more inapt than in this paper—the incongruous yoking of the image of the exquisitely relaxed analyst, inclining toward his patient's psyche as a sinuous, long-stemmed plant languorously yields to the law of tropism, with that of the cold, hard surgeon, tensely concentrating his mental forces on the technical job at hand. The incongruity derives, perhaps, from Freud's own struggles to reconcile the unwieldy findings of psychoanalysis with the orderly positivism of the Helmholtz school of science, in which he had been educated. An unfinished early work called *Project for a Scientific Psychology* was his strenuous, doomed effort to give a physiological source to the psychological phenomena he was discovering.)

Freud made other "recommendations" in 1912 that have
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since become standard in psychoanalytic treatment: that the analyst should himself be analyzed, that he should not reciprocate the patient's confidences ("The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him"), and that he must not try to educate or morally influence or "improve" the patient in any way. "As a doctor, one must above all be tolerant of the weakness of a patient, and must be content if one has won back some degree of capacity for work and enjoyment for a person even of only moderate worth." For a doctor to speak of the "worth" of his patients falls strangely on the modern ear. An earlier discussion of the issue, in "On Psychotherapy" (1905), sounds even stranger:

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

As Freud groped his way toward the complexities of ego psychology, he was obliged to modify this simple view of human fallibility—to see that illness and character were not, after all, discrete—but, significantly, he never changed his profoundly amoral view of psychoanalytic therapy. "Transforming your hysterical misery into common unhappiness" (Studies on Hysteria) remained the ungarnished program of psychoanalysis, with no frills added of "self-improvement" or "fulfillment," which such revisionists as Alfred Adler, Harry Stack Sullivan, Erich Fromm, and Karen Horney were
to covertly offer their patients. Herbert Marcuse, in his "Critique of Neo-Freudian Revisionism" (the epilogue to his book *Eros and Civilization*), icily examines the tone of uplift and the Power of Positive Thinking that pervades the revisionists' writings, and mocks their claim to scientific seriousness. That same atmosphere of the sermonette pervades the writings of today's *nouvelle vague* neo-Freudians, Kernberg and Kohut. Kernberg's "clinical descriptions" of narcissistic patients are like passages from a nineteenth-century novel cataloguing the ethical deficiencies of its villains and villainesses. Kohut adopts a more pastoral tone toward *his* "shallow," "grandiose," "self-centered," "envious," "exploitative," "empty" patients, but his intention seems no less reproving and improving.

In "Remembering, Repeating, and Working Through" (1914), Freud added a new dimension to his repudiation of intellectual knowledge as a mechanism of cure. When he replaced urging by free association, it was still in order to facilitate the backward flow of the patient's thoughts—the "precious metal" Freud sought was the memory of psychic trauma. Now Freud saw that it wasn't necessary to struggle against the patient's resistance to remembering. The doctor needed only to observe the patient's present behavior, since even though "the patient does not remember anything of what he has forgotten and repressed, he acts it out, without, of course, knowing that he is repeating it." Freud goes on, "For instance, the patient does not say that he used to be defiant and critical toward his parents' authority; instead, he behaves in that way to the doctor. . . . He does not remember having been intensely ashamed of certain sexual activities and afraid of their being found out; but he makes it clear that he is ashamed of the treatment on which he is now embarked,
and tries to keep it secret from everybody.” Freud called this phenomenon the “repetition compulsion,” and went on to observe that the task of the analyst is to convert repeating into remembering. The analyst must be prepared “for a perpetual struggle with his patient to keep in the psychical sphere all the impulses which the patient would like to direct into the motor sphere; and he celebrates it as a triumph for the treatment if he can bring it about that something that the patient wishes to discharge in action is disposed of through the work of remembering.” Freud is here talking of the impulsive, foolish, even dangerous things that the patient may do outside the analysis while under the sway of wishes that have been activated by the analysis. He notes how much more dangerous analysis is now than it was in the old days of hypnosis: “Remembering, as it was induced in hypnosis, could not but give the impression of an experiment carried out in the laboratory. Repeating, as it is induced in analytic treatment according to the newer technique, on the other hand, implies conjuring up a piece of real life; and for that reason it cannot always be harmless and unobjectionable.” Freud proposed a rather inelegant precaution (one that is no longer advocated): that the analyst get the patient to agree to put off during his treatment all important decisions—such as marrying or taking a new job—which he might repent of later.

During the period of the technical papers, Freud was guided in his thinking about repression and resistance by conceiving of the mind in terms of a spatial arrangement of the unconscious and conscious states. In the Introductory Lectures, proposing a “crude” metaphor, he asks the student to imagine a large entrance hall that opens onto a small, narrow drawing room. In the large hall (of the unconscious),
mental impulses "jostle one another" as they try to get past the guard who stands on the threshold of the drawing room, which Freud named the preconscious. The fate of most of these impulses is to be immediately repelled by the guard or, should they slip by him and get into the drawing room, to be dragged back. (The latter are the repressed unconscious thoughts.) The few impulses that are allowed into the drawing room are not yet conscious, and may or may not become so, depending on whether or not they "succeed in catching the eye of consciousness." Freud located this "eye" at the far end of the preconscious drawing room. The significant border relationship in regard to repression and resistance was not the one between the preconscious and the conscious but the one between the preconscious and the unconscious. This "topographic" model of the mind was derived from Freud's concept of how dreams are formed, and it remains at the heart of psychoanalysis. ("The property of being conscious or not is in the last resort our one beacon light in the darkness of depth psychology," Freud wrote in 1923 in *The Ego and the Id.*) However, it proved not to provide a strong enough theoretical structure to carry the increasing weight of clinical discovery; as time went on, and Freud did more and more analyses, the topographic model began to creak, and finally—on the issue of unconscious guilt—it broke down. To deal with the fact that some patients didn't get well—in fact, seemed to worsen—as the unconscious became conscious, Freud devised a new model of the mind, which offered a way of grappling with this perplexity, and which changed the analyst's view of what his task was. Previously, the analyst had conceived of himself as a kind of medium bringing messages from the realm of the unconscious to the reluctant ear of consciousness—as an inter-
mediary between the patient's buried passions and his overt morals. In the Clark lectures, for example, Freud (in another of his "crude analogies") likened repression to the measures that would be taken if someone in the university lecture hall began to laugh and shout and make such a nuisance of himself that the lecturer had to stop speaking. Three or four strong men in the audience would then have to put the unruly fellow out and wedge their chairs against the door to prevent his return—as in psychic life unacceptable wishes are expelled from consciousness and a barrier of repression is mounted against them. However—Freud went on with the analogy—putting the unruly fellow out might only make matters worse; enraged by his expulsion, he might stand outside the door and shout and bang his fists against the panels and altogether make more trouble than he made when he was in the room. (Repression is always a failure.) In that case, Freud whimsically proposed, Dr. G. Stanley Hall, the president of Clark University, would have to go out and speak to the man, get him to promise to behave himself, assure the lecturer and the audience of the transgressor's good intentions, and get him readmitted to the hall. This, Freud concluded, "presents what is really no bad picture of the physician's task in the psycho-analytic treatment of the neuroses."

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

The new “structural theory” accounted for the new element by conceiving of the mind in terms of three psychic agencies: the ego, the id, and the superego, which stand for reason, passion, and conscience, and whose fate it is to be locked in perpetual conflict. In this view, the neurotic is a person whose ego has become weakened by the conflict with its internal enemies as well as by its responsibilities as the mind’s emissary to external reality. (The psychotic is someone whose ego has abdicated from this responsibility—as it does nightly in normal people in the psychosis known as dreaming.) The analyst comes to the aid of the beleaguered ego and joins forces with it against its internal enemies. Invariably, the cause of the trouble, the start of the debility, is traced back to childhood—to a particular, fateful, universal experience called the Oedipus complex. The complex describes the shattering, by fear of castration, of a small boy’s dream of making love to his mother, and the formation of the superego as a permanent memorial to his dread. “The paradoxical proposition that the normal man is not only far more immoral than he believes but also far more moral
than he knows" (as Freud wrote in *The Ego and the Id*) arises from this dire early experience. Freud's association of morality with castration anxiety—"the little lover" of four or five gives up his ambitions toward his mother fast, and forever, when "more or less plainly, more or less brutally, a threat is pronounced that this part of him which he values so highly will be taken away from him"—led him to the inescapable conclusion that women, to whom the worst had already happened, must be less moral than men. "I cannot evade the notion (though I hesitate to give it expression) that for women the level of what is ethically normal is different from what it is in men," Freud wrote in "Some Psychical Consequences of the Anatomical Distinction Between the Sexes" (1925). "Their superego is never so inexorable, so impersonal, so independent of its emotional origins as we require it to be in men. Character traits which critics of every epoch have brought up against women—that they show less sense of justice than men, that they are less ready to submit to the great exigencies of life, that they are more often influenced in their judgments by feelings of affection or hostility—all these would be amply accounted for by the modification in the formation of their superego which we have inferred above." He added, "We must not allow ourselves to be deflected from such conclusions by the denials of the feminists, who are anxious to force us to regard the two sexes as completely equal in position and worth; but we shall, of course, willingly agree that the majority of men are also far behind the masculine ideal, and that all human individuals, as a result of their bisexual disposition and of cross-inheritance, combine in themselves both masculine and feminine characteristics, so that pure masculinity and femininity remain theoretical constructions of uncertain content."
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The female Oedipus complex runs an opposite course from the male one. While the boy is frightened out of his love affair with his mother by the threat of castration, the girl is impelled into hopeless love for her father by pique with her mother “for having sent her into the world so insufficiently equipped.” “No human individual is spared such traumatic experiences,” Freud wrote of the Oedipus complex in *An Outline of Psycho-Analysis* (1940). However, “the whole occurrence, which may probably be regarded as the central experience of the years of childhood, the greatest problem of early life, and the strongest source of later inadequacy, is so completely forgotten that its reconstruction during the work of analysis is met in adults by the most decided disbelief. Indeed, aversion to it is so great that people try to silence any mention of the proscribed subject, and the most obvious reminders of it are overlooked by a strange intellectual blindness.”

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

Freud’s structural theory, with its epilogue of the super-ego, gave the Oedipal scenario its final form, but it didn’t introduce the Oedipus complex. Freud had happened on that back in the eighteen-nineties while coming to terms with his disconcerting realization that his patients’ stories of childhood seduction, on which he had confidently erected his theory of the etiology of the neurosis in childhood trauma, were largely untrue. The chief innovation of the structural theory was the way its new terminology changed the attitude of the analyst toward the patient’s resistances. In his new capacity as the ally of the ego in its struggle against the id and the superego, the analyst (paradoxically) became an even more passive agent in the therapeutic relationship. In the beginning, the analyst all but shook the patient to get
him to remember traumatic events; then there came a period of more subtle struggle over the patient's insufficient observance of the fundamental rule of saying whatever comes to mind; and finally a culminating condition of total laissez-faire. Under the new dispensation, the manner in which the patient (unconsciously) defends himself against the analysis becomes itself a focus of the analysis, since the patient's defenses repeat and reflect his characteristic resistances, or "defense mechanisms," as Anna Freud called them in her housewifely ordering of the new material, *The Ego and the Mechanisms of Defense* (1936). In contemporary psychoanalysis, how the patient disobeys the fundamental rule is at least as interesting to the analyst as what comes out when he obeys it. The study of his disobedience is "ego analysis" and that of his obedience "id analysis," and, as Freud said in "Analysis Terminable and Interminable," analytic work "is constantly swinging backward and forward like a pendulum" between the two. The patient's transferences are similarly classified according to their ego or id origins. Passionate love for or hatred of the analyst is a repetition of early instinctual impulsions. More subtly unjustified feelings about the analyst are reversions to early defenses of the ego against threatening primitive id impulses. The defenses, Anna Freud points out, are harder to get at than the impulses, because while the "irruptions of the id" make the patient uncomfortable and ashamed—he is only too glad to dissociate himself from them by accepting the idea that he is repeating something from childhood—the defenses against them are familiar, comfortable, unobjectionable, "ego-syntonic" ways of being, and are thus difficult to see as transference rather than as "real."

