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Discussions**

**Psychoanalysis  
in the  
21st Century**



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The International Journal of  
Controversial Discussions

Psychoanalysis in the 21st Century

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## Editor's Introduction

**Douglas Kirsner**

I am pleased to be editing this second issue of what we hope you will agree contains some stimulating ideas about some truly controversial issues.

The major theme of this issue concerns organizational, educational, and institutional issues. Readers will find also a substantial exchange about narcissism, articles about Freud and anthropology, and Freud and anti-Semitism, and some ongoing discussion from our first issue about psychoanalysis as art or science.

Organizational and institutional issues have long plagued psychoanalysis. Psychoanalysis is infamous for its fratricidal disputes, struggles for the mantle, splits and dissension. Organizations and institutions can stymie and stultify as well as advance and facilitate freedom and creativity. Cult-like behavior, rigidification, sectarianism, insularity, intolerance, dogmatism and authoritarianism have featured in internecine struggles in psychoanalytic education, training, and organization, ranging from local societies through to international bodies.

Nevertheless, there have been many critiques of training paradigms and moves for reform, especially over the more recent past. The membership of the American Psychoanalytic Association, for example, has elected reform-minded leaders at many levels, and there is an impetus for change. Interdisciplinarity, tolerance and openness have substantially improved and there has been increasing pluralism in education, approach, and discussions. The problematic role and function of training analysis have come under increasing challenge. But ongoing structural problems remain which need to be addressed.

This issue contributes to such explorations. Have there been structural changes in outlook that advance the field, or have some of the same old problems of authoritarianism, intolerance and insularity continued to pervade the field, albeit under the surface? For example, is there something wrong with the conception of what constitutes 'knowledge' in psychoanalytic institutions that impedes real progress?

I want to warmly thank all the contributors for their thoughtful contributions which enliven and stimulate thinking and debate in a field that has so regularly been reported dead. I have been impressed by the enthusiasm of contributors for this new project.

We are living up to the title of the journal—*The International Journal of Controversial Discussions*—not only by structuring open dialogue highlighting controversial issues but by being international. A number of countries are represented. I am Australian, and we have contributions beyond the US from around the world.

This new journal exemplifies an open-ended and respectful approach to different perspectives. Disagreement and argument allow a way forward, and real ongoing discussion on controversial issues is essential to progress.

We trust that this journal helps to fill a need in progress in the field of psychoanalysis and hope that you will find these discussions and contests of ideas productive and valuable.

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## Organization and Institutes Section

### The Troubling Problems of Knowledge in Psychoanalytic Institutes

Fred Busch

**W**e are in conflict over the importance of the transmission of knowledge. It has been idealized in the abstract and marginalized in the concrete. The author's impression is that this has led to problems in the self-definition of analysts, and that this is an important factor in the authoritarianism in education, and the reaction against this authoritarianism as seen in the influence of postmodernism, with its skepticism of "knowledge" and its trumpeting of subjectivity. Trends in education, where students are now viewed as consumers, have also affected how knowledge is viewed. Can we maintain a flexible view of "truths" while not debunking knowledge? While the majority of studies and reflections on this topic have focused on training in the United States, there are indications this is a problem in Societies throughout the international psychoanalytic community.

**Authority:** an individual (as a specialist in a given field) who is the source of conclusive statements or testimony (*Webster's Third International Dictionary*, 1993).

**Authoritarian:** Favoring a principle of blind submission to authority (ibid).

Often authority and authoritarianism are confused, and this may also happen with the concepts of authority and the exercise of power. *Authority* is often used interchangeably with the term "power." However, their meanings differ: while "power" is defined as the ability to influence somebody to do something that he/she would not otherwise have done, *authority* refers to a claim of legitimacy. As Kernberg (1996) noted,

“Authority, in short, refers to the “functional” aspects of the exercise of power; *it is the legitimate authority vested in leadership* and involves the requirements for carrying out leadership functions” (p.142). Shephard and Green (2003) believe *legitimacy* is vital to the notion of authority and is the main means by which authority is distinguished from the more general concept of power. Power can be exerted by the use of force or violence. Power becomes the main vehicle by which authoritarianism is carried out.

### On Knowledge

Knowledge! We have long had an ambivalent relationship with it in psychoanalysis. Who has it, who doesn't, who says who has it, and who doesn't—these issues have beleaguered us since the beginning of our history. For many years our solution tended to be an authoritarian one, belying the anxiety behind our uncertainties. At these times the transmission of knowledge was more like a religion than studying at a university. Holding the theoretical line of the predominant school in one's Society became the goal. Transmission of knowledge was more like idolatry. Writers in a particular tradition all quoted the same authors, and followers were supposed to read, teach and talk from the same theoretical line. In some Societies it is still like this.

Kernberg's (1986, 2000, 2004, 2006, 2007) identification and exploration of authoritarian methods was intended to open up Institutes to freer exchanges of ideas. However, what seems to have happened instead is a movement toward an attack on *claims of knowledge*, what Bollas (2015) labeled *homoginization*, “the need to eradicate difference and fashion a world of common beings.” It is my impression that a longer story about the transmission of knowledge in Institutes lies behind our current situation, and this is where I will start.

### Ambivalence Toward Knowledge

Of course there are Institutes that give a great deal of time and thought to the education of candidates, yet in the larger picture teaching seminars has not been our strongest suit. As Roiphe (1993) points out, “Classroom teaching is an area where psychoanalytic education is often at its weakest... too often the sum total of the didactic approach to classroom teaching consists of a solitary utterance by the analyst-teacher: “So

what did you think?” The class is then left to free associate in the ensuing analytic silence” (p. 384-385).

The tripartite system of the Eitingon model has often, in reality, been a dual model. For example, a large but informal study of self-rated candidate experiences in training by a committee of the American Psychoanalytic Association (Project 2000) showed that *seminars ranked very low on the list of what was valued in training*. A survey of recent graduates by Cabaniss et al. (2004) led to comments about seminars such as: “Classwork only counts in the negative”; “Classwork has minimal influence”; “Classes do not count except presentations to process classes” (p. 85).

In fact, length of training cases *rather than assessment of what the candidate has learned* is the critical variable in graduation from institutes of the American Psychoanalytic Association (Cherry et al., 2004). Cabaniss et al. (2004), in a study of 13 psychoanalytic institutes in this same association, found that only one Chair of a Progression Committee felt that *classroom work was an important factor*. It is not surprising then that Skorzewski (2008) found almost nothing on the nature of pedagogy in the psychoanalytic literature devoted to education.

The most important experiences for candidates are those that had little to do with the full range of knowledge one might gain in a psychoanalytic education, but were the most personal and open to the greatest range of transferences: *personal analysis and supervision*. Evaluation by supervisors seems to be the primary method by which we gauge candidates’ progress, *while performance in seminars draws little attention except if it is outrageous*. A pleasant enough person sitting almost silent through years of seminars is rarely discussed in progression committees. “But his supervisors think he’s doing OK” is often a response to perceived classroom problems, although we know the transference of supervisors to supervisees is one of the most frequent but least acknowledged issues in evaluating candidates.

Given how little weight is given to classroom performance in evaluating candidates, teachers have little or no backing of institutional authority. I remember how surprised I was when a candidate in a clinical seminar, where we all took turns presenting clinical material, said she wouldn’t

present a case because she was pleased with the way she was seeing the case. However, this lack of curiosity and clinical arrogance was nothing compared to the shock I had when I brought this incident up in our education committee when discussing this candidate's work, and no one seemed bothered by this information. Not surprisingly, this lack of reaction seemed based on the "her supervisors feel she is doing well." The idea that we receive information from different sources in analytic education seems a relic from the past.

Not surprisingly, the well-documented authoritarian stance of Institutes kept questioning of educational practices to a minimum. The implicit model was of a *trade school* (Kernberg, 1986), where one learned a clearly defined skill. It was based on how to fix things, not reflecting on the underlying assumptions that go into the "fixing." This is in contrast to the psychoanalytic institute as an advanced post-doctoral program, where the goal would be, as Menard (2010) pointed out, the "pursuit, production and dissemination, application, and preservation of knowledge" (p. 13). Freud's idea that psychoanalysis is based on and includes a theory of mind seems to have been left behind in many institutes. *Fifty* years ago Bandler (1960) raised this same issue in his Presidential address to the American Psychoanalytic Association when he wondered, "Perhaps the national overemphasis on training over the scientific goals of the Association is one reason why the burning ambition of our students is to become training analysts rather than contributors to the science of psychoanalysis" (p. 389).

What does it say about our views of knowledge that in many Institutes the Curriculum Committee is the one major committee that often isn't chaired by a training analyst? This is not to say that this committee should be chaired by a training analyst, only that at a time when it was felt all *major* committees should be chaired by training analysts, curriculum was apparently not considered that important.<sup>1</sup>

More importantly, while Institutes give a lot of time and thought to who

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<sup>1</sup>Auchincloos and Michels (2003) have a different view, seeing control of educational structures as the most important measure of professional success. I wonder if this is a local phenomenon as their Institute has given so much time and thought to education.

becomes a training analyst, there is far less thought given to who can supervise, and even less to who can teach. For many years it was only the training analyst who supervised and taught (as if the capacity to be a good analyst was the same as being a good supervisor and teacher). With the democratization of Institutes, non-training analysts were “allowed” to teach, but they were often given the theory and other non-clinical courses, indicating to candidates (within this worldview) that it was only the clinical courses that really mattered. Never stated, but always implied, was that seminars were not an important part of analytic training.

In a study of European institutes (Target, 2001), it was reported that, “in every parameter of psychoanalytic training there is a huge variability... to the point that one may wonder not only if anything goes but if the training is for the same profession.” In examining the criteria for graduation, the *main focus was on supervised cases*, apparently based on supervisory recommendations. In contrast there are few Institutes where a minimal fund of knowledge about psychoanalysis was considered essential for progression. We are focused on how candidates do the work of psychoanalysis, *not how they are able to think about it*. In short, there has always been a gap between our apparent idealization of psychoanalytic knowledge, and the reality of how much importance Institutes gave to the acquisition of knowledge.

Perfectly fitting within this gap was the rise of post-modernism, with its emphasis on the *subjectivity of all knowledge*. Before describing the effects of this post-modern turn, I will explore the idea that *in addition to gaps between the lofty goals of Eitingon and the reality of its practice, there was also a gap between our official self-perceptions and the reality of our methods of working analytically. This resulted in a false analytic identity, which many were only too glad to rid themselves of for the perceived honesty of a post-modern who doesn't know anything at all.*

## Trends in Teaching

There have been remarkable changes in university education over the last half-century, mostly revolving around the student as consumer. As Edmundson (2013), a Freudian scholar and an astute observer of academia, notes how the University has become a buyer's market, and “That usually means creating more comfortable, less challenging environments, places where almost no one failed, everything was enjoyable,

and everyone was nice' (p. 14). As an example, in 1960 only 15 percent of grades in universities were A's, but now the rate is 43 percent, making "A" the most common grade (Bauerlein, 2015). Edmundson goes on to describe how classrooms remain a place for the free exchange of ideas, *the student's ideas*.

My own epiphany came in teaching a clinical seminar to candidates. I've taught this seminar in a particular way for many years at different Institutes. I ask the candidates to grapple with my particular view of the psychoanalytic method, not presenting it as *the only* method, but as a method worth thinking about and incorporating. The seminars are usually lively and helpful to all of us. I am frequently challenged (in the best sense), which I find helpful to modify or clarify my thinking. Still, I consider myself an *authority* on thinking about aspects of clinical technique from my perspective. A few years ago I was teaching an advanced group of candidates, when in the midst of a discussion a candidate interrupted to say she liked the previous way a clinical seminar was taught, where *everyone sat around and just said what he or she thought about the case*. It was at that point I realized, what had only been in the background of my mind, that a new era in psychoanalytic institutes had arrived...our *Kumbaya*<sup>2</sup> moment, the era of *false democratization*. That is we were now all the same, no one knew anything more than anyone else, and everything was supposed to be nice. No one needed to be taught, if indeed there was anything to be taught, rather our job had become to help candidates find his or her "own analytic voice" (Levin, 2006). Skorczewski (2008) reports of how a candidate felt demoralized in a seminar, "It made me feel like a novice who could never really understand psychoanalysis, not to mention practice it like my instructors, who are experts in the field" (p.369). While Skorczewski takes this at face value as the result of problem teaching, which it may well have been, are we to say

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<sup>2</sup>From a 1960's era John Baez song, which came to be associated with everyone just coming together to solve differences. David Brooks, a *New York Times* columnist, in arguing for the need, sometimes, to take a strong rather than a conciliatory one noted, "Kennedy didn't dream of the universal brotherhood of man. He drew lines that reflected hard realities: "There are some who say, in Europe and elsewhere, we can work with the Communists. Let them come to Berlin." Reagan didn't call for a *kumbaya* moment." (David Brooks, *NY Times*, July, 2008)

candidates should never feel like a novice, which in terms of practicing psychoanalysis, they are?

While what happened in my seminar was an extreme example, there were many other pieces of information I heard at international committee meetings that reinforced the idea that this anti-authority movement, inherent in the post-modern views of psychoanalytic theory and technique, was now a growing philosophical stance in psychoanalytic organizations, *which revolved around the issue of evaluation*. In a well-regarded Institute in Latin America, candidates refused to be evaluated by the Faculty, refused to be called candidates, and will not attend seminars of their scholarly Faculty who are known to not primarily mirror the candidates' views. There are two arguments frequently heard in defense of not critiquing candidates. The first is that a candidate's feelings will be hurt. Thus we are put in the positions of trying to help candidates learn about psychoanalysis, but have to act as if the candidate already knows everything there is to know. Second, in many Institutes we are afraid of seriously evaluating applicants for training, or candidates in training, because who can say what is psychoanalysis. Richards (2006), in his Plenary address to the American Psychoanalytic Association, says, "we can no longer be certain about how good psychoanalysis, and good psychoanalysts should be judged-or by whom" (p.375). From this perspective we can no longer see the value of a serious, respectful discussion of the strengths and weaknesses of a candidate, with the candidate. In some Institutes, as soon as someone graduates from an Institute he or she becomes a member of the Faculty, whether they've had previous teaching experience or not. We don't even want to say experience can have some role in being an effective teacher. Psychoanalytic Institutes have become like those in the mythical town of Lake Woebegone, "where all the women are strong, all the men are good looking, and all the children are above average."<sup>3</sup> We have become a mirror of the university environment where "Colleges have brought in hordes of counselors and Deans to make sure everything is smooth, serene, (and) unflustered" (Edmundson, 2013, p. 17).

### **Authoritarianism and the False Self**

In his Presidential speech of 1955, Ives Hendrick expressed the depths

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<sup>3</sup>From the American humorist, Garrison Keillor.

of concern within the American Psychoanalytic Association for those with different ideas, and one can see his attempts to radicalize them further by labeling them as “wild analysts”.

“It is still worth while today, for those of us who incline to deplore our professional standards or to consider them constricted and arbitrary, to recall these real threats to our scientific integrity, and to the rights of patients for whom we are responsible, by the “wild analysts” and the deviationists of the '20's. If they had been accepted in ever-increasing numbers as members of the American Psychoanalytic Association then, we could not have developed our present professional strength and usefulness” (Hendrick, 1955, p. 561).

These “wild analysts” are amongst those who started Institutes that are now independent members of the IPA from the United States, or are well respected in their community. Wild analysis was also a code word for how the work of Psychologists was depicted.

As Levine (2003) points out, this official position of the American “was marked by a series of *deceptions*”<sup>4</sup> (p.220, italic added). For example, despite public support of the American’s position, many analysts were teaching and supervising lay analysts in Institutes not in the American.<sup>5</sup> Striking is that once this authoritarian protectionist attitude began to be questioned by important members of our organizations (Arlow, 1972, 1982; Kernberg, *ibid*), and the stultifying effects on training were pointed out (Kernberg, 1996), many elements of how things were done rapidly came into question. Levine (2003) covered this territory in an encyclopedic review, so it will not be gone into here.

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<sup>4</sup>These were not conscious deceptions, nor is anything else in this section meant to imply there was a conscious process going on. Another way of explaining the phenomena is “splitting”

<sup>5</sup>My own training in the early 1970s was remarkable for its time. In my class of seven at the Michigan Psychoanalytic Institute, there were three psychologists, a philosopher, and three psychiatrists. It was during a brief time when the American accepted psychologists for training based on promise in research, or in positions of influence as teachers or administrators. Few other Institutes took advantage of this all too brief thaw in the rules.

It is my impression that at times in our history there was another type of deception, *self-deception*, which led to the necessity for establishing a *false analytic self* and a defensive authoritarianism to ward off the anxiety of being found out. Once the authoritarian stance was stripped away, there was an instant rebellion against those who represented the false self. Winnicott (1975) described how in a false self, “*there is not even a resting place for individual experience, and the result is a failure in the primary narcissistic state to evolve an individual. The “individual” then develops as an extension of the shell rather than the core, and as an extension of the impinging environment*” (p. 42). A *false self* cannot teach or learn, as there is nothing to build on, nothing to integrate, or grapple with. The cleverest regurgitator of the accepted self of the group becomes the new leader, and all that can be taught or learned is what the larger group needs to reinforce itself. Independent thinking is discouraged and eventually impossible.

The development of *the false analytic self* was a result, in part, of a discrepancy between what was taught as the theory of psychoanalytic technique and the actual practice of psychoanalysis. Gray (1982) first pointed this out in relationship to resistance analysis. Although resistance analysis was trumpeted, it was rarely practiced according to what one might expect from the Structural Model and Freud’s second theory of anxiety, which was the basis for resistance analysis (Busch, 1992, 1993, Gray, 1994). Wallerstein’s (1988) depiction of America as dominated by Ego Psychology was accurate in some ways but *exaggerated* in others. What *we never had* was an agreed upon clinical model utilizing basic ego psychological principles (Busch, 1999). Looked at closely, the clinical practice of the time was dominated more by “id” psychology than ego psychology (Busch, 1999; Paniagua, 2001, 2008). Yet Wallerstein’s view has been one of our enduring and complex myths, stated and re-stated over the years.<sup>6</sup>

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<sup>6</sup>Where ego psychology did have a huge impact in the United States was in two areas. The first was the role of the environment on ego functioning first noted by Hartmann (1939), soon followed by the work of Spitz (1945, 1946). The second involved Rapaport’s 1938-1959 work on diagnosis of mental states and the intactness of the ego (e.g., Rapaport and Gill, 1967) leading to the capacity for clinical distinctions viewed in Zetzel’s (1968) paper on the good enough hysteric, and Kernberg’s (1976) classic book on Borderline pathology.

The issue of countertransference, at least in the United States, also serves as an example of our need to erect a false analytic self. Jacobs (1999) points out that the now landmark articles on countertransference by Winnicott (1949) and Heimann (1950), which had such a great influence in European and Latin American countries, set off alarms in the United States. Intriguingly, Jacobs suggests it was the recent émigrés from Europe who saw these Kleinian-inspired ideas as a threat to classical analysis. In the United States, Annie Reich (1951, 1960) answered the British challenge. Jacobs writes,

Largely because Reich's (1951) paper solidified the view that countertransference is a problem—more or less severe, depending on the circumstances—that has to be attended to, either through self-examination or further analysis, for some years in this country, a curtain of silence descended on the topic. Since the very word, countertransference, now carried a certain stigma—presumably good analysts had little trouble with countertransference and could deal effectively with the little that they had—students were afraid to acknowledge its existence in their case presentations and clinical reports. (p. 583)

For the most part those trained in the United States during this time had to either shut themselves off from countertransference feelings, or keep them hidden from supervisors, thus losing a valuable method of understanding patients. As Gallahorn (1993) pointed out, “the candidates are aware of counter-transference in themselves but experience it *primarily* as something bad which must be overcome rather than understood. It is seen by the candidates as evidence of their imperfection” (p. 322).<sup>7</sup>

Self-deception was not simply an American problem. Rocha Barros (1995), in describing the importing of Kleinian thinking to Latin America points to a similar problem of self-deception. He states,

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<sup>7</sup>In 2001 I was leading a discussion group on psychoanalytic technique at the meetings of the American Psychoanalytic Association. I was asked a question about working with more disturbed patients, and I talked about how with these patients use of one's countertransference was essential to understanding. I was then admonished by an admired senior colleague, who said these types of feelings should lead one back to analysis.

it has resulted in a tendency for Latin Americans to assimilate Kleinian thought out of context and detached from its conceptual system. This fact, expressed later in the manner in which Klein's works were published in some Latin-America countries, introduced an a-historical bias in the diffusion of her ideas, which resulted from this detachment from a conceptual system and disfigured Kleinian thought....(p. 840)

In short, our psychoanalytic history is rife with deceptions and self-deceptions, which I believe played a role in what happened next...i.e., the attack on authority. The problem of deception is not defined by locale, rather it is a psychoanalytic problem.

### Authoritarian Anti-Authority

For a certain time after the theory wars (Busch & Schmidt-Hellerau, 2004), which led Holt (1985) to declare the death of metapsychology, psychoanalysis went on contenting itself with clinical theory as a frame of reference. However, it took only a few years for a second wave of attacks to be unleashed, this time against the technical implications of clinical theory. Now we are in the strange situation that clinical theory, which was thought to be *emphasized* by freeing it from its metapsychological burdens, is itself the target of an assault. We are told that no analyst is capable of knowing another mind with any approximation of objectivity or truth, and the theory conceptualizing this mind is regarded as outdated and indefensible. The possibility of reflecting on countertransference instead of enacting it is disputed, interpretation is suspect because it is said to be authoritarian, and the analyst's position of abstinence, anonymity, and neutrality is called a fiction. The indisputable notion of the analyst's "ultimately unavoidable subjectivity" is invoked as entailing the following: "*Everything* an analyst does in the analytic situation is *based upon his or her personal psychology*... an analyst cannot, ultimately, know a patient's point of view; *an analyst can only know his or her own point of view*" (Renik 1993, p. 561; emphasis added). In its enthusiasm for the analyst's subjectivity, this statement doesn't seem to acknowledge any professional competence. While knowledge itself and reflection are considered outmoded, enactment, co-creation, and the term *two-person psychology* seem to be the new magic words. Hoffman's famous recommendation of "throwing away the 'book' " (1994) rebels against clinical

theory as a frame of reference for our professional reflections. For many, *authenticity*<sup>8</sup> replaced technique based upon a theory of the mind, as the primary therapeutic agent. While there were 261 references to authenticity from 1920 to 1980 in PEP, from 1980 to the present there were 1,341 references.<sup>9</sup> However, this fight against theory ends up with what Greenberg (2001) regretfully acknowledges as a homemade problem of relational psychoanalysis: “The attacks on the analyst’s authority and expertise ... leave many analysts feeling that they have little to offer their patients except their desire to help” (p. 376). *Expertise has become confused with authoritarianism*. I would agree with Rocha Barros (1995) when he states, “In the name of a freedom of thought which values spontaneity and confuses novelty with creativity, we are in danger of producing bizarre theories and, in short, raising barriers against thinking” (p. 839).

In a very short period of time, we seem to have moved from a *rebellion against the authoritarianism that ruled psychoanalysis, to an authoritarian anti-authority stance*. Bell’s (2009) discussion of the post-modern turn in psychoanalysis characterizes this authoritarian anti-authority well. “The apparent egalitarianism of this position, and its opposition to absolutes is rather offset by the universalism and absolutism of its own position, a tyrannical assertion that there are *no* truths and that *all* views are equal” (p. 333). It is accompanied by a radical subjectivity captured by a philosopher, Russo (2007), who states that “truth does not lie in the printed words, and writing does not say anything definite, because

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<sup>8</sup>Although the word authentic is usually associated with being real or genuine, it was surprising to discover that one derivation is from the Greek, *to murder*, and another meaning is *possessing authority not usually open to question* (Webster, 1993).

<sup>9</sup>A recent newspaper article exposed a cultural change consistent with this new view of authenticity that has infiltrated psychoanalytic thinking. Kulish, (*New York Times*, 2/12/10) reports that a young German author, Helene Hegemann, was found to have taken a page from an already published book without attribution. Hegemann’s book was being considered for a prestigious literary award, even though the charges of plagiarism were known by the selection committee before the final selection was made. Apparently the committee supported Hagemann’s position that “There’s no such thing as originality anyway, just *authenticity*.”

readers create a further text while making their own interpretation “(p. 13). Applied to psychoanalytic technique, Power (2001) suggests,

With the increasing deconstruction of technical stances demonstrating that knowledge in the analytic setting is fraught with subjectivity and uncertainty, technique itself is under question. For many, technique is now understood to be highly context dependent, with analyst and patient essentially negotiating what is “correct technique” within each analytic dyad. (p. 632)

Unpacking this statement would probably lead to ideas that many analysts would agree with, but as an overall statement championing the view that there is no technique beyond that subjectively negotiated between analyst and patient, *we are on that slippery slope toward technique as subjective anarchy*.<sup>10</sup>

Aron (1999) wonders,

*How can we say to a trainee that this is what the psychoanalytic response should be in a given situation, that this is the proper psychoanalytic intervention, based on the standard or model psychoanalytic technique, when we and the student know there are any number of other analysts and supervisors, often at the same institute, who would disagree and do things differently? [p. 3, italics in original]*

Blass (2010) gives a most convincing response:

When such questions are pervasive and prevent adopting rationally grounded positions, they are, in my view, an expression of a kind of relativism of postmodern life, which invites us to abandon rational inquiry out of fear. The fear is of error that not reason but the wish to impose one’s own authority underlies one’s stance, and hence the

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<sup>10</sup>Goretti (2001), in reviewing the work of the Intersubjectivists, Orange et al. (1997), notes that “The authors write that the main purpose of the rules of any technique is to induce compliance and to mitigate the effect of individual subjectivity in the relevant task (p. 25); to this it might be objected that the rigid rules governing the literary form of the sonnet have not prevented poets from composing sublime sonnets, not in spite of the rules but also because of their existence” (p. 1215).

fear that voicing one's stance is a kind of attack rather than a form of dialogue. In light of this understanding, the question of the legitimate authority to define is ultimately one of whether one should trust one's reason with all the dangers that this involves, or whether awareness of these dangers should lead one to remain in perpetual doubt. (p. 91)

What is fascinating is that *psychoanalysis was post-modern before post modernism existed*. The radical subjectivity at the heart of post-modern thinking is the very essence of psychoanalytic thinking. The idea that our view of the world is colored by unconscious fantasies, conflicts, self-other disturbances...i.e., our subjectivity... has been the everyday fare of psychoanalytic practice for over a century. Through our patient's lives we learn there is no "reality," only subjective reality. However, these psychoanalytic "truths" are what the post-modernists decry. As Baudrillard (1993), a post-modernist, sees it, if post-modernism exists, it must be the characteristic of a universe where there is no more definition possible. *Definitions have been deconstructed, destroyed*.

Derrida, the most prolific non-explainer<sup>11</sup> of deconstruction, felt a final word, or defining statement about something, could never be written about anything. While most people would agree that knowledge is always evolving, Derrida meant something more than that. "If the investigator's purpose for reading Derrida... was to understand, or to apprehend a final word, or discover some truthful proposition, then the reader would have been very disappointed" (Carrigan in Russo, 2007, p. 14).

The differences between a *post-modern* view of psychoanalytic treatment and a *modern* view can be seen in a lively interchange between Renik (1999) and Schafer (1999). In response to an article by Schafer, Renik wonders about the absence of Schafer's subjectivity, which Renik sees as inevitable. Schafer responds by questioning why the analyst's *subjectivity* should play such an *important role in every analytic moment*.

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<sup>11</sup>Russo (2007) notes, "According to the people who should know best, deconstructionism is difficult to define. Jaques Derrida was far happier explaining what deconstruction is not rather than explaining what it is." (p.13).

But why so free a play of emotion in a trained, analyzed, experienced analyst, that is to say, a prepared analyst, an analyst with a reasonably intact work ego? That analyst—I claim to be one of them—would usually be thinking about the context, manifestations, and momentary analytic usefulness of that patient’s material. I see keeping that much distance as an essential part of the work of analysis (p. 523).

Of course, the notion that an analyst could keep a certain distance from any part of his thinking is anathema to a post-modern analyst. Subjectivity, relativism, perspectivism... these are the new coins of legitimacy. Thus, Wolstein (1982) can suggest that the contents of the unconscious were culturally determined, and thus denies current psychoanalysts the opportunity “to both create and discover their own metapsychology” (p. 412). However, it doesn’t seem to prevent Wolstein from suggesting his own subjective view of the unconscious as “both to create new experiences from the spontaneous, still un-lived possibilities never before envisioned; and to discover old possibilities in the conditioned, still forgotten experiences already lived through” (p. 412). Such definitions raise the important question asked by Blass (2010)...i.e., it may be an interesting idea but why call it “psychoanalytic” as it seems to have little to do with the history of how the unconscious has been viewed in the field? We have tended to view as psychoanalytic any theory from a self-identified psychoanalyst, rather than from a base of psychoanalytic knowledge. As Levy (2009) pointed out, our observations of psychological functioning, “represent a comprehensive, thoughtful, tested, and heuristic picture of the human condition that is as qualified as the knowledge base of a discipline as any other” (p. 1303).

Recently all of this has been expertly discussed, pro and con, regarding the psychoanalytic method (e.g., Bell, 2009, Bromberg, 2009, Hanly, 2009 and many others before this). However, it is my impression there remains an *unacknowledged rebellion against claims of knowledge and authority with regard to psychoanalytic education*. Skorzewski (2004) even suggests the attempts to find some truths or objective points of view in the classroom is a *regression*, which “harkens back to our earliest training in classrooms that introduced us to the idea of education as a disembodied experience, a disciplining of the self in the service of the institution” (p. 493). In this we can see the influence of Derrida and

the other post-modernists. “Derrida claimed deconstruction shows that meaning is unstable and indeterminate” (Russo, 2007, p. 13). Since there is no “truth” in texts, only subjective readings, educators “need to find ways to let our students use their imagination and find their own ways, *to their own truth*” (Russo, p. 14 italics added). In such a system there are no psychoanalytic truths, like an *unconscious*, apart from one’s subjectivity. Thus Levin (2006) can bitterly complain about her Institute not allowing her, as a candidate, to find her *own way*, but instead her supervisors and teachers believed they had something important to teach. I would agree with Ludan’s (1990) assessment of this perspective:

*“The displacement of the idea that facts and evidence matter by the idea that everything boils down to subjective interests and perspectives is—second only to American political campaigns—the most prominent and pernicious manifestation of anti-intellectualism in our time.”* (Laudan, 1990)<sup>12</sup>

### Conversations on Authority

Why be a slave to the arbitrary truth? I didn’t care about truth. I cared about beauty. It took me many years—it took the experience of lived time—to realize that they are really the same thing. (Batuman, 2010, p. 10)

There are several conversations that I think need to take place at every level of psychoanalytic organizations. The first is “Where do seminars fit within a psychoanalytic curriculum?” Within the Eitingon model we’ve answered this in the abstract, but not in concrete terms. In fact, as I’ve tried to point out in this essay, with notable exceptions the reality is we’ve pretty much answered the question of the role of seminars in the negative. We don’t give much time to teaching, and we don’t teach well. I believe we need to emphasize the value and importance of our seminars. Many analysts may be interested in committing themselves to excellence

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<sup>12</sup>*Critical realism*, a term associated with the philosopher Roy Bhasker (e.g., 1989), seems to be the ideal philosophical position for our times. It proposes that in certain ways we accurately perceive the external world, and in certain ways we don’t. In this way it takes seriously some of the critiques of post-modernism, and the implications for psychoanalysis, while also suggesting there are certain truths we need to agree are real. Hanly (1990, 1995, 1999, 2009, Hanly and Hanly, 2001) has been our most passionate advocate of critical realism.

in teaching, but we don't reward teaching. Further we don't consider the importance of seminar performance in a candidate's progress unless it's way beyond the norm. Ultimately, as psychoanalysts we will have to deal with an observation by Menand (2010), writing about education in the Academy he states,

*The pursuit, production and dissemination, application, and preservation of knowledge are the central activities of a civilization. Knowledge is social memory, a connection to the past; and it is social hope an investment in the future...It is how we reproduce ourselves as social beings and how we change—how we keep our feet on the ground and our heads in the clouds. (p. 13, italics added)*

A second conversation that I believe needs to take place revolves around the issue of defining psychoanalysis. As Blass (2010) recently asked, "Are there certain concepts we can say define psychoanalysis?" and is asking this question beneficial to the field? In the act of asking this question Blass has broken through the stifling effects of "political correctness" to allow for a more searching dialogue. For example, there are concepts presented in seminars that might be helpful and therapeutic. However, a central question for our time is whether it's psychoanalytic? Shall we consider the key concepts of the major "psychoanalytic schools" as essential for a treatment to be called psychoanalytic?

Another conversation, raised by Ehrlich (2006) revolves around the place of psychoanalysis in the larger culture.

...by longing for acceptance and pursuing respectability, psychoanalysis may indeed have succeeded in becoming a fixture of current Western culture. But the price it has paid for this is enormous, and it is not at all clear if it can survive this development. In parallel with its healing and scientific aspects, psychoanalysis has a powerful subversive side, born out of its relatedness to the unconscious. Psychoanalysis is therefore best suited for occupying a marginal position, on the outer boundary of respectability and cultural reception. This is where it can thrive, and where its dualistic and subversive nature can best contribute to cultural and civilized well being. This is also the place where the individual subject, tormented by feeling out of line with cultural demands and expectations, can best be met and engaged. (pgs. 11-12)

These thoughts stand in opposition to our many outreach activities today. We need to think about whether a watered-down version of psychoanalysis will have the opposite result to what its promoters intended.

There are certain guidelines on which psychoanalytic education might rest to energize the next generation of analysts in thinking about psychoanalytic thinking. Psychoanalysis was built upon a theory of the mind, as well as a theory of treatment. The two were initially interrelated. Yet, in our trade school model we have drifted into training clinicians, while the theory underlining psychoanalytic treatment has slowly faded into folklorish truism, passed down from generation to generation.<sup>13</sup> This trend should be reversed. Many thoughtful Faculty members and Chairs of Curriculum Committees have tried to enhance the quality of the teaching/learning experience, but often face stiff resistance. Below are some points that I've learned about and developed over the last thirty years.

1. The travel metaphor—I have always found it helpful to liken psychoanalytic education to visiting a new city for the first time. In order to get a sense of the city, one needs to take a tour of the whole city, and then go back to individual areas to investigate further. Psychoanalytic education is like the first tour through the city, while the opportunity remains to visit more areas in depth over time. In short, we need to acknowledge we cannot teach “**PSYCHOANALYSIS**” in four or five years, as it is a vast, unfinished landscape that needs further exploration of what we know, as well as what isn't known.
2. would be helpful if we conveyed to candidates that becoming a psychoanalyst is a lifelong process of learning and thinking. Many of us have had the experience of speaking with older analysts who have slowed down in their work, and feel regretful because they are “just

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<sup>13</sup>Two observations by the New York Times book critic Michiko Kakutani (2010) on media culture serve as warnings regarding potential impediments to a thoughtful psychoanalytic education and culture. The first is that more people are interested in cutting to the chase, and they're more than willing to take what is immediately available than what is thoughtfully nuanced. Secondly, the sheer volume of information we are faced with leads us to what is often the loudest, or most provocative, rather than what is earnest and measured.

getting the hang of it.”<sup>14</sup> As Pine (2006) aptly put it, “Psychoanalytic knowing is a developmental process in ourselves” (p. 4). When I graduated from my Institute, a wise older colleague told me that it takes 10 years after graduation to understand what it means to be a psychoanalyst. In retrospect, I think my colleague was even short a few years. The wonderful thing about being a psychoanalyst is there are always things to learn and ways to grow. We need to think carefully about how to respectfully treat our candidates as adults, and assume that they have come to a psychoanalytic institute to learn psychoanalysis. In this context constructive criticism is a necessary part of the learning process. Many candidates are hungry for someone to think deeply about them, and help them in their development as analysts.