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

Among Freudian analysts today, there is fairly universal agreement about what constitutes analytic behavior and what doesn’t. The analyst as far as possible confines himself to listening to the patient and (sparingly) offering him his conjectures—which are called “interpretations”—about the unconscious meaning of his communications. He does not give advice, he does not talk about himself, he does not let himself be provoked or drawn into discussions of abstract subjects, he does not answer questions about his family or his political preferences, he does not show like or dislike of the patient, or approval or disapproval of his actions. His behavior toward the patient is as neutral, mild, colorless, self-effacing, uninterfering, and undemanding as he is able to make it, and as it is toward no one else in his life—with the paradoxical (and now absolutely predictable) result that the patient reacts with stronger, more vivid and intense personal feelings to this bland, shadowy figure than he does to the more clearly delineated and provocative figures in his life outside the analysis. On this paradox—on the patient’s quickness to overfill the emotional vacuum created by the analyst’s reticence—the analysis is poised, and it may as easily founder as take off. If the patient sees the analyst as a cold, callous person of limited intelligence and unbounded tactlessness, he may decide to quit the analysis. In fact, Freud originally felt that positive feelings toward the analyst at the start of treatment were a necessary precondition for it. Although this is no longer accepted (nu-
numerous patients have stuck out analyses with analysts they disliked), analysts continue to search themselves for what may have been their own contribution to the debacle of discontinued, aborted, or failed treatment. Perhaps it wasn't a patient's negative-transference reactions so much as his obscure perception of the analyst's unkindly, if not outright sadistic, disposition toward him that caused him to flee the analysis. For to the complication of transference must be added that of countertransference; i.e., the analyst's inappropriate reactions to the patient, based on his own unconscious misassociation of him with significant figures in his own past. (In its original, limited meaning, countertransference referred to an obstruction to the analyst's understanding of the patient, which the analyst had to strive to overcome. In recent years, countertransference has been expanded to embrace all the feelings of the analyst toward the patient, with special attention to those that are deliberately—if unconsciously—elicited by the patient and thus properly belong in his dossier rather than in the analyst's.) And to that complication must be added the treacherous and unresolved (unresolvable?) question of analytic "reality." For implicit in the idea of transference as distortion is the assumption of some true, or truer, state of things that is being obscured. If the patient's "menacing illusion" (as Freud called it in An Outline of Psycho-Analysis) of being in love with the analyst is just that—an illusion, which the analyst must "tear the patient out of," showing him "again and again that what he takes to be new real life is a reflection of the past"—then how is one to regard the "reality" to which the patient is returned? What is the nature and who is to be the judge of the "real relationship" between patient and analyst? Freud never much interested himself in this question.
His discovery of the illusory relationship was, after all, the news, and the actual relationship between doctor and patient was not. But as time went on it became increasingly evident that in psychoanalysis doctor and patient stand in a relationship markedly different from the relationship that exists between doctor and patient in medical practice, and analysts have been increasingly preoccupied with (and divided on) the subject of the “non-transference relationship.” The lengthening duration of analysis is a factor in this new interest: analysis as a kind of weird avant-garde experiment that you lend yourself to for a couple of months (as the early patients did) is quite a different proposition from the eight- or ten-year analyses that are nowadays commonplace. (When analysis changed from a symptom-curing therapy to a character-changing therapy, as the shift from id to ego psychology caused it to do, it naturally required more time.) A modus vivendi of some sort must be established between patient and analyst, tolerable to both, if this singular and unprecedented association is to last the course, to say nothing of whether it will benefit the patient. “With due respect for the necessary strictest handling and interpretation of the transference,” Anna Freud wrote in 1954, “I feel still that we should leave room somewhere for the realization that analyst and patient are also two real people, of equal adult status, in a real personal relationship to each other. I wonder whether our—at times complete—neglect of this side of the matter is not responsible for some of the hostile reactions which we get from our patients and which we are apt to ascribe to ‘true transference’ only.”

Anna Freud’s plain speaking occurred at an analytic symposium where she discussed a paper called “The Widening Scope of Indications for Psychoanalysis,” by the New York
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analyst Leo Stone, with whose humanistic view of the analytic relationship she heartily concurred. A few years later, Stone was to elaborate this view in his classic study *The Psychoanalytic Situation* (1961). At the symposium, he was content to simply express his fear that analysts' overzealous playing of their roles as silent, ungratifying, unknowable beings might subvert the very process it was intended to set in motion. Early in the paper, Stone reveals the sort of person (and analyst) he is as he looks with a kind of sorrowing wonder at the flourishing psychoanalytic scene of New York in the nineteen-fifties (today wistfully referred to as "the heyday of psychoanalysis"), when "scarcely any human problem admits of solution other than psychoanalysis." Stone goes on to ruefully note that "by the same token, there is an almost magical expectation of help from the method, which does it grave injustice. Hopeless or grave reality situations, lack of talent or ability (usually regarded as 'inhibition'), lack of an adequate philosophy of life, and almost any chronic physical illness may be brought to psychoanalysis for cure." What Stone finds most disquieting about this overestimation is its implicit "loss of a sense of proportion about the human condition, a forgetting or denial of the fact that few human beings are without some troubles, and that many must be met, if at all, by 'old-fashioned' methods: courage, or wisdom, or struggle, for instance; also that few people avoid altogether and forever some physical ailments, not to speak of the fact that all die of illness in the end." Stone goes so far as to offer the startling suggestion that "if a man is otherwise healthy, happy, and efficient, and his rare attacks of headache can be avoided by not eating lobster, for example, it would seem better that he avoid eating lobster than that he be analyzed."
In *The Psychoanalytic Situation*, Stone argues for the necessity of “framing” the stormy primitive drama of transference and countertransference in a placid relationship of two adults: one a doctor of manifest good will and reliability, the other a patient of comparable maturity and responsibility—insofar as he comes to the sessions, pays the bills, and takes the analyst’s unconventional behavior as a “technical instrumentality” rather than as a personal attack. *Within* the transference, of course, the patient may (and almost invariably does) wallow in his sense of injury and deprivation, rejection and outrage. But a part of him should always “know” that these feelings are not to be altogether trusted. This capacity of the patient for detachment and self-observation Stone characterizes as “a benign split of the ego” (into observing and experiencing parts), which he considers essential for the working of the analytic process. His concern is that the analyst’s unrelentingly analytic behavior may subvert the process by shaking the faith of the patient’s observing ego in the analyst’s benignity and tipping the balance in favor of the experiencing ego’s delusion of malevolence. “Whereas purely technical or intellectual errors can, in most instances, be corrected, a failure in a critical juncture to show the reasonable human response which any person inevitably expects from another on whom he deeply depends can invalidate years of patient and largely skillful work,” he writes. In wry protest against the overliteral and trivializing application of Freud’s “mirror principle,” Stone remarks, “I doubt that the evolution of the transference neurosis is often seriously disturbed by the patient’s knowing whether one takes one’s vacation in Vermont or Maine, or indeed (let me be really bold!) that one knows something more about sailing than about golf,” and he adds, “I think that it is not
seldom disturbed by a persistent or repetitive arbitrary refusal to answer such questions, after sufficient speculative fantasy, if there is no more specific or adequate reason than a general principle that the patient must not know anything about one, or that the analyst does not answer questions." (Kohut puts the matter very succinctly in a footnote in his book *The Analysis of the Self* when he says, “To remain silent when one is asked a question is not neutral but rude.”) Stone mordantly notes, “The enthusiastic and engaging assertion of an older colleague many years ago that his patient would have developed the same vivid transference love toward him ‘if he had been a brass monkey’ is, alas (or perhaps fortunately!), just not true. For all patients, to the degree that they are removed from the psychotic, have an important investment in their real and objective perceptions; and the interplay between these and the transference requires a certain minimal, if variable, resemblance.”

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

This brusque summary of Stone's exquisite essay is comparable to a "college outline" of The Golden Bowl. Stone's plea for humaneness and flexibility and common sense is en-cased in the most subtly reasoned, profoundly erudite, and awesomely "difficult" of meditations on a complex subject. Other analysts, before and after Stone, have remonstrated against analytic rigidity, but none with Stone's authority and sincerity. In its comfortable commingling of abstruse technical and metapsychological concepts with ordinary human wisdom, The Psychoanalytic Situation recalls the writings of Freud—and, indeed, among psychoanalysts Stone inspires the sort of reverence that few but Freud himself have inspired. (That Stone is almost completely unknown outside the profession is curious and unfortunate.)

Stone's attractive humanistic view of the analyst's role is currently shared by all but a small minority of analysts. The
leader of the opposition is Charles Brenner. Brenner has none of Stone’s elegance of expression and incandescence of literary persona, but he is a worthy foeman. His austere position has an icy beauty. In an article entitled “Working Alliance, Therapeutic Alliance, and Transference” (1979), Brenner challenged the whole notion that transference and “the real relationship” can be separated. “Therapeutic alliance” and “working alliance” are terms coined by the late Elizabeth Zetzel and the late Ralph Greenson, respectively, to denote the positive adult relationship in which the transference is framed. To Brenner, all such separating and “framing” is suspect. He sees the “working alliance” or the “therapeutic alliance” as a kind of shady side deal that the analyst offers the patient to gain his compliance—a deal that looks kindly and humane on the surface but in fact robs the patient of the full use of the analytic instrumentality.

“Suppose an analyst were to fall asleep during a session, or to forget an appointment with a patient. Should he apologize, explain, and discuss the reasons for his action with his patient?” Brenner asks in his book *Psychoanalytic Technique and Psychic Conflict* (1976). He gives this rather magnificent answer:

Many analysts would say he should . . . and their arguments for doing so are persuasive. Yet I believe the better course to follow is the usual one of encouraging a patient to express his thoughts and feelings about what has happened. Only in that way can one learn whether a patient has taken his analyst’s mistake as a slight that has offended and angered him, or as a sign of weakness that allows him to feel superior and even triumphant, or as a welcome excuse for anger, etc. A conscientious analyst will natu-
rally regret such a mistake, he will certainly try, through self-analysis, to discover his unconscious reasons for having acted as he did, but he will be well advised to maintain an analytic attitude even to such an event, and not to assume what it must mean to his patient without hearing what his patient has to say. It is presumptuous to act the analyst, unbidden, in a social or family situation. It is a technical lapse to be other than an analyst in one’s relation with an analytic patient.