3. Psychoanalytic Institutes are parochial in their outlook. It enriches the candidate experience to go to national and international meetings where they can learn about the multiple models of training from other candidates, and hear other views of psychoanalysis. One of the interesting and surprising findings of the Project 2000 study was the significance of candidate meetings with visiting speakers when they came to give a paper presentation. What it seemed to do was to expose candidates to this larger psychoanalytic world in a real sense.<sup>15</sup>
4. Teaching—We need to bring dignity to the position of the Faculty at our Institute. As indicated above, in many Institutes teaching is not particularly valued, nor is there a significant career path for Faculty. Nothing will raise the value of teaching more than emphasizing the value of seminar learning.
  - A. As is done in some Institutes applicants for teaching status should be evaluated rigorously. Those who have taught should have their teaching credentials evaluated with letters of reference. Those who haven’t taught should begin by teaching in

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<sup>14</sup>A slang expression for gaining understanding.

<sup>15</sup>The American Psychoanalytic Association has tried to accomplish this by helping to finance candidates who come to the National meetings for the first time.

Extension courses with a more senior teacher. Every applicant for teaching should meet with two members of the Faculty on the Curriculum Committee to discuss their views on teaching. Criteria for teaching status need to be clarified, and serve as a background for these discussions.

- B.** A career path for teaching at Institutes should be established. This might follow a path like Associate Faculty, Faculty, Teaching Analyst. A certain period of time at each level, along with consistent excellence in teaching would be the criteria for movement from one level to the next. Most importantly, discussions of teaching capacities need to take place.
  - C.** The Chair of the Curriculum Committee should be a Teaching Analyst, as a recognition of excellence in and commitment to teaching in the Institute.
- 5.** If we are serious about what it means to be a psychoanalyst, there should not be any lifetime appointments in an Institute. All Faculty (including Training Analyst) should be expected to participate in national meetings, local study groups, or other forms of psychoanalytic participation that indicates on-going attempts to learn and think. What does it say that we've left the documentation of continuing education to our non-psychoanalytic professions?
  - 6.** Teaching Freud—Freud defined psychoanalysis as a theory of the mind, and most current controversies in psychoanalysis still relate to his work. Therefore, it is safe to say that one cannot define oneself as a psychoanalyst without a thorough grounding in Freud's work. A while ago there was a myth that reading Freud was not of interest to candidates. However, my experience is that Freud, taught well, can be one of the most exciting courses in the curriculum. "Taught well" is the operative term here. It takes a tremendous amount of planning, knowledge, and integrative capacities to teach Freud well.
  - 7.** Evaluating psychoanalytic knowledge is a crucial development in any psychoanalyst. Reese (2007) has made the argument for adding an epistemological perspective to the curricula. She believes that Institutes can play a central role in teaching how to think critically and systematically about psychoanalysis. Reese lays out a philo-

sophical basis, and curricula additions, to foster an epistemological perspective:

“If we teach our candidates what we think constitutes and what constrains a psychoanalytic point of view, encourage them to grapple with controversies in our midst, let them know the limits of our knowledge, and help them develop the conceptual tools they need to think critically, we give them the perspective they need to be students, collaborators in learning, and creative contributors who help both to develop and to sustain the psychoanalytic enterprise (p.893).”

8. Kernberg (2006, 2007), Thomä and Kächele (2000), Auchincloss and Michels (2003), all of whom are concerned about the intellectual climate for spirited inquiry by candidates, suggest that a research component would invigorate such thinking. This would add another way to think about psychoanalytic hypotheses and argumentation, which would “counter the defensive use of ‘authoritarianism’ in psychoanalytic education that reflects both epistemological arrogance and epistemological despair with regard to psychoanalytic knowledge (Auchinclos and Michals, 2003, p. 400).

A final thought. There is an old Kevin Costner movie called, “Field of Dreams.” In this movie, Costner is encouraged by a mythical figure from his imagination to build a beautiful baseball field in the middle of nowhere, with the incantation, “If you build it, they will come.” I sometimes have the fantasy that if we re-built our Institutes based upon the intellectual excitement and rigor of our heritage, indeed they will come. Not for *Training* with a capital T, but for the love of ideas.

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## Let a Hundred Flowers Bloom

### A Commentary on Fred Busch's Paper Douglas A. Chavis

**A** vignette: My analyst was analyzed by Max Eitingon, a member of Freud's secret Committee. Eitingon was analyzed during some strolls with Freud in Vienna, making my analyst a ring-bearer by second degree, and establishing me as a third-degree ring bearer. Falzeder reports Jean Piaget, in order to enhance his credentials, cited his analysis with Spielrein (who was analyzed by Freud), and called himself a grandson of Freud's (p. 54). This reasoning would make me a great grandson. Perhaps this makes me closer to the truth, the revealed method, than others who have no "real" connections to Freud and the ring-bearers. I am reminded of the relics of saints or the holy ones in many religions, and the cherished bone fragments, hair and teeth. Possessing an object that belonged to a god, to someone close to a god, or a relic of some sort, seems to bring one closer to that god. Balint called this sort of assigning of truth and authority within psychoanalysis "apostolic succession" (Balint, p. 170). As Falzeder (2015) states, "The shorter and more direct the line can be drawn from Freud himself, the greater is one's prestige" (p. 54). Consider that in 1934 most of Freud's analysands were other analysts or students, when he said to Brill, "It probably does no one good to act the infallible God for six to eight hours a day" (as reported in Falzeder, p. 66, footnote).

Many of the issues raised in this vignette are prominently addressed in Fred Busch's paper, "The Troubling Problems of Knowledge in Psychoanalytic Institutes." His central questions concern: the transmission of psychoanalytic knowledge, what is psychoanalytic knowledge, how is "psychoanalytic" defined, what is the meaning of objectivity in psychoanalytic knowledge, how is it taught in our institutes, are teachers of this knowledge sufficiently respected, and how might psychoanalysis best prepare for the future?

All this is taken up under the following headings:

On Knowledge, Ambivalence Toward Knowledge, Trends in Teaching, Authoritarianism and the False Self, Authoritarian Anti-authority, and Conversations on Authority.

### On Knowledge

Busch observes the hope and possibility that the transmission of knowledge in psychoanalysis might have moved from an authoritarian mode, resembling religion and idolatry, toward a freer exchange of ideas. He believes, however, that rather than a freer exchange there arose an attack on “claims of knowledge,” (p. 2) and suggests this has to do with an effort to eliminate differences, and, presumably, envy between those who know and those who don’t, as well as the evils of postmodern thought.

The authoritarian transmission of knowledge was deeply embedded in psychoanalysis. Psychoanalysis began as what Max Weber (1964) would call a charismatic movement, led by a charismatic leader. As with all movements of this sort, a crisis of legitimacy arises upon the death of the leader. In psychoanalysis, this was acted out in the Controversial Discussions of the 1940’s, when the followers of Klein and those of Anna Freud battled over who was the real daughter of the leader. This is not to discount the theoretical importance of the discussions on unconscious phantasy, but only to cast light on their sociological and organizational aspect. While Freud lived, contending theorists with differing ideas were excommunicated as heretics—e.g., Rank, Jung, Adler, Reich, Ferenczi. With Freud’s death the door opened, with Fromm, Horney, Sullivan, and later the Kohutians and Relationalists walking in, along with other contenders to the throne. There was no charismatic figure left within the psychoanalytic movement with the authority to expel the unclean. With no charismatic authority to proclaim the truth, the problem becomes one of values and politics, and empirical studies (when those are possible and the results could be agreed upon and deemed relevant). The latter has been largely absent from psychoanalysis, and, indeed, there seems to be an aversion to empirical studies within our field (Ratner, 2019).

Establishing the foundations for the postmodern world, Kierkegaard, Nietzsche, Freud and Marx, amongst others, were of great significance. Kierkegaard (1962, pp. 49-52) has said, “The *ressentiment* which is

establishing itself is the process of levelling” ...out of envy. Nietzsche uses resentment as a central concept to refer to the envy of the strong by the weak, and the efforts of the weak to destroy the strong. Most would probably identify Busch’s speculation as Kleinian in origin, but it is pre-saged by Kierkegaard and Nietzsche, and they present a “dynamic” explanation- that with the fall of authoritarian ideas there might arise the freedom for envious destruction and a levelling of the envied proportions. However, it seems to me also accurate to turn to the vacuum created with Nietzsche’s proclamation of the death of god (Nietzsche 1882), and the difficulties in ascertaining a truth in the absence of an authority that has the power to establish reality. This is the dilemma of the postmodern turn, and the difficulties establishing the truth of claims of knowledge when there are competing criteria for truth and knowledge. Freud died and some of his children defend his sanctity and insist on worship, while others feast on his body in an effort to establish their own ideas.

(It is instructive to quote from Nietzsche (1884), to illustrate the similarity between his formulation of God’s death and Freud’s notions in Totem and Taboo of the killing of the primal father by the sons: “God is dead. God remains dead. And we have killed him. How shall we comfort ourselves, the murderers of all murders? What was holiest and mightiest of all that the world has yet owned has bled to death under our knives: who will wipe this blood off us? What water is there for us to clean ourselves? What festivals of atonement, what sacred games shall we have to invent? Is not the greatness of this deed too great for us? Must we ourselves not become gods simply to appear worthy of it?” (Gay Science, Section 125, tr. Walter Kaufmann). Some have claimed (see Waugaman 1973) that Freud feasted on Nietzsche, and could never acknowledge it.

Following Nietzsche, Marx and Freud developed ways of thinking about the world that called into question our ability to know what is real, and our ability to know an objective reality, at least in the social and individual spheres.

Marx defines ideology as the superstructure of thought, law, politics, morality, religion, etc., that rationalizes the economic power structure established by the modes of production of a society. It functions to obfuscate what’s “really” going on—the violence and exploitation of the powerless within a society. Thought and knowledge are seen as socially and

historically determined. Ideology acts as an instrument for the powerful classes in society to justify their power. In his studies on the sociology of knowledge, Karl Mannheim (1936, p. 36) contrasted ideology to “utopian thinking,” which he defined as a counterpoint to ideology, creating a tendency for the oppressed classes to destroy an unjust society while blinded by their deprivation and envy, leaving them capable of seeing only the negative aspects of the current socio-economic organization and only the benefits of change. The concept of utopian thought brings us back to Busch’s envy and resentment as spurred by the utopian thought that posited that with the death of the psychoanalytic god Freud, there would be a flowering of previously prohibited viewpoints.

There are two crucial notions I want to emphasize with Marx. First, that consciousness does not determine life, but life determines consciousness. Second, the idea of false consciousness as the privileging ideology of the historical moment that hides what is really happening. With these notions, relativism enters the social sciences, for any society’s or historical era’s store of knowledge can now be viewed as relative, not absolute, as well as obfuscating and defensive. Thought and knowledge are seen as socially and historically determined.

Freud challenged reality from an examination of the individual, and the role of instincts and related fantasies, primal fantasies, in the construction of reality. Fantasy and the power of instinctual energies were seen as a template organizing reality, rather than reality being primary. Marx inverted Hegel’s idealism by positing materialism as primary, proposing that the material economic situation of a society shaped ideas rather than ideas being primary (Tucker, 1978). Freud inverted his own “materialistic” seduction theory when he advocated an “idealistic” theory viewing fantasy as creating what is experienced as real, rather than the reality of seduction being primary. Most important is Freud’s establishment of phantasy determining psychic reality and questioning the nature of thought by making it the “superstructure” overlying and created by unconscious fantasies: the facts are now determined by phantasy.

While legions of other thinkers are involved, for me it is these thinkers and this dynamic that sets the stage for postmodern thought and Busch’s crisis in psychoanalytic knowledge and authority with the “attack on claims of knowledge.”

### **Ambivalence toward knowledge**

Busch here explores the tendency of our institutes to devalue classroom teaching and learning, while favoring the candidate's analysis and control cases as the primary locale for the transmission of knowledge. Studies have shown (Cherry et al. 2004) most graduated analysts value supervision and process seminars over classroom learning. The favored focus is praxis, on doing analysis, not how a candidate thinks about what they are doing or their theoretical knowledge. For Busch, this indicates the persistence of a "trade union" mentality. He laments that learning from experience is most valued, while conceptualizing what is being learned and how it fits into a corpus of theory becomes secondary.

I think it is important to recognize that most candidates enter analytic training to learn how to do something and also, often, to get help for themselves. I find only a minority of students to be motivated to explore the literature in depth. Should we deem this a problem, as Busch does? Should we value scholarly knowledge above praxis? The academy over trade unions? Both are important and I am not so certain one should be valued over the other. The wish for "training" rather than scholarship, I believe, has to be respected and accepted as a reality. Analytic training should provide seminar opportunities, perhaps as electives (and this is often done) for those more interested in the intellectual foundations of psychoanalysis, just as they offer continuing case seminars for further knowledge of praxis. This is how it should be. I would not speak of an ambivalence toward knowledge. I would address different people with different interests and provide opportunities within our institutes for all.

Busch's suggestion of more classroom teaching of theory and technique, etc., and my suggestion that it is already offered to those who are interested, actually illustrates part of the difficulty his paper struggles with. Who is right? I maintain that "rightness" is largely a question of values, power, and authority. Like all such questions that don't have clear empirical solutions, it is at base a political question that is essentially settled, at least temporarily, by political means, either authoritarian or democratic. In fact, even if there are clear empirical solutions, it will still remain a political question that hinges on who has power. But more of this later.

### **Trends in Teaching**

Busch contrasts authority with democratization. He complains that the

latter has become too dominant in our institutes, and leads to the erroneous notion everyone has something to say of equal value, and the teacher's job is not to transmit knowledge (which, he says, postmodern thought has discredited), but to help the analytic candidate find their own voice. Busch seems to feel slighted. He is indeed an authority (at least I accept that claim) on clinical technique, and as such should be listened to, thought about and even challenged, so students may use his voice to find their own thoughts about technique. He recognizes his view of analytic method as one among several, but "one worth thinking about and incorporating" (p. 4). He doesn't say why his voice should be "incorporated" rather than others. He contrasts his sort of teaching of a particular perspective with the pseudo-democratic "everyone sitting around" saying whatever comes to mind about a case. He reviles this falsely democratizing postmodern turn, and relates it to controversies around evaluating candidates, and the proclivity of some institutes to affirm candidates rather than evaluate them.

I think Busch here exaggerates his case. In my experience, difficulties in being truthful with candidate evaluations involve the analyst's difficulties with aggression, not adherence to postmodern thought. Moreover, are there really institutes that teach mainly by free association? Teachers do try to convey their conceptions of knowledge. For me, this knowledge is too often accepted uncritically by both teachers and students. I believe what is needed is not respect for learned and scholarly voices (this should be a given and is already, I believe, too readily accepted), but rather students should be taught how to **think and critically evaluate the thoughts of others, including the scholarly and learned amongst us**. Not doing this is the shortcoming of the apprentice system, the trade model. For me, this is the great failure of psychoanalytic teaching. For instance, we continue to teach developmental theories and theories of pathogenesis that have no basis in real human development, as if they were true. We teach a psychoanalytic method that was developed in tandem with a developmental theory as its rationale, constructing a theory of pathogenesis. Yet, with the demise of instinct theory as the key to development, we no longer have a developmental base for our knowledge (e.g., see Gilmore 2008). There is no longer a consistent and somewhat coherent psychoanalytic developmental theory, as there seemed to be in the past with the theory of stages of libidinal development and

regressions and fixations involved in character and symptom formation, and the development and resolution of the transference neurosis as the central feature of the analytic cure. With this generally accepted knowledge, one could be an “expert” then. Not now, for without this basis our theories are much more exposed to controversy and challenge, and rightly so since so much is unknown. We must distinguish between being an expert, an authority, with a depth of knowledge, and the idea of the truth. In the human sciences, there is only empirically established knowledge involving descriptions, predictions of more or less accuracy, and learned opinions. Learned opinions are opinions; the notion of truth requires the authority of divine revelation and Freud. Consider questions such as: “Should more technique be taught?” Is psychoanalysis still psychoanalysis if it is not 5 times per week? What is free association? What is a psychoanalytic process? What is unconscious fantasy? What is more effective, Kleinian transference-based interpretations or empathic process? How much should the analyst talk? Does touching have any place in the analytic process? Is it possible to have a psychoanalytic process with twice weekly meetings without using a couch? These are important questions, and some of us might have more knowledge of the literature involving these sorts of issues than others, and others of us might have more relevant clinical experience to inform our opinions. But to think the answers to these questions involve truths is mistaken. The answers are reasoned judgments, opinions and values arising from personal and social dynamics, and involving more or less experience and knowledge. The answers involve a political process. This is good. This is healthy. We should encourage our candidates to ask and think about such questions and to think critically, very critically, of their own answers and the answers they hear from others. We should acknowledge the lack of a basis for our technique in an objective science of developmental theory and a theory of pathogenesis, and encourage our candidates to think about this with us. We should teach Busch’s important and useful technique of process analysis, but we should also teach theories of mentalization and treatment methods based upon that, and treatments based upon attachment theory. Most of all, we should along with our candidates think critically about it all. Importantly, in so doing, we would be taking these thoughts seriously while modelling a sense of respect toward our teachers and colleagues, along with humility about the limitations of our knowledge.

### **Authoritarianism and the False Self**

Busch conceives of the IPA and institutional psychoanalysis before the 1970's as an authoritarian parental environment that forced accommodation and adaptation upon its members, placing the membership into "false self" identities whose professional development depended on adherence to these restrictions. He believes that deficits in the development of a true ego psychology utilizing basic ego psychological principles in clinical work, the controversy and evolution of clinical theories of countertransference, and difficulties in the diffusion of Kleinian thinking, are all examples of this constriction

I agree with Busch. There is no doubt that authoritarian attitudes in institutional psychoanalysis have inhibited creativity and the development of our clinical and developmental theory. And there is no doubt that we have all accommodated, consciously and unconsciously, to this authoritarianism. Part of that adaptation is, I believe, the almost total absence of critical thinking about our literature in our Institutes.

### **Conversations on Authority and Authoritarian Anti-Authority**

Busch claims two "assaults" on psychoanalysis- first was the assault on metapsychology, and the other the assault on clinical theory. The latter includes the "attack" on the analyst's objectivity and his ability to reflect on countertransference rather than enact it. Busch sees this as an assault on the analyst's "professional competence." He diminishes calls for the "analyst's authenticity" which he sees as challenging good technique. He laments "expertise has become confused with authoritarianism," and believes this movement represents an "authoritarian anti-authority." Invoking his view of post-modern thought, he complains that all views are considered equal when there is no truth. Importantly, Busch notes how psychoanalysis "was post-modern before post-modernism existed," with its understanding of the subjectivity of our reality. He notes post-modernism claims there is no ultimate truth. "Subjectivity, relativism, perspectivism...these are the new coins of legitimacy" (p. 11).

Busch approvingly notes Blass (2010) in stating, "it may be an interesting idea but why call it psychoanalytic as it has little to do with the history of how the unconscious has been viewed in psychoanalysis?" Busch and Blass raise the question of how do we define psychoanalysis, and

who gets to define it? He says, “We have tended to view as psychoanalytic any theory from a self-identified psychoanalyst, rather than from a base of psychoanalytic knowledge” (p. 11).

Busch agrees with the work of Rachel Blass involving the importance of defining psychoanalysis and establishing boundaries for the field. Blass believes a definition by description of what psychoanalysts’ do is inadequate, and calls for making judgments as to what is and is not analytic. The Secret Committee would be very comfortable with this approach. She implies an epistemological stance that considers the facts existing apart from power and legitimacy in the social arena. For Busch and Blass, there are objective ways to arbitrate between opposing claims of definition. I agree there are better and worse definitions of analysis. Yet, this is completely different from the assertion that a definition is “true” and “the” definition.

The controversy over “what is psychoanalysis” is not a scientific question and it never has been. When Eugen Bleuler resigned from the International Psychoanalytical Association in 1911, he wrote, “he who is not with us is against us’ or ‘all or nothing’ is necessary for religious communities and useful for political parties.... I find it is harmful for science” (quoted in Falzeder 2015, p. 193). The history of psychoanalysis teaches us that the question of “what is psychoanalysis” is a political question, that is, a question of who has power and gets to define the psychoanalytic world.

### **Epistemology, Sociology of Knowledge, and the Psychological and Social Construction of Thinking**

Unless the social and unconscious sources of our thinking are appreciated, along with the associated humility this entails, we are in danger of thinking our thoughts are the only “true” thoughts and apply to all. This is an aspect of what Freud called “psychic reality” and what Fonagy and Target (1996) call prementalized thought, specifically psychic equivalence. Another crucial issue in establishing the “truth” is the importance of social legitimacy and the power associated with it. The issue of authority, and the social construction and individual construction of reality and thought (Berger and Luckmann 1966), is central in the human sciences, and must be recognized. Hence the importance of critical thinking. Busch and Blass confuse these matters with claims concerning

the impossibility of thinking in a postmodern world, and the importance of reason and objectivity in resolving theoretical disputes.

Blass writes, “By ‘scientific inquiry’ I mean the inquiry into the nature of reality, into the truth regarding what actually exists, what things actually are” (p.90). She strangely seems to ignore what the social and psychological sciences, including psychoanalysis, are teaching us. The nature of both social and individual reality is that they are infused, from the beginning of life, with fantasy for each individual to a varying extent.

The capacity to mentalize, perceive social reality, in this case the reality of the other as a person with their own mind, thoughts, intentions that may be different from mine, develops in the attachment relationships of infancy, and varies according to the attachment status of the dyad (Chavis 2018, Fonagy et al 2002, Beebe and Lachmann 2014). Mothers in securely attached dyads seem to have the greatest capacity to see the reality of the other, i.e., the other as an other with minimal or no distortion from mother’s fantasy of who the child is or what the child is trying to communicate, while the insecurely attached dyads have less capacity, and the distortions are greatest in disorganized dyads where the reality of the infant may be omnipotently denied and the infant experienced as someone other than who they are. The capacity for objective thought is therefore psychologically conditioned by attachment status.

It seems likely that the capacity for mentalized thought, i.e., the recognition of the other as a person with their own thoughts, feelings, and intentions, is in some way connected also with other modes of thought that vary with attachment status as discerned by the adult attachment interview, AAI. Main (2000) has demonstrated differences between secure, insecure and disorganized attachment through the study of the quality of parental discourse in the AAI. Secure attachment is correlated with coherent and collaborative discourse with emotionally contained flexible attention, while insecure attachment demonstrates difficulties with relevance, quantity of discourse, truthfulness, consistency, internal contradictions, confusion, more distortions, difficulty maintaining collaborative discourse, and inflexibility of attention. The AAI in disorganized attachment demonstrates lapses in monitoring reasoning and discourse especially when recounting episodes of loss or abuse, as well as evidence of dissociative intrusions in discourse. From this it appears the quality

of the attachment status of the individual is correlated with important aspects of the capacity for thought.

Attachment status involves a small nuclear family system, but what about societal effects that may distort thought? Studies in the sociology of knowledge demonstrate the social positions of different groups affect manners of thought (Mannheim 1936). Appreciating the creation of seemingly impartial and rational thought by social processes, and also arguing against “ill-considered and sterile relativism,” Mannheim held out the hope that the sociology of knowledge will “set itself the task of solving the problem of the social conditioning of knowledge by boldly recognizing these relations and drawing them into the horizon of science itself and using them as checks on the conclusions of our research” (Mannheim, 1936, p. 237).

Mannheim illustrates how social class, changing generations, socio-economic status, sects, occupations, schools, etc. may all be associated with different ways of formulating the world, how social facts and concepts are used, what is perceived in them, and how they are employed in thinking. Each social group may be associated with different perspectives which partially determine abstract categories, principles of organization, the creation of certain concepts in history (e.g., the creation of psychoanalysis in the 19th century), the definitions and formulation of concepts—all are evolved from the subject’s social situation, i.e., class, generation, status, sect, occupation, schools, etc. How one perceives an object or concept, what is perceived in it, and how it is used in thinking are all socially determined. Mannheim writes, “It is precisely these factors which are responsible for the fact that two persons, even if they apply the same formal-logical rules, e.g., the law of contradiction or the formula of the syllogism, in an identical manner, may judge the same object differently” (p. 244).

What is at stake here is the understanding that reason, logic, and the nature and quality of thought, are constructed and vary with respect to the attachment status of the dyad, the social position of the thinker, and the historical moment involved. What is clear is the conflation of fantasy and reality in social, interpersonal and intrapsychic reality, the constructed nature of such reality, and our incessant arguing and struggling over these issues to separate out the “real” as much as possible.

This constitutes psychic reality, and social reality. What is considered real is determined by power: the power of society to legitimate, influence, define, and control individual thought and social identity, or the power of parents to define what is permissible to talk of and recognize as aspects of personal identity, i.e., the self, or the power of the individual's defenses and compromise formations along with the crucial need to maintain the safety of attachments. Even though psychoanalysis is partially responsible for this knowledge, it seems very hard for psychoanalysis to accept this knowledge, and the epistemological and personal humility that comes with it. This is especially true when we are talking of the theoretical and technical conflicts within our field (see also Richards 2006). I agree that "...the lessons of Postmodernism have not yet been fully digested in psychoanalysis" (Civitarese et al., p. 559).

Perhaps this helps us understand our steadfast allegiances to various psychoanalytic theories, even in the face of contradictory evidence. Perhaps it helps understand why psychoanalytic theory tends to have geographical loci-Kleinian thought centered in London, field theory in South America, self-psychology in Chicago. It is hard to disconnect theory from one's attachments, peer groups, admired groups, and one's training analyst. Falzeder (2015) traced the lineages of psychoanalysis, sorting out who was analyzed by whom and the effects this may have had on theoretical developments. He found that there was a direct line in the psychoanalytic family tree for interpersonally oriented analysts, and another line for drive psychology. The former orientation permeates the analysands of Ferenczi and Rank, while the latter the analysands of Freud and Anna Freud. Falzeder traces these theoretical developments back to the analysts who belonged to the Secret Committee and the internal conflict within this group in the mid-1920's that was resolved with the excommunication of Ferenczi and Rank, with Freud, Eitingon, Abraham, Jones, and Sachs prevailing in their definition of psychoanalytic reality, theory and technique. The latter group knew how to define psychoanalysis, and they had the power to do so. The point I wish to emphasize is that these theoretical differences hinge not simply on reason and objectivity, but rather on reason and objectivity as created through the lens of attachment relationships, in particular in psychoanalysis with the training analyst. Moreover, these theoretical differences arise in part from the attachments and life experiences of the major theorists,

and this effects their capacity for objectivity, how and what they think, and what is considered important.

There are others who share this view. Falzeder writes, “Perhaps the time has come to investigate...the connection between the ‘private’ lives and experiences of the pioneers and the theories springing from them...” (p. 74). Stolorow and Atwood (1979) state “...every theory of personality can be shown to contain elements deriving not only from the theorist’s personal world, but also from the external social field of ideas and concepts within which he lives and works” (p. 25). Likewise, Richards (2006) writes of conflicting theories in psychoanalysis, “There is always a sociopolitical dimension in scientific discourse, including ours.... Behind conflicting ideologies often live conflicting ideals, and these must be elucidated if the conflict is ever to be resolved” (p. 372).

The social nexus of attachment, class, group, and geography contribute toward shaping psychoanalytic theory. This is what psychoanalysis and postmodernism teaches us: our understandings of social and personal reality are not apprehended and shaped by simple reason and objectivity, indeed, the crucible of attachment relationships and the social attachments within which we reside shape reason and objectivity and the construction of our reality. And subjective reality is always intermingled with socially defined objective reality, reality is internalized in social processes and maintained in social processes (Berger and Luckman 1966).

Back to Busch. Everyone would agree that the acknowledgement and recognition of competence and the special knowledge that arises with years of study of a subject should be respected. But this may have little to do with the “truth” of the knowledge espoused. Think of all those scientists immersed for lifetimes in exploring the theory of phrenology. Or debating the nature of the Trinity, the meaning of the Diamond Sutra, the accumulated knowledge in the Talmud, or the nature of the transference neurosis. Deeply learned scholars all, but few would see truths emerging, at least from the perspective of the present. Truth in the social sphere, in my mind, goes along with definitions—they are social products, determined by the politics of social legitimacy. Truth, even as divine revelation, requires social legitimacy. Is climate change a fact, a truth? I believe it is, based on objective scientific empirical research. Patterns and predictions from large quantities of data, or carefully controlled

experiments, yield information especially in mathematical modeling that models the world often quite accurately. However, its acceptance as truth, its “truthiness,” also clearly depends on what community you belong to, and to the values and power relations embodied in politics and personal relations. We must distinguish between scientific truth, social and personal truths, and values. We must recognize the importance of the social division of labor and the social distribution of knowledge, and the power of groups within society to define their views as real or true. No matter how accurate our scientific models and predictions, without social legitimacy the predictions will not be seen as valid or worth acting upon. Without social legitimacy, truth is not very decisive or meaningful.

Busch laments how “subjectivity, relativism, and perspectivism...are the new coins of legitimacy” (p.11). I believe it is time to accept this and indeed, even embrace it, especially since it is partially based upon psychoanalytic understandings. The “coins of legitimacy” reside in political power, in our case within the psychoanalytic social world. Does this invite an abandonment of rational inquiry, as Blass (p.91) suggests? Does it really mean that voicing one’s view will be seen as a wish to impose authority, rather than a form of dialogue? (p.91)? Is it really “a tyrannical assertion that there are *no* truths and that all views are equal” (Bell 2009, p. 333)? Blass states, “...in upholding one’s own definition, it is the authority of reason and rational consideration, not personal authority, that comes into play” (p. 91). She believes questioning reason invites us to abandon rational inquiry, and is “an expression of a kind of relativity of postmodern life” (p.91).

Busch claims there is “an unacknowledged rebellion against claims of knowledge and authority with regard to psychoanalytic education” (p. 12). There are a number of cohesive theories of the analytic process and psychopathology, each with its own perspective and way of viewing the analytic process, each with its own set of “facts” that it is based upon, and each able to generate “evidence” to support these assertions of fact about the way the mind works. I believe it is incorrect to state that recognizing these as all sharing validity constitutes a rebellion against knowledge and authority. Recognition of this, indeed, should encourage investigations into the origins – individual and social – of these differences in view. It should encourage the development of a psychoanalytic study of knowledge, akin to the sociology of knowledge. It is this sort of understanding

that would foster the sort of dialogue Blass seems to be advocating, and I believe is truly psychoanalytic. Some of these differences can be resolved through these sorts of studies, along with humility, and others by turning to developmental science, cognitive science, and the brain sciences. Not because of the “truths” they generate, but because controlled experimentation and observation that can be objectively documented and seems best to model the world, e.g., how the brain functions, might therefore engage large numbers of educated informed people to agree on their probability, and form a “thought collective” as described by Ludwig Fleck (Richards, 2006), wielding political power and enhancing social legitimacy in the arena of psychoanalytic ideas.

Busch approvingly cites Ehrlich’s (2006) invoking of the “subversive side” of psychoanalysis. Busch wants us to define psychoanalysis in a clearer and more delimited manner. Along with Blass, he believes we should define psychoanalytic as restricted by the “key concepts in the major ‘psychoanalytic schools.’”

First, this ignores the reality of the elasticity of psychoanalytic concepts and their hermeneutic nature. It is also arguable that many concepts have been stretched so far, they lose meaning (Sandler 1983). Moreover, restricting the realm of the psychoanalytic to existing key concepts highlights the problem of the politics of who determines what these key concepts are and who gets to define them. Such restriction also closes psychoanalysis off from other fields, the most important being developmental science, brain science and cognitive science. It leaves psychoanalysis in the realm of Torah study, with a premium put on the knowledge of the history of ideas. This is far from a subversive new, exciting way to discover the world.

Second, I don’t think psychoanalysis is subversive at this time in history. It was subversive in its formative years because of its insistence on a then new notion of unconscious hidden motives, and its being seen as sexually libertine. The majority of Freud’s inner circle were young people in their 20’s and 30’s (Beneveniste, 2016). They were looking for something new and exciting that would be rebellious and change the status quo. Something that would give them special knowledge. They would be initiates. Freud perhaps sensed this with the idea of the rings and the formation of a Secret Committee of the initiated, the anointed ones.

Psychoanalysis is no longer sexually libertine. Indeed, until recently it was reactionary in its pathologizing and non-recognition of the multiplicity of sexual norms and orientations. Moreover, there is discussion whether sexuality is too distant from many current strands of psychoanalytic thought (Fonagy 2008). As for the novelty of the unconscious, the notion of unconscious and nonconscious brain function is now commonplace in psychology and cognitive science. I would argue that psychoanalysis, as envisioned by those like Blass and Busch, is inherently conservative and restrictive, even reactionary.

### The Future of Psychoanalysis

Busch contrasts adhering to a stricter definition of psychoanalysis with a “watered-down” definition. This harks back to the debate about the “pure gold” of analysis versus the impure alloy of psychotherapy. Busch believes a “watered-down” definition of psychoanalysis would be detrimental to psychoanalysis. He also suggests we rethink our outreach activities, apprehensive that they will dilute the pure gold.

I have long championed a “big tent” approach to psychoanalytic associations and training programs. While psychoanalysts are a small and shrinking demographic, those with an interest in human relatedness, human development, how we function individually and in relationship, and how our brains and bodies are involved in our relatedness, are a significantly more numerous demographic. While some may think it is important for psychoanalysis to define itself in exclusionary terms, erecting barriers and borders is the exact opposite of what is needed. I think it is possible to define psychoanalysis as both a field of study and as a clinical method that is inclusive, furthering research and enhancing the future of psychoanalysis more than exclusionary definitions would.

I suggest a tentative, broad, heuristic and practical definition of psychoanalysis as the effort to understand and help repair suffering and unhappiness in human relatedness through the formation and mutual study of intimate relationships that elucidate the functioning of conscious and unconscious modes of relatedness. Implicit is the recognition that the more often meetings occur, the more intimate the relatedness and the more phenomena that cause people suffering and unhappiness will have opportunity to arise, be understood, and alleviated. This would include 4-5 times per week treatment, and treatment of less frequency (with the

recognition of the possible limitations of such treatment for the emergence of intimate relatedness), and also family therapy and group therapy, since these enlarge our field of study and offer useful and important knowledge and also help relieve suffering. The use of electronic and internet facilitated treatments would be seen as simply variants of human relatedness, with their own characteristics in need of study. It would also include the brain sciences and the developing fields of social neuroscience and evolutionary developmental biology, developmental psychology, as well as the cognitive sciences. With the neglect of the emotional in these fields of science, psychoanalysis has much to offer them. And we have much to learn. Moreover, psychoanalytic organizations would be more powerful with increased probabilities of enlisting social legitimacy for our work, i.e., we would have more power to define social reality.

So, what is the meaning of all this for psychoanalytic education? I believe we should:

- 1.** Invite all those with a professional interest in the sciences of human relatedness into APsaA and the IPA. Rather than building definitional walls, we should practice and welcome intellectual curiosity and openness. While our professional organizations' emphasis will of course remain on the clinical encounter between analyst and patient/client, we must recognize the limitations of our knowledge and the ever-changing nature of our knowledge. We must invite brain scientists and social neuroscientists, cognitive psychologists, all brands of therapists with interest enough in psychoanalysis to join with us, and also group and family therapists. Let 100 flowers bloom. This collaborative inquisitive attitude might help make psychoanalysis exciting and revolutionary again.
- 2.** We must more widely recognize the thought-inhibiting and creativity-diminishing aspects of our Training Analyst system. The problem is not primarily the Training Analyst system, especially now that objective and verifiable criteria for attaining training and supervising analyst status are becoming more prevalent in our institutes. The problem is the nature of intimate attachments, and how they may enhance compliance as well as opposition in influencing beliefs, cognition, and theories. This needs increased recognition and study.

3. In teaching recognized psychoanalytic theories and techniques, we must teach with humility and the recognition they are far from ideal. We must keep in mind that empirical studies have shown that a majority of analyses end prematurely and a substantial proportion end badly (Cogan and Porcerelli, 2016). We must welcome new ideas and approaches. Recognizing the extent to which our theories and techniques are conditioned by our attachments and social nexus rather than “objective reason,” should herald an era of study and an openness to new ideas and methods.

The postmodern era and trends of thought open new possibilities for our growth as analysts, and for the rejuvenation of psychoanalysis.