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

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

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

2

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

Freud's recommendation that the analyst himself be analyzed has become an inflexible and central fact of analytic education. The "candidate," as the student is called, is assigned a "training analyst," with whom he has an analysis that—at least in theory—is no different from ordinary therapeutic analysis, though certain subtle differences are inevitable. In a grim voice, Aaron went on to tell me of a traumatic event that had marked his arrival in New York from B——.

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

“What did you do?”

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

“Did you get another woman analyst?”

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

I asked Aaron what he meant by "establishment" psychoanalysis. He explained that in this country the establishment is formed of the institutes that are recognized by the American Psychoanalytic Association, which came into existence in 1911, three years after the International Psycho-Analytical Association was organized by Freud in Europe. The regulations and standards of the American are stricter and stiffer than those of the International, which oversees the ana-
lytic institutes and societies of the rest of the world. Aaron believes that American psychoanalysis is a great cut above psychoanalysis elsewhere in the world; he is contemptuous of what he calls the laxness and sloppiness of English, European, and South American analysis. There are other people, naturally, who are unimpressed by American analysis and are critical of the American Psychoanalytic Association's iron hold over the profession. The most controversial of the American's regulations is the one that, in effect, requires members to be medical doctors. The rule was laid down in 1923 in the belief that alignment with the medical establishment would give the struggling new profession the respectability it needed. It gave it that, but debate continues on whether too much wasn't sacrificed by this strategy—whether too many good people who are unwilling to go through medical training aren't being lost to analysis. Some of the greatest names in psychoanalysis were laymen—Anna Freud, Erik Erikson, Ernst Kris, to name the most celebrated. The International leaves the question to the discretion of the individual institutes, and most do not require that their members be doctors. Freud himself was opposed to the medical requirement, arguing (in a pamphlet called *The Question of Lay Analysis*, written in 1926 on the occasion of a lawsuit by the Austrian government against a non-medical colleague, Theodor Reik) that training in the care of bodies has little bearing on the treatment of souls. Philip Rieff, in *The Triumph of the Therapeutic* (1966), points with bitter malice to what he sees as the evil consequences of the medical requirement:

More often than not, the contemporary candidate for training in one of the institutes now comes straight out of
PYCHOANALYSIS:
a medical school with precisely the wrong kind of educa-
tion, for which a reading of Freud's case histories and vari-
ous other courses in the development and structure of
psychoanalysis cannot compensate. The early psycho-
analysts were educated men when they gathered around
Freud; the contemporary psychoanalyst is not an educated
man when he leaves the institute. . . . By default, the
institutes have become what most of their students ardently
desire them to be: trade schools preparing them for
accreditation and the good life in some suburb, without
night calls from troublesome patients. 4

Non-doctors who wish to practice psychoanalysis in this
country get their training at what Aaron (with unabashed
snobbery and an admitted total lack of justification) calls the
"fly-by-night" institutes. These include institutes founded by
revisionists, such as the Karen Horney Institute and the Wil-
liam Alanson White Institute, as well as those set up specifi-
cally to accommodate non-doctors, such as the National Psy-
chological Association for Psychoanalysis, founded in 1946
by Reik, who had emigrated here. The situation is a messy,
incoherent one, difficult for the person who is looking for an
analyst to make his way through. And this is to say noth-
ing of the back street of dubious and outright fraudulent
therapies beckoning to the person in desperate straits.

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

"But the schism was years ago," I said. "What's the matter with them now?"

Aaron frowned, and said in a low, dark voice, "They're sharp dressers."

I laughed. "Is that all?"

"Isn't that enough?" Aaron said. He laughed, too.

"Do they tell you how to dress at the New York Psychoanalytic?"

"No. But let me tell you a story. One time soon after I graduated, I wanted a sports jacket, and went to Abercrombie & Fitch. I immediately saw a soft-shouldered black-and-white-herringbone tweed jacket and thought, That's it! That's the one! So I bought it, and when I wore it I thought, Fantastic! I felt great in it, I enjoyed it, it corresponded to my adolescent idea of what good dressing was. Two years later, I met with two colleagues—a man and a woman—whom I regularly joined for mutual supervision. I was wearing my herringbone jacket, and when the other man came in—he was ten years older than me—he was wearing an almost identical herringbone jacket. The woman turned to him and said, 'What a nice jacket!' and he said, 'Thank you, I just bought it at Brooks Brothers. Yes, I think it's nice, too.' There I sat in the same jacket, making self-satiric gestures of Hey, look at me! But they went right on talking about his jacket. Finally they noticed me—and my jacket—and my colleague laughed and said, 'But, you know,
everyone at the New York Psychoanalytic wears this kind of jacket.' So then I understood why I had felt so great about my jacket. I began to look around the Institute and, sure enough, the jacket was all over the place.

"So they don't give a course on how to dress like an analyst."

"They don't have to. You do it by keeping your eyes open—or closed, as I did."

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

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

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

“What would have been different about your life?”

“It would have been extremely constricted, full of bitterness and depression. To some extent, I know that because it still is,” Aaron said with a rueful smile. “You see, I haven’t changed all that radically. I don’t think basic character structure ever changes. We’re not that malleable. But one of the ways I became impressed by the changes occurring in me was through the appearance of substitute symptoms. As I gave up certain character traits, I developed acute symptoms. I had read about that happening—Freud writes about it—but I never thought it would happen to me. Well, it was happening. As I grew less nasty and pugnacious and argumentative—as I began more and more to say to myself, ‘Hell, you don’t have to do that anymore’—I grew more and more anxious about things I had never been anxious about before. Like being in crowds and sitting in the balcony at the theatre. I also developed a speaking anxiety, which I still have, and which really troubles me. It gets in the way of my teaching and prevents me from speaking at congresses. I was invited to speak at a meeting of the American Psychoanalytic Association—I was to be one of the discussants of a paper on a subject of special interest to me: Freud’s dual-instinct theory—and I had to refuse. I just couldn’t do it. The mere thought of being on that stage at the Waldorf terrified me. I feel flawed and humiliated by this symptom. It’s one
of the things I may have to go back into analysis about."

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

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

"Since ambition is the problem?"

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

"Somehow, that doesn't surprise me about you," I was interested to hear myself say.

"Well, it surprised me! Granted that in the unconscious one idolizes both the masculine and the feminine, it still surprised me. And it bothered me, I can tell you."

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3

The next Wednesday, I told Aaron about my meeting the night before with three people from the Institute. This was the second time I had met with this trio—two male analysts in their fifties and a woman analyst in her sixties—in the woman's handsomely appointed Park Avenue apartment. The meetings were in response to a telephone call I
had made to the Institute, asking for information about its curriculum, entrance procedures, faculty appointments, and so on, and requesting permission to sit in on a few classes. It was soon clear that the three analysts, who were members of the powerful Educational Committee, by which the Institute is largely ruled, had been sent out to meet and fend off the press. After each of the evening meetings, which were long, strained, and tedious, I felt the stirrings of an old childhood sense of anxiety, obscure wrongdoing, and resentment.

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

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

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

"I don't know exactly. But I suspect that this kind of peculiar, suspicious, guilt-ridden behavior has something to do with the training analysis and its special difficulties. Analysts learn to do analysis by being analyzed themselves—a rather remarkable method of professional training. It's as if a surgeon learned to do surgery by being operated on. And yet the training analysis isn't exactly like the regular therapeutic analysis, either. An analysis ends when the patient resolves his transference neurosis—when he finally accepts the fact that the analyst is not, not, not going to fulfill the wishes the patient had as a child toward his parents, that it just isn't going to happen that way, that he must renounce these wishes toward the analyst and fulfill them in his own life, in his work, in his attachments, through his children. In other
words, that he is an adult and must put away childish things. Which is *horribly painful*. O.K. Now, imagine the situation of the candidate when his analysis ends. Instead of going his way like the ordinary analysand, he joins the profession of his analyst—joins the very institute of which his analyst is a member, and begins to make his way up in the hierarchy his analyst has already reached the top of. As time goes on, the wishes that the candidate has had to renounce and subliminate—but that are always there—are powerfully reactivated. He begins to dare hope that maybe he *will*, after all, be admitted into the parental bedroom, that he *will* be treated to the secrets of the parents, that he *will* find out what they ‘do’ in there, that he *will* be able to form alliances with one or another of them. Not everyone feels like that—some people drop out of the institute world and go their own way—but the majority, like me, for whatever infantilely motivated reason, hope that they will get into that bedroom: that they will become training analysts.”

“But not everyone makes it.”

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

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

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

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

"Then why do you have to push? Why don't you just rise?"

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

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

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

"So you don't like analytic society?"

"It bores me."
“What about the younger people, the colleagues on your own level?”

“They bore me, too. It’s the same thing. They talk about their houses in the country, the schools their children go to, their trips in the summer—all that. I don’t feel comfortable with them. I recognize this as an old childhood trait. I’ve never felt ‘in’ anywhere—not in school, not in college, not in medical school, not in psychiatric training—and now I’m playing it out in relation to the analytic community. Everyone’s analysis unearths a central fantasy, and mine is that of an outsider looking into the bedroom: feeling excited and scared, getting aroused, trying to figure out what is going on, but not having to get involved, not having to risk anything. There are many ways of playing out this fantasy. I could have become a Peeping Tom, for one extreme possibility, but I became a scientist instead—a psychoanalyst, a person who gets to know another person very intimately but doesn’t have to get involved with him. I’m very much a Jew—another kind of outsider. So if you ask me if I want to get into the inner sanctum of the New York Psychoanalytic—well, yes, I do, well, no, I don’t. I have all kinds of fantasies about what goes on in the inner sanctum, most of which aren’t true. They couldn’t possibly be true.” Aaron laughed at his fantasies.

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

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

“The best parties are the ones you’re not invited to.”
"That's right."

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

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

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

"Sometimes. Look, you felt it, too, when you compared yourself to a child in front of threatening grownups after you'd met with the Educational Committee people. Which was partly your own psychology coming out—and it's partly my psychology coming out, too. I can imagine that, theoretically, there are people younger than I who feel on the level of equals with Them—who are not cowed and intimidated. But only partly. Because there's no doubt that the organization is hierarchical and that the people in charge do not extend an attitude of invitation and incorporation to the younger generation and to the people on the periphery. They are exclusive, and all analytic institutes aren't like this one."

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

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

"The kids getting together against the parents."

"Right. The student organization is kid stuff in the truest sense of the term. That son of a bitch was right. The Educational Committee never came out with any official pronouncement about the student organization. About how it would interfere, how it would be extraneous—at best a waste of time, at worst a resistance. They never said that—it would have been foolish of them to say it—but I believe that that was their attitude. Let the children play. Analytic education is inescapably an infantilizing experience. Interesting, isn't it? That a profession which gears itself so much to progressive maturation should conduct its education as an infantilizing experience."

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

"I didn't feel it as a threat, exactly. But the possibility was always there. I had several friends who were asked to resign."
"After a long time in training?"
"Yes, sometimes after many years."
"What does it mean when someone is dropped?"
"I don't know. These things are shrouded in mystery and a tremendous amount of secrecy—secrecy that is observed not only by the Institute but by the person dropped. In general, either people founder on their casework or they are unanalyzable. Character also counts. There was a man in my class who had a terrible character. He was slick, sharp, he lied, he wasn't nice. It enraged me to see him at the Institute and to think that he would be practicing analysis. Well, one day he wasn't there anymore, and I was enormously relieved and glad that he had been found out and booted."
"So the parents are omniscient after all."
"Hardly. The place is run like a candy store."
"What do you mean?"

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

“What was it about?”

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

“What was the real issue?”

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

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

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

4

The Treatment Center of the New York Psychoanalytic is characterized in the Institute's catalogue as "an outpatient psychiatric clinic," but it would be more accurate to call it a clearinghouse for the cases on which candidates learn to do analysis. People looking for low-cost analytic treatment come to the New York Psychoanalytic building, at 245 East 82 Street—a shabby five-story structure of a kind of timorous Art Deco aspect (the thirties Nebbish style?)—where they are interviewed by one of a voluntary staff of analysts and are usually found wanting:
eighty-nine percent of the people who come for interviews (referred by New York Psychoanalytic members or by psychiatrists or social workers) 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, heavyset 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.

At the beginning of his second year of training at the New York Psychoanalytic, Aaron Green 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. "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 seven 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 dif-
ferent 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 'transferential.' 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 kindliness 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 patient’s 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:

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

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<tr>
<th>MOTHER</th>
<th>YOU</th>
<th>SISTER</th>
<th>FATHER</th>
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<td>MY</td>
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<tr>
<td>AFRAID</td>
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<td>HOMOSEXUAL</td>
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<td>MOUTH</td>
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<td>NAKED</td>
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<td>SLIGHTLY</td>
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<td>SHE</td>
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Each of four selected words and the words with which it significantly (p ≤ .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
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fascinating. It told of a rather commonplace discovery that Dahlg 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. Dahlg 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 Dahlg called these covert communications), through which the ana-
lyst 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 apparently "intuitive" inferences of a patient's unconscious motives must be shown to derive from objective rules and laws—i.e., that what
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a patient says during an analytic session (the "data" of psychoanalysis) will compel the same interpretation from any and every analyst listening to him. 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 his attention has finally come to rest on a single session: the fifth hour of the analysis. Through intensive linguistic and logical analysis of the verbatim transcript of this hour, Dahl and Teller are attempting to lay bare the mental processes of analysts as they listen with "closely hovering attention" to a patient’s utterances and find themselves forming hypotheses about their unconscious meaning. For embedded in the transcript, like a message written in invisible ink, are innumerable, unmistakable traces of the patient’s unconscious motives. Invisible to the naked eye as such, they come into glaring view under the special linguistic and logical microscopy devised by Dahl and Teller for their singular demonstration of the existence of the unconscious. What every analyst implicitly "knows" about his patient Dahl and Teller are attempting to explicitly show with their textual analyses.

Dahl proposed that I listen to Session Five as a preliminary to studying the annotated transcript. He said that any other hour of the analysis would have served his purposes as well, but that Session Five happened to be a particularly rich hour—a kind of microcosm of the whole analysis, like the overture of an opera in which all the themes are announced. At the time of its recording, however, Dahl recalls, the session hadn’t struck him as particularly significant; only in retrospect, after the analysis was over, could he make out
the fifth hour's prophetic character. 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 psycho-analytic 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 psycho-analysis... The talk of which psycho-analytic 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. Freud had been right: an outsider eavesdropping on an analytic session gets almost nothing from it; he is like an eavesdropper on a conversation (or monologue) in a foreign language. Only later, on reading the annotated transcript of the hour, did I laboriously decode the secret messages from the unconscious that the patient had wafted toward his analyst years before, and which Dahl, following Freud's instructions about loose, desireless, undirected listening, had "intuitively" grasped. 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, 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. In the later years of the analysis, he talked more. (Another
precaution Dahl took was to enlist the supervision of the eminent New York Psychoanalytic Institute analyst Jacob Arlow, with whom he met weekly throughout the analysis.) The analysis developed along the standard Oedipal lines that classical analyses of mildly neurotic patients are expected to follow. Only a relatively small part of the total analysis has been transcribed; transcription is costly, and the funding from public and private foundations that Dahl depends on for his research is modest and unreliable. He has been working on Session Five for three years now. He thinks he is on the verge of a major breakthrough. His belief in science—his conviction that “the world is an orderly place”—keeps him at his task, in resolute pursuit of knowledge that analysts have trouble grasping and that scientists in other fields have little interest in acquiring.

6

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. 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 forswear 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-
ence 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. Chertok and de Saussure’s notion of the “prophylactic” function of the concept of transference 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 only a façade behind which an intimate truth is hidden. Through what Freud called "the dream-work," the latent "dream-thought" is transformed into the "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* (1901) 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 oc-
curred 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. 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 en-
dowed with great beauty and a bad character ("a shameless mind and deceitful nature," according to Hesiod). Epime-theus, 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 confidingly 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.

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 inquisitive 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 in 1905, as “Fragment of an Analysis of a Case of Hysteria,” 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 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
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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 kindliness 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. 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 of dating and marrying patients and 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 equally 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.
AARON 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 transferential 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, 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 bluntly observed in 1972, "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 degrad-
ing 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 didn't pay me for eight months. Yes, eight months! 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. I had heard of other analysts who had stuck out long periods of not being paid—periods even longer than this. But for me it was the first time, and I was 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
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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 kindliness. 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 com-
fortable 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 rattle­
snake 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 confi­
dence and assurance, and draw the most profound admira­
tion and envy. One such is Otto Kernberg. When Kernberg
talks about a patient, he talks as if he understood him in­
side 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 pa­
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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 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.

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You will feel discouraged, guilt-ridden, depressed, lost, confused, and deluged by the quantity of data and by its ambiguity and complexity. You will suffer back pain, indigestion, headache, fatigue—all the afflictions the flesh is heir to—because of the guilt you constantly feel about not understanding the data. And this isn’t even to speak of the other kind of guilt that analysts feel over the pain and frustration they regularly inflict on the people they analyze. Analysts keep having to pick away at the scab that the patient tries to form between himself and the analyst to cover over his wound. That’s what the patient keeps trying to do—it’s what’s called resistance—and what the analyst won’t let him do. The analyst keeps picking away at the scab. He keeps the surface raw, so that the wound will heal properly."

"It’s unhealthy work you do," I said.

"You mean like dealing with bacteria in a bacteriological laboratory?"

"If you like. You get infected yourself."

Aaron nodded. "You get infected yourself. Nobody talks about that except in the realm of jokes. You detoxify it by making jokes about it. That’s the defensive aspect of joke-telling. People tell jokes, you know, about how crazy psychoanalysts are—they’ve had analysis themselves, right? Or: Analyst says to another analyst, ‘How are you?’ and the other analyst says, ‘I wonder what he meant by that.’ That kind of joke about the psychopathology of analysts has hidden in it a profound statement—namely, that it’s work that drives people crazy. Yes, it’s unhealthy work."

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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 his 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.
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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 elabo-
rated 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 pathology,” he said. “These people had always been around—they had different labels—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. His description of the first analysis reads like a caricature of analysis, while the second analysis is made to seem rich and profound, subtle and empathic, humanistic and humane. 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 those who want 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 faith-
ful 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 forty 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.”
At our next meeting, Aaron and I got into a discussion of “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 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 1972:
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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 "hysterical" to near-meaninglessness—was corroborated by the results of a ten-year study of "analyzability" published by Erle in 1979. 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 percent of the patients were thought to have been in any way "involved in a psychoanalytic process," although sixty percent 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 (1972) example of this concern, from a paper on transference by Brian Bird:

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 sta­
ble, 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 con­
tinuing 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 be­
ing directly helpful.

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

Their one aim is to make everything as pleasant as possi­
ble 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 con­
cerned, 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 school, and now by the various American object-relations theorists. 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 artifi-
cial 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 painful 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 be-
come 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, 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 ex-
perience tells him otherwise. "That first patient of mine was a classic hysteric," he said. "The case could have been done in 1900. Or 1100."

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In limiting his analytic caseload to "healthy" neurotic patients, Aaron Green is following a tradition that goes back to Freud. Robert Waelder, in his book *Basic Theory of Psychoanalysis* (1960), magisterially states the closed-shop view of psychoanalysis:

One does not see how psychoanalysis, by making the unconscious conscious, could teach such individuals [psychotics] to feel what they had never felt and never had come near to feeling.

The restriction of psychoanalytic therapy to psycho-neuroses and related conditions was expressed by Freud many years ago in these words: "The field in which analytical therapy can be applied is that of the transference-neuroses, phobias, hysterias, obsessional neuroses, and, besides these, such abnormalities of character as have been developed instead of these diseases. Everything other than these, such as narcissistic and psychotic conditions, is more or less unsuitable." If our present examination of the conditions, a quarter of a century later, did not lead to a different answer, it is due to the fact that these limits of psychoanalysis are not the consequence of inadequate knowledge and likely to be expanded when knowledge expands, but that the very nature of the psy-
Psychoanalytic process makes it the key that fits the neuroses but does not fit other disorders.

But as far back as the nineteen-twenties, this limiting view of psychoanalysis was being challenged by Freud's colleague, ex-patient, and good friend Sandor Ferenczi, who simply refused to give up when the key didn't fit and, if necessary, kicked down the door. "I have had a kind of fanatical belief in the efficacy of depth-psychology, and this has led me to attribute occasional failures not so much to the patient's 'incurability' as to our own lack of skill—a supposition which necessarily led me to try altering the usual technique in severe cases with which it had proved unable to cope successfully," Ferenczi wrote in 1931, in a paper called "Child Analysis in the Analysis of Adults." He went on:

It is thus only with the utmost reluctance that I ever bring myself to give up even the most obstinate case, and I have come to be a specialist in peculiarly difficult cases, with which I go on for very many years. I have refused to accept such verdicts as that a patient's resistance was unconquerable, or that his narcissism prevented our penetrating any further, or the sheer fatalistic acquiescence in the so-called "drying-up" of a case. I have told myself that as long as a patient continues to come at all, the last thread of hope has not snapped.

Ferenczi distinguished (though not as sharply as later writers were to do) between the cases that founder because the analyst has fallen into one of the traps—of hypocrisy, cruelty, insincerity, insensitivity—that perpetually lie in wait for the unwary practitioner of analysis, and those that fail because the patient is suffering from some malady
too deep and intractable to respond to ordinary analytic therapy. Such cases, Ferenczi felt, demand modifications of analysis in the direction of a softening and a lessening of its frustrations and deprivations. In "The Unwelcome Child and His Death Instinct" (1929), Ferenczi writes of cases of "diminished desire for life," which he recommends be handled in a manner "not unlike the 'pre-treatment' which Anna Freud considers necessary in the case of real children." He adds, "Through this indulgence the patient is permitted—properly speaking, for the first time—to enjoy the irresponsibility of childhood, which is equivalent to the introduction of positive life impulses and motives for his subsequent existence. Only later can one proceed cautiously to those demands for privation which characterize our analyses generally." In "The Principle of Relaxation and Neocatharsis" (1929), Ferenczi writes of patients who have "actually remained almost entirely at the child level, and for [whom] the usual methods of analytical therapy are not enough." He adds, "What such neurotics need is really to be adopted and to partake for the first time in their lives of the advantages of a normal nursery." In his last years, Ferenczi experimented with giving this sort of nursery care—what D. W. Winnicott in the fifties came to call "management of regression"—to certain of his very sick patients. Ferenczi's countryman and follower Michael Balint, in his book The Basic Fault (1968), recalls one such "grand experiment" of Ferenczi's in which "the patient got as much time from him as she asked for—several sessions per day and, if necessary, also during the night." Balint reports further, "As breaks were considered undesirable, she was seen during the weekends and was allowed to accompany her analyst on his holidays. These details are only a modest sample of what really hap-
pened. The experiment went on for some years. The results were still inconclusive when Ferenczi, owing to his illness, had to give up analytical work, only a few weeks before he died.”