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## Response to Chavis

Fred Busch

Chavis' extended essay fits well within the intent of this Journal on controversial issues. Let me speak to some of what he raises.

Much of what Chavis criticizes in my essay is what he believes is my intent to impose my view of *truth* on the question of "What is Psychoanalysis?" However, I never suggest I have the true answer to this question. There is no mention of truth in my essay. What I do claim is that I have *knowledge*, especially with regard to my approach to psychoanalysis. Claiming knowledge is not the same as claiming truth. I do wish Chavis would have discussed the essence of my essay, which was about the subverting of knowledge in psychoanalytic institutes. He seems to agree with me, but instead chooses to pick and choose the issues where he disagrees with me.

While Chavis objects to what he sees as my attempt to find the true psychoanalysis, he subtly inserts his own truth while presenting it as not really being about truth. For example, he suggests we can be more objective if we turn

"to developmental science, cognitive science, and the brain sciences. Not because of the "truths" they generate, but because controlled experimentation and observation can be objectively documented and seems best to model the world."

Of course, this position ignores the many problems inherent in the "scientific view" as noted by many. Succinctly expressed by Silverman (1992),

Examples, drawn from the physical and life sciences, show how complex and subtle scientific issues may be; how difficult it may be to perform and interpret experiments; how controversies once laid

to rest may resurface in new ways; and how science, far from being a stockpiling of factual truths, constitutes instead a vigorous, self-correcting mode of inquiry (p. 163).

Chavis has many other ideas about what is *true* in psychoanalysis, but by presenting these views as “tentative” he seems to believe he’s escaping the stigma of stating what he believes is the *true* psychoanalysis. As he states,

“I suggest a tentative, broad, heuristic and practical definition of psychoanalysis as the effort to understand and help repair suffering and unhappiness in human relatedness through the formation and mutual study of intimate relationships that elucidate the functioning of conscious and unconscious modes of relatedness.”

Although Chavis has his own ideas of what is psychoanalysis, he balks at the legitimacy of asking the question, “What is Psychoanalysis?” He believes *all theories are personal and political, a matter of power* (Is he stating a truth here?). From another perspective he emphasizes that:

“The point I wish to emphasize is that these theoretical differences hinge not simply on reason and objectivity, but rather on reason and objectivity as created through the lens of attachment relationships, in particular in psychoanalysis with the training analyst.”

I believe that for the survival of our field the question of “What is Psychoanalysis?” must be asked continuously. If not, anyone who says he is an analyst is viewed as one. This leads, as currently happens, to a plethora of theories with entirely different assumptions about the human mind ( a good example is Henry Friedman’s essay in this journal where in his view of psychoanalysis, there is no mention of an unconscious), and diverse views of how to treat the suffering of our patients that have little to do with each other. Chavis subscribes to inclusiveness in his “big tent” view of psychoanalysis. What I currently see is the creation of a *city of tents*, where inhabitants only speak to those in their tent. I agree with Blass’ (2010) lengthy exploration of whether one can define psychoanalysis where she “argues that clarifying the pros and cons of such acts of definition contributes to the understanding of the nature of psychoanalysis and the possibility of dialogue between opposing understandings of it” (p. 87).

Chavis also believes we shouldn't emphasize theory in psychoanalytic training because, as he states, "most candidates enter analytic training to learn how to do something and also, often, to get help for themselves." It is a view of candidates as *consumers*, a perspective that has raised such havoc in the universities, as I indicate in my paper. Yet everything an analyst says or does in treatment is based upon a theory, most often an unarticulated one. This leads to "seat of the pants" approaches, based upon incorporated "folklore" passed down as a theory of technique from idealized supervisors or the training analyst. At least with an articulated theory as the basis of one's clinical work, there is the capacity to evaluate and reflect on one's method of working. Without such knowledge there is no framework to interrogate what we said to Mr. X today. I don't want to idealize this process as I believe too few analysts reflect on their work, but without a framework (even incorporating a number of articulated perspectives), there is little chance for self-reflection.

Interestingly, Chavis believes "students should be taught how to think and critically evaluate the thoughts of others, including the scholarly and learned amongst us." I wonder how he thinks this could happen if students don't have a knowledge base to evaluate different perspectives.

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## Embracing Uncertainties

### A discussion of Fred Busch's *The Troubling Problems Of Knowledge In Psychoanalytic Institutes*

Jane Hall

“Ye great teachers: listen to what you say!” –Goethe

**F**red Busch raises interesting questions about the transmission of psychoanalytic knowledge. I am grateful to have been invited to respond. We are both seasoned analysts with similar training and equal years of teaching experience but we do see things differently. My 40 plus years of teaching, supervising and treating patients, preceded by training at a classical institute in the days when Melanie Klein was verboten, allow me to both understand Fred’s message and to comment on his conclusions.

I agree with Fred that teachers in all fields deserve far more respect than they seem to get. Most teachers work very hard to prepare meaningful classes and remuneration is often low. Their observations and impressions should be heavily weighed when evaluating candidates’ progress in psychoanalytic institutes. Listening only to supervisors is a mistake, one that must be corrected. Teachers see how a student interacts with others. Often, transference phenomena not expressed in analysis or supervision, are given vent in the classroom. Usually it is the negative type, and the teacher must be aware of and prepared for this. Institute teaching is not easy because of the expression of negative transference.

My disagreement with Fred is about seeing post-modernism as the culprit that causes his difficulties teaching advanced seminars. And I strongly disagree that students think they know it all. I’m sure Fred realizes that such arrogance when it occurs, is a cover for anxiety. I would encourage him to look for other reasons for his disappointment. Also, Fred’s use of the word *expert* troubles me.

Considering oneself an authority or expert carries with it prestige but it also has a downside. In fact, it can be dangerous, for it tends to close one's mind. Experts are known to forget humility along with the idea that there is always more to learn. It is true that some students want experts and prefer papers filled with jargon and complex concepts in order to idealize. But idealization has been a major problem in psychoanalysis for too long. It is time to get rid of the pedestals. We all have unique experience to share respectfully. There is a strong tendency in our field to hide behind complex language. It is the enthusiastic exchange of ideas that keeps a class and a teacher alive. Fred's invitation to learn his way of listening was not greeted eagerly by a class which preferred listening to each other as well. Fred's conclusion that they considered themselves equal to him was unfortunate. Yes, his years of experience which he codified in his latest book "Creating an Analytic Mind" is certainly worth reading but an advanced class needs to express their ideas.

Each class responds differently to a teacher. For me, this is the joy in teaching. Connecting with a new group is challenging, for just as with each patient, every class is unique and the bond that is formed, whether negative or positive, is worthy of attention. Teaching advanced students who have been together for several years is particularly challenging, for they have developed strong ties to each other, and they have heard each other's cases over time, leaving the teacher often feeling like an outsider. Teachers must not be surprised by this. Once I taught a small 4th year class heavily influenced by Lacan at the Contemporary Freudian Society. This was hard for me, not knowing much about Lacanian language. But I also tuned into the hostility beneath their love for Lacan so rather than reading up on Lacan, I tried understanding the anger. Their use of Lacan turned out to be a shield that kept me out. I learned that one class member had just failed the readiness-for-control interview and the group of three was upset. They were not in the mood to learn but preferred to punish the authority. They were angry and secretly frightened. I was the stand-in for the institute. I wish I could say that I was prepared for the situation. But I did learn a lesson. Teaching is hard and full of surprises. Happily, this was not a recurring situation.

Fred speaks about truth and knowledge. But what can we really say about truth in psychoanalysis? The dogmatism that once haunted us has lessened for many but the melody lingers on, particularly in ApsaA

institutes. Analytic knowledge is tricky because we want it to be based on truths. I see few truths/facts for there is little scientific evidence regarding theory or technique, as many have pointed out. Freudian psychoanalytic theory is one fascinating way of understanding the inner life of man. In fact, most of what we psychoanalysts call knowledge is based on Freud's ideas and their development, and a fierce loyalty to Freud persists. The training analysts at ApsaA institutes had to pass certification, which is a highly unreliable way to measure competence. Those who apply are known to doctor cases and to take classes that prepare them to present in a ritualized manner. The selection of training analysts is also based on loyalty to Freud, and depending on the institute, this selection is known to be political. Students are in the perfect position to question teachers not because of post-modernism, but because of curiosity, sometimes disbelief, and sometimes due to amazement. Questions need not be heard as challenges. But when a teacher is adamant or considers her/himself an expert, these questions may appear to be hostile. Realistically, what has been shared, often persuasively and often as holy grail, does not measure up to a truth or fact that is generalizable. See Fonagy <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525087/> for a thorough discussion.

We analysts cry out for research but sometimes ignore it. For instance, Beebe and Lachmann, Tronik, Stern, and others have done excellent research finding that early attachment affects character development. Character analysis is what most of us do but that takes a very long time and so it is easier to focus on neurotic conflict which can usually be found. Beebe and Lachmann's research on Bowlby's theory of attachment could alter much of our thinking. Bowlby's work is finally being recognized after years of disregard. Daniel Stern's research on infant development challenging Mahler's theories is still being debated. Even theories of development are often questioned by orthodox analysts. So there is much to ponder. What I am saying is that new theories of development are challenging some dearly held beliefs, creating heated discussions among seasoned analysts. Certainty is subjective, to say the least. Each of us takes a side for personal, often unconscious, reasons. So there really are no experts or even authorities, and knowledge must be acknowledged as personal. This is an uncomfortable idea but one that should help create an open mind. This is not post-modernism as I understand it. Rather it is to be expected and also appreciated. Receiving wisdom from a different

century or even quarter century requires discernment. For instance, reading *Storms in Her Head*, edited by Harris and Dimen, gives us a modern look at Freud's construction of hysteria.

In this time of new ideas based on research, the Oedipus complex and castration anxiety continue to remain at the center of theory, crowding out early effects of the first period of attachment. This of course adds to problems in teaching. Knowledge is shifting, as it should, and many of Freud's ideas are under scrutiny. Our anxiety about this needs to be faced. The development of a searching attitude and an acknowledgement of the brain's complexity are necessary for us all to acknowledge – student and teacher. Too often, though, we see more competition than cooperation. Yes, competing is normal but it needs tempering with a search for truth. Because of the uniqueness of each dyad and of each group, there are no set answers.

In his book *Creating a Psychoanalytic Mind* Fred tells us about his work with Eric. The vignette is quite informative as to how Eric, in the termination phase, regresses and then analyzes himself out of the wish for Fred to 'clean up his mess' by observing a messy interpretation in the previous session that annoyed him. Fred's explanation of his aim and method of creating the analytic mind is impressive but what perplexed me in Eric's case and in other vignettes was the quality of the connection and the development of the analytic third as Ogden might say. In other words, the intellectual quality of Fred's astute interaction with Eric, who was indeed using his analytic mind, seemed to miss the underlying affect. By focusing on the early toilet trainer/superego aspect, what I missed was the feelings about the impending end of analysis and the wish to remain a dependent little boy. It seemed to me that Fred was being perceived as expecting a good, clean boy and Eric was trying to please him by avoiding needs from an earlier level. Another vignette alluded to a patient's homosexual fantasy without exploring the non-erotic love for the analyst. I worry that this approach with its goal of creating any kind of mind is an intellectual process and that it spills over to Fred's teaching technique. Eric becomes a good analysand but how is he feeling? So I wonder if Fred is feeling superior and that Eric is measuring up. I envision the analyst as guide or witness (Poland) on a journey, and not as leader or judge. Now, of course this is one vignette from a whole analysis and I only use it to ask Fred where his heart/

libido/feelings about ending are. Is this approach one that may get Fred in trouble in other situations? Do Fred's advanced students pick up on Fred's camouflaged superior manner? Does intellectualism screen out intense feelings? Doesn't a good teacher find ways to allow the students to develop their own minds out of loving concern? Teachers are expected to know more than their students but how they present their knowledge is worthy of a long discussion. Do they adjust themselves to each class? And more importantly, how do they create a space for individual growth. Merriam-Webster definition of 'seminar' says: *a group of advanced students studying under a professor with each doing original research and all exchanging results through reports and discussions.*

Now, the above thoughts perhaps reflect my agenda more than actually and accurately explaining Fred's method. I was lucky to have studied for many years with Martin Bergmann—a highly sought-after teacher who held private seminars five days a week with waiting lists for decades. And yes, at times I idealized his manner. He was my role model for teaching. Martin exuded love of learning and learners. He had charisma—a vibe that made his students feel included in the search for knowledge. He seemed eager to hear his students think. His enthusiasm was contagious. One thing he often said that I shall never forget: "You will always find something of use even in articles you basically disagree with." Seminars ranged from 20 to 5 members and each participant felt listened to with respect. He greeted new and unusual ideas with interest, sometimes with excitement. His agenda, like Fred's, was to create analytic minds through his attitude of respect—even love. I could never imagine him saying as Fred does: *"I consider myself an authority on thinking about aspects of clinical technique from my perspective."* I don't think Martin would have spoken of himself as an authority on anything (although he surely could have)—he was always interested in learning more, and his students adopted this view.

Fred's paper seems joyless and pessimistic and devoid of ideas to change what he is perceiving. I have chosen several key sentences from his paper followed by my comments:

**Busch: ...in the larger picture teaching seminars has not been our strongest suit.**

**Hall:** Agreed. Seminars are highly underrated in psychoanalytic education. Why? What an opportunity to share, with regularity and in a safe space, different ideas! Different ideas are stimulating and disagreements are nourishing if our minds are open. Teaching is an art. It requires an ability and a desire to bring material to life. Most of all it requires connecting with the group and warding off humiliation with respect. Even seemingly absurd comments hold a kernel of interest. If a teacher can zero in on that kernel with tact, instead of criticism, she/he sets an important example for students. Our field is filled with clinicians who have suffered as children. We rarely admit that, but it is time to. Our own analyses hopefully modify our reactions to the damage we suffered so that we can empathize with our patients, classmates, teachers, and our students. An effective teacher is like a good host—providing good ‘food,’ introducing participants, encouraging conversation, and adding to it. Each group has different dynamics. It is the teacher’s job to tune in. Not everyone or every group will like the teacher but being liked is not the goal. The goal, in my mind, is to create a playing field for thinking and expressing thoughts in a non-critical manner. It is a rare teacher who can engage all students as Martin Bergmann did.

**Busch:** *A candidate in a clinical seminar, where we all took turns presenting clinical material, said she wouldn’t present a case because she was pleased with the way she was seeing the case. ...this lack of curiosity and clinical arrogance was nothing compared to the shock I had when I brought this incident up in our education committee when discussing this candidate’s work, and no one seemed bothered by this information.*

**Hall:** Why not meet privately with the student? There are no doubt reasons for reluctance to present. Going to the progression committee first seems inappropriate and unproductive. This should be a personal matter of concern between the instructor and student. A private meeting between an empathic, concerned teacher and a reluctant student could do wonders.

**Busch:** I consider myself an *authority* on thinking about aspects of clinical technique from my perspective. ....in the midst of a discussion a candidate interrupted to say she liked the previous way a clinical seminar was taught, where *everyone sat around and just said what*

*he or she thought about the case. ...That is, we were now all the same, no one knew anything more than anyone else, and everything was supposed to be nice.*

**Hall:** Nice? What about considerate! This was an advanced seminar and I wonder why this student's suggestion was experienced as offensive. Why not consider what lays beneath this request? *Did you, Fred, allow yourself to reflect on your affect?* Obviously, you were perturbed, even injured, judging by the phrasing of your statement. Advanced students may differ with a certain perspective which is important. How to express their differences can be modeled by the teacher. Education, in my opinion, is meant to enable and encourage thinking throughout life. Blaming post-modernism is a red herring. Those who study psychoanalysis are adults with different ways of perceiving. Often these ways are refreshing and worth considering. This is how we learn different ways of hearing and reacting. Respect is a two-way street and the teacher's respect for the student will be returned.

**Busch:** ...we (educators) are put in the positions of trying to help candidates learn about psychoanalysis, but have to act as if the candidate already knows everything there is to know.

**Hall:** Teachers who feel this way might meet with other faculty members and also with candidates. Yes, some students may appear arrogant but so do some teachers. We know that arrogance covers anxiety. Open discussion does wonders.

**Busch:** Our psychoanalytic history is rife with deceptions and self-deceptions, which I believe played a role in what happened next...i.e., the attack on authority. The problem of deception is not defined by locale, rather it is a psychoanalytic problem.

**Hall:** This is an issue that cannot be truly measured because of the 'fear factor' I have often mentioned on the ApsaA list serve. Speaking up risks losing referrals. In an association once run by BoPS, we still suffer from the paranoia it fostered. Certification interviews reflected a 'toe the line' approach and many applicants doctored their cases or took classes on how to pass. Despite change, the tension persists. The DNA inherited from Freud which includes authoritarianism and is passed along by training analysts may be with us forever. The solution, now underway,

is including different approaches and theories. Welcoming WAW and the Horney institute/society will hopefully be followed by reuniting with Adlerians and Ferenczians, Lacanians, Jungians, etc. Our gene pool needs expansion. All of us have ideas worth sharing and of course there will be disagreement. No kumbaya moments are required.

**Busch:** Of course, the notion that an analyst could keep a certain distance from any part of his thinking is anathema to a post-modern analyst. Subjectivity, relativism, perspectivism...these are the new coins of legitimacy.

**Hall:** These are valuable coins, Fred. I cannot help but feel a note of sarcasm or criticism of the inter-subjective influence that has made a resurgence with psychoanalytic thinkers and clinicians. While I understand the difficulty in change, it is exactly this lack of open-mindedness that is a serious problem. I think a teacher's ability to welcome new ideas and to examine unproven theory will be appreciated but, more than appreciated, it will pay off. If a teacher said: Let us greet our points of view with respect and curiosity, as we do our patients, and we will all learn. A new learning environment will have been created. Blaming post-modernism seems like a smokescreen for deeper issues.

The last part of the paper verges on the polemics and the scholarly aspects of knowledge which to this reader serves as resistance. I prefer plain English. Perhaps what really goes on between therapist and patient at a basic level is like a parental dialogue that never took place or took place with negative repercussions. It is not just what therapists say—but when they speak and how they speak with their partner on the journey of understanding; how they balance nurturing with encouraging freedom; how they function as holders of pain until it can be recognized and dealt with by the patient. Specific material is like the fuel that gets the motor going but beyond that, what a patient is most often asking is: Can I trust you? Will you hurt me? Will you hold the intolerable until I can face it? Can you tolerate my rage that I never expressed? Can you love me? Will you listen to me without judging? Can you stand me? Will you shame me? Can you explain patiently what I can't figure out? Will you let me wonder? And will you let me go when it's time?

Instead of further comments on Fred's conclusions, I will include some wise quotes that pertain to skepticism.

**“In science it often happens that scientists say, “You know that’s a really good argument; my position is mistaken,” and then they would actually change their minds and you never hear that old view from them again. They really do it. It doesn’t happen as often as it should, because scientists are human and change is sometimes painful. But it happens every day. I cannot recall the last time something like that happened in politics or religion.”**

**–Carl Sagan**

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**“When I examined myself and my methods of thought, I came to the conclusion that the gift of fantasy has meant more to me than my talent for absorbing positive knowledge.”**

**–A. Einstein**

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**“It is a good morning exercise for a research scientist to discard a pet hypothesis every day before breakfast. It keeps him young.”**

**–Konrad Lorenz**

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**“New ideas are always criticized - not because an idea lacks merit, but because it might turn out to be workable, which would threaten the reputations of many people whose opinions conflict with it. Some people may even lose their jobs.”**

**–physicist, requested anonymity**

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**“All truth passes through three stages: First, it is ridiculed; Second, it is violently opposed; and Third, it is accepted as self-evident.”**

**–Arthur Schopenhauer**

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**“Loyalty to a petrified opinion never yet broke a chain or freed a human soul.”**

**–Mark Twain**

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**“The soft-minded man always fears change. He feels security in the status quo, and he has an almost morbid fear of the new. For him, the greatest pain is the pain of a new idea.”**

**–Dr. Martin Luther King Jr.**

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**“Sit down before facts like a child, and be prepared to give up every preconceived notion, follow humbly wherever and to whatever abysses Nature leads, or you shall learn nothing.”**

**–T.H. Huxley**

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**“It is the mark of an educated mind to be able to entertain a thought without accepting it.”**

**–Aristotle**

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**“You cannot teach a man anything, you can only help him find it within himself.”**

**–Galileo**

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**“I can’t see any farther. Giants are standing on my shoulders!”**

**–unknown**

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**“There is no harm in doubt and skepticism, for it is through these that new discoveries are made.”**

**–Richard Feynman**

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**“The truly civilized man is always skeptical and tolerant, in this field as in all others. His culture is based on “I am not too sure.”**

**–H.L. Menkin**

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**“There are some people that if they don’t know, you can’t tell ’em.”**

**–Louis Armstrong**

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Thank you for reading. And thank you Fred for sharing your thoughts.  
Jane Hall


**Response to Responses**

**Fred Busch**

I agree with Lothane's objections to Freidman's characterization of free association. I always learn from what Shmuel Erlich's writes, and his erudite essay is no exception, while Cecilio Paniagua's balanced view complete with so many apt references, is a delight.

As the proverbial squeaky wheel gets the most grease, I will respond a bit more fully to Jane Hall's cranky screed. She immediately expresses what I labeled as a problem in psychoanalytic institutes...i.e., her suspicion of expertise. She then does what I also label as problematic in institutes...i.e., ignoring the data I present for my position, and instead offers her opinion. In her mind it becomes her opinion versus my opinion.

She then seems to see my claiming expertise as the cause of what she presents as *my problems teaching, distorting* what I say to make her point. One candidate who wanted to just have everyone say what they thought, rather than being taught, turns in Jane's depiction into "my way of teaching was not greeted eagerly by a class". What I wrote was "The seminars are usually lively and helpful to all of us. I am frequently challenged (in the best sense), which I find helpful to modify or clarify my thinking". I find Jane's distortion to make a point disingenuous at best. With no basis she then claims I have problems with teaching advanced seminars. Where she gets this idea, is anybody's guess.

I believe candidacy is the beginning of a long journey where we are constantly learning. There is so much to learn and I see candidacy as the place where this learning begins, and as more important than everybody feeling good about their participation. When I was a candidate, I hungered for smart instructors who could teach me something. I never felt bad about not knowing something, as long as I believed the teacher or supervisor had clear ideas about what they were teaching, and not just some folklore passed down through generations. I was there to learn, not to be liked.

I was bewildered as to why, in the middle of Jane's screed, she critiques a vignette from my much-admired book, *Creating a Psychoanalytic Mind*. It seems to be her attempt to show she is a more sensitive analyst, while I am intellectualizing. I can only suggest the reader look at the book to decide for oneself. The book has received world-wide admiration and I've been invited to speak all over the world about my ideas. I could go on, but it is tiring dealing with such a peevish review. I'll just end with a variation of what P.T. Barnum said, I don't care what you say about me as long as you spell the name of my book correctly. In this sense Jane performed a valuable service.

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## **What is Wrong with Psychoanalysis: The Problems Created by Experience-Distant Theory and How to Correct Them**

**Henry Friedman**

**T**he observation regarding competition in academia being particularly fierce because, to paraphrase Henry Kissinger's famous remark, the rewards are so limited, hardly needs to be restricted to the university setting. Can we not say the same thing about the psychoanalytic world, where schools of thinking tend to have followers who believe, not only that their thinking about what constitutes true analysis is worthy of adherence, but that all other schools fail to meet the criteria for even qualifying as worthy of being called psychoanalysis? Not only is the competition intense, the disdain for others who think differently is discernable and quite palpable even though it is usually left verbally unexpressed. Challenging theoretical ideas are either ignored or incorporated into the analyst's dominant theory with the caveat that this new theory, while valuable, has always been there hidden in their own theory but overlooked in practice (Kris on Kohut). We operate as if the answer that Robert Wallerstein gave to his own question, "Are we one psychoanalysis or many?" still stands, namely that we are only superficially different but remain united by core concepts that transcend the particulars of each school (Wallerstein). The unconscious, transference, countertransference, drives and defenses, these existed in Wallerstein's view across the spectrum of psychoanalytic schools, Kleinians, Bionians, Self Psychologists, Contemporary Conflict Theorists, Ego Psychologists all included and providing for him sufficient proof that there is a unified psychoanalysis. Wallerstein's assertion of a unified core may well represent his attempt to meet the political requirements of his position at the time as President of the International Psychoanalytic Association more than a reality either then or now. In my view, there are fundamental incompatibilities in competing psychoanalytic theoretical schools of such magnitude that it is fair to answer Wallerstein's question in the negative: that would be No, there isn't any way of unifying these theories; there are, in actuality, at least

several different versions of psychoanalysis. Furthermore, at the clinical level patients receive vastly differing forms of psychoanalysis that constitute separate entities all of which can and should be considered to be psychoanalysis.

As the external threats to the dominance of psychoanalysis as a therapeutic modality, in any of its versions, increase in intensity many psychoanalysts focus with intensity on factors external to the field, some blame psychiatry and the growth of psychopharmacology while others blame our materialistic consumerism and success-obsessed society for producing a population unsuitable for psychoanalysis (Summers) because they are unwilling to lie on the couch 4-5 times a week and even if that were possible they are judged as being unable to think (Bion). The tendency to judge patients as failing to respond to psychoanalytic treatment because of their own limitations is hardly new but an increasing intensity of such a belief clearly accompanies a decreasing number of patients who do seek therapy but are unwilling to enter into a “full” analysis preferring some form of psychotherapy at a much reduced number of sessions per week or even a medication-only solution to their suffering (Schechter). Added to this is the decreasing number of applicants for training in the institutes of the APsaA which leads to an ever increasing defensive position taken by psychoanalysts who find excuses for the diminished appeal of psychoanalytic treatment in some area other than the deficiencies of the actual treatment modality that they deeply value and continue to offer to those seeking treatment.

While critics of psychoanalysis have never been lacking these have usually been drawn from the world of philosophy or history of science on the grounds that there is no method for disproving psychoanalytic theories (Grunbaum) or interpretations, or from psychiatry and medicine with their insistence upon evidence-based treatment modalities, rather than from inside the world of psychoanalysis itself. In a recent lecture in Philadelphia delivered in 2012 Owen Renik delivered a masterful critique of psychoanalysis that focused on the idea that Freud’s followers corrupted the treatment capacity of Freud’s initial and continuing approach to psychoanalysis. In Renik’s view Freud always worked with the intent of reducing patients’ symptoms and suffering and this, in his view kept psychoanalysis scientific because it meant that there was a way to measure the success of an interpretation and of the treatment in

general. Not so, according to Renik, for Freud's followers who, in choosing to adapt the concept of structural change as the measure of success in psychoanalysis, diverted psychoanalysis from a scientifically based therapy to a hermeneutic discipline. For Renik, the movement towards hermeneutics is not only unfortunate but also actually tragic in that it removed psychoanalysis from the realm of science and brought psychoanalysis into the unverifiable arena of an interpretative discipline akin to the theological examination of biblical texts. Hermeneutics, for Renik, even freed from religion, remains subject only to being judged by the issue of internal consistency of interpretations rather than requiring an evaluation of effectiveness.

In Renik's opinion psychoanalysis has, ironically, remained a scientific endeavor only in the hands of those analysts treating patients in psychoanalytic psychotherapy rather than full, formal psychoanalysis. He asserts that classical psychoanalysis, with its rules of technique and its dominant theoretical assumptions results in a circularity that determines the analyst finding in the patient's mental life only what their theory inclines them to think they will undoubtedly find. If psychoanalysis has become, as Renik insists it has, a hermeneutic endeavor than analysts are likely to find verification of their theoretical model in the patients that they see in 4-5 times a week analysis on the couch. As Paul Ornstein has frequently asserted, in psychoanalysis the analyst will find only what he or she looks for and this will be determined by his or her predominant theoretical orientation (Ornstein). In Renik's experience it is only when those trained in classical psychoanalysis treat patients in psychotherapy that they are open to experiencing the spontaneity of discovery of what works for each individual patient. This is very much in keeping with my own observation that classical psychoanalytic technique allows analysts to work from behind a professional self, a kind of condoned and even demanded self that is required by the profession particularly in the arena of candidate analyses where the analyst is often scrutinized to see if he conforms to a required code of conduct, i.e., to make transference interpretations and monitor his or her participation in the process as part of countertransference alertness. Furthermore, in the practice of psychotherapy, fully trained psychoanalysts do tend, in Irwin Hoffman's felicitous phrase, *to throw away the book*, thus opening themselves to a more spontaneous and emotionally true response to the

patient's distress as well as their actual character qualities (Hoffman). The ability to free oneself, as a psychoanalyst, from the rules of listening to free associations that come from the patient and must be followed and interpreted by the analyst seems to come more readily to work with patients in psychotherapy. The tyranny of free associations and the insistence that the passive listening analyst, and he/she alone gives the patient the space to express and explore their own thoughts and determine what is important in their mental life precludes the analyst's function as a life educator, as an individual who is free to use everything he knows in the service of a dialogical exchange with the patient. In my opinion, the maintenance of excellent technique, seen by many psychoanalysts as essential to the emergence of the transference, does stand in the way of actual relational contact between the analyst and the patient. Patients can rightfully complain that psychoanalysts pay attention to how their minds work without really understanding who they are and what is important to them in their life, past, present and future.

But if new learning with each patient in psychotherapy requires the abandonment or at least sequestration of psychoanalytic technique and of whatever theory dominates an analyst's approach, what needs to be said about the variety of psychoanalytic theories that dominate training Institutes wherever they exist? Renik, whose critique of current psychoanalytic clinical practice is nothing if not challenging of the status quo, is nevertheless more conservative than I find myself being when it comes to the matter of psychoanalytic theory. Renik views the followers of Freud who adopted the idea of structural change as the goal of psychoanalysis as responsible for corrupting Freud's methodology, leading to a psychoanalysis that fails to address the patient's symptoms and suffering, that delays helping the patient make necessary change and is anything but the practical psychoanalysis that he championed in his book, *Practical Psychoanalysis* (Renik). However, he finds little to question about Freud's contentions about mental life and how it develops or unfolds, and it is here that I would broaden my own critique to include not only Freud's theoretical position but all psychoanalytic theories that in one way or another are derived from some aspect of Freud's hypotheses about mental life and its processes.

To begin with, Freud was notoriously uninterested in the pre-verbal, pre-Oedipal period of development, taking instead a position that

things start to count much later than the first year of life. He seemed indifferent to that period based on the assumption that those who got through it entered the much more interesting period of verbal and thinking capacity. For Freud, thinking came with development and wasn't an achievement that could, if development in this period failed, result in autism or other claimed incapacities to distinguish self from others; individuals with this type of deficiency were judged to be unsuitable for psychoanalytic treatment. What did interest Freud was a view of human development as a progressive movement between drive stages so that an orderly progression of drives or drive derivatives was seen as explaining almost all that needed to be known about the personality of an individual patient. Perhaps his most subtle contribution was to insist that while the drives ideally developed to an ultimate genital level, those earlier stages remained buried in the unconscious yet continued to influence all individuals in terms of conflict between internal systems, in turn causing symptoms and functional limitations. Lying concealed in the Unconscious, apparently dormant but capable of being revived when some conscious experience activated them resulting in the unexpected emergence of infantile sexual fantasies and behaviors as well as destructive fantasies and behaviors from the aggressive drives.

While aspects of Freud's theories have been challenged from within the profession, theory building or extension has been the goal of the dominant contributors to psychoanalytic schools. Hence, the followers of Melanie Klein have been very successful on the basis of little except an exceptional capacity for inventing and building a theoretical structure that insists upon its being the fundamental state underlying all adult functionality. For the Kleinians the adult personality is a screen or front superimposed upon an infantile structure of limited capacity that remains locked between the schizoid-paranoid and depressive positions. While Freud privileged the importance of years 4-6 and made the Oedipal the central complex to understanding the underpinnings of unconscious motivations, the Kleinians are quite concrete in their insistence on analogizing the analyst/patient relationship to the mother-infant dyad (Meltzer). They believe that the major issues of a nursing infant can be revived in the transference to the analyst despite the fact that this is all presumed to have been occurring in an infant who has an incompletely formed brain and certainly an inability to form thoughts, much less to think.

Despite the fact that Melanie Klein was working from a model of schizophrenia as explained by her fantasies about the mind of the nursing infant, her thinking remains perhaps the most dominant form of psychoanalytic theory in the world today. It is the predominant theoretical approach in Great Britain, Europe, and all of South America. In the 1960s and 70s in the United States, however, when most, if not all, psychoanalysts were psychiatrically trained, Klein's thinking was largely ignored or was viewed as a biological impossibility involving attributing complex fantasies to an infant that couldn't be accepted, much less sustained, by anyone with neurological training who understood the development of the infant's brain. The atmosphere in the U.S. during the sixties was frankly dismissive of Klein's theories, making the transformation in their popularity in much of the world and the growing fascination in North America a phenomenon that requires considerable attention and explanation.

Projective identification was invoked by Klein to describe and explain the way in which an infant relates to and attempts to communicate with a receptive mother. According to her view, the infant projects unwanted feeling states and parts of the self into the mother, or more precisely the mother's breast. The mother in turn has to perform the task of containing the projected negative and positive parts of the infant fantasies and then reintroducing them into the infant's mind in a modified, less toxic form. It is as if simple observation of interaction between a mother and an infant has been subjected to a theoretical trope that converts something quite easy to observe into something of enormous complexity going on in the mind of an infant clearly incapable of thinking in the terms that Mrs. Klein imposed upon the observable. Her followers have greatly augmented the definition of projective identification, making it the central defense employed throughout life as well as elevating its importance as the model for communication between patient and analyst to a degree that the analytic dyad is often presented as if it actually is the re-creation of the mother-infant communication system (Meltzer).

The use of projective identification has provided a portal for Kleinian penetration of the North American school of psychoanalysis which had previously been based predominantly in the ego psychological, structural hypothesis. While both the relational school and Kohut's self psychology have made valiant, and in my opinion mostly valid, attempts to

make theory experience-near they have to a great extent been displaced by those believing that projective identification is how the patient communicates the content and intent of his unconscious primitive reactions and desires (Cooper). This position is one that completely denies the insights of the interpersonal perspective in psychoanalysis by denying the direct impact of both individuals in the analytic dyad on each other. Bion went beyond Klein in defining the psychoanalytic endeavor as a process uniformly involving the container and the contained; this model depends on the insistence that an adult patient can be viewed as an infant with a mother: the analyst becomes the container who perceives the patient's primitive desires and modifies them, somehow feeding them back to the patient in a now digested form that in turn transforms them into something more acceptable, akin to adult thinking (Bion).

The growing influence and impact of Klein and Bion is, in my opinion, symptomatic of the troubled nature of psychoanalysis in the United States. I am referring here not to the usual supposed public enemies of psychoanalysis—big pharma, managed care, insurance coverage and a so-called materialistic society—but rather to a confusion of psychoanalytic theories and a refusal to consider not only their mutual exclusiveness and incompatibility but their failure, either individually or when used as a combination of incompatibles, to provide a therapeutically effective approach to patients.

Classical theory, even as it morphed into ego psychology, contained a fatal flaw that was ignored at great price to the growth and sustainability of psychoanalysis. Through a combination of concentration on what classical psychoanalysts would call excellent technique and a dedication to a belief that the theory itself didn't require critical examination of its relevance to actual patients, the need for a relationship that was emotionally alive and in itself therapeutic got lost. What we were left with was a treatment technique in search of an audience of patients who were increasingly turned off by both our technical requirements (the couch, free association) and our theoretical insistence that current life problems were actually only the manifestation of earlier conflicts and desires from either the Oedipal or pre-oedipal periods. As patients increasingly turned to other mental health providers who were unconstrained by adherence to any psychoanalytic theory or technical rules, what we have seen is a desperate profession seeking to sooth and reassure itself by becoming

more and more invested in the Kleinian approach, or some extension of it, that insists on “primitive thought” as what psychoanalysis has to find in all those patients who undertake psychoanalytic treatment.

Despite this approach being what now can be seen as erroneously based on the concept that schizophrenia and manic-depressive illness are psychologically determined in infancy, it is taken as the portal to understanding the mind of all individuals.

In two previous papers, *Opposition to Relatedness and Destructive Women and the Men Who Can't Leave Them*, (Friedman 2), I demonstrated the way in which traditional uses of the unconscious can be used to ignore the patients' current reality and their need for a strong relationship with the therapist in order for them to face the challenges of changing their character-determined stance in relating to others around them. While ego psychology had its distinct limitations as a therapeutic modality, it did at least indirectly consider both the diagnosis and capacity for needed change in the functional ego of patients in analysis. However, it failed to be adequately therapeutic because technical and theoretical rules and ideas limited the analyst's participation in the process. In particular, a crucial need to keep the analyst's real-life personality and knowledge in the dyad was ignored in favor of a professional self or persona which was deemed necessary if the treatment was to be considered psychoanalysis. This in turn created a paradoxical situation from a therapeutic perspective in which analysts believed that by remaining anonymous and neutral and minimizing their participation to following associations they were providing the only pathway to structural change in the patient, while the patient, desperate for relatedness and caring, would find the therapeutic in those small moments of interchange when the analyst abandoned their dedication to a depriving technique and extended a sample of their human responsiveness about some event in the patient's life. Follow-up of analyses conducted with patients has them consistently remembering those small and short doses of their analyst's human responsiveness as crucial to what for them was therapeutic (Schachter).

The escape from an analytic stance that requires a constant alertness to transference manifestations could well have come through the relational school or Kohut's self psychology if either of these approaches had really

allowed for an interpersonal psychoanalysis. By this I mean an approach that allowed the analyst to be him/herself, to be open about self-disclosure, to abandon interdictions about human responsiveness to the patient's distress, both in terms of aggression and affection, and a dedication to decency in all aspects of response to a patient's needs. Instead, maintaining the technical demand for neutrality or under-responsiveness to the emotional pressures for advice, caring, and compassion coming from the patient led to a stance that enshrined and imprisoned any responsiveness on the analyst's part to the category of enactment (Jacobs). It is curious to see the burgeoning attention to what is called enactment without any acknowledgement that this new category or concept is based upon the assumption that the analyst's participation isn't simply interpersonal relatedness and definitely shouldn't include being involved with the patient's emotions and revealing their own response to the patient. The result has been a one-way street where the analyst's verbal and emotional response is treated as an enactment caused by the influence of projective identifications coming from the patient. This is a one-person version of a relationship in which the analyst's participation represents a forced enactment, in which he or she must monitor and interpret their responsiveness as the result of initially unacknowledged projective identification coming from the patient. Any deviation from a neutral unreactive stance on the analyst's part, either experienced as strong feelings in the analyst or some action on the analyst's part would be considered a countertransference reaction representing a mistake or failure on the analyst's part, albeit one that could be turned to analytic advantage if analyzed. The analyst as an independent center of initiative is eliminated from consideration as she or he is reduced to a responding passive element in the analytic dyad.

Two recent books by prominent psychoanalysts coming from vastly different psychoanalytic traditions illustrate the attempt to rescue psychoanalysis by redefining the goals of analysis and redirecting it in a more therapeutic direction. Fred Busch, in a volume entitled *CREATING A PSYCHOANALYTIC MIND*, furthers his argument for an enhanced, expanded version of Paul Grey's close monitoring educational approach to psychoanalysis as a therapy (Busch). Busch's approach involves educational efforts to help patients pay attention to how their minds work, to, in effect, bring them into a process in which they begin to think as a

psychoanalyst would think about their mind. What he fails to take into account is that he is educating his patients to think as he (Busch) thinks about the mind which, frankly speaking, is a great deal different than how I think about the mind, either my own or that of my patients and furthermore differs from how psychoanalysts not taking his approach think about their patients. Busch's arguments are really intramural as he attempts to lead both his colleagues and his patients to an approach to interpretation that insists that the patient be in a mental place where the interpretation is "in the neighborhood" of the patient's preconscious thinking. Busch's effort is to save psychoanalysis from destroying itself by going down the pathway of deep interpretations that shock and surprise patients and the critics of psychoanalysis as a therapy. In the end, an evaluation of his success in this endeavor depends upon how closely your own approach as a psychoanalyst comes to the one that Busch is promoting.

In contrast to Busch's recommended methodological adjustment of technique and close examination of the patient's mind, Frank Summers in his volume on the psychoanalytic vision suggests a radical departure from usual psychoanalytic perspectives by suggesting that we have too long refused to accept the patient's subjectivity as the only guide for the psychoanalyst to follow. Summers builds on Kohut's idea of the analyst's as the provider of needed self object functioning and expands it to include the analyst as a guide to the patient's discovery and enactment of their essential self. For Summers this is a therapeutic approach to the self, based more upon Heidegger than on Freud or Kohut. It is an existential self that requires acceptance of the idea of "thrownness" into life and the individual's need to escape from materialism and scientism to discover their true and essential self. He joins Heidegger in advocating a return to nature as the only way to escape the devastating effects of technology and the industrial revolution. As a psychoanalyst who believes that the advances of technology are helpful to the individual, I find that Summers gives something new to psychoanalysis with one hand while taking much away from it with the other. While Summers works very hard to convince the reader that Heidegger can provide a better guide for the practicing psychoanalyst than the one provided by either Freud, Kohut or Klein, ultimately his use of Heidegger leaves his patients needing to abandon the complexities of living in the contemporary world of

technology and progress. As I will attempt to show, the role of the psychoanalyst as a new object has been less appreciated than it should be even by those who do give the idea a certain amount of recognition.

### **New Directions or Correctives for what is Wrong with Psychoanalysis**

My conclusion, after much reflection on what is wrong with psychoanalysis, is that fundamentally we do have a clinical approach that can work effectively to help patients change their lives and free them of self-induced suffering as well as help prevent them from injuring others emotionally. But to do so will require that we jettison much of what can be viewed as received wisdom that is a legacy of our past. A blind belief in the power of the transference to bring the past into the analytic dyad and allowing it then to be interpreted to the patient in such a fashion that the patient will be freed from the continuous enactment of their early object relationships will have to be modified. The past is simply past, whether it has been a past of great pleasure or one of tremendous pain and suffering it is behind our patients and cannot be undone. There is no doubt that in any analysis of value the patient should have the benefit not only of recall but of the analyst's understanding of the quality of their parents' responsiveness to them and their own attitude towards the life that their parents were leading.

Our focus needs to shift to a concentration on what I would call the character of our patients which we see them demonstrating in their life and as we experience them in what I call the relationship between the patient and the analyst rather than referring to it only in terms of the transference and countertransference. The use of the term transference implies that what the analyst experiences as unusually aggressive, hostile, or as sexualized responses can be attributed to internalized interactions with past objects; this is a form of interpretation that needlessly softens the patient's and the analyst's experience of the patient's character. The analyst for his or her part needs to pay attention to their own character and the way in which it influences responses to the patient particularly when there are great differences in the character styles of the two participants. If attention is paid to the relationship between the two participants in the analytic work, it is a matter of considerable importance whether the patient's responses are seen as part of their character as it has become

solidified and difficult to change or as part of a response to early primary figures that have come to reside in what we have liked to call the patient's unconscious. The content of the relationship, if it is viewed as transference, will inevitably be tailored to fit the theory of the analyst's choice. Hence, classical Freudian transferences contain Oedipal desires and drives with an emphasis on the defenses against them, while Kleinian transferences are primitive, filled with the desire to devour the object, destroy it or be destroyed by the object. Neither approach, however, allows analysis to be conceptualized in terms of adult to adult interactions; human interpersonal interactions have been eliminated in favor of the search for the analyst's theoretical preference, and the result is that we get a psychoanalysis without an adult relationship. Of course, even those who insist upon viewing psychoanalysis as an interaction of two unconscious minds cast this in terms of the analyst as mother and the patient as infant, an older infant for Freud and a less than six-month-old one for Klein. Or, even if such a reduction of the patient's status is resisted, the idea that the focus on the unconscious interactions is central to the process relegates the encounter to a semi-mystical event in which neither party is actually involved in an actual relationship. One might say that we now have three versions of the psychoanalytic relationship: a one-person version, a two-person version and a no person version.

The assertion that utilizing the couch at a 4-5x week frequency will produce a regression in any patient to a level where the drive-object content of their infantile experience can be accessed by the analyst has rarely been directly challenged by internal critics of psychoanalysis. Rather, it is received as a most "convenient truth" a piece of received wisdom that is best left to stand so that it can be utilized in an attempt to justify both the use of the couch and the requirement for such a frequency of sessions. What is ignored by those who accept this view of the power of transference is the very thing that clinical experience can and does teach us about how we practice psychoanalysis, namely: that a sufficiently intense frequency of sessions is helpful in establishing the analyst as a new object capable of helping patients reshape their character. The ability to reach patients depends upon the capacity of both the patient and analyst to attach to each other with a resultant impact upon the patient. The emphasis on discovering a traumatic past or on the emergence of unconscious material that can be interpreted to the patient has held sway

over psychoanalysis for far too long a time. It is possible, however, that the very decline in the number of patients willing to enter psychoanalysis combined with the declining number of those seeking psychoanalytic training will influence clinical psychoanalysts not only to adopt a stance that allows them to learn from the actual work they do the power of the relationship and the need to be “real” when conducting a psychoanalytic exploration done at any frequency, either on or off the couch. If that day has arrived, it has been the result of the persistent failure of theory-based psychoanalysis with its power to direct the analyst to seek and find in each patient the proof of the analyst’s theoretical thinking. Hermeneutics has an inherent limitation when it comes to learning from clinical experience with individual patients. In so far as all theories invite analysts to privilege them in what they see in their patients they all share a proclivity for preventing the kind of interpersonal interaction that I have come to believe is essential if psychoanalysis is to become the kind of therapeutically effective treatment that will continue to help and because of its helpfulness attract patients for the very reason of its effectiveness.

While I am very critical of how psychoanalysis has been practiced, I remain enthusiastic for its clinical possibilities. It remains a powerful therapy if and when it is utilized in an interpersonal context that allows the analyst to influence, persuade and heal his or her patients. But it will remain limited by the ability of individual patients to actually be influenced in their understanding not only of their own character but of those around them and their desire or motivation to actualize their potential for healthier living.

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**Response to F. Busch and H. Friedman**

Cecilio Paniagua

**I** think we all can find merit in Karl Popper's (1945) conclusion that "The growth of knowledge depends entirely on disagreement". For this purpose, he recommended "to attack authoritarianism, dogma, and historical inevitability; stress tolerance, transparency and debate; embrace trial-and-error; distrust certainty; and espouse humility". It is in this spirit that I welcome the publication of this *International Journal of Controversial Discussions* captained by its Herculean editor Arnie Richards. I thank him for his invitation to give a response to Fred Busch and Henry Friedman's articles. Their well-written work provides food for a lot of thought.

In 'The troubling problems of knowledge in psychoanalytic institutes' Busch discusses with his characteristic keenness and clarity the issue of the transmission of knowledge to Candidates. In their training, he wonders what constitutes valuable teaching, and what indoctrination by their elders. Busch reminds us that, at present, classroom work ranks very low on the list of what is valued in training by both, Candidates and Full Members. This he finds puzzling because reading provides students with the most independent alternative views; seminars being the part of the training least colored by transferences.

Busch makes the point that in our age of post-modernism, emphasis on subjectivity has gained the upper hand, making the teaching based on expertise seem authoritarian. Nowadays, more traditional methods may even be seen as disrespectful to the emotional reactions of the aspiring analyst. Busch remarks that, currently, "authenticity" is considered superior to techniques based on empirically-based theories of the mind in conflict. He states, "Knowledge itself and reflection are considered outmoded". Instead of an approach based on the analyst's understanding of meanings implicit in the analysand's material, the *nouvelle vague*

(decades-old by now) dictates that the analyst's personal impressions, fantasies, memories and dreams ought to be privileged in his/her interpretive work.

This development seems to make good Kuhn's (1962) dictum, "The decision to reject one paradigm is always simultaneously the decision to accept another" (p. 77). But does our increased awareness of the possibility of enactments reactive to the patients' projections mean that we should forget about the *raison d'être* of principles like 'abstinence' and 'anonymity'? Let me say that, to this day, I feel amazed at the extent to which fashions can influence and guide our fledgling science, as though we could not make *simultaneous* use of different 'paradigms' without incurring the sin of eclectic and muddled thinking (*cf.* Greenberg, 2015, p. 99).

Busch reminds us that for the "post-modern analyst, subjectivity, relativism, perspectivism ... are the new coins of legitimacy ... Co-creation, and the term *two-person psychology* seem to be the new magic words". According to this author, current stress on the irreducible subjectivity of all psychological knowledge has definitely contributed to make us consider obsolete the attempts at a reflective search for quasi-objective psychic truths.

Sensibly, Busch asks, "Can we maintain a flexible view of truths while not debunking knowledge?" Here I think that Busch is tacitly referring to Freud's (1933) emphasis on scientific thinking, "[whose] endeavor is to arrive at correspondence with reality—that is to say, with what exists outside us and independently of us ... This correspondence with the real external world we call 'truth'" (p. 170). It seems imperative that we bear in mind that the 'truth that exists outside us' refers to the analysand's psychic realities in asymptotic approximation to biographical events. This is a necessary premise when our goal is a reliable checking of realities external to the analyst's conjectures.

I think it legitimates Busch's thesis that in many quarters psychoanalysis has swung from a position of interpretive certainty on the part of the analyst to absolute skepticism about the solidity of his/her conclusions; from the presumption of his/her emotional imperturbability to the inevitability of flagrant countertransference enactments during the sessions.

Busch deplors that current intersubjectivistic excesses may represent a “slippery slope toward technique as subjective anarchy” through the use of what he humorously called the “Descartian somersault” that permits the analyst to issue interpretations based on the principle “*I feel, therefore you are*” (2014, p. 115).

Friedman is critical about the *close process* technique that Busch propounds, for “what he fails to take into account is that he is educating his patients to think as he thinks about the mind”. I don’t feel this is an accurate assessment of Busch’s methodology. Actually, the approach he employs enhances the goal of self-analysis, helping the patient to examine unconscious defensive automatisms and discover unsuspected truths about his/her *own* subjectivity.

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In ‘What is wrong with psychoanalysis: The problems created by experience distant theory and how to correct them’, Friedman displays a broad knowledge, and intelligent synthesis of the most important psychoanalytic theories. Friedman emphasizes relational analysis, offering an interesting counterpart to Busch’s theses.

First, Friedman challenges Wallerstein’s (1990) famous contention that different psychoanalytic theories share a common core since they are all based on essential Freudian concepts, suggesting that Wallerstein’s belief in a unified psychoanalysis “may well represent his attempt to meet the political requirements of his position at the time as President of the International Psychoanalytic Association”. Friedman asserts that in different theoretical schools there are fundamental incompatibilities. It seems to me that to the many discussions that followed Wallerstein’s (1988) provocative question ‘One psychoanalysis or many?’ disparate answers can be given depending on our selection of levels of abstraction and meanings. Friedman states, “There isn’t any way of unifying these theories ... At the clinical level patients receive vastly differing forms of psychoanalysis”.

We know that, regardless of their theoretical persuasion, all analysts deal with fantasies, repression, symptom formation, and refer to psychic agencies, unconscious conflict, object relationships, etc. However, these common core elements and metapsychological terms can give us

*in matters of technique* “the appearance of a common understanding when such understanding does not exist” (Winnicott, 1987, p.58). Along Friedman’s position, in an article published twenty-five years ago in response to Wallerstein’s thesis I wondered, “If we have *common ground*, how come we do such different things, *i.e.*, why do we employ such widely different methods?” (Paniagua, 1995, p. 359).

Friedman deals with the fundamental issue of *psychoanalysis as science* (with the inevitable problem of validation) vs. *psychoanalysis as hermeneutics* (with the problem of irreducible subjectivity), citing Renik as defender of its scientific dimension based on effectiveness criteria. The argument of therapeutic success (*exitus acta probat!*) as singular proof of the healing power of dynamic exploration seems to overlook the therapeutic potential of empathy, internalization and suggestion. Our disregard for the curative capacity (not always ephemeral) of these elements always makes me remember Freud’s (1933) ironic comment, “I do not think our cures can compete with those of Lourdes” (p. 152).

It may be pertinent to mention here that Freud (1905) was of the opinion that the analyst should “take upon himself duties not only towards the individual patient but towards science as well” (p. 8). Busch defends this same view stating that we should be motivated not only by our therapeutic zeal but, very importantly, by our love of veritable knowledge. In his *New introductory lectures*, Freud (1933) stated, “I did not want to commend [psycho-analysis] to your interest as a method of treatment but on account of the truths it contains“(p. 156). And what are those ‘truths’? “What exists outside us and independently of us ... This correspondence with the real external world we call ‘truth’” (p. 170).

If I understand Friedman correctly, he thinks that “classical psychoanalytic technique” tends to interfere with the natural excitement of discovery, since “[it] allows analysts to work from behind a professional self, [precluding] opening themselves to a more spontaneous and emotionally true response to the patient’s distress”. I kept wondering what this author’s notion of classical psychoanalysis was, and what—if any—were still in his view the indications of its traditional setting.

I thought that in his advocacy for the interpersonal model, Friedman overstated the disadvantages of other clinical theories, coming close to

*pars pro toto* fallacies. For instance, he stated that ego psychology “failed to be adequately therapeutic because technical and theoretical rules and ideas limited the analyst’s participation in the process”. In his critical remarks this author seems to be looking at some aspects of prior approaches through a magnifying lens, making straw-cases out of their theoretical tenets.

Friedman finds fault with the genetic viewpoint of classical technique’s “insistence” that life problems are “only” manifestations of conflicts originating in oedipal or pre-oedipal periods, thus losing “its relevance to actual patients”. This assertion I found somewhat caricature-like for I think that no analyst of any stripe has ever been able to work competently without due consideration for the *post-oedipal* circumstances of his/her patients, or without awareness of the “unobjectionable part of the transference” (Stein, 1981).

Friedman blames “classical theory ... morphed into ego psychology” for providing a portal for the growing influence in North America of Kleinian thinking with its “exceptional capacity for inventing and building a theoretical structure”. It may be relevant to point that ‘structures’ can be formulated from meanings implicit in observations, but not the other way around: meanings out of abstract structures (*cf.* Lévi-Strauss, 1968). Friedman comes out in favor of self-psychology, a position that would provide its practitioners with an approach more sensible than the Kleinian technique which revolves predominantly around the analysis of projective identification manifestations.

Friedman made what I thought was a cursory generalization of the analysis of transference in classical Freudian and Kleinian techniques when he stated that “Neither approach allows analyses to be conceptualized in terms of adult to adult interactions; [these] have been eliminated in favor of the search for the analyst’s theoretical preference”. He ends suggesting that “we jettison much of what can be viewed as received wisdom that is a legacy of our past”. Set against such legacy, he recommends “self-disclosure, [the abandonment of] interdictions about human responsiveness ... and a dedication to decency in all aspects of response to a patient’s needs”. In Friedman’s opinion, traditional positions actually interfere with the analyst’s capacity to “influence, persuade and heal his or her patients”. No mention is made here of the role of suggestion and countertransference gratifications.

New and old psychoanalytic ideas are easily blurred and conflated. Friedman stresses that patients require analysts to be prepared to share their real life personality and experience in the dyad, which raises the points of clinical judgment, neutrality, analyzability criteria, and, dare I mention, old concepts such as “diatrophic presence” (Spitz, 1956), “trial identification” (Kris, 1951), and a the use of “parameters” (Eissler, 1953)?

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## On Analysts' Hostility to the Method of Free Association

Henry Zvi Lothane

**I** was shocked to read the following statement by Henry Friedman:

“The tyranny of free associations and the insistence that the passive listening analyst and he/she alone gives the patient the space to express and explore his own thoughts and determine what is important in their mental life precludes the analyst’s function as a life educator, as an individual who is free to use everything he knows in the service of a dialogical exchange with the patient”

How could a psychoanalyst make such a statement if he ever read Freud’s *Interpretation of Dreams* where the method of free association is given its fullest description including Freud applying the method to analyze his own dream known as Irma’s injection? And considering the countless positive publications on free association by generations of psychoanalysts, e.g., Erns Kris and his son Anton Kris (*Free Association*, 1996)?

A previous hostile reaction was issued by Irving Hoffman (The myths of free association and the potentials of the analytic relationship. *International Journal of Psychoanalysis*, 87:43-61, 2006) where he claim that free association entails:

“1) the denial the patient’s agency (i.e. the myth that the patient is not a free agent); 2) the denial the patient’s and the analyst’s interpersonal influence (i.e. the myth that the patient and the analyst are largely unaffected by each other’s interpersonal attitudes and actions); and 3) the denial of the patient’s share of responsibility for co-constructing the analytic relationship (i.e. the myth that the patient does not share responsibility with the analyst for the quality of the analytic relationship)” (p. 44).

I cited this statement by Hoffman and rebutted it in my paper “The analyst and analyst team practicing reciprocal free association: Defenders and deniers” (*International Forum of Psychoanalysis*, 19:155-164, 2010).

My first teacher of the method of mutual free association was Otto Isakower in the late 1960’s when I was a candidate at the New York Psychoanalytic Institute. Isakower called it the analyzing instrument. In the early 1970’s, until Isakower’s death in 1972, two other former students of Isakower’s, Leon Balter and the late James Spencer Jr., attended a private seminar with Isakower at his home and office at 1148 Fifth Avenue. This culminated in the first publication of Isakower’s ideas (Balter, Lothane, & Spencer, 1980, “On the analyzing instrument,” *The Psychoanalytic Quarterly*, XLIX (49):474-504), a psychoanalytic process based on the idea of mutuality.

In the aforementioned 2010 paper I used an operational term for Isakower’s metaphorical term “analyzing instrument”: reciprocal free association. I first mentioned “reciprocal free association” in 1984 (chapter 10, “Teaching the Psychoanalytic Method Procedure and Process, in: Caligor, Bromberg, & Meltzer (eds.). *Clinical Perspectives on the Supervision of Psychoanalysis and Psychotherapy* The William Alanson White Psychoanalytic Society. New York: Plenum Press, pp. 169-192).

My recent publication on free association is:

Lothane, H. Z. (2018). Free association as the foundation of the psychoanalytic method and psychoanalysis as a historical science. *Psychoanalytic Inquiry*, 38(6):416-434. (Editor-in-Chief Joseph Lichtenberg, M.D. Editor Melvin Bornstein, M.D. Issue Editor: Henry Zvi Lothane, M.D.)

I strongly protest the misleading characterizations of the method of free association by Henry Friedman and Irving Hoffman.

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 **Psychoanalysis as the Tower of Babel****H. Shmuel Erlich**

**H**aving the advantage and privilege to come to this discussion after being exposed to the previous inputs makes it difficult rather than easier. My experience in reading these contributions was reminiscent of the story of the rabbi, who, after listening to the first litigant said, “You are right!” Then, after hearing the second one, proclaimed, “You are right!” When his assistant asked him, “Rabbi, how could they both be right?” he responded, “You are also right!” There was much in everyone’s argumentation that I could identify with and accept. Yet the bottom line for me was that we seem to be in different endeavors or professions, and to be speaking different languages, which impedes our productive communication with each other, hence the metaphor of the Tower of Babel.

I will try to relate to some of the key issues that make communication difficult and contribute to the controversies. Before I do this, however, I note that while I was invited to comment on “the nature and future of psychoanalytic organizations and institutions” I find myself in a different discussion, which has more to do with the subject of the previous IJCD issue, namely “is psychoanalysis a science or an art.” Of course, issues of authority, authoritarianism, the political and personal dynamics that determine the authenticity and value of knowledge, or prevailing cultural predilections, such as post-modernism, all affect what happens in our institutions. Yet the issues of truth, knowledge, scientific claims, etc. belong largely to the question of whether psychoanalysis is a science or an art. It is therefore important to ask: do we have institutional and organizational issues apart from the ideological controversies about whose truth is more truthful? Does the tendency to slide into the ideological realm represent a defense against tackling the institutional issues? Which of these serves as a subterfuge for the other, or are they inescapably intertwined?

To briefly state my position on this point: I am convinced that we have inherent institutional issues which impede our functioning and the development of our field. I say this also as the Chair of the IPA's recently established Institutional Issues Committee, created in recognition of the group and organizational dynamics that affect what happens in our training institutes and component societies. Although, to some extent, the ideological controversies contribute to these issues, a yet larger portion of the problems encountered are independent of these and often use the ideological as a coverup. I will mention what I see as one important source for these issues later. For now I would like to comment on some of the arguments that have been raised.

### **Knowledge and theory in psychoanalysis**

Knowledge and theory have been largely confused and interchanged by some of the authors. Theory can be used to represent the state of knowledge at any given point, and clearly, in science, theories are maintained as long as they are not refuted. As such, theories are abstractions and provide an imaginary map of reality, which itself is unknown. The degree of correspondence between a theory and the reality it purports to navigate in may be subject to modification as new information is arrived at. But theory is not "reality" and does not claim to be "real." It is theoretical. This implies, among other things, that one is free to choose one's preferred theory if it helps guide him or her. Knowledge, on the other hand, is personal, experiential, intuitive, subjective and incontrovertible, as in "don't confuse me with facts." It is indeed also greatly enhanced by social and political factors and subject to authority and authoritarianism. It may consist of the historical wisdom handed down intergenerationally. Theory has nothing to do with all this. I think that in our discussions, psychoanalytic theory is frequently confused with psychoanalytic knowledge.

Let me use Freud as an illustration. It is true, of course, that he derived and constructed his theory from his clinical findings. But his theory, from the very start, had almost nothing to do with observable facts. It was constructed out of what was not and could not be observed, such as a dynamically repressed unconscious, preeminent drives and quantitative energies. He referred to the latter as his "working hypothesis" (Freud, 1894). The same goes for the notion of the "mental apparatus"

he concocted (1900). This applies to practically all his later theoretical additions and emendations, as in his recourse “to the witch metapsychology.” It similarly applies to Melanie Klein’s theory of the mind of the infant. Hence to reject it on the basis that an infant is incapable of this kind of thinking (I am not sure how many adults are) as Friedman does, misses the point. It has nothing to do with the infant’s thought or thinking capacity. It is a theory about the infant’s mind at this stage of development and its subsequent manifestations in the adult mind, where again it is not his “thinking” that is at stake. I could go on and apply this notion to Bion, Winnicott and even Kohut’s theories.

Hence Chavis’s equation of theory with intellectual or bookish knowledge that may be of interest to the few scholarly inclined ones is also misleading. He seems to suggest, at least in this context, that analysts and candidates can operate without recourse to theory. Leaving aside the question of “which theory,” I do not think anyone can do psychoanalysis or psychotherapy without theory. I am reminded of Dana Birksted-Breen’s definition of psychoanalysis as “two persons in a room with a theory.” Any intervention on the part of the therapist/analyst reflects an implicit theory. The problem is, as has already been pointed out by others, that such theories often tend to be private and inaccessible.

### **The politics of knowledge**

There can be no question that both theories and knowledge are subject to socio-political pressures. The Church could suppress Galileo’s heliocentric theory, nonetheless he could maintain “and yet it moves,” and eventually be proven right. This is true of science no less than of psychoanalysis. Having spent most of my life in both the university and the hospital, I know how deeply the politics of knowledge shape what is practiced and taught, what is held to be “true” and important. The university is the place where research takes place, theories are challenged and tested, and scientific knowledge furthered. But the processes by which researchers are appointed and promoted are subject to all the various pressures that stem from opinions, personal knowledge, and interpersonal rivalries and tensions. To a large extent this is also true of what is accepted for publication in scientific and professional journals that set the tone for what is acceptable at a given moment. In short, science is no less manmade and thus subject to the ills of group and organizational

dynamics, not very differently from psychoanalysis. It is also true that owing to its development outside the university, psychoanalysis is perhaps even more vulnerable to these forces since it lacks some of the safeguard measures which serve to counterbalance them in the university. My point is that the arguments based on the idealization of science are spurious, and that aside from these dynamics, science is not a measure of truth or knowledge, since the latter changes so very often. It is rather based on theories which it tries to confirm or refute and perfect over time.

Psychoanalysis lacks the important measure of refuting a theory, which is why different theories, which are indeed incompatible, can coexist and be practiced. The question that remains, however, is the one raised by Rachel Blass, namely: Why should we accept all such contradictory theories as psychoanalytic? It is not that different theories are necessarily wrong; in fact, they may underscore important variables that would otherwise be neglected. The problem lies in a different direction: practically, all such “non-classical” (for a shorthand designation) theories seem to strive to refute the “original” or “classical” (itself a derogatory term) theory. Referring to the metaphor of theory as a map and not as “real,” we have many different maps of the human being, his mind, desires and inclinations, and his discomfort, suffering and anguish. This is undoubtedly a reflection of the complexity of the human being, since every theory focuses on something that is present. This is, however, an endless process. As Chavis suggests, why not use such other maps, like brain functioning, developmental psychology, or attachment theory? And why stop there? There is ample evidence that drugs and medication work, and there are extremely pertinent and wise insights in the psychology of Yoga that come close and are tangential to psychoanalytic tenets. My answer is, therefore, that we must decide on what is the psychoanalytic map to be able to investigate and improve it.

There are inevitably many factors influencing this choice. One of the more important, though by far not the only one, is one’s acquaintance with and understanding of psychoanalytic theory. Here I come to Fred Busch’s points. Deciding whether Freud’s map can serve us depends largely on understanding and not rejecting it. Freud’s theory/map is still the one that underpins and delineates what psychoanalysis is about. Admittedly this is an unusual situation, quite unlike most other fields.

Nonetheless, it is a foundational fact. While there are many, if not endless, other ways of understanding and mapping the human psyche, it is a unique one and not like any other. It is not about brain functioning (which Freud started with in his Project (1985) and turned away from) nor about observations of infant and child development (which did not serve as material for his theory of infantile sexuality). It is a map developed out of psychoanalytical insights, construction and reconstruction. Whether or not one chooses this map is shaped by many factors but, to cite Busch, it will in the first place depend upon the degree and quality of one's acquaintance with it, or better stated: how one has learned it, which largely depends on who taught it, and from what perspective.

Here I come to a significant undertone which, in different ways and degrees, struck me in my reading of these contributions (except for Busch's). The implicit and sometimes explicit tenor is the rejection of "classical" theory and especially Freud, promulgated as rigid, authoritarian, and coercive, and depicted as a thought-police operating in psychoanalytic institutes. Freud is described as a charismatic, god-like, authoritarian leader, knowledge is governed by a "secret committee," advancement to Training Analyst and other institutional positions is contingent upon toeing the party line and one's proximity to the royal bloodline, and so on. These attributes, in turn, are said to lead to a psychoanalytic practice that is rigid, experience-distant (because the theory is), and dictated by a compulsive (not to say obsessive-compulsive) set of rules that interfere with and squelch any "real relationship" with the patient. As a further result of all this, candidates are not interested in learning a detached theory but "in doing analysis." To fulfil their psychoanalytic quest, what is transmitted to them comes from their internalization of their Training Analyst and perhaps their supervisors.

I am not arguing that all the above observations are untrue, though some have been caricatured and exaggerated, but this is not the main point. There are several more significant points: First, these laments reflect complex institutional dynamics related to immigration, economic factors, and intergenerational feuds. While they have nothing to do with the theory, they displace the frustrations growing out of these difficulties onto it. Second, and stemming from the above, it reflects the miserable and distorted way the theory was taught, whether as catechism or as a strawman for venting aggression. Third, they interestingly reflect a

specific psychoanalytic culture, beginning with the New York Institute and spreading to others, i.e., they represent the fate and course of psychoanalysis in the USA more so than in the rest of the world. Not that other regions are free of problems, but the issues raised, and the solutions offered by these writers are closely identifiable with their regional issues and are not met with in this way in Europe and Latin America.

Let me elaborate this a bit, since it sounds politically incorrect. The complaints raised center on several specific issues: The Training Analyst system; the rigidity of the so called “correct technique”; and the rejection of the “classical theory.” I agree and am also of the opinion that the way Training Analysts have been appointed within the Eitingon model has been the source of innumerable problems, as described by many (Kernberg’s (2014) critique is a good example). Towards the end of my tenure as Chair of the IPA Education and Oversight Committee, in the course of which we introduced and implemented the transition to three formally recognized models of training (Eitingon, French, and Uruguayan), I submitted a proposal to amend the requirements for training analyst in the Eitingon model by separating the analytic function from the supervisory, with correspondingly different qualifications and choice of tracks. This proposal was never really discussed or voted on, largely, I believe, due to an unwillingness to “shake” this sacrosanct structure. It is nevertheless remarkable that the difficulties created by and associated with this function have been immeasurably more deleterious in the US than anywhere else.

For complex reasons which go beyond my scope here, psychoanalysis in the US became increasingly rigidified. Richards describes this well through his experience of institutional practices in the New York Institute, practices which I am sure were found in many other APsA institutes. The railing against the TA system is intrinsically related to the complaints about the rigidity of what was taught or considered “The correct technique.” The emergent picture of the silent, passive analyst who is restricted to following the patient’s free associations (Friedman), as if the patient is not a real person or human being, is a caricature of psychoanalysis and a destructive one at that. I have never experienced it this way, neither in my US training nor in my training in Israel and, hopefully, neither have my supervisees. To the contrary, the patient’s person and humanity were always foremost and cherished. This inherently mindful

and respectful attitude, however, does not amount to what Friedman champions as a “real relationship.” I wonder how such real relationships can also be intrinsically asymmetrical and handsomely paid for.

With apologies for the generalization (though most of what has been said in these exchanges similarly suffers from it): it is the power struggle around the Training Analyst system that is responsible for the rigidification that befell American psychoanalysis, resulting in a caricaturing of both technique and theory. Naturally, this would be expressed in the issues around authority and authoritarianism described by Busch and others. How could the theory be meaningfully taught and transmitted if it had to be adhered to as a set of rigid rules and behavioral guidelines? The charge that it is too “experience distant” is understandable in this context. If the teachers are the same Training Analysts who in one way or another are the carriers of these institutional struggles, their teaching capacity would be severely compromised and so would the recipients’ readiness to understand and absorb, to challenge, and discuss.

### **Psychoanalysis and the social context**

A lamentation voiced by both Chavis and Friedman involves the poor or declining state of psychoanalysis reflected in fewer patients and candidates. While this issue, sometimes referred to as the “crisis” of psychoanalysis, is not unknown elsewhere, it seems to be a particularly poignant problem in the US. To compare the situation to the Israeli scene: The number of applicants here exceeds the size of the annual new class (15), so quite a few have to be turned down. The society is steadily and even rapidly growing, has reached 300 members and has over 100 candidates. There are other areas where the same is true. There are also societies that elect not to grow as rapidly and prefer to stay small. Our candidates require three cases to qualify and they do not experience a problem finding patients for a 4 times a week analysis. They are eager to learn, and they enjoy their courses, depending, of course, on the teachers’ ability and skill which, as Busch rightly asserts, is not an intrinsic capacity that any analyst or even Training Analyst necessarily possesses.

Beyond what I discussed above as the course in which psychoanalysis developed in the US, certain additional factors contribute to this picture. I believe they are exemplified by some of the statements that appear in these contributions. For example, Friedman offers several assertions

that suggest an expectation for and a need to simplify unbearable complexity in favor of direct observation:

*“It is as if simple observation of interaction between a mother and an infant has been subjected to a theoretical trope that converts something quite easy to observe into something of enormous complexity going on in the mind of an infant clearly incapable of thinking in the terms that Mrs. Klein imposed upon the observable.”*

*“The past is simply past, even if it may have been a past of great pleasure or one of tremendous pain and suffering, it is behind our patients and cannot be undone”* (emphasis added).