Freud took an increasingly dim view of his friend’s therapeutic zeal, and in his affectionate, if restrained, obituary tribute of 1933, he shook his head sorrowingly over poor Ferenczi’s strayings from the fold of regular analysis: “Our friend slowly drifted away from us. . . . We learned that one single problem had monopolized his interest. The need to cure and to help had become paramount in him. He had probably set himself aims which, with our therapeutic means, are altogether out of reach today. From unexhausted springs of emotion the conviction was borne in upon him that one could effect far more with one’s patients if one gave them enough of the love which they had longed for as children. He wanted to discover how this could be carried out within the framework of the psychoanalytic situation; and so long as he had not succeeded in this, he kept apart, no longer certain, perhaps, of agreement with his friends.”

Just as Ferenczi’s insights into analytic hypocrisy, insincerity, and so on had a profound impact on the future conduct of analytic therapy (it led to such concepts as “the therapeutic alliance” and the “non-transference relationship,” and to Stone’s culminating work on the subject), so did his intuitions about the “childishness” of deeply disturbed patients have momentous implications for psychoanalytic theory. In Ferenczi’s fervid and restless and inchoate attempt to help people over whom other analysts had thrown up their hands in despair lie the seeds of all the modern psychoanalytic theories of “schizoid,” “narcissistic,” and “border-
line” disorders. These theories have different terminologies, intellectual styles, and atmospheres (and are tinged, to varying degrees, with the “Kleinian heresy,” as Aaron Green calls it), but each is organized around a central and rather simple conceptualization: serious mental disorder is the soul’s response to a wound in infancy. Winnicott conceives of a “false self” that an infant develops in despairing defense against the trauma of inadequate maternal care; the analytic task is to give the “true self,” which can feel and is cowering behind the “false self,” which cannot, the strength to emerge. In an atmosphere of safety and reliability—the “holding environment,” of the Winnicottan analysis—the “false self” finally “hands over to the analyst” and the “true self” emerges, like a butterfly liberated from its chrysalis. In Balint’s conceptualization, there are two psychic levels on which analytic work may be done: on the verbal level of the Oedipal period and on the preverbal level of the period of the “basic fault.” The regular neurotic, whose pathology derives from the Oedipal period, will accept the analyst’s interpretations as interpretations and understand their meaning, since he is reliving the events of a time when he could speak and understand; while the patient whose pathology derives from the period of the basic fault doesn’t understand what the analyst is saying, since he is reexperiencing an earlier primitive, non-verbal time. Therapeutic failure is attributed by Balint to the analyst’s inability to “click in” to the mute needs of the patient who has descended to the level of the basic fault and to whom interpretations make no sense. He further distinguishes between two types of regression: a nasty “malignant” regression that the Oedipal-level neurotic is prone to, which seeks “gratification of instinctual cravings” in ever-spiralling demands and which the
analyst properly gives short shrift to; and the “benign” regression of the basic-fault patient, which is humbly satisfied by the smallest crumbs of responsiveness from the analyst—who does well to heed its plaintive primordial call. Kohut offers essentially the same program in his breathtakingly unreadable *The Analysis of the Self* (1971) and *The Restoration of the Self* (1977). He attributes the narcissistic disorders in which he specializes to a “primary defect in the self,” created in infancy by an “unempathic” mother (who in nine cases out of ten is also “shallow,” “unpredictable,” “bizarre,” or a “latent psychotic”). The unenviable offspring of such mothers never experience the “empathic merger with the self-object’s mature psychic organization,” which would permit them to endure the “optimum (non-traumatic, phase-appropriate) failures of the self-object [that] lead, under normal circumstances, to structure building via transmuting internalization.” Like Winnicott’s “false-self” patients, these patients develop a shoddy armor (of a “defensive” or “compensatory” character) around their maimed inner core. During analysis, the rage and despair of the “archaic self” are reactivated and, if responded to with proper “empathic resonance” by the analyst, are defused of their terror: infant sorrow becomes adult “joyful self-realization.” For Kohut, as for Winnicott and Balint, the Oedipus complex is an irrelevance in the treatment of severe pathology. Where the orthodox Freudian sees sex everywhere, the Kohutian sees unempathic mothers everywhere—even in sex. In *The Restoration of the Self*, Kohut, with quiet pride, cites a momentous interpretation that he gave a woman patient who had come to him after she had been analyzed by an orthodox sex-ridden Freudian analyst: “I added that I thought that her dream of urinating standing up and her wish to see the father’s penis were not
primarily related to sexual matters, but to her need—familiar from other memories that had emerged in preceding sessions—to extricate herself from her relation with her bizarre and emotionally shallow mother and to turn toward her emotionally more responsive and down-to-earth father.” From another direction—that of observation of infants—comes Margaret Mahler’s theory of a “separation-individuation process” through whose phases and subphases every infant passes as it negotiates “psychological birth” from a state of symbiosis. Mahler’s findings (“findings,” to some people) are being applied to adult analysis; serious disturbances of adult life are being traced to disturbances in the “differentiation” or “practicing” or “rapprochement” subphases of infant development.

The members of each of these new schools have developed a kind of horror of orthodox analysis. Kohut’s “The Two Analyses of Mr. Z.” is but one exhibit in a whole museum of before-and-after analyses, in which the victim of a “rigid” classical analyst’s benighted rote methods is saved by a new-school analyst’s enlightened exercise of his new theoretical and technical understanding. (The museum extends outward from the world of psychoanalytic discourse to the world of everyday jargon: people speak of going from “cold,” “unresponsive,” “uncaring” analysts to “warm,” “nurturing,” “supportive” ones.) Another recent contributor to the before-and-after genre is the Mahlerian analyst Selma Kramer, who pointedly contrasts (in a paper entitled “The Technical Significance and Application of Mahler’s Separation-Individuation Theory”) two analysts whom she happened to have supervised on the same case. The first analyst—the orthodox heavy—was “unreceptive to a theory of early development, was opposed to my suggestion that one
must take cognizance of pre-Oedipal influences, was uncom­fortable with any disclosure of countertransference, and was unable to learn from me in supervision”—and so, naturally, “could not engage the patient in analysis.” The patient quit and presently found her way to the second analyst, “a much more intuitive young man, more comfortable with his countertransference, able to tolerate and to understand his patient’s immature and regressive needs”—and, of course, “able to use separation-individuation theory as a framework for the analysis of the patient’s pre-Oedipal conflicts.” Winnicott in his late writings castigates himself in no uncertain terms for the harm he feels he did to his patients before he got things straight. “It appalls me to think how much deep change I have prevented or delayed in patients in a certain classification category by my personal need to interpret,” he writes in his book Playing and Reality (1971), which is dedicated “to my patients who have paid to teach me.” He adds, “If only we can wait, the patient arrives at understanding creatively and with immense joy, and I now enjoy this joy more than I used to enjoy the sense of having been clever.”

When Aaron had told me about the patient he had failed with who was false, I immediately thought of Winnicott’s “false-self” diagnoses and asked him whether this concept might not have been useful to him in that case. But Aaron had merely remarked irritably, “There’s no doubt that I handled the case badly,” and looked bored with my description of Winnicott’s procedures. He seemed content to leave his own case in a condition of incomprehensibility and muddle. Later, another passage in Waelder’s Basic Theory
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helped me understand and "place" Aaron's glum in-curiosity about alternatives to classical analytic technique even in cases of therapeutic failure. Waelder writes:

It so happens that the therapeutic variations of the "classical" setting usually make it much more difficult to learn more about the patient; whatever their therapeutic merits may be, they are scientifically sterile. The real difference between "orthodox" and "liberal" analysts is therefore not that the former cling to tradition while the latter are open to innovation, but, rather, that "liberals" seem to assume that all problems are already fundamentally solved, so that the structure of a case can, at least in its outlines, be understood in a relatively short time, and all that remains is the task of influencing a condition already properly understood; while the "orthodox" analyst looks upon a new case as a new enigma that will yield its secrets only very slowly and hardly ever entirely. In short, the "orthodox" analyst stands more in awe of the unconscious. He is, so to say, less at ease in Zion. . . .

Waelder is upholding the paradoxical view of psychoanalysis that Freud, after making his initial discoveries, adopted and maintained throughout his life—and that Ferenczi was the first to challenge—namely, that the ability of psychoanalysis to alleviate human suffering is contingent upon its being conducted strictly as a scientific experiment; the less the analyst tries to help the patient, the more likely is it that he will do so. In a symposium on therapeutic results held in 1948, Phyllis Greenacre restated the paradox thus:

Freud emphasized that his own interest in the truth—in his case, his original interest in the "living pathology" of the
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patient—was the greatest therapeutic safeguard to the pa-
tient. . . . It seems to be so simply true as to be elusive,
that the worker whose goal is the essential verity of his
scientific work may in some instances take unnecessary
detours of exploration, but by and large will contribute
most to the science and to his patients.

This stance has been repeatedly challenged by the ana-
lysts who feel that they are healers first and scientists second;
on the issue of what comes first—patient or science—analy-
sis has been divided since the nineteen-twenties. The ques-
tion remains: what do the soft-hearted liberals, the heirs of
Ferenczi’s therapeutic tradition, actually do behind the closed
doors of their consultation rooms to implement their desire
to heal? As their theories have grown more elaborate, have
their kisses grown more passionate, their indulgence of pa-
tients’ whims more extraordinary? Freud turned out to have
vastly overestimated the immoral consequences of Ferenczi’s
fatherly hugs. In the writings of the liberals one not only
finds no evidence of immorality, but one scarcely sees that
they are doing anything very different in their sessions from
what the orthodox analysts are doing in theirs. In the entire
three hundred and twelve pages of The Restoration of the
Self Kohut offers a single unexciting example of deviation
from orthodox analytic practice: he says that in certain sit-
uations he thinks it might be better to answer a patient’s
question first and analyze it later. In The Basic Fault, Balint
delivers a bit more in his report of a somersault that a woman
patient got up from the couch to perform; she had been
speaking of her life-long wish to achieve this feat, and he had
been inspired to say, “What about it now?” The incident
had momentous (favorable) consequences for the analysis.
In a paper called "'R'—The Analyst's Total Response to His Patient's Needs," the English analyst Margaret Little reports that a breakthrough in a stagnant analysis occurred when she told a patient who was boring her that she was boring her; when the patient went on with her wearisome story, Margaret Little simply insisted that she stop. M. Masud R. Khan cites a number of cases in his book *The Privacy of the Self* (1959), where what he calls his "body-aliveness" or "body attention" sustained the patient during a state of deep regression. In one such case, the patient, an eighteen-year-old boy, didn't speak for several months, as Khan sat behind him conveying "body-aliveness" and occasionally expressing his perceptions of the quality of the boy's silence. Eventually, Khan's reconstruction through countertransference of the boy's traumatic early experiences with a depressed mother (who had made him feel the way he was making Khan feel by his silent withdrawal) broke the silence and propelled the analysis into a new phase.