Simple observation of mother-infant interaction is the subject matter of a respectable field of early developmental psychology (in fact, it uses highly sophisticated techniques, like split-second video, which are far from simple). Friedman’s assumption and the direction in which he would lead us is to reduce or eliminate the psychoanalytic map in favor of this field. The question is whether psychoanalysis has a different theoretical map from developmental psychology, one that offers a unique contribution? Perhaps this question is answered by the second statement quoted: “The past is simply the past and cannot be undone.” While it is evidently true that the past cannot be undone, does this make it simple? The psychoanalytic notion has always been that while the past cannot be undone, the past is also the present, in which sense it is alive and present (and not simply past), and it may well be the future, provided nothing has changed. This is of course related to understanding the transference in the therapeutic encounter not as “a semi-mystical event” (Friedman) but as an experienced presence, shared by both participants, with the attending emotional weight. The dismissal of this past-in-the-present in favor of a “real” present adult relationship goes hand in hand with the misrepresentation of the unconscious, or as Friedman puts it, “what we have liked to call the patient’s unconscious.”

Chavis’s point about the inevitable impact of the socio-political context is well taken. But the validity of this impact implies that it is applicable to all manmade endeavors, which would include not only the social sciences but the entire scientific enterprise, as I argued above, and it is not exclusively pertinent to psychoanalysis. But to the degree that it is

pertinent to psychoanalysis, it requires Chavis to contemplate its particular development in the US, which he laments as in decline, since psychoanalysis fares quite well in many other cultures. Perhaps we need to explore the interaction of a given local culture with its psychoanalytic enterprise to better understand this phenomenon. There are numerous examples that illustrate this striking variability.

Chavis takes issue with my statement (quoted by Busch) that psychoanalysis is subversive. He rejects this notion on two grounds: psychoanalysis is not subversive at this time because what made it subversive in its formative years was “its insistence on a then new notion of unconscious hidden motive, and its being seen as sexually libertine.” He further claims that since nonconscious brain functions are now commonplace in psychology and cognitive science, the notion of the unconscious is no longer novel, hence it is not subversive. Similarly, psychoanalysis’s “sexual libertinism” is no longer groundbreaking or exciting in view of the currently open acceptance of sexual varieties and norms.

In my view this aptly demonstrates the deep gap between our respective understandings of what is psychoanalysis, without getting into the political power struggle over whose view is right. Chavis accepts brain and cognitive understandings of unconscious processes as the equivalent, and the replacement, of the psychoanalytic notion of the unconscious. I do not see it this way. I do not think brain research and cognitive science, useful and interesting as they are, speak the same language or refer to the same phenomena that psychoanalysis speaks to. Mind needs a brain to become and function, yet mind and brain are not interchangeable. The notion of a dynamically repressed and excluded unconscious, in which mental processes take place almost in the same way as in our consciousness, speaks to a different level of human experience and function, which escapes comprehension if approached in other ways, with the ensuing therapeutic implications.

The same applies to sexuality. It seems that Chavis eschews the notion of infantile sexuality, or at least has no use for it. For him sexuality is apparently only adult sexuality. I have no way of thinking psychoanalytically without the early and infantile aspects of the sexual, which does not resemble adult sexuality but provides its later basis and various patterns. Clearly, for me, this involves the concept of drives, while for Chavis

“with the demise of instinct theory... we no longer have a developmental base for our knowledge.” Given his views of the unconscious, drives, and infantile sexuality, it is clear why Chavis sees “psychoanalysis, as envisioned by those like Blass and Busch [I add myself here] is inherently conservative and restrictive, even reactionary.” As I see it, Chavis restricts psychoanalysis by reducing it to what he sees as its parallels in other, “real” scientific fields, and in so doing he takes us back to a current version of the pre-Freudian era.

On the other side of this theoretical gap, my statement that psychoanalysis is inherently subversive rests precisely on these “anachronistic and reactionary” notions. Psychoanalysis is essentially concerned with the unconscious in the sense that Freud, Klein, and their successors have understood and employed it, disregarding for the moment differences in shade and emphasis. This notion of the unconscious has to do not with brain or cognition but with the *concept* of the dynamics of withholding from consciousness impulses that represent pressures of inherent drives and early life experience, conflict and resolution. I emphasized “concept” to stress again that this is a theoretical map and not a directly observable set of events. So are the notions *false* and *true self*, *narcissistic selfobject*, and most psychoanalytic theoretical concepts. Reducing them to observables, or what is studied in other scientific areas, simply erases them.

It is against this theoretical background that I claim that psychoanalysis is inherently subversive. Its subversiveness is not due to its novelty or prurient excitement. It owes its subversive nature to the fact that it centers on what is unconscious and essentially unknowable, which is a formidable challenge to most other fields. What is unknown poses a threat to human endeavors. This is particularly true of the university, where knowledge is at a premium and a stance of “not knowing” can hardly find a place. It is equally true of most of our undertakings and claims, such as the question of expertise.

Because of its subversiveness, psychoanalysis cannot and should not occupy a central position in the social arena. It needs to be marginal and do its important work on the boundary and not at center stage. To be at the center of recognition and importance leads to its being stripped of its subversive essence, that which makes it unique and alive, and so leads to its eventual demise. The success of psychoanalysis cannot and should

not be measured by numbers or “shrinking demographics” but by the power and impact of its ideas.

Finally, I would like to address at least one issue that I see as a major dynamic influence in what happens in psychoanalytic institutes. In my view, a major problematic source stems from the implicit presence and impact of envy (Erlich, 2016). Of the numerous factors that contribute to this envy, I would like to single out the motivation and expectation that often characterizes the quest of applicants, later to become candidates, and eventually qualified psychoanalysts. This quest is pregnant with the idealization of psychoanalysis and those who practice it as “the very best” and the wish to belong to and become part of this exclusive cadre. The idealization (and the narcissistic aspects that often accompany it) create endless doubts about one’s own worth, adequacy, and acceptance into this group, leading to many of the phenomena mentioned in these exchanges, e.g., compliance, submissiveness, and squelching of autonomous thinking, constant need for reassurance and proof, as well as rebelliousness, severe competition to prove one’s own worth, and unconscious hostility and aggression directed against the very idealized and desired enterprise. It underpins the struggle around Training Analyst appointments and even leads to what some have described as the analyst’s hatred of psychoanalysis.

I hope that dealing with our different languages and theoretical gaps, as in this exchange, in an honest and open way may help free us from these difficulties.

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**Response to responses to my paper**
**What is Wrong with Psychoanalysis: The Problems Created by Experience Distant Theory and how to Correct Them**
**Henry Friedman**

**W**hen I chose this title for my paper I was aware that it might well be viewed as an attack on certain concepts considered to be core to psychoanalysis, that some analysts accept as unquestionable, the received wisdom that was impervious to change, and as such would be rejected outright as more or less tantamount to the sacrilegious. For instance, since I do question the need for free association, the linking of present day problems to their origination in early object relations (as in always making attribution to an earlier deeper explanation of a current emotional response or fantasy), and the use of theory so distant from observable phenomena of development, to name just a few, I expected disagreement. I knew that I was treading on some difficult aspects of clinical work that might offend some readers but I did hope for responses that actually answered my assertions with something more than high-handed dismissal. My many years of practice had led me away from much that had been considered core concepts at the Institute where I trained. I assumed that those who, like me, had attempted to apply psychoanalytic theories to their work with patients would also have evolved in the direction of understanding the supra-ordinate role of the relationship in determining the effectiveness of any psychoanalytic treatment. My plea was for a small measure of skepticism about attempts to keep a hermeneutic definition of psychoanalysis, where analysts armed with their special theory or group of theories pressed their patient onto a not very comfortable bed of their preferred theory. What I hoped for was acceptance of the idea that psychoanalysis should, over a century of practice, evolve so that even technical assumptions such as anonymity, neutrality and abstinence could be questioned as remnants of the past that actually interfered with the necessary relationship that I found was at the core of any significant therapeutic action and effectiveness.

It seemed to me self-evident that clinical experience would not only allow but would require that original concepts dating back to Freud be re-examined, re-appraised and even dropped from the requirements that every analysis was supposed to meet in order not to be dismissed as *this isn't psychoanalysis*. Unfortunately, the commentaries on my paper reveal the opposite of the kind of openness to even the idea of change that I had hoped for. Perhaps this is related to the critiques of my paper coming from psychoanalysts residing in countries other than the United States, namely Spain and Israel. The openness to change that Glen Gabbard described in his remarks to the recent meeting of the American Psychoanalytic Association on Zoom is nowhere to be found in what I read.

While I appreciate the detailed critique of my paper offered by Cecilio Paniagua, M.D it is impossible not to feel his close reading of the clinical and theoretical issues I raised was in the service of either belittling or dismissing the serious nature of its content. At least he does begin by offering some encouraging words of praise: "Friedman displays a broad knowledge, and intelligent synthesis of the most important psychoanalytic theories." But it is all downhill after these few positive words. While he does ultimately seem to agree with my response to Wallerstein's view that psychoanalysts with widely differing theoretical orientations do not, in fact, treat their patients in anything resembling a uniform or even similar fashion, he dismisses my elaboration of ego psychology and Kleinian theory: "In his critical remarks this author (Friedman) seems to be looking at some aspects of prior approaches through a magnifying lens, making straw-cases out of their theoretical tenets." By claiming that in the way which I describe various versions of psychoanalysis I am constructing strawmen ("straw-cases") Paniagua employs a methodology utilized by apologists for the restrictions of classical psychoanalysis who learned to dismiss new innovations, such as empathy in Self-Psychology, by claiming that it had always been present in their actual functioning in the consulting room. If I am guilty of mischaracterization of various theoretical schools, as Paniagua claims, then the content of my critique can be dismissed, as he does, as the ranting of someone whose reality testing is inadequate or even deeply flawed.

Again, Paniagua seeks to ignore or actually obliterate my position when he writes:

“Friedman finds fault with the genetic viewpoint of classical technique’s “insistence” that life problems are “only” manifestations of conflicts originating in oedipal or pre-oedipal positions, thus losing “its relevance to actual patients.” This assertion I found somewhat caricature-like, for I think no analyst of any stripe has ever been able to work competently without due consideration of the post-oedipal circumstances of his/her patients...”

Apparently, he is unaware of the position firmly advocated by no less an influence than Charles Brenner, who insisted that analysis could only be defined by the exploration of infantile sexuality and aggression and that everything else could be regarded as noise and irrelevant to actual psychoanalysis. I would suggest that any critical description of a major theoretical school of psychoanalytic theory will inevitably sound like an unfair characterization of that school to any clinician who sees themselves as following that particular theoretical orientation. The best explanation for this is the probability that no matter which theory a psychoanalyst believes he or she is following, their actual work with any particular patient will reflect much that is true of them as individuals who know that when a patient’s need requires deviation from the prescribed theory it is the patient’s need that they will respond to. Writing about psychoanalytic theory is very different than practicing within a particular theoretical system. Furthermore, it is commonly observed when talking to former patients of traditional analysts that they remembered very little about interpretations of their unconscious conflicts and much about instances of the analyst’s spontaneous kindness and helpfulness.

Zvi Lothane takes a direct approach to attacking the content of my paper. Apparently, any questioning of free association as a barrier to true relatedness between analyst and patient is shocking to him. At least I am in good company, as he links his disbelief and shock at my view of free association to that of Irwin Hoffman, an analyst who I have admired for many years, primarily because of his ability to question the ritualistic aspects of classical psychoanalysis. Lothane turns to authority in order to support his outright rejection of what I write about the alienating and distancing impact of the often-used directive, from analyst to patient, to simply and compliantly say everything that comes to their mind while lying on the couch (or by extension sitting in a chair). By naming and mobilizing the names of prominent analysts who have been dedicated

to free association he can relieve himself of any obligation to actually respond to what I have argued. Ernst and Anton Kris and Isakower, as well as his own papers, are cited as proof that he can simply ignore my critique of the use of free association as an absolutely necessary component of psychoanalytic technique.

In “Psychoanalysis as the Tower of Babel” Erlich manages to combine his misunderstanding of my paper with an opportunity to promote the success of psychoanalysis in Israel. He insists that the shortage of patients on the couch is entirely the product of conditions in the United States. In Israel, he informs us, there is no such shortage, of either candidates or patients. Many applying to be candidates are refused admission for training and one gathers those who become graduate analysts are likely to have full schedules of patients on the couch. The relatively small numbers involved in Israel as well as the issue of fees and whether or not these are paid by national insurance remains unclear. He incorrectly characterizes my questioning of Klein’s theoretical ideas, and finds me guilty of having “a need to simplify unbearable complexity in favor of direct observation.” My assertion that Klein’s “baby” defies the biology and physiology of actual infancy because there is no brain development sufficient to support the many fantasies that Klein and her followers insisted occupied the infantile mind is somehow seen by Erlich as calling for direct infant observation. It’s as if he is thinking I am calling for infant-mother research rather than the simple fact, with no simplification, that Klein, a non-medical psychoanalyst, brought her fertile imagination to observations of what she conceived to be the infant’s mind, imagined by her mind rather than by anything that could or can be verified. Erlich seems to believe that all theory is only theory, hence without any possible claim of being realistically correct, hence we must accept the inevitable differences between competing theories without attempting to examine or critique theories of the mind that are experience-distant and potentially not only inaccurate but harmful to many patients. While he correctly describes the current condition of psychoanalysis that allows for “different theories, which are indeed incompatible, (to) can coexist and be practiced” he favors the position of Rachael Blass, an adamant Kleinian, who has openly resisted the idea of analysts picking and choosing from Klein and adding concepts to their own theories of the mind.

I suspect that Erlich is a purist, most likely like Blass, of the Kleinian va-

riety, who is offended by my critical view of the impact of Kleinian theory because it is the product of a speculative fantasy about the content of an infant's mind that exceeds physiological possibilities. His argument that such objections to a theory are unfounded because its usability is all that matters ignores the fact that the result of the theory is profound when it comes to work with patients in analysis. If it can be accurately said that classical Freudian analysis focused on the sexual and aggressive drives in the unconscious and the defenses against them, then we can also say that the Kleinian approach focuses on internalized objects, both good and bad, with the result of making anyone in analysis seem inevitably stuck in either of two positions, the paranoid schizoid or the depressive, both supposedly very deeply hidden in the unconscious but both signifying a level of disturbance that, in my opinion, is imposed upon the patient, whomever they might be and however well they might function in their lives. Finally, I would continue to insist that experience-distant theories are always used in the service of distancing the psychoanalyst from a real relationship with a patient who is inevitably seen as the product of drives or fantasies that are to be studied by the analyst, who can either find the hidden drives or receive the projective identifications of bad objects rather than experience the character of the patient as it interacts with the person and character of the analyst. One way or another, patients frequently find the humanity of an analyst as what really has moved them along on the journey towards a more vigorous self even when the analyst has done their best to maintain excellent technique in order to conceal their real self. The message of my paper, while critical, has always been aimed at saving analysis from failing to convince the educated public that it has greater therapeutic capacity than competing therapeutic modalities. It is this failure, along with economics and the educated public's mistrust of psychoanalysis, that may be the cause of the many empty couches in the United States. I believe that the conditions in Israel may, with time, catch up with those in the United States where most analytic couches are too empty and are likely to remain so unless psychoanalysis reforms and reformulates itself along the lines that I have enumerated.

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## Response to Friedman

Fred Busch

I support Henry Friedman's passionate plea for analysts to be more humane and related. I also agree with Friedman's view about the insularity of those within a particular theoretical view.

### A Few Briefly Elaborated Difficulties with This Essay

- \* I believe the "classic" psychoanalysis that Friedman presents is psychoanalysis from 60 years ago, maybe what he was taught as a candidate. Many of the humanistic suggestions he makes have been recognized as necessary for treatment to progress. *Necessary but not sufficient.*
- \* Psychoanalysis is not only a treatment method, but also a *theory of mind*. *We have no idea what Friedman's theory of mind is or even if he has one.*
- \* Everyone else is portrayed as biased by his or her theory except Friedman.
- \* Friedman characterization of the approach in my book as "educational," I find especially dismissive. Limiting my approach to being a Paul Gray clone, he seems to want to isolate my perspective, and ignores all the authors from Europe and South America whose viewpoints are consistent with mine. My approach, using a variety of techniques, is based on an updated psychoanalytic version of how the mind works, and how a therapeutic cure works, agreed upon by most psychoanalysts. He says that the way he thinks about the mind is very different than the way I do, but I have no idea what his view of the mind is.

The major problem I have with his essay is that *Henry Friedman doesn't seem to believe in the unconscious*. There is not a single mention of the

unconscious in his essay (except in critical terms), and in his “interpersonal” approach he makes no mention of how to resolve unconscious conflicts and fantasies that cause the pain and suffering that bring patients to seek treatment. As discovering the role the unconscious played in people’s lives was *the very foundation* on which psychoanalysis was built, and *is still central in almost all psychoanalytic approaches*, how can a therapeutic method that doesn’t include the unconscious consider itself psychoanalytic? Yet he seems to want his approach to be considered within psychoanalysis. However, as Rachel Blass (2010) put it, “Is it psychoanalysis?”

When we observe the attempt to refer to all things therapeutic as analytic, the issues underlying these feelings come closer to the surface. The analyst’s desire to refer to his work as psychoanalytic, not merely therapeutic, even when (according to the analyst’s own account) the only thing that makes it analytic is the fact that it is therapeutic, highlights what is to be gained by the use of the term psychoanalytic. It becomes apparent that it adds a positive connotation to certain therapeutic work, affiliates it with a kind of practice which, for therapists who developed in an analytically-oriented milieu, points to the value, depth and meaningfulness of one’s work (ibid, p. 96).

I’m sure Henry Friedman is a good therapist. Whether what he’s promulgating is analysis is a different question.

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## Reference

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## Unresolvable controversies?

### Investigating the unconscious in groups

R.D. Hinshelwood

**W**hen asked to contribute to the new Journal I was keen to help raise awareness of the nature of psychoanalytic controversies. I was initially tempted to write about the nature of psychoanalytic knowledge following Fred Busch's long and interesting paper. However, I decided I wanted to go in a different direction.

Arnold Richards account is interestingly personal, and it touches on the thesis that Doug Kirsner developed in his book *Unfree Associations*. All political debate and dispute is conducted, of course, at the level of conscious judgement, however diverse that may be within a group or Institute. It has occurred to me for some time that psychoanalysts are unfair to themselves if they deny that there are *unconscious* motivations even in psychoanalysts. How much of the disputes and bitter controversies have an element of unconscious motivation in them? It has been a guiding thought in my own interest in organisations of all kinds that the seemingly unresolvable conflicts may endure precisely because the dispute occurs at a level outside of consciousness in the individuals, and their solutions are proposed only at a conscious level.

In 2007 I gave a brief paper on the divide between Freud and Jung. This was on the anniversary of their first meeting in 1907. Their dispute started only two years later, in 1909 (Jones 1955), on their trip to Worcester College in the USA. It was never resolved, and the founding of the International Psychoanalytic Association (IPA) a year later in 1910, intended in part to bring together the international groups, never managed to contain the developing conflict. Why, one could ask, did the conscious efforts of sensible professional people not succeed in overcoming the problems of forming a joint association? Mostly, the problem has been personalised as one between Freud and Jung. But might the answer be found in the *unconscious* incompatibility of some kind between the two groups, Vienna and Zurich? My talk in 2007 gave a preliminary

account of a clash between the two groups at a level of intergroup psychodynamics. It was based on the ideas of group relations and social defence systems as developed originally at the Tavistock Institute, and the A.K. Rice Institute, e.g., Menzies (1959). That brief postulate was developed into a paper published some time later (Hinshelwood 2018). I will give a brief resume of that developed case, and then tackle the enduring division within the British Psychoanalytical Society, enacted as the Controversial Discussions of 1943-1944 (King and Steiner 1991\*\*).

The argument in outline is that in Vienna psychoanalysis was largely an out-patient practice, whilst in Zurich the practice was mainly within the setting of a residential institution, the Burgholzli Hospital. The level of disturbance that psychoanalysts in the different groups had to face was different, and the means for coping with it were therefore different. The hypothesis was that the differences in work each group tackled led to different anxieties, which in turn provoked different mechanisms of defence. For each group these were manifest in forms of practice which were associated with different commonly held cultural attitudes in each group.

### **Social defence systems and their cultures**

This train of effects from anxiety to defence, to collective practices and cultural attitudes, relies first of all on the commonality Freud pointed out in his *Group Psychology* (Freud 1921). This is exemplified in the argument in Menzies' (1959) paper on the maladaptive practices in a high-stress nursing service, although she modified Freud's group idea to include the sets of joint defences provoked by the common anxieties in the work of nursing. So, this modified the 'group ideal' to the extent that it was more than an identification with specific sets of values and attitudes; it specifically includes the attitudes arising from the defences against the common anxieties (see also Jaques 1955). So, the cultural attitudes of the group serve to keep the anxieties largely at an unconscious level for all members. They serve somewhat as the manifest dream does to keep the latent dream hidden and protect sleep, and so on.

When two groups with different tasks, and therefore anxieties, come together it is likely they will have to tackle a difference in their practices and cultures, and in the derived conscious assumptions and practices. Therefore, the *unconscious* mismatching and its attendant friction raises

the possibility that attitudes needed for defensive purposes would be undermined, with the risk of the anxieties becoming conscious and overtly disturbing members of the groups. So, the cultural attitudes to the work held by one group can be challenged by the different attitudes of another group. Because the friction emerges from unconscious mechanisms of defence, it is not likely to be helped by conscious debate.

And in the case considered, the clash between Vienna and Zurich, it was not. The Jungian element of the IPA was more or less eliminated by 1917. The details of the anxieties and collective defences are given in the recent paper (Hinshelwood 2018).

I want however to mention a particular stress which is probably relevant to all groups of psychoanalysts. One of the most significant anxieties is that of uncertainty. Fred Busch's contribution to this Journal touches on this. And Bion remarked in his campaign to avoid memory and desire:

As a psychoanalyst I was committed to keeping an open mind, while feeling constant pressure, not least from myself, to take refuge in certainty. (Bion 1967, p. 195).

There is a constant pressure to be sure one is right. A patient in a state desperate enough to come for a psychoanalysis requires his analyst to have a competence which he hopes to be an omnipotent one. Straight from these pressures in the clinical setting, psychoanalysts often carry their need to display this limitless competence when talking with colleagues. Debate with others holding diverse points of view with similar tenacity leads to a degree of intransigence. However, despite being a general anxiety, it emerges in different settings, with different kinds of patients, and perhaps in different background national cultures.

## **Cultures and the anxiety-defence structures in Vienna and Zurich**

To exemplify, I shall briefly summarise the diversity in culture between Vienna and Zurich, and connect this with the difference in the work setting of each group.

### **The cultures**

Stekel described the early phase of the Vienna Group as convivial, relaxed and informal, and even as offering a safe forum for self-disclosure

(at that time, none of the members had received a full psychoanalytic treatment themselves)—thus: “complete harmony amongst the five, no dissonances... a spark seemed to jump from one mind to another, and every evening was like a revelation” (Stekel, quoted in Gay 1988, p.174).

The impact of the Burgholzli group (Zurich) changed all that. The relaxed tolerant, and even anarchic culture disappeared. Peter Gay’s impression was thus:

The meetings grew testy, even acrimonious, as members sparred for position, vaunted their originality, or voiced dislike of their fellows with a brutal hostility, masquerading as analytic frankness... Max Graf sadly observed, ‘We are no longer the fellowship we once were’ (Gay, 1988, p. 176-177).

By that time the group had expanded to around 20, and was becoming a little more organised and less individualistic. Otto Rank was appointed to minute the meetings, and became a paid officer holder, though he was not a clinician. By 1910, the freedom to have one’s own opinions had become much more limited, rivalry became fully expressed and, particularly, Alfred Adler and later Otto Rank hardened their views sufficiently to pull away from the group.

The Burgholzli Hospital had a high morale (Eisold 2002) and a strong discipline. There was a self-confidence to the institution that came from being known across Europe as a centre of excellence for psychiatry in the 20th Century. It had a reputation to sustain. The group espoused psychoanalysis, not without reservation, about the place of sexuality, for instance, and the factors promoting disturbance that were innate in biology. There was a strong commitment to the strict business-like regime. Rivalry and competition in this high-aspiring group was endemic, and it did not take Freud on trust. It seems that Freud’s selection of Jung as his closest co-worker from Zurich caused dissent there, even though Jung was already somewhat peripheral to the institution.

The formalism of the Burgholzli hierarchical structure impacted in various ways on the Vienna Group. And it is possible that in turn the relaxed and somewhat boundarilessness of Vienna was seductive of those in Zurich, or at least for Jung.

So, the original cultures of each group were different. Nevertheless, the advantages were great, and in 1910 out of the contact came the International Psychoanalytic Association, mutually created, but based in Vienna. Significantly, the Viennese did not take the lead in organising the joint Conference, in Salzburg, where the two groups first gathered in 1908. It was the Burgholzli group that was organisationally competent enough to get an international conference going.

### **The anxieties and defences**

It is clear there were different cultures. The Burgholzli inmates were shut up there to be looked after and managed with a scientific attitude. Perhaps it is not surprising that a mental hospital should have a strict, business-like culture, because it deals with disorganised behaviours and minds, provoking great anxiety in staff and in society. The members of the group were employed by the institution in designated and hierarchical roles with assigned functions. The culture was clearly designed to promote order, and to do so within a climate of anxiety. The character of institutional structure is a means of reassurance to control the dangers of the work.

In contrast, the Vienna group was not established in anything like the same way, and did not need the defensive strictness. They dealt with quite different people who were not in need of control, or not by psychoanalysts; families cared for their disturbed members. Patients were seen by individual analysts without reference to others. And it was perhaps a lonely occupation, without the support of an organised institutional structure. This was reflected in the individualised culture of their Wednesday meetings.

The group was organised around one inspirational leader and no hierarchical or other differences were acknowledged apart from Freud's status as the oldest member and the originator of the method. One can only infer that anxieties might have arisen from this degree of isolation in the work, a professional loneliness, perhaps. The situation of this small group of practitioners of a novel and not yet accepted method demanded they stick together without affirmation from outside. Their conviviality was perhaps a defensive one, needed to combat their uncertainties and insecurities in an unsupportive professional environment with people whose problems were difficult to understand and who were actively protecting

knowledge of intolerable unconscious experience. The Wednesday meetings could be said to function as a support group for insecure people who needed to reassure each other they were of value to each other and to their patients. As Gay wrote:

“[T]he group held formal discussions aimed at ‘reforming’ procedures, and debated a proposal to abolish ‘intellectual communism’—*geistigter* Konunismus; henceforth, each idea should be identified as its originator’s private property” (Gay 1988, p. 177).

The respectful individualism can be seen as a defensive manoeuvre by the members of the group to support each other against the insecurity of psychoanalysis at that time.

Both cultures showed possible defensive functions against the twin anxieties of the danger of the work (more at Burgholzli), and the uncertainties (more in the Vienna Group).

### The legacy

The IPA from 1917 onwards became an organisation which has suffered the trauma of differences. One element of the trauma is that the differences and divergences threaten to expose hidden anxieties. The result, the exclusion of the set of colleagues from Zurich, ensured that in implicit (i.e., unconscious ways) the IPA should become a somewhat exclusive association with a strictly defined identity and boundary. As Kirsner concluded, the psychoanalytic world is “[an] authoritarian and sometimes cultish approach that closed off the outside world” (Kirsner 2000\*\*, p. 235). Freud’s paper on group psychology in 1921 included a discussion of some dynamics which perhaps he had detected in his IPA. The leader, Freud himself, represented the attitude of protective exclusiveness which was the legacy of the recent deviants, Adler, Jung and Rank. Freud became a leader representing those attitudes of protection against threats from outside, the conscious criticisms of psychoanalysis, and from inside, the unconscious threats that the implicit defences could be undermined by alternative points of view:

So most psychoanalytic institutes are unfree associations of psychoanalysts where the spirit of free enquiry has been replaced by the inculcation of received truth and the anointment of those who are supposed to possess knowledge (Kirsner 2000, p. 10).

These are strong words and indicate the strength of purpose of the unconscious dynamics which keep these attitudes in place. The value of an authoritarian leader is that he provides protection by insisting on the attitudes and belief systems that have grown from the collective defences.

In the turmoil in Europe after World War I, there was a contest going on in wider society between the older monarchist authoritarian attitudes and the newer more libertarian and revolutionary attitudes of democracy and communism. It may well be that these attitudes and conflicts in society resonated with, and strengthened, those within the IPA.

It would appear that these conflicts were not apparent in psychoanalysis within the USA, geographically and politically distant from Europe. There, the jig-saw of multi-coloured opinions was tolerated in a space that allowed a pluralism, with opinions as varied as those of Triggant Burrows, Harry Stack Sullivan and Abraham Brill, and in fact reminiscent of the early days of the Wednesday meetings. Such a non-authoritarian ethos suggests a very different set of anxieties and defences, about which I can say little in detail. However, Freud did express an opinion about this pluralism, and he disapproved of US psychoanalysis and its libertarian melting-pot culture.

With the forced exodus of so many of the Viennese group, after 1938, mostly to the US, a clash of cultures of another kind occurred. This is recorded in Kirsner's (2000) meticulous series of interviews across the States, describing at least the conscious impact of the immigration, and it was clearly a very personal experience as recorded by Arnold Richards in his contribution to this Journal issue. I will not speculate on the underlying defences and attitudes that gave rise to this conflict between pluralism and authoritarianism in the USA, but move to a moment in the British development of psychoanalysis.

### **The British controversies**

The British Psychoanalytic Society had its own version of this contest between conformism and divergence. It was particularly embodied in Ernest Jones who acquired his authority from his carefully engineered loyalty to Freud. Jones was, however, an enigma. He came from a non-conformist background in Wales and balanced this with his bid to be Freud's number one disciple. Freud was always cautious it seems

about Jones. There seems never to have been an open conflict between them, however, their respective protégés did quarrel—Anna Freud and Melanie Klein. It is as if they enacted something of the wider conflict over conformism. It was not just a difference in views on child analysis and theories that came out of the different practices, but it seems they represented the central conflict of the IPA since its inception—the conflict between an authoritarianism on one hand, which Anna Freud represented and tried to sustain after her father died, and on the other hand the seemingly wild freedom to follow up new evidence and new theories. The result as we now know was to develop two distinct pathways – instinct theory evolved by the Viennese at home and in the US, and, in contrast, the inner world of object-relations in Britain.

At the time that the professional practices and theories diverged in the late 1920s and 1930s, Freud was more tolerant, and although largely disapproving, he was persuaded by Jones to allow an engagement on equal terms. Federn set up a series of Exchange Lectures between Vienna and London, in the late 1930s, interrupted of course by the Anschluss in 1938.

By 1939, the Freud family were in London, and a trans-continental conflict now sat on the doorstep of the British Society. The irresolvable nature of the controversy that developed has lasted until today, with a sad proliferation of mythologies about the different groups. Here, I can only sketch a speculative account of possible unconscious dynamics as a suggestion for more detailed research.

### Anxieties

I have already mentioned the general stress in the psychoanalytic work, and the propensity for *uncertainty* and doubt about professional worth, to be carried in a lonely individualised setting.

There were some specific elements of the British context that characterised the reaction to the uncertainties, at the time of the Controversial Discussions. The ambiguity that Jones himself introduced left his colleagues in a difficult position where encouragement of new ventures, like Klein's work with children in London from 1926, went with a need to observe a conformity. This is evident in Klein's writing for instance where she uses the conventional language and terminology of instinct

theory to express the object-relations approach she found evident in the narratives of children's play.

In the late 1920s, Jones had fought, in a formal enquiry set up by the British Medical Association, against accusations that psychoanalysis was quackery. Jones was more or less successful, but professional suspicion proliferated, despite a strong interest in intellectual circles including the Bloomsbury Group; and of course, patients in all parts of society gratefully sought a listening other. General professional acceptability seemed elusive in Britain as in Vienna.

There was however a second shared anxiety; that was the fear for *survival*. There were serious stresses arising at that time. First, was the fact that hardly had Freud settled in London than he died. His supreme position in the psychoanalytic world must have made this a catastrophic loss requiring a considerable amount of personal and collective mourning for the great figure.

At the same time, by 1940, there were virtually no psychoanalytic societies left in Europe, as Germany invaded and destroyed the 'Jewish' science (apart from a small society in Sweden and a small society in Switzerland). There must have been a sense that the British Society held the future of psychoanalysis in its hands, a sense of considerable responsibility against extinction. This was on the basis of the Freudian view at the time that psychoanalysis in the US was not very reputable. And alongside these historical events, many of the refugees had been through their own survival crises, and had lost relatives to the camps, etc.

In other words, in various directions there must have been a serious anxiety about survival. From the time of Freud's death, psychoanalysis depended on Britain's war effort and the serious commitment of the British Psychoanalytical Society. Such a set of anxieties about the survival of psychoanalysis itself must have weighed heavily on top of the persistent clinical anxiety arising from patients' despair over themselves. It is likely perhaps that a similar set of anxieties evolved in the US, where the Viennese felt a strong need to ensure the survival of the true psychoanalysis that they brought with them, and in turn to ensure the survival of Freud as their lost leader.

I have pointed to two anxieties with characteristic defences which were

expressed in different forms of practice in thinking about psychoanalysis. One was to conform to set and certain ideas and forms of psychoanalysis. The other was an adventurous, even provocative searching enquiry to idealise the new and non-conformist. These characteristics of the culture of the two groups set against each other one convergent strand, looking to preserve the essence of the lost Freud, the other driving towards an idealised exploration of novelties. Writing around the time of his own qualification as a psychoanalyst, Bion speculated on schisms in groups:

According to his personality, the individual adheres to one of two sub-groups. One sub-group opposes further advance, and in doing so appeals to loyalty to the dependent leader, or to the group bible, [and to] tradition... adherence to the group will not demand any painful sacrifices and will therefore be popular... Development is arrested and the resultant stagnation is widespread.

The reciprocal sub-group is composed of those ostensibly supporting the new idea and this sub-group sets out to achieve the same end as the first sub-group, but in a rather different manner; it becomes so exacting in its demands that it ceases to recruit itself. In this way there is none of the painful bringing together of initiated and uninitiated, primitive and sophisticated, that is the essence of the developmental conflict. Both sub-groups thus achieve the same end; the conflict is brought to an end. To exaggerate for the sake of clarity, I would say that the one sub-group has large numbers of primitive unsophisticated individuals who constantly add to their number, but who do not develop; the other sub-group develops, but on such a narrow front and with such few recruits that it also avoids the painful bringing together of the new idea and the primitive state (Bion 1961 [1951], pp. 127-128).

It is not unlikely that Bion was making a point here based on his observations of the schismatic Society he was joining.

### **Collective defences unconsciously in the group**

First of all, the careful balance that Jones trod between extreme loyalty and his own brand of non-conformism could not be sustained in the British Society. Indeed, he took the opportunity of his 65th birthday (on 1st January 1944) in the midst of the Controversial Discussion to retire from psychoanalysis, and from the post of President of the British

Society—perhaps not so reassuring for a Society beset by survival anxieties. His patriarchal nurturing of Melanie Klein's originality had come seriously unstuck as the Controversial Discussions were set up as a series of four formal papers by Kleinians for the purpose of questioning by the orthodox Viennese Freudians. It was almost as if they were to be cross-examined in a court of law for their 'novel' ideas, and some, like Anna Freud and Edward Glover thought that Klein should not be regarded as a psychoanalyst at all. The same attitude of exclusiveness operated; and so, it seemed the two sets of attitudes could still not be reconciled.

### **Practices as expressions of conscious and unconscious motivations**

Conformism and deviance remained as quite separate approaches without compromise. The argument here is that the rigidity of the positions on either side are driven by the unexposed anxieties defended against in the two different manners. The authoritarian conformism erected around Freud (no longer with the Vienna group, but preserved by them), and the speculative search for novelty that would satisfy the need for professional respectability. It is not that either attitude is 'wrong', just that they are both used unconsciously in defensive ways, and cannot therefore be drawn together.

These two sets of attitudes are embedded in the approaches to practice—in the clinical work, and in the practice of discussion with each other. There is a serious possibility that the attitudes developed have an unintended result of aggravating the unconscious anxieties. For instance, a quarrelling Society, for all the sophistication that was actually shown, cannot have been very helpful to the anxieties about uncertainty, the worth of psychoanalysis, and its survival.

### **The Controversial Discussions**

For all the risk of harming the established shared defences, the British Society did eventually work towards formal conscious discussions.