Kohut's frequent self-satisfied allusions to the fact that he doesn't moralize about his patients' disgusting sexual practices or blame them for their unpleasant personalities have been challenged by orthodox analysts, who point out that this is hardly an innovation of "self psychology," but is a time-honored convention of analytic neutrality: no good analyst moralizes or blames his patients. Kohut, conversely, attributes the curious successes that non-Kohutian analysts sometimes have with narcissistic patients to the analysts' unwitting decency and "empathy." It appears, then, that the vast differences in theoretic outlook dividing contemporary psychoanalysis and placing analysts in sharply uncongenial schools and camps seem scarcely to touch analysis itself, which continues to be conducted by all concerned, somersaults
notwithstanding, in much the way Freud said it should be conducted at the beginning of the century. If this is so—if Winnicott, Balint, Kohut, Khan, Mahler, Stone, Brenner, and Aaron Green are all doing the same thing—what is the meaning and point of their enormous theoretic differences? Does it make any difference to a patient whether he goes to a Kohutian or a Mahlerian or a Brennerite?

In his paper "Metapsychological and Clinical Aspects of Regression Within the Psychoanalytical Set-up," Winnicott offers a perspective on this puzzling situation which takes one far in untangling its perplexities. In arguing for the extension of analytic therapy (which Freud had devised for the ego-intact neurotic patient) to the "not-whole" psychotic patient for whom it had not been intended, Winnicott offers a simple and brilliant distinction between the *technique* and the *setting* of analysis. Analytic technique (in this distinction) concerns the understanding and the interpretation of what the patient says and does during the analytic hour, and is something that the analyst learns. The analytic setting in which this work is carried out is, in contrast, something that the analyst, as it were, abides by. Winnicott enumerates the salient features of this unique setting at deliberate length and in deliberate detail:

1. At a stated time daily, five or six times a week, Freud put himself at the service of the patient. (This time was arranged to suit the convenience of both the analyst and the patient.)

2. The analyst would be reliably there, on time, alive, breathing.

3. For the limited period of time prearranged (about an
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hour), the analyst would keep awake and become preoccupied with the patient.

4. The analyst expressed love by the positive interest taken, and hate by the strict start and finish and in the matter of fees. Love and hate were honestly expressed; that is to say, not denied by the analyst.

5. The aim of the analysis would be to get into touch with the process of the patient, to understand the material presented, to communicate this understanding in words. Resistance implied suffering and could be allayed by interpretation.

6. The analyst's method was one of objective observation.

7. This work was to be done in a room, not a passage, a room that was quiet and not liable to sudden unpredictable sounds, yet not dead quiet and not free from ordinary house noises. This room would be lit properly, but not by a light staring in the face, and not by a variable light. The room would certainly not be dark, and it would be comfortably warm. The patient would be lying on a couch, that is to say, comfortable, if able to be comfortable, and probably a rug and some water would be available.

8. The analyst (as is well known) keeps moral judgment out of the relationship, has no wish to intrude with details of the analyst's personal life and ideas, and the analyst does not wish to take sides in the persecutory systems even when these appear in the form of real shared situations, local, political, etc. Naturally, if there is a war or an earthquake or if the king dies, the analyst is not unaware.

9. In the analytic situation, the analyst is much more
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reliable than people are in ordinary life; on the whole punctual, free from temper tantrums, free from compulsive falling in love, etc.

10. There is a very clear distinction in the analysis between fact and fantasy, so that the analyst is not hurt by an aggressive dream.

11. An absence of the talion reaction can be counted on.

12. The analyst survives.

Along with being beguiled by this expression of the personal ideal of the analyst (as Winnicott offhandedly concludes, “the whole thing adds up to the fact that the analyst behaves himself or herself”), one should also take note of the list’s polemical aim of pointing up the resemblance of the analytic setting to the setting of early childhood and infancy—the “very marked similarity between all these things and the ordinary task of parents, especially that of the mother with her infant . . . .” In other words, it is analysis itself, rather than the analyst, that invites regression in the patient; and the significant differences between analysts of different schools lie not in what they do or don’t do (in whether they grant favors or not, whether they answer questions first or interpret first, etc.), but in how they regard and interpret what the patient says and does when plunged into this potently allusive setting. Whether an analyst views a patient’s immutable silence, for example, as “regressive defense” against castration anxiety or sees it as a reënactment of infant trauma will make an enormous difference to the patient. Whether an analyst greets a patient’s lapse into a bizarre state of childlike dependency and dysfunction as a long-hoped-for sign that buried layers of self have been reached,
or with the sickening feeling that things are getting out of hand and that he had better come up fast with a correct regression-stemming interpretation, will, again, be enormously significant. Psychoanalysis, alone among today's psychotherapies, remains strictly a talking cure. Even the most far-out theorist will confine himself to telling his patients what he believes to be true about them, rather than attempting to manipulate or act on them. But a great many versions of the truth, couched in great varieties of language and emotional gesture, are being offered in today's analytic consultation rooms to patients who have little inkling of the implications (for themselves) of where their analyst stands on issues of which they have never heard.

II

ONE WEDNESDAY AARON AND I TALKED ABOUT CHEKHOV'S STORY "LADY WITH LAPDOG": Its hero, Gurov—a cynical and bitter womanizer, married to a woman he secretly detests, and contemptuous of all women—during a summer vacation in Yalta drifts into yet another affair, with a pretty and innocent young woman who is also unhappily married. The vacation ends, Gurov sees the woman off at the train station and says goodbye to her—forever, as he thinks—and returns to Moscow. He resumes his life of joyless work and dissipation, but gradually finds, to his surprise, that, unlike the other women he had amused himself with, this one has not faded from memory, but has become an ever stronger and more vivid presence for him. He cannot get her out of
his mind, and finally, in December, he gets on a train and goes to look for her in the small provincial town where she lives with her weakling of a husband. He finds her, and learns that she, too, has been longing for him. The story ends a few months later in a hotel room in Moscow, where she comes every few months, telling her husband she is seeing a specialist. On the way to the hotel, Gurov reflects on the double life he is leading and ponders the paradox that everything that was important, interesting, essential, everything about which he was sincere and did not deceive himself, everything that made up the quintessence of his life, went on in secret, while everything that was a lie, everything that was merely the husk in which he hid himself to conceal the truth, like his work at the bank, for instance, his discussions at the club, his ideas of the lower breed, his going to anniversary functions with his wife—all that happened in the sight of all.

During the bleakly tender meeting in the hotel room, Gurov catches sight of himself in the mirror. He realizes that “it was only now, when his hair was beginning to turn gray, that he had fallen in love properly, in good earnest—for the first time in his life.” Then comes this unforgettable passage:

He and Anna Sergeyevna loved each other as people who are very dear and near, as man and wife or close friends love each other; they could not help feeling that fate itself had intended them for one another, and they were unable to understand why he should have a wife and she a husband; they were like two migrating birds, male and female, who had been caught and forced to live in separate cages. They had forgiven each other what they
had been ashamed of in the past, and forgave each other everything in their present, and felt that this love of theirs had changed them both.

Aaron and I had been talking about the difference between case histories and literature, and I said of the Chekhov story that it illustrated something that case histories don’t allow for—namely, the profound effect that people can have on each other, the fateful difference that a meeting between two people can make on the outcome of their lives. “But maybe literature lies,” I added.

“Maybe literature doesn’t,” Aaron said. “It could happen in life as it happened in the story. But the clinician would have to ask himself, ‘Well, has this man really changed—or has he merely found a slightly different solution to his problem?’ That is, to have love only on the condition that it be temporary, intermittent, full of deception, outside of marriage—which is a neurotic solution. His marriage is legitimate, aboveboard, constant, while his love is secret, illicit, occasional, can’t be public, can’t be shared.”

I had to agree. “But tell me, when you read the story, were you moved by it?”

“Yes, I was moved by it. And when a patient tells me his story well, I am moved by it. What Chekhov wrote about is hardly unusual. The analytic literature is full of case histories of moral masochism—cases of men (or women) who cannot establish relationships with women (or men) who are in any way satisfying and act it out by getting involved with people who are already married, whom they can see only rarely, and whose lives consequently are chronically unsatisfying. This is essentially the story of Chekhov’s hero. And, put this way, it isn’t at all interesting, and certainly not
touching. But Chekhov went deeper into his hero. He got his particular, unique, idiosyncratic story, and so it became interesting and touching. There is an important detail in the story. In Yalta, after they make love for the first time, the woman weeps with shame for her fall from virtue, and the man sits down at a table and callously cuts himself a slice of watermelon and eats it. It is an absolutely idiosyncratic, banal, and metaphorically perfect action. It is the same thing with patients—their stories are full of just such arrestingly rich detail, as if a gifted writer had composed them. When you do analysis and get people’s particular stories, they stop being cases of this fixation and of that developmental arrest; they become real people. What first attracted me to psychoanalysis was the power and elegance and, yes, even the reductionism of the theory. But the longer I do analysis the less I can generalize and the more I become impressed with the idiosynrasy of human experience—even of my own! I used to make all kinds of defensive generalizations about myself. It has taken me quite some time to actually find myself a uniquely interesting person.” We both laughed at this, and Aaron added, “Freud, by the way, said just the opposite of himself. He said that as he grew older he found himself less interesting. In one of his letters to Jung he said, ‘One learns little by little to renounce one’s personality.’”

We talked about the classic transference neurosis. Aaron said, “Seeing it happen—seeing the patient’s emotional life begin to revolve around the person of the analyst—never ceases to amaze me. Since the only thing that is going on is that the patient comes in four or five times a week and lies on the couch and says whatever comes into his mind and is handed a bill at the end of the month.”

“Does it upset you?”

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“It used to, when I was less experienced and didn’t know the full implication of transference. It upset me because I took it personally. I still take it personally, but I no longer feel the conventional moral obligation so strongly—the obligation to comply with the patient’s demand for love. Freud put it very nicely. He said that people are constructed in such a way that when one person exhibits a strong emotional, instinctual attitude toward another, there is a natural tendency to comply with it, to adopt a complementary attitude. Love breeds love. And, similarly, hatred, belligerence, spite, jealousy, rivalry—when they arise in analysis—arouse the complementary hostile feelings.”

“Aren’t there patients who can’t accept the idea that their love or their hatred for the analyst is a reliving of the past?”

“Most patients can’t.”

“But finally you have to convince them—as Freud wrote regarding the case of transference love—that they are not in love with you personally, that their love is an illusion.”