The cultures of conformism versus research, authority versus individualism, both aim at avoiding the anxieties, although in different ways. And both were set up to be challenged by each other. One could, I think, with some justification, say the challenges were made consciously, but defended with an unconscious rigidity (see the verbatim records of the

Scientific Meetings in King and Steiner 1991). The original debate, beginning in 1927 and lasting more than a decade, had been conducted across the continent and it was not resolved. Distance had allowed a 'living together,' but now proximity made all the difference. On the one hand, a group who had developed a sense of certainty and security on the basis of being close to the great figure of Freud was shattered by losing home, family, and Freud himself. The other group, basing its security on a kind of non-conformist research programme, which could carry the uncertainty of enquiry through its search for eventual professional acclaim, was compelled to face a solid (and anxious) conformist group.

If, at some level, there was an attitude that positioned the British Society as the last remaining hope for the survival of psychoanalysis itself, then it would have been a significant component of the resolve to prevent the Society at all costs from splitting up, as has so often happened in the psychoanalytic world, elsewhere and at other times. Of course, it is often given as evidence of the British capacity for compromise; however, only some of the players in the drama of controversy were British. We might consider this some evidence of a determination not merely to compromise, but to survive, both a conscious and unconscious determination.

On the other hand, both groups faced the shattering anxiety that their hopes for psychoanalysis and its ideas would completely disappear in a wartime defeat, coinciding with the death of their leading thinker and founder. This anxiety was dealt with in two ways. Firstly, by a denial, and the actual war going on outside the British Institute was almost never mentioned in the *Controversial Discussions* (see King and Steiner 1991\*\*). And secondly by a heroic resolve to stick together in an embattled collegueship. This reactive resolve against the anxieties (some of it realistic thinking, of course) took the form of the endless discussions that now form the large book by King and Steiner (1991).

Inevitably, the cultures would clash. And what the *Controversial Discussions* expressed was.... well, controversy. The point emphasised here is that this controversy was not merely in terms of different ideas and approaches to psychoanalysis, but it had unconscious elements organised at a group level to deal with those anxieties we have identified as inherent in the work and context of psychoanalysts. Two separated groups, each of whom challenged the other's defences, unconsciously

threatened to expose the anxieties.

Balancing the conformity with the 'research' attitudes meant two issues at the level of unconscious anxiety. First, is the ethos of the psychoanalytic world as a whole which was threatening towards deviation and which had been encountered in the years up to 1920 or so. But the second is that clinical practice also demanded an unconscious allegiance to the certainty of conventional theory, whilst requiring a more open questioning approach for the production of new knowledge.

### **Aftermath:**

Two different groups with different means of coping with those anxieties had suddenly been confronted by each other at close quarters. Their differences challenged their certainties about psychoanalysis. And as is well known there was no resolution. Obviously, the impossible examination of the group dynamics was not undertaken, and could not begin to release the groups by facing some of the anxieties. For instance, there was, for understandable reasons, not much open or published expression of the enormous loss when Freud died in September 1939, a few days after the declaration of war by Britain against Germany. But interestingly, the British Society subsequently engaged in two extraordinarily creative responses; one was Jones' three-volume biography (Jones 1956\*\*), and the other was Strachey's (1977\*\*) extremely scholarly editing of the *Standard Edition*. These must surely be seen as intellectual memorials to the greatness of Freud arising from the emotional work of mourning.

In 1944, when the scientific discussions of the controversies had finished, attention turned to training, and a new training committee was formed—but without Anna Freud (King and Steiner 1991). It was as if the British Society, at this unconscious group level, had no way of accommodating the authoritarian exclusiveness. Nevertheless, discussions were then held between Anna Freud and Sylvia Payne (the new President after Jones' resignation) to see how Anna Freud could be included in the training. In fact, only limited integration was possible, though Anna Freud did join the committee. The solution was reached to run two parallel trainings—one organised by the Viennese, and one by the rest of the Society, as they had done before the arrival of the Freuds. This separation of groups with the alternative separate attitudes—exclusive conformism or non-conformist pluralism—prolonged the two cultures and the separate defensiveness.

## Conclusions

The hypothesis to be researched further would be the alternative ways of unconsciously managing the clinical anxiety of doubt, uncertainty and survival, arising from a variety of theoretical frameworks. On the one hand, attitudes of exclusiveness put doubt aside through denial; and on the other, an espousal of innovation as something of a triumphalist attitude towards finding the new and 'certain' position.

It may be of relevance that just at this time, in 1946, Klein published her paper on the paranoid-schizoid position, a position that centred around the anxiety about survival of the self. She was concerned only with the defences in the individual, but there may have been some urgency felt unconsciously that pushed her to write and publish, and for others to read and take seriously Klein's formulation of persecutory anxiety and the defences against it. In other words, the paper came when fears about the survival of psychoanalysis were at their height. It must also have seemed that the British Society was especially responsible for the survival of psychoanalysis. Klein herself suffered a considerable loss of support after the Controversial Discussions. As she said much later, looking back:

I became very sceptical as time went on about the survival of my work, but in recent years, with a group of outstanding colleagues, who have the capacity to protect this work and who can and will continue it after my death, I am again hopeful (Klein 1959, p. 80).

Her own predicament, in losing most of her support in the British Society by the end of the Controversial Discussions, is likely to have intensified her sense of insecurity and fear for the survival of her clinical and research work.

Looking in another direction, I have mentioned the achievements of Jones and Strachey in producing the *Biography* of Freud and the *Standard Edition* of his works. And there was a corresponding clinical creativity. The pursuit of new theories and their confirmation continued as a striking feature of British psychoanalysis. It has been an extraordinary upsurge of creativity. Did the death of Freud, and the feared death of psychoanalysis, prompt this kind of achievement in others? Indeed, it originated around 1939 and went right through to the end of the 1960s

and perhaps beyond. The names of Balint, Bowlby, Fairbairn, Winnicott and several Kleinians come to mind. What prompted such a widespread urge to a lively creativity in one relatively small Psychoanalytical Society in this period? We might consider it worth exploring the hypothesis that it arose out of attitudes to survival and death provoked by mourning Freud and the threat to psychoanalysis across Europe.

It was not entirely a destructive defensiveness at all, as many of those ideas are still used today in clinical practice, debated and taken further conceptually. So, to be clear, this struggle for intellectual rigour and evidence appeared to combine both a realistic scientific endeavour with a defensive need to prove one's worth. Perhaps its triumphalism has led to the plethora of postulates never coherently integrated, sometimes called a psychoanalytic Tower of Babel (Tuckett 1994).

Kirsner's (2000) account of the battles across the US, between conformism and the individualism of US psychoanalysis (and society) will not be explored here. That is to say, by implication, I ask the question whether the continuing determination to achieve a dominance for ego-psychology, in fact achieved until the 1980s in the US, had a root in the continuing threat of exposure of unconscious anxieties. After all, ego-psychology arose when Freud was still alive in 1930s Vienna (and in fact, from his book in 1921, *Group Dynamics and the Analysis of the Ego*). Did it represent an equivalent conformist defence against the fear for survival, comparable to the explosion of creative novelty as the defensiveness of the British Society?

The aim of this paper has been to introduce the impelling influence of the unconscious of group members that created an impervious structure of attitudes and beliefs which individual conscious effort can do little to change until their unconscious presence in the group is raised for debate (struggling with conformism and with survival). Though the account is more of a sketch for a research project than a project thoroughly carried out, I think I can claim that the fact of troubles unresolvable by conscious effort almost certainly points to quite unconscious influences—even in psychoanalytic societies and amongst analysed psychoanalysts.

We need a method to grasp the unconscious elements of two groups meeting and joining. There are four elements—*anxiety, defence, work*

practice, and cultural attitudes. On the basis of the kinds of exemplifying illustrations in this paper it would seem there are inexplicable phenomena which demand explanation in terms of hidden and thus unconscious motivations, and which can be formulated in terms of the psychoanalytic anxiety-defence structure at the level of group dynamics. A research project needs a wide scope of literature of a personal kind, letters, and notes as well as published books and papers of this period to discover facts, events, opinions and attitudes hard to explain just on conscious grounds. Of course, one can only infer those unconscious dynamics that form the background and contributory factors to the data that might be retrieved.

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**‘Psychoanalytic Institutional Life and Its Discontents: Then and Now. A Bionian Analysis.’**

Joseph Aguayo

**A Panel Paper for the ‘Oral History Workshop, (82)—’Revisiting Group Psychology and the Analysis of the Ego.’ (Nellie Thompson, Chair). The American Psychoanalytic Association’s Winter Meetings, New York City, (February 13, 2020).**

**Introduction**

**I**welcome the opportunity to review briefly and revisit Freud’s (1921) classic text on group psychology, both in terms of what we have come to understand in the last 100 years about psychoanalytic institutes, the theoretical groups within them and organizational life. My particular slant is to take up how Wilfred Bion (1952; 1955) responded to Freud’s ‘Group’ paper, and I examine it in the context of the history of the small Freud and Klein groups that operated in Vienna and London in the 1910s and 1950s. I conclude with a vignette from a 1967 meeting at the Los Angeles Psychoanalytic Institute where Wilfred Bion the Kleinian had a dialogue with Ralph Greenson the Freudian, my ‘case study’ example of how two analysts who spoke different analytic dialects attempted to speak to one another.

To get straight to the thesis of this brief talk: the importance of a group dynamic understanding of the behavior of psychoanalysts in institute groups is fundamental to our capacity as a profession to thrive and grow in the new millennium. This idea is in keeping with IPA President Stefano Bolognini’s recent call for psychoanalysts to begin some sort of group relational training, so that it can helpfully augment the Eitingon model of training. It becomes the 4th pillar that amplifies the triadic importance of the training analysis, supervision and didactic courses.

The idea here is fairly straightforward: as analysts, we spend a lot of time learning how to understand ourselves and our patients in dyadic training situations, primarily the training analysis, supervision and control

cases seen, often leaving the issue of our 'group identities' relatively unexplored. So, what a strange culture shock coming to our first psychoanalytic meetings at our institutes can be! As Eisold (1994) pointed out in his riveting paper on the 'Intolerance of Diversity at Psychoanalytic Institutes,' it can often be quite difficult and challenging for candidates and members alike to learn how to shift gears from the freedom to explore and speak their minds in their training analyses, only to then feel stifled when attending institute meetings, where they now become group members in ways that seldom are explored from that angle.

Existing primarily in 'pair-fetish' groupings, candidates are often befuddled and confused when having to take up an identity as an implicit member of whatever group their analyst and supervisors are associated with. It is the unconsciousness carried by the group self that can often underscore the cliques and factions that are rivalrous and competitive with one another, in turn projected and acted out at institute gatherings. One way such endemic situations can be counteracted is through an appreciation of who we are not only as analysts and supervisors, but also understanding how we exist as group animals in these situations.

To the heart of my talk: in looking at the early history underlying how psychoanalytic organizations tended to include elements of cliques, factions and split-off groups, I start with the known history, looking at the early Freud group before taking up the less-known history of the London Klein group. I start with Freud's group paper, looking at it in the context of his preliminary attempts to understand man as a group animal, contextualizing it in terms of early psychoanalytic organizations. I then move to Bion's understanding of small group behavior at the mid-century point, applying his thinking about small groups to his own group, the London Kleinians of the 1950s. I examine both groups in terms of their work task functions and irrationally-driven 'basic assumptions' behavior; and finally, I will conclude with a case example of analysts in a Freud and Klein group having an interaction at an analytic meeting. Here, I play an audio excerpt of an exchange at a Los Angeles Psychoanalytic Institute group meeting in April, 1967, where Wilfred Bion had an engaging and spirited interaction with Ralph Greenson regarding the nature of borderline psychopathology.

**Freud, (1921). ‘Group Psychology and the Analysis of the Ego,’**

Revisiting Freud’s group paper, I am struck by the counterpoint that his primarily conceptual analysis represents against his living experience as a psychoanalytic group leader, who by 1921, had helped found the International Psychoanalytic Association as its titular head. In his review of the literature on groups, still a fairly new field at the turn of the century, Freud sought to understand how one’s individual mind changes when joining a group. In the mind of the individual, he is never truly alone—there are always objects, imprints of family relatives and those outside the family—opponents, helpers. Thus, individual and social psychology are intertwined. Of course, Freud would have had a keen interest in understanding man as a group animal, as by 1921, he had had a lot of experience with men in psychoanalytic groups and organizations.

Compressing a bit here, in studies done of the early days of the Vienna Psychoanalytic Society, along with Freud’s correspondence with his followers, such as Ferenczi, Abraham and Jung, we witness the small group struggles and conflicts that Freud both participated in and in a real way, also engendered and cultivated—at least in the estimation of writers, such as Roustang (1982), Eisold (1997) and Makari (2008), with whom I am in basic agreement. To take some brief examples: the group of physicians, art critics and salon devotees that frequented the Vienna Wednesday Society initially flourished when meeting at Freud’s house in a spirit of open and often heated conversation about the professor’s new discoveries. But the Viennese group faced a new set of challenges when in 1908, psychoanalysis became more than a local affair, taken up by respected colleagues like Eugen Bleuler and Carl Jung at the Burghölzli Clinic in Zurich. The freedom early on accorded to devoted disciples like Alfred Adler and Wilhelm Stekel was in turn compromised by Freud’s increasing need to marginalize the contributions of what he came to term the ‘Vienna rabble,’ in favor of now privileging the contributions of the Swiss group. So, the first dissidents came into being, as men like Adler kept on insisting on the freedom to have their own ideas and not be constricted by conforming excessively to Freud’s libido theory.

Of course, the marginalization of the Viennese would be followed by Freud’s dismissal of the Swiss after naming Jung the ‘crown prince’ (and heir apparent) to Freud as the aging kingly father. A close examination

of Freud's correspondence provides ample proof of what Bion would later call 'pairing' phenomena, where Freud would appeal to each disciple as a favorite, someone who possessed unique attributes with which Freud felt in harmony. To Abraham, Freud appealed to 'racial kinship,' (*Rassenverwandtschaft*) telling his Berlin colleague that the two shared a special Jewish bond that Gentiles like Jung would never understand. At the same time, in letters to Jung, Freud would criticize what he thought of as Abraham's 'thin-skinned' nature, urging Jung to overlook Abraham's touchiness and hypersensitivity. Treating his disciples as uniquely special children, Freud cultivated a paternalistic atmosphere where each disciple could feel themselves to be the favorite son, and as a result, felt identified with the Professor's antipathy toward rivals in the brother band. In short, in his correspondence with his disciples, Freud did his fair share to cultivate necessary friends, who could easily be converted into needed enemies. (Aguayo, 1995)

In Freud's group paper, when we come to his reprising the theory of the primal horde from *Totem and Taboo* (Freud, 1913), this bit of speculative anthropology actually fits quite well with the atmosphere that he had cultivated as the leader of the psychoanalytic band of brothers. Casting himself as the reluctant and aging despotic king in a primitive society, he would be the loved but ultimately hated and envied object, the target of all the brotherly rivalries to capture his throne after killing him off. The chief was killed and the paternal horde was transformed into a 'community of brothers.'

Freud further speculated that just as primitive man survives in every individual, so the primal horde arises when there is a collection of people. In fact, individual psychology arose from group psychology, not the other way around (Freud, 1921, p. 123)! Well, however these conjectures played out, they certainly are a credible psychological analysis that fits Freud's existence as the head of the small psychoanalytic movement. Not only did he maneuver his own followers, deftly playing one off against the other, he cultivated these rivalries against the backdrop of an atmosphere of the institutional endangerment of the young psychoanalytic movement. The enemies of psychoanalysis, real and imagined, had to be fended off lest it remain what he feared would be a 'local Jewish affair.' In a detailed study of Freud's correspondence with his disciples, the most

enduring and often used metaphor deployed by Freud was a militaristic/pugilistic one when referring to the ‘enemies of psychoanalysis.’ This flight-fight mentality left his followers constantly attempting to curry favor with their beloved leader, also endemic of a basic assumption dependency group.

After Freud and Jung delivered the Clark Lectures in 1911, and psychoanalysis became an international phenomenon alongside an international organization, Freud was now in a position to demand what Makari (2008) termed an ‘all-in’ allegiance from Jung to the libido theory. The Swiss researchers at the Burghölzli, primarily interested in psychosis, the word association test and other experimental methods, simply had their own aims and objectives. Bleuler would not allow himself to be cowed by Freud—and when Jung took interest in his own research, exercising his freedom to write about what interested him, it would result in a break with Freud. The ‘crown prince’ went his own way—and adept organizational thinkers like Ernest Jones—capitalized on Freud’s fear of feeling surrounded by analytic patricides. It resulted in the formation of the ‘Secret Committee,’ a small group of dedicated men whose loyalty would not be compromised—at least not at its beginning (Grosskurth, 1992).

Freud had helped to sow the seeds of internecine rivalry—and then felt persecuted as if those who disagreed with him would return and come back to kill him off; hence, Freud’s obsessive fear that Jung harbored incessant death wishes towards him, not realizing that he had partially bound and tethered Jung by attempting to load him up with multiple duties as a journal editor, President of the IPA and other organizational functions. Ultimately, this administrative role was hardly satisfying to Jung, as it compromised his free time to carry on his own research. So, he had to go his own way and another brilliant mind was lost to psychoanalysis.

### **The London Klein Group at the Mid-Century Point: Bion’s ‘On Group Dynamics’ Paper (1952; 1955)**

Some 30 years after Freud’s ‘Group Psychology’ paper, Wilfred Bion (1952;1955) returned to some of its ideas, stating rather forthrightly that his own analysis of groups differed from the professor’s theories. Of course, by the time World War II ended, new psychological studies

were born that would have been completely foreign in Freud's time—the formal study of 'intra-group tensions' that eventuated in the birth of out-patient group therapy at places like the Tavistock Clinic in London. Bion was in a position to be much more specific than Freud about the organizing assumptions of small group behavior, differentiating between the Work Group, where there is voluntary co-operation in the performance of a group task, and the Basic Assumptions Group, whose emotionally-driven activities divert and obstruct the group from being a Work Group. Just as the ego could be in conflict with the claims of the id and super-ego, man existed in conflict with his 'groupish' nature in groups. However, just like Freud, it didn't occur to Bion to write about his own direct experiences as a member of a small psychoanalytic organization, the London Klein group of the 1950s. In fact, this has remained largely an unwritten history to this day.

So, the point here is to apply Bion's own principles to the functioning of the Work group that organized itself around the psychoanalytic ideas of Melanie Klein. In my view, it was the arrival of the Freud family in London in 1938 that occasioned the birth of what became the 3 main psychoanalytic groupings in London during the World War II era: the Freud group, the Klein group and the non-aligned Independents. The trans-continental clash between Anna Freud and Melanie Klein about the nature of child analysis, one held at a distance for over 10 years between Vienna and London, was now housed under one institutional roof at the British Psychoanalytic Society. (Aguayo, 1997;2000) The protracted Controversial Discussions—between the two groups that had long argued about which side held the most truthful view about the early mental life of the infant—eventuated in the three-track training program at the British Society. Colleagues associated with either the Freud or the Klein group felt besieged and beleaguered. Many of Anna Freud's adherents, German-Jewish refugees, who had been displaced from their homeland and felt distinctly uncomfortable in a new country, with a new language and a psychoanalytic dialect of 'Kleinianism,' found it strange and untenable (Steiner, 2002). Adherents of the Klein group also felt besieged, having to defend their conceptual model against Freud's daughter, who could and did claim the legitimate right to speak about what psychoanalysis consisted of—and what would be considered a 'dissident' point of view.

Klein's ideas, long popular with British analysts since she emigrated to London in 1926, now had to be defended in a much more strident fashion than the casual manner in which they had existed in the 1920s and 30s in London. During the 1920s and 30s, British analysts existed in an institute atmosphere that allowed for the easy integration between Kleinian and Freudian ideas. Robinson (2011) has called this group of primarily British analysts the 'British Freudians,' which included analysts like D.W. Winnicott, who had had both a Freudian and Kleinian analysis, and trafficked easily between the two systems of thought in the 1930s. With the arrival of the Freud family, the British Society polarized into small factional groups that rather quickly morphed into a 'flight/fight' mode against a backdrop of total global warfare. Whose view of the unconscious mental life of the infant would be privileged and ultimately prevail? This tense atmosphere accentuated defining positions and an intense stridency now accompanied the public discussion of such ideas.

Applying Bion's group dynamic understanding, the Kleinians were definitely a Work Group, one whose task was exclusively defined by Melanie Klein (1946; 1952), who in her paper, 'Notes on Some Schizoid Mechanisms,' now set out the publication agenda of her small group. After the end of the Controversial Discussions, Klein was in quite a powerful position as both the institutionally-legitimized head of the group and the personal training analyst to a new trio of brilliant disciples—Herbert Rosenfeld, Hanna Segal and Wilfred Bion. She was the dependency group leader and they were all quite reliant on her both as their personal training analyst and leader of their small group. In slightly different terms, since the primary structuring metaphor of the mother and infant dominated Klein's thinking, this trio can be perceived from a group vertex as the three privileged infants at the prized maternal breast. Drinking as they did from the originating source of a new theory, they existed in a pre-eminent position as different manifestations of a 'pairing' phenomena. But again, embedded in Klein's own theory, where the infant struggled with phantasies of entering the maternal body and murdering off rival babies, the seeds of internecine maternal oedipal conflict were also built into her system of thought. In this instance, Klein as a dependency group leader privileged the contributions of the new cohort of Kleinian disciples over and above her former supporters, whom she subsequently pushed out and marginalized.

As it was, this previous cohort of Klein's supporters, especially during the time of the Controversial Discussions—D.W. Winnicott, Paula Heimann, Susan Isaacs, and Joan Riviere—were for one reason or another—displaced from the center of the Kleinian group after World War II. In spite of the small size of her group and how imperiled Klein's position had been during the Controversial Discussions, she became increasingly strident about delineating what constituted being a proper Kleinian; she patrolled the boundaries of her own group and how behavior reminds us of what Freud earlier on said about his own movement: 'I decide what psychoanalysis is and what it is not.' Winnicott's increasing emphasis on the role of the actual maternal environment in the emotional development of the infant was not welcomed by Klein; and his work was dismissed when he insisted on publishing his landmark paper, 'Transitional Objects and Transitional Phenomena' in 1953. As Winnicott told Clara Britton, his wife, at the time, 'Evidently Mrs. Klein no longer considers me a Kleinian.' Paula Heimann, (1950) a longtime adherent and an analysand Klein by insisting on her own innovative views about the informing nature of countertransference, was also forced out of the Klein group by 1955. Joan Riviere, another long-term collaborator to Klein since the 1920s, also was marginalized out of the Klein group—though Riviere remained completely loyal to Klein; indeed, she left a significant endowment to the Melanie Klein Trust, and remained mystified as to why she had been marginalized from the group.

Looking at this small group phenomena from a Bionian perspective, Klein was the dependency group leader, one whose theoretical work set out the work task of the group. In remaining adhered to her point of view, her disciples had to display a certain originality in articulating her views, while treading carefully around the issue of innovating in a way that might incur Klein's displeasure. The fact that Rosenfeld, Segal and Bion were all psychiatrists was drawn upon by Klein as a legitimizing support that she much needed, as earlier on, her conjectures about the nature of psychosis had been interrogated rather critically by psychiatrists like Edward Glover. Hanna Segal once told me that Klein could tolerate just about anything other than someone disagreeing with her ideas. It was as if her ideas were like her children—to be protected and safeguarded at all costs. Recall here that at the heart of the idea of Klein's paranoid/schizoid position was the infant's anxiety about survival. I

think that Klein's anxiety about the survival of her small group was also partially embedded in her theory. In her *Autobiography*, written in 1959, Klein confessed that she feared for the survival of her ideas until a recent cohort of followers came forth in a strong advocacy for her understanding of psychoses. And so, one generation of Kleinian disciples displaced another.

Yet despite Klein's suspiciousness, her theoretical offspring—Rosenfeld, Segal and Bion—all flourished and wrote creative and generative papers on psychosis. I have outlined how Herbert Rosenfeld (1947) essentially helped to shape the formal and complete definition of projective identification, yet he also subordinated his work, making it appear that this complete definition was actually Klein's (1952) own innovation (Aguayo, 2009).

By the time of Klein's death in 1960, the question of who would head up the next Kleinian cohort implicitly arose. With the birth of the Melanie Klein Trust, designed to preserve and promulgate Klein's work, dependency leadership was institutionalized much as it had been in Freud's Secret Committee. By definition, there could be no one preeminent dependency group leader in the 1960s. Rosenfeld, Segal and Bion would remain pre-eminent as more and more candidates entered training with them and with other Kleinians, men like Roger Money-Kyrle. It was symbolized by the fact that Bion himself was elected to the position of the Chairman of the Klein Trust. Yet in the wake of the loss of Klein as a leader, her three main disciples sought to differentiate their professional work in separate directions. Bion (1962a;1962b) of course lost no time in striking in a new, theoretical direction, moving to amalgamate Klein and Freud's theories into something uniquely his own. Yet becoming the leader of the Klein group was clearly not his aim. As early as 1955, Bion was already showing signs of tiring of his former analyst, referring to her disdainfully in his letters to his wife Francesca as the 'boss,' even going as far as to say that Klein's followers treated her like Marlene Dietrich, like so many young Teutonic males poised around her, ready to fulfill any of her whims.

Distinctly uncomfortable with having been thrust into the center of leadership of the Klein group, Bion (2013) turned away from becoming a dependency group leader—and by 1967 he left the London group altogether

when he moved to faraway Los Angeles to live, practice, write his analytic works—and steer clear of all forms of institutional psychoanalysis. In one notable aphorism, Bion stated that ‘psychoanalysis has to succeed in spite of the fact that there are psychoanalytic institutes.’ He threw off the mantle of leader practiced in the administration of others—as he said in 1966, he did not want to be ‘loaded up with honors, so that he could sink without a trace.’ Ultimately, he did not want to be saddled with administrative duties any more than Carl Jung did, especially after turning 70 and realizing that time for research activity had been quite compromised by his administrative work. After his move to Los Angeles in 1968, Bion did not become a member at the Los Angeles Psychoanalytic Society, no longer gave papers at the International Psychoanalytic Congresses nor served on any IPA committees. Rosenfeld, (1964) also broke out in his own direction, turning to the understanding of clinical narcissism, an off-shoot of his work on the psychotic disorders. And finally, it was Hanna Segal who in my view, vied for position of titular head of the Klein group with her synthesis and overview of Melanie Klein’s ideas in *An Introduction to the Work of Melanie Klein*, (1964). In was Segal (in my view) in the 1960s, especially after Bion left London, who became the dependency group leader of the Klein group.

### **A Kleinian Encounters a Freudian: Wilfred Bion’s Encounter with Ralph Greenson in Los Angeles—April 14, 1967**

To bring together some of the strands of this talk on the legacy of the Freud/Vienna and Klein/London groups, I would like to look at an encounter between these two groups in 1967. In the 1960s, visits from members of the London Klein group happened yearly in Los Angeles. This represented a true anomaly in an America dominated by ego psychology. Kleinians were not welcomed at any other American institute at that time, but they stirred local and curious interest in Los Angeles. At the point at which Wilfred Bion had an encounter with Ralph Greenson, the analysts at the Los Angeles Psychoanalytic Society and Institute, (LAPSI) were merely interested to hear what London Kleinians had to say, especially about work with near-psychotic and psychotic patients. These were after all, the types of patients that LAPSI psychiatrists had thought long and hard about in terms of what to do about their treatment. Freud (1914) had thought that the analytic method with the treatable neuroses did not work with more seriously disturbed and

difficult-to-treat patients. Some alteration of method was required—and analysts like Greenson and his colleague Milton Wexler had experimented with such methods (Kirsner, 2000).

LAPSI also had a maverick identity among institutes affiliated with the American Psychoanalytic Association. The city of fantasy, cinema and reinvention, its analysts also had a penchant for what appeared to be rather unorthodox methods—at least when considered from the vantage point of the East Coast ego psychology psychoanalytic establishment. Leo Rangell (1993), past President of both the American Psychoanalytic and International Psychoanalytic Association, put it well when he described the post-World War II analytic scene in Los Angeles:

“The very thing that brought me and so many others to L.A. after the war was the climate. Not only the weather, but also the emotional and intellectual climate. We quickly became the most important society outside the East Coast because this was an attractive place. It’s not an accident that this is tinsel town—the movie capital, the excitement capital. With the glories of the climate comes the excitement of the beautiful, thrilling people, people who make great analytic patients. There was always great rivalry for patients. The point is that this is a place of exciting people and with it comes great ambition, visibility, exhibitionism, cultism, factionalism, exciting ideas—and eccentric ideas.” (Kirsner, 2000)

### **Greenson and Bion's Exchange**

So, to set the stage: Bion arrived in April, 1967 to give a series of clinical seminars on very disturbed patients to the LAPSI members and candidates. It is also important to set Ralph Greenson in his proper context as a leading Freudian analyst in the 1960s, one who had long been regarded as a charismatic leader in the L.A. Society and was well-known for being a virtual clearinghouse for Hollywood entertainment celebrities eagerly seeking time on the few available psychoanalytic couches in Beverly Hills. Greenson was a powerful and influential analyst, venerated for his many skills as a teacher, lecturer and author of numerous and lauded analytic publications. 1967 was also a banner year, as Greenson then issued his famous text, *Technique and Practice of Psychoanalysis*, Vol. I.

Many contemporary American analysts, especially those on the west

coast, were moved by his clinical and theoretical acumen, as he punctuated his theoretical presentation with many clinical examples. But one thing that would have surprised the American reader of the 1960s were his references to the contemporary Kleinian literature that focused on the treatment of near-psychotic and psychotic patients. If we look in Greenson's book, I think we find intriguing examples of how far-ranging his interests were: at a time when very few American analysts would cite the 'heretical' and 'dissident' work of Melanie Klein (the most often used epithets for her work), Greenson ventured forth some of his encounters with members of the Klein group. Accustomed as he was to hearing the Kleinians when they came to visit Los Angeles, he initially viewed their work with both interest and a searching skepticism.

There is one passage that sums up well how he viewed the Kleinians from London—and I cite his *Technique* book here. In a section entitled 'Deviations in Technique,' he described the approaches of Melanie Klein and Franz Alexander as 'deviant,' at least as far as 'classical psychoanalysis' was concerned. However, he then went on to write:

"Both schools of thought have been responsible for some valuable contributions to psychoanalysis, although they have also been the source of great controversy. For these reasons, the student should be familiar with their basic works." (Greenson, 1967, p. 135)

I cite this passage because I think that the point often gets lost, especially in the subsequent and much more well-known polarizing encounters Greenson had with different members of the London Klein group in the 1970s. In spite of his disagreements with their approach, Greenson also thought that the Kleinians had made some important contributions. 1967 was a different time—and today, I bring some examples of how Greenson's interest, curiosity and skepticism were all on display at Bion's (2013) *Los Angeles Seminars*. Very few in attendance would have understood that at its root, this encounter represented a clash of analytic tongues. Its representatives had been trained in different analytic traditions in London and Los Angeles. We can hear examples of these analytical/dialectical differences, which would have been hard for contemporaries to understand. Both Bion and Greenson talked about Freud, but little did they realize that there was an English Freud and an

American Freud—the Freud of the topographic theory and the Freud of the structural theory. It was all too reminiscent of George Bernard Shaw’s famous comment about England and America: ‘England and America are two countries separated by the same language.’

But for just this brief moment in time, there were elements of a genuine encounter in Los Angeles. Some examples of Greenson’s spirit of inquiry: when Bion advocated that the practicing analyst ‘abandon memory and desire,’ Greenson (1967, pp. 30-31) generally approved of the idea of listening to patients with a fresh mind, but wondered if that attitude would suit the patient new to the analytic process, who might need to feel a bit more reassured in the early going.

Let’s listen to an exchange between Bion and Greenson regarding projective identification, as it is a real highlight of their encounter in Los Angeles, (Bion, 2013, pp. 41-43):

**[Greenson]:** I’d like to ask you to clarify, something you said in relation to projective identification. It was in regard to this (I believe) that you brought up the idea or the concept of the container and the contained, and you then showed this in various ways. Now what I don’t get in that, is the use of container and contained as symbols or metaphors for, let’s say, male and female. I don’t agree with this kind of metaphor. It would seem to me that if you’re going to make a distinction of this kind, rather than talk about a container and the contained, one ought to talk about a container and an intruder. One is active, and one is passive, now the intruder can be contained, that’s male and female, it also would explain to me better what happens in projective identification; that there is an *intrusion* into his object.

**[Bion]:** Yes. I see your point about it, and I quite agree about this, but I’d like to put it rather differently. I want to make a statement which is virtually meaningless. I want to make such a statement because I’m anxious to draw attention to a configuration. I want to draw attention to something which I have described (borrowing the phrase from Hume, the philosopher), as a constant conjunction. You may not be quite aware of it, but it seems to be a sort of

recurrent pattern. One gets a sort of feeling that what one is saying has a vague similarity to something else.....

....Now, if you take it as the container and the contained, I think it begins in a sort of way of trying to draw attention to the fact that this same *configuration* (let's call it that to save time; a sufficiently vague phase) crops up over and over again under different disguises. Now, let's introduce aggression. Or let's say this: You see a patient who is an aggressive person, his difficulties are related to his aggression, and so on. Now, container and contained changes. And I think that your description would meet that special case very well. Aggression--penetration into the containing object.

In the process of psychoanalytic work, it is essential that one should be able to do it. It is essential that one should recognize that there can be (well, for example) a loving sexual intercourse, in which the penis penetrates into the vagina, but that is quite a different thing from something (well, say from a rape) where the predominate feature of it is aggression, it is not love, it is something much more akin to hate, and so forth. So, if you have got a patient, in which the component (his personality) is one in which aggression plays a big part, then I'm certain that what you will see is what you've described in those terms.

**[Greenson]:** But in projective identification specifically (what you call projective identification), isn't there always the element of an intrusive, possessive kind of identification as contrasted to other kinds of identification.

**[Bion]:** I think so, I think so. I think that that's one reason why I think that one might like to quarrel a bit with the existing definition of projective identification because it's not vague enough. And you're caught out in this, because if you're going to make it vague, you get a situation in which it's so abstract that it becomes meaningless....

While I would maintain that there was a point of contact between Greenson and Bion, both analysts would have been also served had there been a psychoanalytic translator at this event! Greenson was (in my rendition) attempting to find a clinically useful way of understanding projective identification, a core Kleinian concept that now dominated

their publications. The general idea originating with Klein that a patient could disown and project despised or unwanted aspects of his personality into others, also had a central corollary: there were imagined and/or real consequences to such projections when they landed on the analyst.

Greenson I suspect would have had no trouble with this definition of projecting hostile intrusion into the object. On the other hand, Bion was both in agreement with Greenson, and also attempting to make a broader point. While understanding that in both Freud and Klein's work, it was essentially two people focusing on the pathology of one person, Bion's move in the 1960s was to expand his understanding of the analytic dyad in a two-person direction. As a result of his treatment of many psychotic patients, all characterized by their destabilizing and disorienting impact on the analyst's mind and sense of emotional stability, Bion had begun to consider the internal processing and subjective sensibilities of the treating analyst these processing capacities went beyond the ordinary understanding of countertransference, which in ego psychology of the United States was understood still as a problem of the analyst's unresolved pathology. A newer understanding—that sometimes apparent countertransference reactions were also a function of unconscious-to-unconscious communication from patient to analyst had been enshrined in the most famous paper ever written on the subject—'On Countertransference' by Paula Heimann, (1950), who was incidentally Bion's first analytic supervisor.

As such, Bion was now interested in how the patient's projective impact on the analyst could lead to many more possible interactive permutations. From his perspective, Greenson's statement about projective identification was both correct and at the same time too narrow and limiting. By incorporating projective identification into a more general scheme of 'container/contained,' Bion thought he could talk about the analyst-as-mother and the patient-as-infant, male and female, penis and vagina, the individual and the group. In short, he thought there were more interactional possibilities with this broader scheme. But what would have eluded Bion was the more general statement that he was moving away from the one-person psychology of Freud and Klein and into a two-person psychology where both partners in the analytic endeavor had to be self and other-examining in a much richer and complex interactional world. Whereas with Freud and Klein, one had a 'constant'

analyst with a pathologically ‘variable’ patient, in Bion’s scheme, there was now a variable ‘analyst-as-mother’ with a variable ‘patient-as-infant.’

But in this and the many other exchanges during the course of Bion’s four evening seminars in Los Angeles, he had no more spirited and engaged interlocutor than Ralph Greenson. We don’t have enough time to do more than recap some of the other exchanges, especially those in Bion’s Fourth Seminar, when he was again questioned by Greenson, this time about an extremely unruly and hostile borderline patient in analysis with Bion. His patient yelled, screamed and reviled Bion, then fled his office; and he was left wondering about whether he should have hospitalized her that day. He worried about whether she might be safe on the streets of London.

Bion took pains to point out her borderline pathology, but also elucidated some of the emotional difficulties he personally encountered in treating her. Bion’s work here also dealt with the analyst’s subjectivity and emotional processing capacities, his own abandonment of memory and desire when he exposed himself emotionally and fully to treating highly disturbed individuals. He exemplified clinically what Keats had termed ‘negative capability’: ‘...capable of being in uncertainties, mysteries, doubts without any irritable reaching after fact and reason.’

When Bion then told his Los Angeles audience that he simply didn’t know what to think, let alone what to say to his extremely hostile patient, I think he also identified himself as an analyst who could be baffled and stumped by psychotic forms of communication. He could make neither heads nor tails of this multi-dimensional ranting experience. Yet in a paradoxical way, he put his audience in exactly the same position in which he had found himself in with his patient. I think it was a subtle means of urging his colleagues in Los Angeles to identify with him in the face of indecipherable psychotic communications. Bion told his Los Angeles audience that in the midst of all of the patient’s hateful screaming and ranting, when he could not get a word in edgewise, that he literally could not hear himself think. Bion again presented himself as unable to understand the immediate dynamic meaning of what had been communicated to him. Had his patient destroyed the communicative link with her analyst, so that no interpretation was possible, all to such an extreme extent that he had also lost a link with his own mind? It seemed so. The analyst

here appeared profoundly lost, despairing that he could make no satisfactory interpretation let alone think of an explanatory theory after the patient left the session.

In the course of the ensuing discussion about this case, Greenson raised a telling point: Was such a patient even treatable by psychoanalytic methods? This was a crucial and critical question, as Otto Kernberg (1968) had just started to publish controversial papers at that time about the alterations in technique required to treat the borderline patient. Well, as it turns out in this instance, Greenson made a solid point: within a year of his questioning Bion on this case, Bion indeed made attempts to interrupt this patient's treatment *precisely* because he found her creating such stormy and unruly conditions that he no longer felt he could work with her. As it turns out, he had to interrupt her treatment in any event because he moved to Los Angeles in January, 1968. Until Bion's *Seminars in Buenos Aires* were recovered a few years ago, we didn't know how this case was concluded; but in effect, Bion did say that some borderlines *were* untreatable with psychoanalytic methods.

So, if there is a historical moral to my short story tonight, it is simply that too often, as analysts, we forget that while we are all united by virtue of our membership in organizations like the American Psychoanalytic and International Psychoanalytic Association, we can and do become overly identified with whatever local analytic tradition we have been trained in. We are tempered in our localism and tribalism when we travel and visit other analytic tribes.

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## Personal and Political History of the New York Psychoanalytic Society and Institute

Arnold Richards

**T**he original invitation I received was to present a political history of the NYPSI institute. After some thought I decided that the political history should be a personal history since politics involves personal relationships and personal relationships are affected by politics.

I also thought I would place my presentation in the context of my personal relationship to psychoanalysis, which goes back some ways. I remember, as a five-year-old, reading in the Yiddish *Forward* an article about the death of Freud. That was November 1939. At fourteen, I read Freud's *Introductory Lectures*, the yellow and red paperback edition. After graduating from the University of Chicago, I decided to go to medical school to become a psychiatrist and then to train as a psychoanalyst. Although I did have second thoughts along the way during medical school, where I became interested in the subject matter of each course, and during my medical school clerkship in medicine pathology and neuroanatomy.

I had a summer internship at The Public Health Service Marine Hospital Psychiatry Service with Larry Deutch, an analytic candidate at Downstate, and Steve Firestein, an analytic candidate at Columbia. Larry was in analysis with Melita Sperline and was infected with analytic zeal. Analysis, Larry thought, could cure everything, including ulcerative colitis. The faculty and other candidates (Sam Abrams, Len Shengold, Shelly Orgel, Austin Silber, and Roy Liliskov) were very involved in my psychiatry clerkship, where we were exposed to psychoanalytic ideas. After graduating from medical school, I interned at the Public Health Service in Baltimore. Though many of my friends and classmates opted for the psychiatric residency at Albert Einstein, with its close connection to the NYPSI, I decided, primarily for financial reasons, to go to the Menninger Foundation in Topeka Kansas.

Menninger had a strong psychoanalytic tradition—David Rappaport, Robert Knight, Roy Shafer, Merton Gil, and a psychoanalytic presence

in Wallerstein, the Tichos, Tibout Eckstein, Van Der Valls, et al. The tone was set by Karl Menninger's anti-nosological approach (*Love against Hate* and *The Vital Balance*). We also benefited from the connection with the Sloan Visiting Professors, Aldus Huxley, Konrad Lorenz, Ludwig Van Bertanolfy, Margaret Mead, et al. At Topeka, where I was paid as a Public Health Service officer, the financial arrangement was much better than anything I might have had in the Bronx. In return I had to serve two years in the prison service. I also was the Chief Psychiatrist and Chief Medical Officer at the Federal Penitentiary in Petersburg, Virginia during the civil rights movement, the March on Washington, the Cuban Missile crisis, and the JFK assassination: it was the early Sixties.

While at Menninger, I applied to the Washington Psychoanalytic Institute and two institutes in New York: Columbia and NYPSI. I did not apply to Downstate. Having grown up in Brooklyn, I decided I could not go home again. I think I decided where to go on the basis of geography—New York rather than DC—and the interview experience. The interview at DC was with four interviewers in the same room—Edith Weigart, Dan Jaffe, Harold Searles and Doug Noble. Searles offered the interpretation that I was working at a prison because my childhood had been a prison. I suppose this was his idea of a deep interpretation. I had three interviewers at Columbia, which were, I thought, rather perfunctory: one with George Goldman, one with Linek Ovesay and a third with someone whose name escapes me.

At New York I had three interviews. One with Barnard Fine, who I believe was a recently appointed Training Analyst. The second interview was with Andrew Peto. I told Peto that, in a dream I had had the night before, someone said "That's fine"—a play on words, although I don't recall having heard those words before the dream, which contradicts Isakower's idea that spoken words in dreams are always words heard recently in waking life. The third interviewer was Lilly Bussell, a child analyst, who at the end of the interview said, "Now I understand your case," which I think meant she decided I was analyzable and would be admitted. 1969, when I graduated, may have been the high-water mark for psychoanalysis in the US, and the beginning of a downward trajectory.

At the time, it was generally agreed that NYPI was the premier psychoanalytic institute in the US. The New York Psychoanalytic Society was

founded by A.A. Brill in 1911. The New York Psychoanalytic Institute was founded in 1932. I was very fortunate in the teachers I had. Among my teachers were Robert Bok, Nicholas Young, Edith Jacobson, Phyllis Greenacre, Margaret Mahler, Ruth Eissler, Charles Brenner, Jack Arlow, and Nick Young. My supervisors were David Beres, Ted Lipin, and George Gero, each with their own approach. Beres was an ego psychologist, Lipin followed the Paul Gray ‘close process monitoring’ approach, Gero, and the topographic model.

Above all, I was fortunate that each of my cases responded to the approach that was offered. I graduated in June 1969, when I finished four years of classes—not the norm, but it did happen. Looking back on my class of 13, two dropped out. I think eight graduated. Three have since died. Three are still practicing psychoanalysis. As a group we were less rather than more questioning, we sat at the feet of the masters. I finished my analysis when I graduated, after five years at four times a week. Four years of class, three cases, that was the sum total of my formal analytic training experience. But my informal experience, through my connections with colleagues and teachers, some of which continue to this day, has been much more extensive.

Now I would like to consider the political history of the NYPI before I arrived, while I was in training, and subsequently. I graduated in 1969, became certified in 1972, and a Training Analyst in 1984. I have written that the shadow of the founder falls over an institute. NYPSI’s founder was A.A. Brill and his shadow included the politics of exclusion, his disagreement with Freud about lay analysis—Freud *for* and Brill *against*—and the medical identity of both NYPSI and APsA.

My sense is that there were very few dissenting voices concerning the issue of lay analysis when I trained, and up till the settlement of the law suit in 1985. Though my wife is a psychologist, until the mid 80s I sided with The Powers That Be in supporting the medical requirement. Almost everyone I knew did as well. But their support of the medical requirement did not prevent some of the members of the NYPSI faculty from teaching psychologists and social workers.

Exclusion extended to theory as well as discipline. I think that there was more openness to unorthodox Freudian views in the thirties than there

was after the Eitigon Europeans came. The rescue of the analysts from Europe mounted by Larry Kubie and Bettina Warberg was an important achievement. There was some resistance initially, a fear of competition perhaps. When William Langer approached Burt Lewin about the rescue he was luke-warm, saying “Don’t we have enough analysts?” But Kubie, who became President of NYPS after Lewin, recognized the extreme danger and the dire circumstances of the Jewish analysts in Europe and was able to marshal the resources of the community, obtaining visas, raising funds, and finding positions in New York and elsewhere.

The émigrés came and conquered. Replacing the American-born psychoanalysts (Kubie, Brill, et al.), they became the ruling class. Their advantage was their closeness to Freud. I believe they brought with them a rigidity in theory and practice. Some feel that the image of the silent analyst developed in part because the émigrés had difficulty with English, so for them, saying less was more comfortable.

Phyllis Greenacre, Ruth Loveland, and Martin Stein, who were some of the most important American-born psychoanalysts in New York, allied themselves consistently with the Europeans who were in charge: Ruth Eissler, Robert Bak, Nick Young, and Lillian Malcove. Edith Jacobson was not very political. Many Furer, American-born, had political standing in the 70s and 80s, chaired the EC and represented NYPI in BoPS. An interesting figure was Otto Isakower, whose work on the Isakower phenomenon and the auditory sphere was highly regarded. He wrote 29 papers and became a phenomenon. During his reign, no Training Analysts were appointed. This became known as the other Isakower phenomenon. He was chair of the EC with seven women. Someone once asked him, “Tell me, what was it like to be chair of the EC with seven women?” Otto, who was short, replied, “Seven snow whites and one dwarf.”

I realize that I have not included the three most important émigrés, Hartman, Kris, and Lowenstein. They certainly supported the political side of the émigrés but I think their interests were more in theory than in politics and administration. The political structure of the Institute involved three committees. The Educational Committee was the power center. The Instructors Advisory Commit nominated people for the Educational Committee. The Instructors Executive Committee

nominated people for Training Analyst positions, which were then approved by EC.

All these members, of course, had to be Training Analysts. I believe they were voted on by all the members but nominated by a Committee of Training Analysts, and no nominations were allowed from the floor. This all came to a head when a member of the out-group, Herbert Waldorn was turned down by the Training Analyst committee. At this point, the out-group introduced the Brenner Amendment to allow for a more open process. The Amendment required a 2/3 vote to pass and fell one vote short.

Where did I fall in all this with the political currents—the in-group and the out-group? I started as a member of the in-group. I was invited to a seminar in Ruth Eissler's living room, where aspiring young members were vetted by Ruth and her acolytes to determine whether they could become Training Analysts. I remember these meetings well. The older members, including Mauri Edelman Irwin Solomon, and the middle group, including George Gross and Bill Grossman. I remember a meeting in which Ruth announced that George and Bill would become Training analysts. The problem was that they were not certified, they were not members of the American. But that would not be a problem because a member of the group, Irwin Solomon, was also the head of the APsaA certification/membership committee, so it was expected that they would easily pass muster with his committee. Irwin Solomon's wife was Rebecca Solomon. There was somewhat of a bruhaha when she was appointed Training Analyst, as there was when Mimi Young, Nick Young's wife, was appointed. There were complaints of nepotism but these came to nothing. Although Ernst Kris was not very political, his wife Marian, who was close to Ruth Eissler, was.

A consideration of the Brenner Amendment requires going into more detail on the situation and activities of the members of the out-group who supported both Brenner and his amendment. In effect, the supporters of the Brenner Amendment were the out-group at the NYPS. They were rarely nominated to the EC and, when nominated, almost never elected. The in-group had a tight hold on the electoral process. I know because I was a part of it. They would decide who should be elected to the Educational Committee and the Instructors Advisory and Instructors

Executive Committee, and they organized a telephone tree to make sure that their group voted for the right people. I think the Board of Trustees and Board of Directors were a separate matter and didn't require the same election effort because the power was in the EC and Instructor's Committees and not in the boards.

When I tell people that as far as I recall neither Jack Arlow nor Charlie Brenner was ever elected to the EC, I am met with disbelief. Both Jack and Charlie, but especially Jack, had problems with the institute curriculum. Jack thought it was not up-to-date, that too much Freud was taught. Jack asked or was asked to prepare a report outlining a new contemporary curriculum, which he did. He submitted it to the EC. It was rejected. Jack was not pleased. He decreased his involvement in NYPI and taught more at Columbia and Downstate. Charlie, on the other hand, connected with the younger members and eventually had more influence at the institute, although his political clout was still limited. His influence also increased as some of the émigré analysts passed on.

But to tell the in-group/out-group, American/European story adequately, we need to turn the clock back to when Jack and Charlie first became members of the NYPSI. After they graduated, Jack, Charlie, David Beres, and Martin Wang (Wang was a European aligned with the Americas) met with Heinz Hartmann to discuss psychoanalytic theory. I think this sharpened their areas of agreement and disagreement. The latter included the conflict force sphere. For them conflict was central hence their development of Contemporary Conflict Theory. They did not have a central place for ego deficit, and had less interest in child observation and child analysis than HKL had. They all agreed that the topographic model was superseded by the structural model. Arlow and Brenner presented the case for the shift to the structural model in their book. I am not sure how they viewed the economic model which was important to Hartmann with his emphasis on neutralization and de-neutralization, and libidization and aggression, and cathexis and de-cathexis. But I think they found Hartmann's emphasis on the self rather than the ego, that is the *self image*, useful.

Returning to the Brenner Amendment, I will list some of the amendment's supporters who made up the out-group. In addition to Jack and Charlie there were Victor Rosen, David Beres, Eleanor Galenson, Milton

Jucovy, Buddy Meyers, Larry Roose, Phil Wiesmn and Arthur Root. Some of them shared a far left political outlook and had been were members pf the CPUSA—including Jack, Charlie, Eleanor Galenson, Milton Jucovy or fellow travelers Victor Rosen, Larry Roose, Buddy Meyers, and perhaps David Beres. I have not been able to decide about Leo Stone, who for the most part kept above the political fray but one of his analysands told me that he had copies of *The Nation* in his waiting room so that suggests left leaning. Eleanor Galenson was a part of the CPUSA during her residency at NYU in the forties. Nat Ross was connected with them. Bluma Swerlow and Stella Chess also belonged. Jack remained in the party until 1953, after the Duclos letter opposing Browder letter, which is quite remarkable. He wife Alice was also a member.

I do not know how the political affiliations of the out-group impacted on their situation in NYPSI. The in-group émigrés included some Austro-Marxists and all were, I am sure, anti-Communists. But I do believe that the left politics of many members of the out-group was a basis for solidarity. Some lived on the Upper West Side and sent their children to the Little Red and Elizabeth Irwin. But as far as their politics, this was not very public outside of the group. Charlie did write a letter to the *New York Times* about the Vietnam war which upset Phyllis Greenacre. She said that it would destroy the transference if patients were aware of the political views of their analysts. But in the group, Charlie, Buddy Mayer, and some others did come out of their political closet when they raised money for a full page ad in the *New York Times* against the Gulf of Tonkin resolution, which had more than 100 signers.

The out-group, unable to crack the power structure at NYPSI, shifted their involvement from NYPI to APsaA, where, one after the other, Brenner, Arlow, Beres, Calder and Rosen became Presidents. The in-group, on the other hand, had very little interest in, and very little use for, APsaA outside their involvement with BoPS.

As I indicated earlier, my thesis is that personal relationships determine politics and are affected by politics. The up and down, first in and then out, saga in the history of my status at the NYPSI illustrates this thesis. I graduated in 1969, after five years as a candidate. I graduated as soon as I finished classes with three cases in analysis. I think my relatively early, and below average time to, graduation is indicative of the high regard

that I was held in by my supervisors and instructors. I had very good relationships with most of the faculty and with most of the members. I identified and was accepted by the in-group with their commitment to orthodox Freudian theory and technique. At the time, I was not aware that there was an out-group which was led by Arlow and Brenner who were less “Freudian” and had a problem with the system of Training Analyst appointment and the control of the Executive Committee and curriculum by the in-group. I was not aware of the issues which divided the in-group and the out-group until the Brenner Amendment which challenged the political power status quo.

Jack Arlow was my wife’s analyst. And Arlene and I and several other colleagues often had lunch with Charlie every Monday at the Madison Delicatessen, a ritual which continued for many years. I was close to Charlie and Jack but closer to some of the faculty from “the other side.” My professional standing at the NYPSI advanced in the years following my graduation. I was appointed Secretary of the Society and Chair of the Program Committee. It was in Ruth Eissler’s “perversion” seminar that I first became aware of the in-group/out-group divide because Ruth and others routinely bad-mouthed Jack Arlow and Charlie Brenner, who they referred to, pejoratively, as political. It is a fact that the Arlow/Brenner out-group were excluded from the Educational Committee and the ruling group. The in-group would decide on the slate from their side, who they wanted to be elected. They organized ‘telephone trees’ to assure the outcome. I was aware of all this because I was told to make phone calls to let the members know who to vote for.

The political battle between the AB2C group, Arlow, Brenner, Beres, and Calder became very visible, public, and acrimonious during the introduction of the Brenner Amendment. It was fought after one of the out-group, Herb Waldhorn, was turned down for the TA appointment by the institute’s Executive Committee, which ruled on TA appointments. The Brenner faction felt that the committee was stacked against them, and they proposed that members could be nominated from the floor. I don’t quite understand how I became involved in the Brenner Amendment on the Brenner side, given my connections to the in-group. But I did go to several meetings organized to support the Brenner Amendment by Eugene Goldberg, Eleanor Jucovy, Martin Wangh, Milton Jucovy, Lou Linn, and others.

I have a vivid memory of a meeting at which the Brenner Amendment was discussed and voted on. I recall Kurt Eissler speaking again. He said that when it comes to national politics he is a radical but within institute politics he is a conservative. Victor Rosen spoke next. He said “I can detect the fine Machiavellian hand of Robert Bak.” There was also an election for President of the Institute or Society: Ibo Silverman against Martin Stein. I believe Silverman won. The Brenner Amendment required a 2/3 vote to pass and failed by one vote.

In any case, some of my favored status with the in-group survived my support of the Brenner Amendment. The next major political event (early 80's) was the so-called Gross insurrection. George, as President of the institute, was Chair of the Board of Trustees of the Institute. The BOT presumably had the final say on all educational matters, including the appointment of Training Analysts and Instructors. The Educational Committee proposed Bob Kabcenell for a Training Analyst appointment. He was supported by Ruth Eissler. Bob was also one of the members of the “Perversion Seminar.” George and the Institute Board refused to approve Bob Kabcenell's appointment, which led to a confrontation between the two bodies.

The confrontation was triggered because George insisted on a closed vote. The in-group nominated two candidates for the Board of Trustees, Mike Porder and myself, with the hope that this would change the voting majority on the Board of Trustees. George, very vigorously, opposed our candidacy and we lost. George had the non-faculty society members on his side as well as the faculty out-group. But the Gross insurrection did bring into focus the problem with the TA appointment procedures and a committee was appointed to make recommendations to change the procedure. The committee included Bill Grossman, Sandy Abend, and Marty Willick. They recommended a new procedure, self-nomination, and case presentation, and a review which was adopted by the Executive Council.

At that time I was being considered for a Training Analyst appointment. After being asked to apply, I presented two cases to Joan Erle and was approved. This was in 1985. At that time I was active in the institute as well as the society. I taught courses, supervised, and served as a faculty adviser. At the same time, I became involved in the issue of lay analysts

and the effort of Division 39 to force APsaA to train non-physicians. I had a personal interest in the matter because my wife was a psychologist. She had applied in the early 70s for admission to NYPSI as a CORST candidate but was turned down. She was one of the prime movers of the effort and the lawsuit that followed. Division 39 sued APsaA, IPA, NYPSI, and Columbia for restraint of trade.

The details of the suit have been written up by Bob Wallerstein and Dick Simons. I was close to both of them and played some role in the negotiations, including those that lead to the replacement of Paul Weiss as the lawyer by Joe Klein. In supporting the lawsuit, I was opposing almost everybody at NYPSI, both in the in-group and the out-group. The settlement of the lawsuit did have consequences for me personally. IPTAR and CFS became institutes in the IPA. And Arlene became a member of both the IPA and APsaA. We both mounted a campaign to get members of IPTAR and CFS and the other CIPS institutes to join APsaA. There were also important professional developments in my career. In 1989 I became the editor of the Bulletin of APsaA, which I named *The American Psychoanalyst* and in 1994 I was appointed editor of *JAPA*, a very prestigious position.

My nomination for the Board of the Trustees was the last time that I was nominated for any office. In the early nineties I encouraged Arlene to apply for certification. I was trying to show that APsaA welcomes the new members who were able to apply because of the settlement of the lawsuit. Arlene, who was a TA at two institutes, was “continued” by the certification committee. She was told by the committee chair, “We would understand if you decide not to reapply.” Arlene’s first thought was to go to the judge who still had an oversight role as part of the lawsuit to assure that APsaA and the other settlement parties would comply with the settlement terms. I argued against doing that. I told her I that would start a discussion on the ApsaA about certification. I began the discussion quoting Bob Michels’ ApsaA plenary, which I had published in *JAPA*. He wrote that the purposes of the Certification Committee and the Scientific Activities committees are in conflict; the implication here was that the Certification Process is not scientific. Many on the members list made the case that the process had no validity and no reliability. This discussion was after the passage of the first delinkage, which ended the certification requirement for membership which NYPSI strongly

opposed and our Fellows on BoPS voted against. But certification was still a requirement for voting for bylaws, running for office, and TA appointment. I became a vigorous advocate for what was called the second delinkage—ending the certification requirement for voting for bylaws and for running for office.

I think this accounts, in part, for my being moved from the in-group to the out-group at my institute. I was told by one member, who was a friend, that he would never forgive me for what I did—providing a platform (on the members list) in which non educators (nonTAS) could discuss “educational matters.” Another colleague later on told me that I had destroyed psychoanalytic education by advocating for appointing certified members TAs.

Arlene did reapply for certification and was certified. The chair of the new committee told her he would recommend passing her, but as he walked out of the room he said “I hope now you will call off your husband.”

It took a second bylaw amendment before the certification requirement for voting for bylaws and running for office was removed from the bylaws. I am convinced my advocacy and the successful outcome contributed to my becoming persona non grata and being shunned and excluded from an institute and a society that I have been a member of for 49 years.

To continue the certification saga, the third delinkage became unnecessary because a six-point plan sunsetted BoPS and the bylaw for the certification requirement is now a matter for local institutes, except for those institutes that have joined another national body, AAPE, which is an externalized BoPS set up to maintain educational “standards” and avoid APsaA member oversight. It is significant that the NYPSI EC has voted not to join AAPE. But I do not think they will ever agree to appoint TAs who are not certified, though they will probably agree to a waiver system which would allow a candidate to have a non-TA as a personal/training analyst. I think there have been positive changes at NYPSI in a progressive direction more in accord with my own views. But that has not done much to improve my standing. For example, my request to join the website committee and the PR committee were both rejected—the latter, twice and unanimously by the members of the PR committee. And there are several members that I have had long relationships with who

will no longer interact with me. I have also made a series of proposals for projects which have also been rejected. I have been told that no project will fly if it is proposed by me. Those in charge of NYPSI have limited interest in or toleration for dissent, engaging in dialogue, or studying our history. I am not optimistic that this contribution will be seriously considered by those in charge.

I now have a better idea about the politics of the NYPSI present and past and the key players as a result of recent conversations with some members who read what I have written so far and responded. They point out what is missing from my report is an account of the movement toward progressive change which is developing now; but this, in large part, depends on the passing of the bylaw amendments which are not certain to be adopted. The bylaws have to do with faculty membership of all graduates, the appointment of the FAC, Faculty Advising Committee, which appoints TAs, and the allowing of nonTAs to run for the EX. There is only one section in the EV for non TAs right now. The larger picture is that there is now, as there always has been, an in-group, TAs and their acolytes, and an out-group, faculty TAs and nonTAs. The in-group is intent on maintaining a majority of the faculty and a majority on the EC. Appointment of TAs is important. Although the system of appointment has changed to self nomination and case presentation, the final decision is the FAC.

The Brenner Amendment controversy came about because the FAC would not appoint a member of the Brenner out-group (Herb Waldron) TA. (He was eventually made a TA, even though the amendment failed to get a 2/3 majority by one vote.) His aim was to change the makeup of the FAC by allowing nominations from the floor—presumably nominations of TAs who belonged to the Brenner out-group. The Gross insurrection occurred when a TA proposed by the in-group (Bob Kabcenell) was turned down by the Board of Trustees, chaired by the President of the Institute, George Gross. Over the decades the in-group has organized to assure that three candidates are elected when there is an election in which the entire membership or the faculty votes. This involves telephone trees to advise their supporters who to vote for. The in-group uses peer pressure and the promise of faculty appointments, patient referrals and, the “ultimate,” TA appointments to achieve compliance. There does now exist a group of eight members (TAs) who seem to be supporting a

progressive change. And six women and one man, who I call the gang of seven, that oppose change.

It has been traditional at the NYPSI for many decades for women to line up on the in-group, anti-progressive side, including Phyllis Greenacre, Lillian Malcove, Ruth Loveland, Ruth Eissler, Joan Erle and Lilly Bussell. The male members have included Martin Stein, Robert Back, and Manny Furer (although he became more liberal toward the end of his life). Included in the next generation prominently were Lester Schwartz and Bill Grossman. Bill opposed the certification requirement for TA appointment because he thought it was a slippery slope toward the end of the TA system itself.

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## Personal and Political History of the New York Psychoanalytic Society and Institute

Merle Molofsky

**I** am grateful for being included among the group of people to whom you sent your article about this important history.

Even though I am someone totally “outside” of NYPSI and the decades of controversy in which you participated, and I don’t know, or even recognize the names of, many of the people involved, I found it fascinating.

I fully agree that politics is about relationships.

Reading the article, I was impressed to find out the names of your very eminent instructors, psychoanalytic thinkers who shaped psychoanalytic thought and psychoanalytic history.

Every organization, every discipline, has its political dilemmas, discords, difficulties. So, though the particulars of the controversy in which you were so deeply engaged are not anything I have experienced, I’ve certainly experienced enough political challenges in my psychoanalytic life. Elitism seems to be at the core, always some version or other of “my side is better than your side,” echoing the squabbles of childhood. Alas, all too often, some very real, important issues are involved....

Of course, I read your article through my own lens, my own experiences, and, my own biases. When I read about the émigrés who escaped Nazi Europe and found a home in New York, naturally I thought of Theodor Reik, whom Freud called his “spiritual son” (!!!), and for whom he wrote his 1927 essay, “The Question of Lay Analysis,” which was a defense of Reik. Reik came to New York in 1938. Of course, you know all this history very, very well. I will summarize elements of that history for others, elements that were crucial in shaping my life.

Since Reik was not a physician, he was not accepted by the members of

NYPSI. Many people who were psychologists were eager to study him, and he held private seminars for them. Those seminars led to the formation of a psychoanalytic training institute, the National Psychological Association for Psychoanalysis (NPAP). NPAP accepts people with a graduate degree in any discipline. I am one of many people who had the opportunity to get a psychoanalytic education at NPAP, and to become a psychoanalyst. And I am grateful that you have defended not only psychologists, but all who become psychoanalysts, whatever their academic backgrounds and credentials.

That “spiritual son” comment caught my attention because I know that Freud wrestled with his interest in spirituality, his interest in the occult, a hint of which we get in his 1919 essay “Das Unheimlich” (The Uncanny), and his 1933 Lecture XXX, “Dreams and Occultism.” I recently read, and was enraptured by, *The Emergence of Analytic Oneness: Into the Heart of Psychoanalysis*, by Israeli analyst Ofra Eshel (Routledge, 2019). Truly brilliant. One chapter is called “Where are you, my beloved? On absence, loss, and the enigma of telepathic dreams” (pp. 117-146), where she discusses in depth Freud’s interest in telepathy. She is a scholar, her review of the literature is impressive, and her ideas are original.

Since Jacob Arlow and Charles Brenner are widely known, and revered, for their writings (their co-authored book *Psychoanalytic Concepts and the Structural Theory* is a classic), it is a bit startling to read about the way they were perceived during the fractious time at NYPSI. I am glad that you and Arlene both benefitted, each in unique ways, of course, from your encounters with them, as friends, and, in Arlene’s case, one as a friend and one as an analyst.

I was baffled by Phyllis Greenacre’s rigidity concerning Charles Brenner’s letter to the NY Times about the Viet Nam War. I can’t conceive of the transference as being so fragile, so tenuous, that any knowledge of anything about one’s analyst could destroy the transference. Transference is so powerful, and persists forever and a Wednesday, even in the best analyzed people. The template of transference is laid down in infancy and childhood, and vestiges always remain. Encounters with the reality of the analyst will not shake the transference. Analysis, though, will make the unconscious conscious (I think that’s true, I read it in a book, right?), and making the unconscious conscious offers new possibilities....We

learn to recognize our own transferences, and we manage to say, “That was then, this is now,” as we strive to turn ghosts into ancestors.

Here’s a story I may have shared with you before: Alice Entin, an NPAP psychoanalyst, also practices psychodrama. I attended a workshop she gave in which she told an anecdote concerning an analysand whom she saw three times a week in analysis, on the couch, and who was a member of a psychodrama group she led that met once a week. She said that even if, in a psychodrama group, she had been down on all fours, barking like a dog, once back in the analytic situation, the transference was totally intact.

Early on you mentioned in your article something about analysis being useful in dealing with ulcerative colitis. Here’s an anecdote from my own life—my pre-analysis life!—that confirms the relationship between certain somatic conditions and analysis. In my 20’s, when I was an abandoned wife with three very young children, no child support, no college degree, when my children yearned for their missing father, who never visited, never sent birthday cards to them, I was, as you can imagine, truly stressed. Not overwhelmed, I don’t seem to get overwhelmed, but I certainly do get stressed. I occasionally had migraines, and I had just been diagnosed with ulcerative colitis. A friend said to me that migraines and colitis were “neurotic symptoms.” Oh. Oh, I thought. If they were neurotic symptoms, I told myself, then I will give them up and accept whatever other neurotic symptoms I might develop instead.

And guess what.... I no longer had migraines, nor episodes of colitis.

“Neurotic symptoms.” The little I knew about psychoanalysis was based on my reading of A.A. Brill’s translations of several of Freud’s essays when I was a teenager, which my working class, self-educated parents had in their library, and my joy in reading *Man and His Symbols* by Jung, because the Jung book had such beautiful color illustrations, and his interest in mythology touched my poetic core.

Fortunately, in the 50 years that passed since I “traded somatizations for other neurotic symptoms,” I found a psychoanalyst with whom I could work, decided I too might become a psychoanalyst, enrolled, on recommendation from my psychoanalyst in the institute from which she had graduated, and, eventually, become a psychoanalyst myself. I attended

the “Brain, Mind, Body” Symposium series you sponsored in 2015 in New York City, enjoyed the range of presentations by psychoanalysts from various backgrounds, and was greatly honored when you invited me to present at the Symposium.

Seeing the history of the politics of psychoanalysis through your lens, through your perspective, based on your experience and scholarly knowledge, I am grateful for your activism, your willingness to share, and your vision that is shaping the future.

Thank you for the precious emerging future....



## **The nature, structure and experience of an experimental distance learning psychoanalytic center for training**

Jill Savege Scharff and David E. Scharff

### **Abstract**

**T**he authors introduce the International Institute of Psychoanalytic Training (IIPT), an experimental psychoanalytic institute that grew out of, and remains embedded within, the International Psychotherapy Institute in the Washington Metropolitan region. They set it in its historico-political context and outline the factors that led to its formation. They trace ambivalent relationships to established professional associations. They describe its organization and functioning in national and international dimensions, notice the later approximation to its principles by traditional psychoanalytic education, and conclude by asking, where do we go from here?

### **Keywords**

Group affective model; processes of teaching and learning; open systems institution; technology mediated psychoanalytic treatment and training; psychoanalysis and psychotherapies; outreach of psychoanalysis under restricted conditions

### **Introduction**

The International Institute of Psychoanalytic Training (IIPT) emerged from, and remains embedded within, the International Psychotherapy Institute (IPI) an alternative psychoanalytic learning community for psychotherapists and psychoanalysts.

### **Similarities to Established Analytic Institutes**

The International Institute for Psychoanalytic Training (IIPT) is similar to other established, affiliated analytic institutes in that its aim is to provide candidates with an in-depth process of analytic exploration as applied to personal growth, professional development, clinical practice, and teaching and writing so that they can provide immersive analytic

treatment, join the community of scholars, and make contributions to the field. IIPT is similar to other established, affiliated analytic institutes in that it presents the history of psychoanalysis, theory, and technique from classical and various contemporary orientations. It is similar in requiring didactic seminars, supervision and personal analysis. Our standards fall within those recommended by ACPE and ApsaA. So how is this in any way alternative or experimental?

### Differences

- \* **An open system.** The institution is founded on the principle of open systems in contrast to our experience of ApsaA affiliated institutes as operating in a closed system, with no feedback, no transparency, and no mentoring. We emphasize communication, process and review.
- \* **One among many psychoanalytic modalities.** IIPT is embedded in, and communicating with, IPI, a psychoanalytic psychotherapies matrix with basic and advanced courses in analytically oriented individual, child, couple and family therapy.
- \* **There is no training analyst system,** which we regard as a kind of guild. We wanted to avoid the culture of control, elitism and exclusion that we found at the American Psychoanalytic Association (APsaA). We wanted our candidates to have options for choice of analyst and supervisors, and not be required to break off a satisfactory analysis to move to an authorized training analyst.
- \* **Basic curriculum: No constraint by loyalty to ego psychology.** The basic curriculum is an integration of Freud with Klein, Bion, Winnicott, Fairbairn, Guntrip, Sutherland and contemporary British European and Latin American object relations theorists and, more recently, Link theory by Pichon-Rivière and others from South America (D. and J. Scharff 2011).
- \* **Advanced curriculum:** Dynamic contemporary learning. The advanced curriculum changes and is built around in-depth study with leading contemporary analytic theorists.
- \* **The Group Affective Model.** The educational method includes active study and application of the processes of teaching, learning and functioning of groups. We call this the Group Affective Model.

✳ **Access for commuting faculty and candidates on-site and online.**

Our intention is to include faculty and candidates who do not live near established centers of psychoanalysis. The courses are on site episodically and online continuously. Teleanalysis and telesupervision/consultation are offered for those at a geographical distance. We understand that this is still controversial and experimental and so we subject our use of technology for treatment and training to further study.

### **The historico-political context**

Before we describe IPI and IIPT in detail, we take a step back to examine the historico-political context out of which IPI and IIPT grew. In the Washington area at first there was one analytic training institute, the Washington Psychoanalytic Institute (WPI) with a somewhat eclectic orientation. Analysts who preferred a more purely classical Freudian ego-psychology approach moved away to the Maryland suburbs and founded the Baltimore-Washington Psychoanalytic Institute (BWPI). WPI was influenced by the work of Freda Fromm-Reichmann, Dexter Bullard and Harold Searles at Chestnut Lodge, the writings of William Alanson White, Superintendent of St. Elizabeth's Hospital and Harry Stack Sullivan, founding inspiration of the Washington School of Psychiatry, the A. K. Rice group relations training introduced to the region by Margaret Rioch and continued by Roger Shapiro, and the clinical research at the nearby National Institute of Mental Health.