“That’s become the conventional wisdom on the subject. It’s a defense maneuver that many analysts adopt when all of a sudden they find themselves caught within the emotional field of the patient’s instincts, when they feel the full impact of the transference beating down on them like hail. But I don’t agree with it. No, you don’t convince the patient that it’s not you she loves. Freud was off base when he wrote that. It is you. Who else could it be? There isn’t anyone else in the room with her. That isn’t the issue. It isn’t even arguable. There is only one thing for the analyst to say to the patient who has fallen in love with him—in one way or another—and that is ‘Tell me more about it. Say whatever comes into your mind about it. Let’s go into it deeper. Let’s
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learn about the nature of your love.' Now, the patient may not listen to him. She may be so overwhelmed by her feelings, so intent on consummating her love sexually, that she will not be willing or able to examine her love, and when this happens the analysis is in trouble—not because the analyst has been forced into a compromised position, but because the patient is no longer attending to her associations. The operation has come to a standstill. The surgeon can go no further with his scalpel."

"But isn’t the analyst in a more difficult and ambiguous position than the surgeon, since he is dealing with emotions and passions that belong to all of life and not just to the analysis? Love and hatred are not exclusive to analytic sessions."

"Neither is breathing, neither is blood circulation, neither is digestion exclusive to the operating room. But there is one thing that goes on in the operating room that goes on nowhere else, and that’s surgery. And there is one thing that goes on in the analytic session that goes on nowhere else, and that’s analysis. If someone outside of analysis came up to me and said ‘I’m desperately in love with you,’ and I responded by saying ‘What comes to mind about that?’—that would be a horrible thing to say! Just horrible! But when a patient comes in and says ‘I’m desperately in love with you,’ and I say ‘What comes to mind about that?’—that’s absolutely appropriate."

"But what if the patient finds it horrible?"

"She leaves the analysis. There are patients who cannot tolerate the frustration—it calls up too many painful feelings or too much anger—and the analysis breaks off. There are forest fires that get out of control. There are gas mains that blow up. There are buildings that buckle and crumble."
There are wars that break out. There are diseases that kill. Sometimes in regular medicine the patient dies. Sometimes in psychoanalysis the analysis doesn’t survive an erotic transference.”

Aaron and I decided to “terminate” our talks at the beginning of August—the traditional vacation time and ending time of analysis. When analysis changed from the brief and specific symptom-dispelling therapy it started out as to the extended and ambiguous character-altering process it has become, analysts were faced with an unprecedented question—namely, how do you know when to end the analysis? Attempts to establish criteria for termination have since yielded nothing but the broadest of generalities (“The patient has become capable of love and work”) and the vaguest of intuitions (“It feels right to end”). Apparently, no analyst ever knows with certainty when the time has come to set a termination date. However, over the years, the consensus about what constitutes an appropriate length of time for analysis has had a steady upward trend. In the twenties, one to two years was deemed sufficient; in the thirties and forties, two to four years was the norm; in the fifties and sixties, four to six years; today, six to eight. When the limits of allowable time are approached, the analyst is apt to start thinking about termination. Cases that formally terminate—i.e., end by mutual agreement of analyst and patient—are relatively rare. The majority of analytic cases end
because the patient moves to another city, or runs out of
money, or impulsively quits the analysis, or agrees with the
analyst that stalemate has been reached. Even the most ex-
perienced and successful analysts acknowledge at least as
many cases that run afoul or end prematurely or inconclu-
sively as those that properly terminate.

If a case *does* come through all the dangers of the cross-
ing and enters the (not always calm) harbor of the "termina-
tion phase"—the period of weeks or months between the
setting of an ending time and its arrival—the analyst is faced
with another decision. Shall he treat this phase no differently
from any other phase of the analysis, and conduct himself no
differently? Or shall he introduce technical modifications that
reflect his aliveness to what Leo Stone, in *The Psychoanalytic
Situation*, characterizes as "the profound impact of separa-
tion following a uniquely intimate human relationship"? To
help the patient negotiate "the change from a profound, ha-
bital, and quite unique involvement with another person, to
living without this association," Stone recommends that the
termination phase be conducted as a kind of weaning period,
with the frequency of sessions reduced and with the patient
sitting up and facing the analyst—a kind of winding down
of transference and countertransference, so that "both par-
ticipants gain relatively integrated and realistic views of one
another." The classical formulation maintains, on the con-
trary, that "to the very end we continue the analytic pro-
cess," as the English analyst Edward Glover writes in *The
Technique of Psychoanalysis*, first published in 1928 and re-
vised in 1955. Glover sternly continues, "In the first session
we laid down the association rule, and this remains in force
to the last minute of the last session."

But whichever method an analyst chooses of conducting
the final months and weeks and moments of analysis, there
is universal agreement that the subject of termination is a
vexatious one. It is an area of analysis that, paradoxically,
becomes more murky and mired as analysts’ clinical findings
grow more precise and refined. For, as analyses grow longer,
the necessity that they come to an end grows ever more unpal-
atable to patients. As Glover writes, in his dry English way:

If it takes three weeks for a woman to recover from de-
veloping a spot on her chin or for a man to recover from
shaving off his moustache; if it requires two years or more
for the average resilient person to recover from the death
of a love-object and five years to recover from being
jilted, it is not unreasonable to expect that the process of
detaching a patient from an infantile transference-situation
in which he has sojourned usually for many months,
often for the better part of two years, and occasionally
for four years and over, will take some time. . . .

In a paper entitled “On the Termination of Analysis”
(1950), the analyst Annie Reich bluntly states that

even after the transference has been well analyzed and
its important infantile sexual elements have been over-
come, even after the neurotic symptoms have been given
up, the relationship to the analyst is still not a completely
mature one. We have to state that the transference is not
completely resolved. The analyst is still an overimportant
person for the patient, and is still the object of fantasy
expectations. . . . In nearly all cases which I have analyzed,
there remained a wish to be loved by the analyst, to keep
in contact with him, to build up a friendship. . . . The
analyst is still seen as a person endowed with special
power, special intelligence and wisdom. In short, to a
certain degree he is still seen as partaking in the omnipotence which the child attributes to the parents.

Reich quotes a patient—a candidate in training analysis—telling her of his grief and desolation after the end of a previous analysis:

"I felt as if I was suddenly left alone in the world. It was like the feeling I had after the death of my mother. I tried with effort to find somebody to love, something to be interested in. For months I longed for the analyst and wished to tell him about whatever happened to me. Then slowly, without noticing how it happened, I forgot about him. About two years later, I happened to meet him at a party and thought he was just a nice elderly gentleman and in no way interesting."

For many patients, termination is an iatrogenic illness for which the only cure is the home remedy of time. As Reich's patient finally stopped grieving for his analyst, so do most patients eventually recover from their loss of an important beloved (or, in some cases, hated) object. (Regarding the latter eventuality, a man from the West Coast told his second analyst here of his unexpectedly severe reaction to the termination of his first analysis, with an analyst he had thoroughly disliked. He had blithely gone off on a camping trip in the desert with his wife, and on the first day was struck with such a profound and devastating feeling of cosmic aloneness that he had had to give up and return to the city. The analyst had been a harsh, strange, ascetic person who took—and gave—only one week of vacation a year.)

Analysts themselves labor under an obstructed view of termination, and thus may have a limited appreciation of its
rigors. As the English analyst Marion Milner puts it, “Perhaps we, as analysts, are handicapped in knowing all about what ending feels like, for by the mere fact of becoming analysts we have succeeded in bypassing an experience which our patients have to go through. We have chosen to identify ourselves with our analyst’s profession and to act out that identification.” If the full experience of termination is a kind of existential rite of passage—a sojourn in the desert, a final stoical acceptance of the uncertainties of adulthood and the inevitability of death—then analysts never grow up and never have to die. The people who instruct others on serious and final things themselves remain Peter Pans, indefinitely staving off adulthood and extinction in the Never-Never Land of analytic practice and institutional politics. It is no wonder that the literature of termination is vague, unfocussed, trivial, off the point, evasive, and uncomprehending.

As I walked into Aaron’s apartment building for our last meeting, I thought of another final hour I had experienced. A few weeks before, I had sat with Hartvig Dahl and listened to the tape of the last hour of his five-year-long analysis. I had asked to listen to it, and Dahl had impulsively left his own work and joined me in the auditing room. The patient rambled in his usual (to me) inconsequential and uninteresting way. But he was sad and wistful; the session was punctuated by long and possibly tearful silences. Dahl, sitting beside me, listening, was plainly moved. In the recording, he made wise, fatherly, sometimes folksy interpretations of the patient’s halting appreciations of the fact that this was his final meeting with his analyst. At the end of the hour, Dahl said to the patient, “You used the metaphor earlier of a person at a train station waiting fifty minutes to see someone off on a train—I suppose, really, to see him off on his
trip through life. And now it's time to say 'All aboard!'” Dahl had kept a written journal of the analysis along with the tapes, and in his entry on the last session he had evidently felt a novelist's urge to put a proper Ending on his work. The notebook concludes thus: “I handed him the last bill and for the first time opened the outer hall door for him as he left. I choked as I said goodbye, and for the first time our eyes met in a long look that we both understood.”

Another (rare) account of an analyst's emotion on parting with a patient is in the British analyst Harry Guntrip's memoir of his analysis with W. R. D. Fairbairn:

As I was finally leaving Fairbairn after the last session, I suddenly realized that in all that long period we had never once shaken hands, and he was letting me leave without that friendly gesture. I put out my hand and at once he took it, and I suddenly saw a few tears trickle down his face. I saw the warm heart of this man with a fine mind and a shy nature.

When I asked Aaron about his experiences of termination, he said that frankly he had had no cases of formal ending to speak of yet; many of his earliest patients had quit, and his subsequent, well-established analytic cases were only now approaching the termination phase. Even the first case, which he considered a success, had not ended in a proper termination; victory had been snatched from him by the patient's premature and abrupt departure in the seventh year of analysis. Like Dora, she took her revenge by leaving, and, like Freud, Aaron cannot forgive (or forget) her, and keeps going back to the case and over its particulars like someone picking at a sore.
Aaron said that, thanks to the analysis, the patient had been able to marry, and that one day she came in and said that because of her new husband's work schedule she would take her vacation in July that year, instead of at the usual time, in August. Aaron reminded her that August was the designated vacation month, and that if she took her vacation in July she would still have to pay for the sessions she missed. She found this intolerable; he wouldn't back down; and she left the analysis.

We had debated this incident many times before, and I had always taken the patient's side. Although Aaron was formally entitled to the money for the missed appointments in July, it seemed to me that he would have done better (morally and strategically) to have been less obdurate. (The choice was his—by this time she was a private patient paying regular fees, rather than a Treatment Center patient.) Aaron agreed that he may not have acted prudently; he acknowledged that his perennial problem about fees, his desire for money, and his anger toward the patient may have caused him to act precipitately. "But," he said, "but. The real issue was not the money itself, and my real blunder wasn't that I charged her for the missed sessions. My blunder was that I didn't understand and interpret the transference soon enough. I didn't point out to her that she was taking flight because she couldn't face her painful feeling of love toward me. I didn't convince her that the money she wouldn't part with was the phallus-child she wanted from me." Before I could protest this outlandish rationalization Aaron leaned forward intently and said, in a new tone of voice, "I know what you're going to say. I can see the derision on your face. And what is happening here is something that never ceases to amaze me—other analysts have commented on it, my analyst has com-
mented on it—namely, that the insights of psychoanalysis are never taken for granted from one generation to the next. Each generation has to make the original discoveries afresh! You can't just say that Freud discovered something and now it will be taught and transmitted as accepted knowledge, the way the findings of physics and biology and chemistry are transmitted. *That doesn't happen in psychoanalysis.* This boggles my mind. Why can't the next generation accept what Freud found out? Because you're challenging me. Thinking, intelligent people like you challenge what Freud found out. Why not challenge the theory of natural selection? What you're challenging, of course, is the centrality of infantile sexuality and of the Oedipus complex in adult psychic life. That's what you're challenging, and that's what thinking, intelligent people challenge.

"Konrad Lorenz noticed that if you walk in front of a little chick at a certain time in the chick's life he'll follow you, and if you do it at other times he won't; there's a particular time when he gets 'set.' And we have found out in psychoanalysis that in human development, too, there is a time that is uniquely formative—and the layman doesn't know this. He can be told it a million times, he can read about it in so many books, he can even 'believe' it, and he still doesn't know it, as, right at this moment, you with your very intelligent skepticism don't know it. I'm not criticizing you. There's something very good about this talk. You are an educated person living in the second half of the twentieth century, and you don't know that the Oedipal period—roughly three and a half to six years—is like Lorenz standing in front of the chick, is the most formative, significant, molding experience of human life, is the source of all sub-
sequent adult behaviors. If you take a person's adult life—his love, his work, his hobbies, his ambitions—they all point back to the Oedipus complex. That's a fantastic thing to say. And we have found this out. Freud discovered it, and we use it as our touchstone day in and day out. But what we take for granted the lay public continues to challenge."

"This idea is hard to accept."

"Sure it is. Because do you know what it says? It says, as Freud wrote, that man isn't master in his own house. That he is determined, that his degree of freedom is zero, that he cannot change his destiny, that he is malleable at one formidable time and that everything in his life is settled and preordained ever after. Yes, it's a horrible idea to have to accept. And we analysts take it for common knowledge, and when we talk among ourselves it's a basic assumption derived from a tremendous amount of evidence."

I said, "When you speak of this patient's wish for a phallus-child from you, and of her refusal to admit her love for you—are you talking about unconscious ideas?"

"Yes. When she quit, what she was conscious of was getting her pound of flesh from me for charging for the missed sessions. What she was unconscious of was that I was really the center of her life—the most valued, the most cherished, the most beloved person. She couldn't acknowledge that to herself. It was too painful. She couldn't stand it. And when you stop to think about it, very few people can stand it. How does it feel—and this is the tragedy of every child—how does it feel for a little girl to find that the most important person in her life, the person she loves most passionately, and loves in a particular way—namely, that she wants him to give her a phallus-child—is not going to do it? No matter what she
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does and however she tries to maneuver him, he is still not going to do it.”

“And the wish is reactivated and the attempt is repeated in analysis.”

“It is. It can’t help but be, and it would be a bad analysis if it wasn’t.”

“And the two analysts who were stripped of their honors, they did it.”

Aaron nodded. “They did it. They bungled the operation. Tell me, what do you think of the surgery analogy now?” he asked, recalling an old debate.

“Why do you like the analogy so much?” I countered.

“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
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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

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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.”

“No,” Aaron said. “No. They mean more than that—and less. Our science isn’t harmless. We psychoanalysts play with fire every day, with the possibility of getting burned and of burning someone else. We steeled ourselves to this task long before we became analysts. We steeled ourselves to it in medical school and as interns and residents, when we had to do things that hurt other people. We dealt with it then largely by hurting ourselves: through drudgery, mercilessly long hours, no sleep, endless time spent in the operating room holding retractors—godawful physical self-punishment of every kind. We hurt ourselves while we were hurting other people—sticking them with all kinds of needles, shooting them with all kinds of strong medicines, performing all kinds of painful procedures, letting them die. And by the time we
got into psychiatry, and then into analysis, the business of playing with fire was no less dangerous—but we were steeled to it."

Aaron stared with displeasure into the middle distance, and I said nothing. The sound of a door slamming—heralding the patient whose arrival always ended our talks—broke the silence, and ended the final hour of our strange and remarkable encounter.
Notes

1. (page 13): This passage has recently come under attack from scholars. The researches of Henri F. Ellenberger, George H. Pollock, and Albrecht Hirschmüller have shown that Breuer did not abandon Anna O. suddenly but had her put in a sanitorium; that Breuer's "flight" to Venice did not take place at that time; that the child who was supposed to have been conceived during this "second honeymoon"—Breuer's youngest daughter, Dora—was already born; and that she committed suicide not in New York but in Vienna, when the Gestapo knocked at her door.

2. (page 25): The unconscious meaning of fees was discussed as follows by Sandor Ferenczi in his paper "The Elasticity of Psycho-Analytic Technique (1928):

Psycho-analysis is often reproached with being remarkably concerned with money matters. My own opinion is that it is far too little concerned with them. Even the most prosperous individual spends money on doctors most unwillingly. Something in us seems to make us regard medical aid, which in fact we all first received from our mothers in infancy, as something to which we are automatically entitled, and at the end of each month, when our patients are presented with their bill, their resistance is stimulated into producing all their concealed or unconscious hatred, mistrust, and suspicion over again. The most characteristic example of the contrast between conscious generosity and concealed resentment was given by the patient who opened the conversation by saying: "Doctor, if you help me, I'll give you every penny I possess!" "I shall be satisfied
with thirty kronen an hour," the physician replied. "But isn't that rather excessive?" the patient unexpectedly remarked.

3. (page 37): In her book *Tribute to Freud*, the poet H.D. (Hilda Doolittle) recalls an incredible moment in her analysis with Freud, in 1933–34. In response to something the forty-seven-year-old poet said—she says she doesn’t know exactly what it was (!)—the seventy-seven-year-old psychoanalyst furiously pounded the back of the couch on which she was lying and said, "The trouble is, I am an old man—*you do not think it worth your while to love me.*" This caused H.D. to sit bolt upright on the couch in astonishment, one part of her thinking that this might be some device of Freud’s to speed the flow of association, and another part of her feeling upset and appalled: "He was a terribly frightening old man, too old and too detached, too wise and too famous altogether, to beat that way with his fist, like a child hammering a porridge-spoon on the table." In evaluating the incident, one should remember that (1) Freud differentiated between his therapeutic analyses and his didactic ones, and considered H.D. a pupil, rather than a patient; and (2) that H.D.’s book is a poetic, fragmented, almost hallucinatory evocation of her analysis with Freud, rather than a literal day-by-day account.

4. (page 52): There has been concern in England, and in Europe as well, about the effect of institutionalization on the calibre of the people who enter the profession. Discussing this issue in an essay called "The Becoming of a Psycho-Analyst," in his book *The Privacy of the Self*, M. Masud R. Khan quotes the following disarming passage in a speech given by James Strachey in 1963 at a banquet celebrating the fiftieth anniversary of the British Psycho-Analytical Society:

> From time to time, I receive a copy of what is described as a "Curriculum Vitae," giving the qualifications of a candidate for election. Documents of this kind fill me with blood-curdling feelings of anxiety and remorse. How on earth could I fill up one of them? A discreditable academic career with the barest of B.A. degrees, no medical qualifications, no knowledge of the physical sciences, no experience of anything except third-rate journalism. The only thing in my favor was that at the age of
thirty I wrote a letter out of the blue to Freud, asking him if he would take me on as a student.

For some reason, he replied, almost by return of post, that he would, and I spent a couple of years in Vienna. Now here is the point of all this rigmarole: I got back to London in the summer of 1922, and in October, without any further ado, I was elected an associate member of the Society. I can only suppose that Ernest Jones had received instructions from an even higher authority, and that he had passed them on to the unfortunate Council. A year later, I was made a full member. So there I was, launched on the treatment of patients, with no experience, with no supervision, with nothing to help me but some two years of analysis with Freud. I think you will agree with me that the gradual development of systematic machinery for training candidates and for helping them at the start of their careers has been a necessary condition for the establishment of psycho-analysis as a recognized branch of therapeutics. The curriculum vitae is essential. Whether it is possible for it to become over-institutionalized is an open question. Is it worthwhile to leave a loophole for an occasional maverick? I don't know. But I do know that if the curriculum vitae had existed forty years ago, you wouldn't have had to listen to these remarks tonight.

5. (page 96): This activity puts Freud in mind of another “very entertaining episode,” in which another patient brought out a small box during a session, ostensibly “to refresh herself with a sweet.” Knowing better, Freud writes, “She made some efforts to open it, and then handed it to me so that I might convince myself how hard it was to open. I expressed my suspicion that the box must mean something special, for this was the first time I had seen it, although the owner had been coming to me for more than a year. To this the lady eagerly replied: ‘I always have this box about me; I take it with me wherever I go.’ She did not calm down until I had pointed out to her with a laugh how well her words were adapted to quite another meaning. The box—Dose 𝑃.radius—like the reticule and the jewel-case, was once again only a substitute for the shell of
Venus, for the female genitals." In their iconographical study *Pandora's Box* (1956), the art historians Erwin and Dora (!) Panofsky trace the metamorphosis of the original large earthenware jar (*πίθος*) that Pandora opened in the Greek accounts of the myth to the small box (*pyxis*) with which she has been conventionally equipped in art and literature since the Renaissance, and locate the turning point in a text of Erasmus. In his (on the face of it, gratuitous) use of the Greek word *πύθος*, could Freud have been signalling his buried awareness of the most famous boxholder of all? Or am I getting a little carried away by my cleverness?

6. (page 99): In his essay "The Theme of the Three Caskets" (1913), Freud traces the meaning of Bassanio's choice of the lead casket, in *The Merchant of Venice*, through various mythological and anthropological permutations to a culminating, surprising identification of Cordelia (one of the three choices of Lear) with the figure of Death, and thus to an interpretation of Lear's choice of the bad sisters as an attempt to evade death. Freud writes, "Lear's dramatic story is intended to inculcate two wise lessons: that one should not give up one's possessions and rights during one's lifetime, and that one must guard against accepting flattery at its face value... but it seems to me quite impossible to explain the overpowering effect of *King Lear* from the impression that such a train of thought would produce, or to suppose that the dramatist's personal motives did not go beyond the intention of teaching these lessons."

7. (page 102): It was under the sway of Alexander's ideas that Harold Searles wrote his audacious paper "Oedipal Love in the Countertransference" (1959), in which he confessed that he not only fell in love with all his patients in the last stages of their analyses—in a sort of glow of Pygmalionesque satisfaction with his work—but thought it a good idea to let them know how he felt. "The patient's self-esteem benefits greatly from his sensing that he (or she) is capable of arousing such responses in his analyst," Searles wrote, and went on to argue, à la Alexander, that Freud had been too pessimistic about the human sexual condition—that if only parents would engage in a "mutual renunciation" of desire with their children, rather than just coldly pushing them away, the Oedipal period would not be traumatic, and neurosis, and even psychosis, might be averted.
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