We chose to train at the more eclectic WPI in Washington DC and graduated in the 1980s quite satisfied with the quality of teaching and supervising we had received, but not quite fitting in. We had been trained in community psychiatry (David had been influenced by social science studies at Yale, and worked with Gerald Caplan in Boston, and Jill with Jock Sutherland in Edinburgh) and in child and family psychiatry at the Tavistock and Beth Israel's Child Service in Boston and Children Hospital in Washington DC. We had both benefited from immersion in group relations training in England and in the United States. We had done research in the processes of teaching and learning in London. We were steeped in British object relations theory at the Tavistock Centre in London taught by Kleinian and Middle Group teachers and supervisors and in Tavistock Group Relations Training organized around the study

of authority and leadership. In Washington, we appreciated learning theories of Freud, Kohut, Kernberg, and Child Development to round out our psychoanalytic identity. We appreciated supportive relationships with individual supervisors, but the institution governed by the Education Committee did not seem at all approachable. There was a veil of secrecy over the progression of candidates and promotion of faculty to teaching and training analyst status. Many graduates felt demoralized and not good enough to find full acceptance or even to warrant feedback. We were also uncomfortable about receiving almost all our teaching from medically trained analysts in contrast to the multidisciplinary collaboration that we valued in Britain and in the nearby teams at the National Institute of Mental Health (NIMH), the Public Health Service (PHS), and the Psychiatry Departments at Bethesda Naval Hospital and Walter Reed Medical Center.

“[T]hese were people heavily invested in treatment of both the individual and the individual within his/her social context, and they were interested in training others to more effectively treat. They were open to exploring ideas from other disciplines—medicine, sociology, education, anthropology and philosophy, in an attempt to better understand the factors—both internal and external—that might cause and contribute to mental illness. Into this environment, Jill and David Scharff’s unique interests could find some fertile territory” (Dennett, 2005).

Nevertheless, the development of our interests really sprang from a sense of lack: We regretted the lack of multidisciplinary collaboration in psychoanalysis, and we missed access to quality thinking in object relations. We found the American Psychoanalytic Association unwelcoming to anyone or other than a physician and to any idea that was not based in Freud and ego psychology. We did not want to work as if individual analysis was the only way recommendation. As individual analysts, our interest in pre-Oedipal development and the correspondence between individual and family dynamics created problems for us in applying for certification at the American Psychoanalytic Association. For instance, what did the term “latent content” mean? To Jill’s examiners at ApsaA, it applied not to all unconscious material but only to unacknowledged Oedipal strivings that they believed were more pertinent than she and her supervisor appreciated even though they had worked with the case

for eight years to a successful termination. For David's examiners, transference was a re-edition of an earlier intrapsychic position, not an experience in the here-and-now of the patient-analyst relationship. We began to feel estranged from the analytic community, our heart still with British Object Relations Theory. So, after graduation, while immersed in psychoanalytic practice with adults and children, we also became deeply involved in teaching at the Washington School of Psychiatry (WSP), particularly in its Family Therapy Program, taught by a multidisciplinary group of analytically oriented psychotherapists as well as analysts.

To pursue our abiding interest, we banded with a group of like-minded analysts, family and group therapists to import the British Object Relations Approach for our continuing education as individual analysts and also as individual, couple and family therapists. The first year after David became Director of the Washington School of Psychiatry in 1988, he introduced a course in Object Relations Theory and Technique (ORTT) with tracks in child, family, group and individual therapy, which was found to have great appeal around the country. As Jill's supervisor, Roger Shapiro, said, "Object relations theory has the explanatory power to bridge those dimensions" (personal communication). But at that time there were few integrated analytic texts, other than British authors Pincus, Bannister and Dicks on marital relationships, and Americans Shapiro and Zinner on adolescence and family dynamics. So, we had to get to work integrating and applying the theories of Klein and Bion, Fairbairn, Winnicott and Guntrip. With few local resources beyond ourselves, we imported valued teachers from Britain. And we designed the program in immersion modules so that people with no access to these ideas could travel to find a learning community with us. (This was 1989-1994, ten years before we were communicating easily with technology). Psychotherapists and psychoanalysts came eagerly for the rare opportunity to hear Kleinians John Steiner, Elizabeth Spillius, Arthur Hyatt Williams, Isabel Menzies, Isca Wittenberg, Hannah Segal, Betty Joseph, James Fisher, and Middle group analysts Christopher Bollas, Jeremy Holmes, Nina Coltart, Jock Sutherland, Patrick Casement, Freudian Dennis Duncan, and Joyce McDougall. (It would be years before the American Psychoanalytic would invite Kleinians to lead clinical discussion workshops at the Winter Meetings.) The students (many of them trained psychotherapists and some psychoanalysts) also enjoyed

the group affective learning component and the sense of being part of a learning community organized on an open systems basis. Inspired by the guests and encouraged by use, the faculty and students wrote down their experiences of learning about the relation between self and other to arrive at an integrated understanding of individual, family, and organizational dynamics (Bagnini 2012; Poulton 2013; D. Scharff 1996; D. and J. Scharff 1987, 2006; J. Scharff 1989, 2000; J. and D. Scharff 2000, 2005a and b; J. Scharff and Tsigounis 2003; Stadter and D. Scharff 2005 ).

“David and Jill’s insistence on writing—often ahead of the prevailing psycho—political culture—made the accumulation of knowledge and theory available to a wide group of clinicians. Their commitment to teaching within a multi-disciplinary mental health setting—(clinicians trained with various professional degrees working together) continued the best traditions of the Tavistock, WSP and William Alanson White.” Yet, “Using group theory to understand the splits, threats and competitions within each individual psyche and among families and groups still was not knowledge enough to avert a split ... A divorce led to a re-blended family, ideas forming, breaking up, and forming again—part of the ongoing structure of life- which we experience, represent, study and work at containing in this undertaking of learning together” (Dennett, 2005).

In 1994 the Washington School program known as ORTT underwent a profound upheaval—differences and competitions among individuals that were long standing strains could no longer find room within the existing structure and—in the service of freedom to implement their ideas—David resigned as Director, and he and Jill left the WSP and took a year off from training programs. The ORTT program continued at the Washington School under new leadership but folded after a year. During the Scharffs’ year off, Charles Ashbach and the Object Relations Group of Philadelphia invited David and Jill to join them in a major conference. In 1995 the Scharffs, joined by Kent Ravenscroft, Sharon Dennett, Judy Rovner, Steve Skulsky, Yolanda Varela, Carl Bagnini, Michael Stadter, Michael Kaufman, Walt Earhardt, Stan Tsigounis and Lea Setton proceeded to establish object relations training at the newly formed International Institute of Object Relations Therapy (IIORT) which Jill and David Scharff and our publisher Jason Aronson had incorporated in 1994 as a non-profit, 501 (c) 3 institution for training psychotherapists

and psychoanalysts in principles of object relations. In 2007, the name was changed to the International Psychotherapy Institute (IPI).

IPI was founded as an analytic learning community for analytic psychotherapists and analysts interested in working on understanding the intrapsychic and interpersonal processes of self and other through reading object relations literature, study, research, and learning from experience. The aim of the Institute was, and is, to provide a rigorous experience in psychotherapy and psychoanalysis that brings psychoanalytic concepts to life thanks to the signature Group Affective Model (J. and D. Scharff 2000, 2017). In the Group Affective Model, the learning matrix includes ongoing small groups for integrating cognitive and affective experience to facilitate close examination, digestion, and internalization of the concepts and their application to clinical work (J. and D. Scharff 2000; 2017). This Group Affective Model modifies the problems of isolation, elitism, and omnipotence that can occur when teaching and supervising faculty members work in isolation, and when the affective component is absent or is divorced from the educational component of the training.

The design of IPI courses accommodates commuting participants, most of whom have come from the United States, Canada, and Panama RP, and a few from Korea, Hong Kong, Mainland China, Taiwan, Austria, and Germany, where they practice as psychotherapists interested in object relations theory or as analysts already trained in theory other than object relations. IPI faculty have led study groups in the United States and Panama RP—in Burlington, Charlottesville, Chevy Chase, Indianapolis, Kalamazoo, Long Island, Manhattan, New Orleans, Omaha, Pittsburgh, Philadelphia, Richmond, Salt Lake City, Tampa, and Panama RP, variously featuring local courses, telephone group supervision, and multi-point international videoconference seminars in real time. IPI is now teaching courses with Chinese and Russian partners in Beijing, Moscow, Tel Aviv, and Athens.

### **The Development of Psychoanalytic Training within the International Psychotherapy Institute**

Prior to the founding of IPI, when we were still at the Washington School of Psychiatry, David as Director of WSP and Jill as Chair of ORTT, gathered with WSP colleagues Ann Silver, Fonya Helm, Nancy Goodman, Joe Lichtenberg, Mauricio Cortina, and Bob Winer in the early 1990s to

create an innovative, alternative analytic training program inclusive of all points of view. That exciting WSP initiative was seen as unfair competition by the Washington Psychoanalytic Institute, many of whose analysts taught at WSP. Washington Psychoanalytic Institute (WPI) sent emissaries Roger Shapiro (a respected member of the WSP Family Therapy Program) and John Kafka (of the WSP adult psychotherapy training program) to make an appeal on behalf of WPI to get the WSP Board to halt the development of a competing analytic institute.. The WSP Board felt threatened and put a stop to the plans. WSP's maximally collaborative initiative was quashed, and fragmentation into three new local analytic programs was the result. Fonya and Nancy went on to form the New York Freudian Washington Branch, Joe the institute for Contemporary Psychotherapy and Psychoanalysis, and Jill and David to found IIORT (later called IPI) and in 2004 IIPT as well. Bob established the New Directions Writing Program at the Washington Psychoanalytic Institute. All the initiatives flourished, but the opportunity for immersion in the plurality of contemporary analytic thinking was lost.

Ten years later, out of IPI's base in applied psychoanalysis, the International Institute for Psychoanalytic Training (IIPT) emerged in response to students who, having trained in object relations psychotherapy at IPI, wanted to train as analysts. We remembered our days as analytic psychotherapists, losing our most committed patients because we felt that we had to refer them for analysis. Then as analysts, we had referred a number of these IPI students to local analytic institutes in the previous five years, and lost their affiliation to IPI. It was time to offer extended training in the work of the analytic dyad ourselves.

In July of 2004, the International Psychotherapy Institute inaugurated The International Institute for Psychoanalytic Training (IIPT), a center of excellence for rigorous training in psychoanalysis emphasizing the object relations perspective but not to the exclusion of classical and contemporary approaches. IIPT operates under the non-profit umbrella of IPI, with a lay Board with fiduciary responsibility. IIPT has autonomy as an analytic institute, selecting applicants and faculty, promoting faculty and choosing committee leadership, and designing curriculum. IIPT trains candidates in a candidate-only group, and yet those candidates also participate in lectures and case conferences open to the whole IPI membership. In this way, IIPT operates within, and augments, the

existing learning matrix at the International Psychotherapy Institute. In this setting, the International Institute for Psychoanalytic Training makes psychoanalysis accessible to the psychotherapy community and relevant to the practice of group, child, couple and family therapies—and is informed by them. This is a crucial point. It is a value dearly held that the analytic institute (IIPT) be embedded in, and in communication with, a broad range of analytic therapy training programs, and that the whole operate in an open system with ease of communication between students and faculty across all programs and among disparate ideas.

### **Reasons for IIPT as an unaffiliated institute in 2004**

We did not agree with the IPA and APsaA training analyst system. We thought that psychoanalysis was suffering from the lack of group dynamic expertise in managing the organization of analytic institutes and associations. We did not like the constraint on a candidate's choice of analyst. We wanted our candidates to have some choice of supervisor for their third case. To reach candidates from disadvantaged areas, we needed to use teleanalysis which was not acceptable to the International or American psychoanalytic associations. We had no problem with the Eitingon model, but we found most analytic curricula to be slavishly attached to one ideology, for example ego psychological or relational or Kohutian, and not open to the panoply of emerging ideas. We wanted a dynamic curriculum reflecting the latest thinking. We reacted against the rigidity and elitism of the medically-dominated APsaA and wanted to continue our tradition of a participatory, open-system organization with respect for all disciplines, for analysts and psychoanalytic psychotherapists.

### **Organization of the curriculum**

The orientation is object relational and broadly inclusive of contemporary analytic thinking. The curriculum is organized as basic and advanced, offered in a balanced mix of periodic on-site and continuous online courses.

1. A basic analytic curriculum of theory and technique is presented on-site at week-long summer institutes and online in weekly seminars and clinical case conferences.
2. A renewing leading-edge curriculum in psychoanalytic theory and

technique is presented on-site at weekend modules and week-long special topic institutes, and online at elective weekly and monthly courses currently offered by the International Psychotherapy Institute (IPI). Since 2004, the leading-edge guest speakers on site have included Otto Kernberg, Christopher Bollas, Ted Jacobs, Stefano Bolognini, Jorge Canestri, Giuseppe Civitaresse, Antonino Ferro, Caroline Garland, Rosine Perelberg, Frank Lachmann, Beatrice Beebe, Anthony Bass, Alan Schore, Ricardo Lombardi, Claudio Eizerik, Anne Alvarez, Alessandra Lemma, and many more online.

There are approximately 600 credit hours of instruction over 4 years of formal lectures, reading seminars on theory and technique, clinical case conference, videotape case presentation, infant observation, evaluation and review, and writing requirements, and affective learning groups.

### **Group Affective Model: using knowledge of teaching, learning, and group process**

We developed the Group Affective Model to counter the dogmatic presentation of theory. We wanted students to chew over what they were presented with, work with their affective and interpersonal responses to the material, object to it, refine it, and generally put it to the test in active group learning. We believe that is the best way to internalize knowledge and skill. As the candidates meet in discussion groups using the Group Affective Model (GAM), individual problems in understanding the material and relating it to clinical application are projected outside the individual self into the shared space of the group. The group perspective transforms individual problems into shared issues which individuals can now contemplate because they are outside the self. Individuals learn from their impact on others and how others view and deal with their ways of thinking. As they work to learn, sub-groups unconsciously devoted to seeking gratification get in the way of learning (Bion 1961). When these unconscious basic assumption groups obtrude on the work group, they subvert the task if they are ignored (which is what happened repeatedly in the institute where we trained in the late 1970s and 1980s). But when group interpretation enables the group to recognize and understand these forces, “intellectual activity of a high order is possible” (Bion 1961, p. 175.)

The Group Affective Model (GAM) draws from theories of affect regulation, educational processes of teaching and learning, projective and introjective processes, group dynamics and group relations, and open systems theory. The GAM group has similarities to group therapy in terms of the use of affect, countertransference, and interpretation of unconscious processes in the group, but the educational context and contract establishes the difference. The GAM group can expect tact and discretion but not confidentiality: The GAM group is for teaching and learning concepts, not for healing, which remains a matter for individual analytic treatment (J. Scharff and D. Scharff 2000; 2017). The GAM group offers a broader perspective on the learning of theory and clinical skill, and more opportunity for reality testing, than is possible in the relative isolation of personal analysis and individual supervision.

### **The Writing Requirement**

Accepted to the International Institute for Psychoanalytic Training, candidates join a community of learners and scholars as equal partners. In addition to the usual annual and final case reports, candidates write 2-page reflections on readings or clinical material each term, and present them to the candidate group for discussion. The intention is to build writing in to the learning process as a routine process, not an onerous obligation, and to develop their confidence as teachers and scholars (Scharff and Sehon 2020; Scharff and Hedegard 2020). We believe that critical thinking is best developed in writing subjected to open review in shared discussion.

### **No training analyst system**

In 2004, we founded IIPT as an unaffiliated institute partly because we could not agree to the required training analyst system, which to us smacked of restraint of trade masquerading as quality control. At IIPT candidates have the right to choose their own analyst in any state or country, provided the analyst has five years' immersion in psychoanalytic practice since graduation from a recognized institute such as one affiliated with the IPA or APsaA, supports IIPT methodology, and is acceptable to the Training Committee. We are gratified to note that the American Psychoanalytic Association now gives its affiliated institutes the freedom to appoint training analysts or not, which brings IIPT closer to the prevailing mind-set for the organization of psychoanalytic education than when we set out.

### **Options for choice of supervisor**

IIPT provides a choice of supervisor from among graduates with five years' immersion and participation in an intensive course on supervision competencies. Of the three required supervisors, one may be from the pool of adjuncts who are approved by other institutes, and who are generally in sympathy with our educational approach and institutional aims. This option is designed to give candidates access to a variety of approaches and cultures and to dilute the pressure to conform to IIPT's ideology.

### **Open organizational system with emphasis on process and review**

IIPT offers a collegial, collaborative atmosphere in which candidates have input into their training through written evaluation, feedback in plenaries, and representation on faculty committees. Like IPI, IIPT has a culture of process and review, evaluation and feedback through written evaluations, plenary review, and faculty discussion. If candidates are dissatisfied with their experience, they are encouraged to discuss it in the IPI plenary and can also do so in the IIPT plenary held during the summer institutes and at each weekend of the leading-edge curriculum. There is an ethics committee and a grievance procedure for hearing complaints or serious concerns.

### **A distance learning analytic program for students in remote locations**

Our need for technology to bring analysis to colleagues in areas remote from training centers was another major reason for IIPT remaining unaffiliated. We wanted to reach candidates who cannot find an object relations-oriented analyst (or indeed any trained analyst at all) in their city, or who have personal relationships with local faculty that preclude an analytic relationship. These candidates are permitted to have technology-mediated analysis at the four times a week level. In-office sessions at intervals are required, but the length and frequency are to be determined by the candidate and analyst. Teleanalysis may be conducted using landline telephone or secure Voice over Internet Protocol with or without use of web camera, when offered by a reputable technology company with a Business Associate Agreement. For use in training analysis, the choice of technology company, responsibility to ensure security,

confidentiality, and adherence to State and licensure regulations, and decision about spacing of supplementary in-office visits rests with the analyst. Candidates must treat their first two supervised training cases in the office, but may be considered for permission to offer analysis mediated by technology for their third case.

When IIPT was found in 2004, technology-assisted psychoanalysis was not regarded as psychoanalysis at all, and certainly not acceptable to the IPA or to ApsaA. Later the IPA allowed teleanalysis in training provided the first 100 hours were conducted “in person.” The stress on candidates having to relocate for a couple of months per year, and the pain for their patents and their families (which has been documented for instance by Hutto) made no sense to us, and the imposition of an arbitrary 100 hours in the analyst’s office was not acceptable. These recommendations were made without any research backing or input from analytic pairs. Referring to online analysis as if it were not “in-person” also rankled, when analyst and candidate reported an intense connection with unconscious communication, often at a somatic level. Then attitudes at ApsaA, now inclusive of other disciplines, began to change. Several ApsaA institutes got waivers for candidates who had moved to continue their analysis remotely. More recently, ApsaA has accepted many Chinese and various other overseas candidates. They cannot travel easily to the United States, and so some of them they have never met their analysts except online.

Incidentally, as of this writing in March 2020, the World Health Organization has just pronounced the novel corona virus (COVID-19) outbreak a pandemic. The Maryland State Department of Health where IIPT is located today sent out a notice with recommendations to physicians including the following: “To the extent possible, providers should use telemedicine or telephonic communications to evaluate patients and avoid unnecessary visits to healthcare facilities.” Our investment in teleanalysis and teletherapy proves advantageous in responding not only to those in remote areas, but also to those whose access to teleanalysis is blocked by unforeseen local and global conditions.

### **Advanced use of technology for treatment and training**

IIPT uses a medical grade technology for remote teaching, each faculty teacher having access to a Zoom room and a Business Associate

agreement to ensure HIPAA compliance. Having been in the vanguard for the use of technology in analytic treatment and training since 2004, IIPT has made a study of the clinical effectiveness of technology mediated treatment and training. Janine Wanlass is the Principal Investigator of an IPA funded study of the prevalence of the use of technology for treatment in Europe and the Americas (Wanlass 2019). Jill Scharff founded a monthly International Working Group on teleanalysis with local and Argentine analysts, now under chairmanship of Lea Setton of the Panama IPA Provisional Society, and works with a wider group of analysts at IPA pre-congress workshops that have been well attended every two years since 2009. We study the impact of technology mediated analysis on the training process and teach those papers that we have found in, or contributed to, the analytic literature (Sehon and J. Scharff 2017; Varela 2015; Wanlass 2015). The group shares its findings widely in publications (J. Scharff 2013 a, b and c, 2015, 2017, and 2018). Recently members of that group have been included in the APsaA Task Force and Discussion Groups on Distance Analysis and Education.

### **Educational Philosophy**

The International Institute for Psychoanalytic Training is a learning community of scholars dedicated to the study of the theory and technique of psychoanalysis in the psychoanalytic dyad, to the examination of self and other in the psychoanalytic setting, to research into intrapsychic and interpersonal processes, and to the application of psychoanalysis to other therapies. Courses integrate past and present, theory and technique, object relations with classical and other contemporary approaches, and processes of teaching and learning in a collaborative approach, all in the service of clinical application. Analytic concepts presented in the analytic theory class are illustrated in the clinical case conference. Analytic concepts presented at the leading-edge curriculum are illustrated in personal reflections in the affective learning group where candidates then see the concepts reflected in the group process as well. This is the essence of the Group Affective Model in psychoanalytic training, through which the main integrative work of learning happens inside the candidate in that learning environment (J. and D. Scharff 2000, 2017).

In 2020, IIPT has been training candidates for 15 years. The IIPT faculty

has been working for 25 years at IPI, building a learning community there. We deliberately chose to establish IIPT as an analytic institute within the IPI culture to maintain our culture of respect for the multidisciplinary approach to analytic psychotherapy of which we see psychoanalysis as one specialization in the family of analytic therapies. This decision protects analytic institute faculty against isolation and elitism, which is further helped by not appointing training analysts. In class we engage freely in discussion with a “no first response is wrong” policy. Working in the small affective learning group candidates can share their personal responses and opinions about theory and practice openly—verbally and in writing—short papers—and subject them to process and review. In plenaries they can address programmatic issues openly and make suggestions for change. We regard our candidates as our most valuable consultants. So, we are committed to responding openly and seriously to their criticisms and suggestions, and we are proud of the degree to which we have achieved this objective.

In addition to the analytic institute, IPI has individual, child, couple and family psychotherapy training programs, infant observation, consultation, supervision, and group affective group leader training in which candidates can apply their analytic expertise and in which they can eventually teach. The existing IPI institution enables IIPT to keep psychoanalysis relevant by its articulation with these other forms of therapy and wider bodies of knowledge, and with areas of health service delivery. For instance, IPI-Panama pioneered psychological services for children and families undergoing repair of cleft palate by Operation Smile plastic surgeons. In 2020, along with local, immigrant, and regional Latin colleagues, Panamanian analysts who trained at IIPT and retrained at ILAP, became IPA training analysts, and the Panama Study Group became a provisional society of the International Psychoanalytical Association.

IPI, the host psychotherapy institution is sufficiently identified with IIPT, that the analytic training mission is supported. Nevertheless, IPI is sympathetic to the object relations point of view, to studying the process of teaching and learning, to using the group to enhance the knowledge of the individual, and to the concept of modifications to support a distance learning program to serve outlying areas. Like IPI, IIPT is also unique in having an international scope in terms of visiting lecturers and candidates. It must be admitted, however, that the intensity of effort required

to provide a four-year analytic training has led to competition for teaching resources which has drawn away from other faculties within IPI, and has led to mutually rivalrous exchanges at times, but those tensions are managed by being constantly under process and review.

### Where do we go from here?

Responding to our candidates and graduates' wish to communicate with the wider analytic community, beyond simply attending national meetings, it occurred to us that the International Psychoanalytic Association (IPA) might welcome IIPT. The IPA had long had an interest in international collaboration, an ideal we shared. The IPA had supported IIPT's teleanalysis research and collaboration with an international working group to study the effectiveness of teleanalysis. But the IPA required candidates to have 100 hours of treatment in bodily co-presence with the analyst per year if their teleanalysis were to count. This policy engages analysts or more usually candidates, in enormous travel expense and disruption of family and patient schedules. It goes against the goal of fostering a global knowledge community for psychoanalysis. In the end of the day, the IPA could not move far enough past its reluctance to trust in distance analysis to extend a connection for IIPT. On the other hand—oddly at a time of nationalism in the United States—the American Psychoanalytic Association (ApsaA) is offering analytic training to distance candidates from China and the Middle East, and is undergoing a huge wave of democratic reform in governance and in openness to distance learning. ApsaA is revising membership criteria and developing combined curricula to welcome psychoanalytic psychotherapists alongside analysts. This has meant that IIPT principles and ApsaA affiliation are no longer mutually exclusive. On February 13, 2020, the ApsaA Board of Directors unanimously voted to accept the International Institute for Psychoanalytic Training (IIPT) as the 33rd ApsaA Approved Institute. Caroline Sehon, current Director of IPI and past Chair of IIPT, wrote on behalf of IPI, the Society that houses IIPT—to gratefully accept ApsaA's warm welcome.

IIPT continues focusing on disadvantaged areas of the United States while also looking out to China and Russia. We will continue to bring psychoanalytic concepts to international psychotherapy students that we reach currently through training programs in China, Russia and the

Middle East and provide analytic training for those who want to work intensively. We will invest in faculty development, providing graduates with innovative training courses in teaching technique and supervision competencies. As advances in technology continue to amaze, we will continue to study the impact of technology on development, the effectiveness of teleanalysis, and best practices for the effective use of technology in treatment and teaching, as we work for psychoanalysis to remain relevant to the digital-native generation. IIPT faculty is open to experimentation and innovation in teaching methodology in order to bring psychoanalysis to people who otherwise could not train at all – and from whose experience and fellowship we learn and benefit. We look forward to change that this diversity will bring to psychoanalytic thinking and practice.

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## History of the Washington Baltimore Center for Psychoanalysis

Anita Bryce

### Schism and Reunification

#### CHAPTER I IN THE BEGINNING

**T**he roots of the Washington Baltimore Center for Psychoanalysis (WBCP) run deep in American psychoanalytic history. The original group, the Washington Psychoanalytic Society, was founded in 1914 and was centered at the Government Hospital for the Insane, which was soon renamed St. Elizabeth's. Dues were 25 cents a month and lay members were welcome.

In 1920 a group of analysts from the Sheppard and Enoch Pratt Hospital in Baltimore joined the Washington Psychoanalytic Society. Ramifications from World War I led to a temporary disbandment of the society followed in 1924 by the revitalization of the group, having changed its name to the Washington Psychoanalytic Association.

In 1930, a new organization, the Washington Baltimore Psychoanalytic Society, was given provisional status as a training program by the American Psychoanalytic Association (APsaA), following on the heels of New York, Chicago, and Boston. In May of 1940, its provisional status was lifted and the Washington Baltimore Psychoanalytic Institute was founded. Unlike its European counterparts, training programs in the USA were limited to only physicians. This policy did not change until 1988, when APsaA, in response to a lawsuit filed by the American Psychological Association, began to allow non-medical therapists to be trained.

## CHAPTER II

### THE SCHISM

In the 1940's, theoretically diverse perspectives began to become increasingly more apparent. Jenny Waelder Hall, a traditional Viennese-trained analyst, came into conflict with Harry Stack Sullivan a non-conventional analyst. As the historian Donald Burnham (1978) stated, "it is tempting to view Waelder Hall and Sullivan not only as eloquent spokesmen but as a literal personification of Vienna orthodoxy and American eclecticism and of the difficulty, if not impossibility, of reconciling the two" (p.102). Serious differences of opinion arose regarding the following: the importance of sexual and aggressive drives, conflicts regarding classical techniques versus techniques which had as their scaffolding a more interpersonal theoretical perspective, and the use of these interpersonal techniques with more widening scope patients. These contretemps regarding theory and technique worked to camouflage the personal enmities between the two groups. The clashes become more intense and frequent and eventually rose to a crescendo, resulting in 1948 in a traumatic schism. At this point, The Washington and The Baltimore became two separate societies. The Institute remained formally intact until 1952 when the Baltimore Group, wishing to maintain and develop classical psychoanalysis, applied to APsaA to be recognized as a separate Maryland-D.C. Psychoanalytic Society and Institute.

As the years went by, the emotional chasm deepened and a sense of hostility and disapproval of "the other" intensified. These long-held beliefs about the rival institute in the area were perpetuated by their transmission to future generations of analysts. One organization was seen by the other as rigid and unbending, and the other organization perceived its rival as loose and unappreciative of boundaries. Sadly, a group of very like-minded analysts developed little cohesion with each other; as a matter of fact, very few people in either group even had collegial contact with members of the other group. The fault lines became increasingly more clear as the two separate histories for the two separate organizations began to unfold. Here we will diverge and chapters III and IV will summarize the parallel yet disconnected journeys of the two local groups: The Baltimore Washington Psychoanalytic (BWP) and the Washington Psychoanalytic (WP).

**CHAPTER III**  
**HISTORY OF THE BALTIMORE WASHINGTON**  
**PSYCHOANALYTIC (BWP)**  
**POST WWII**

Following the break-up, most of the members of the BWP resided in Baltimore, but over the years the balance shifted toward Washington. Although the main administrative office remained in Baltimore, more and more classroom space was secured in Washington. In the early 1970s a group of analysts from Florida became involved, and training for that group was begun under the aegis of the BWP. The Florida candidates commuted north every other weekend for classes until 1992, when the Florida Program became emancipated.

Since early in its inception the BWP has had a robust and enduring emphasis on child and adolescent programs, beginning in the 1940s under the leadership of Waelder Hall, who had studied in the 1920s and 30s with Anna Freud. In 1962 the Child Division was established at BWP.

As time went on, and traffic patterns between Baltimore and Washington changed, it became clear that commuting the 45 miles from one city to the other for various meetings and classes created unrealistic time demands. As a result, in 1987 the building in Baltimore was sold and the headquarters of the organization was moved to Laurel, Maryland, an historic town exactly halfway between Baltimore and Washington. For many years, both the adult and child programs flourished. It was during this time, in 2000, that the organization received a substantial endowment (\$5,000,000) from the estate of Paul Mellon, an American philanthropist who had been a patient of Jenny Waelder Hall.

Despite the infusion of economic resources the, number of applicants for candidacy began to dwindle. In 2014, efforts were made to restructure the organization, moving it from the traditional Institute/ Society model to a Center model; however, this undertaking did little to change the trajectory. As is the case in most situations, there were multiple determinants for this decline. The most obvious being population growth in the Washington Baltimore area which lead to significant traffic congestion making the commute to Laurel prohibitive for many. Secondly, the BWP (which had historically fallen into the ego psychology camp) began to diversify, and as a result the difference between the BWP and

the WP become less significant. Potential candidates, in particular, in the Washington area, saw very little reason to undertake the commute, since theoretical perspectives no longer seemed divergent. Meanwhile, at the Washington, innovative curriculum changes which appealed to potential candidates were being undertaken, while they were simultaneously in the process of affiliating with the George Washington University Medical School-Psychiatry Program.

## **CHAPTER IV**

### **HISTORY OF THE WASHINGTON (WP)**

#### **POST WWII**

Significant changes were occurring throughout these decades at the WP as well. In 1977, for theoretical and ethical reasons,<sup>12</sup> disgruntled training analysts from the WP formed a separate organization called the Washington Association for Psychoanalytic Education (WAPE). They applied for accreditation with APsaA. The WP vigorously opposed their application, and it was denied. Ramifications were felt throughout the organization for an extensive period. As the years went by, two other groups of analysts split off, forming two other ( non APsaA affiliated) competing institutes.

Although the WP eventually stabilized and reorganized from an Institute/Society model to a Center model in 2005, financial problems dogged the organization, and in 2002 they had to sell their beloved home and move into a suite of offices which, as serendipity would have it, had been the suite occupied by the BWP decades before. Perhaps this was some type of omen, a prediction that will soon be understood as Chapter V of the story unfolds.

Following the above cited move, the WP struggled for a number of years with few candidates and continuous financial concerns. In 2009 some very innovative members of the WP, realizing the jeopardy they were in, began to design and eventually implement the Psychoanalytic Studies Program (PSP). The PSP is a two-year program which creatively combines three formerly separate programs of the center: the Psychoanalytic Training program, the Psychotherapy Training program, and the Scholars program. A psychoanalytic educational experience for the 21st-century was created! The PSP brought to life the mission of the Center which has been to create a community of psychoanalytic clinicians, scholars, and

others who are interested in psychoanalysis as a treatment modality, a theory of mind and as a tool for psychoanalytic research. This program has been amazingly successful in that it allows students the opportunity to dip their toes into the water of psychoanalytic training without having to immediately make the full commitment to analysis and multiple supervisions. This program which allows for a slow emersion has led at least half of the PSP students to go on to pursue psychoanalytic training. As this program was being birthed, WP was joining forces with the George Washington University (GWU) Psychiatry Department and they eventually moved their offices to GWU. The combination of the genius of the PSP coupled with the affiliation with GWU worked to breathe new life into a struggling organization. The PSP really made learning about psychoanalysis attractive to a wide range of individuals, including scholars and, in fact, a number of the clinicians who became candidates had no intention of doing so when they first began the program.

## **CHAPTER V**

### **THE REUNIFICATION**

#### **“TIME HEALS ALL WOUNDS”**

In 2011, the directors of the child programs of the WP and the BWP began working together more, sharing classes and meeting informally. This collaboration served as a springboard and the leadership at both centers started to consider the possibility of emulating the example that the child programs had set. A task force was formed and members of the two groups launched into a pattern of meeting regularly. Lo and behold, they realized that the preconceived notions about “the other” were gross distortions and clearly unfounded. The similarities, sense of common purpose, and camaraderie trumped the messages from the past. A number of members from the feuding groups that had been so adamantly opposed to one another were no longer with us, and admittedly this contributed to more reality-based perceptions about “the other.” Circumstances were right, the animosity became a phenomenon of the past, a bright future was ahead and the two groups were off and running. During a year of negotiations which went smoothly, each group became familiar with the other’s programs, administrative structures, and financial circumstances. Following these negotiations, new bylaws were developed, a vote was taken and the reunification was underway. The new organization, the Washington Baltimore Center for Psychoanalysis (WBCP),

is a thriving entity with over 50 students in the PSP and Psychoanalytic Training Program, 12 other robust programs, and a prospering clinic. Time does indeed heal many a wound!!

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## An Essay On Psychoanalytic Training and Identity for the International Journal of Controversial Discussions

Kerry Kelly Novick<sup>1</sup>

**T**here has been a lot of discussion about the connotations of whether it should be called ‘training,’ or ‘education,’ and so forth. That seems much less important to me than to consider its goals. What are we seeking to instill? What do we want the outcome to be for each individual potential colleague? What’s the point, for heaven’s sake?

To consider and even to attempt to answer such questions, I have to start with myself. I am my best data source, and generalizing about others is at best an approximation, and, at worst, presumptuous. What follows is a brief survey of my own training history, experience as an educator, and some ideas about possible future directions.

When I was twelve, I wanted to be an archeologist, a microbiologist, or a psychoanalyst. Note the *be*. At the dawn of adolescence, I was imagining *who* I wanted to be when I grew up. It was about identity, not activity. Interestingly, these were all fields that sought to look beneath the surface and understand what went before and made things work. Given that I was not in a generation when women could easily go on digs *and* have babies, and that I was not great at science, that left psychoanalysis. Despite detours, that remained a central goal that I pursued when I finished college at 21.

Imagine my chagrin when I realized that, in the United States, I was expected to make myself into someone different first—I would have to *be* a doctor if I wanted to be a psychoanalyst. That didn’t work for me. So I took myself off to London in 1964 and, after much campaigning, persuaded the Course Tutors at Anna Freud’s Hampstead Clinic that

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<sup>1</sup>This essay sketches an aspect of my own path and experience as a psychoanalyst, but it’s important to note that my partner throughout this long journey has been Jack Novick. We didn’t have identical routes, but we travelled them together and encouraged each other every step of the way.

someone so young was sincere in the vocation. (I learned only many years later that Anna Freud was 22 when she read her membership paper for the Vienna Psychoanalytic Society, a complex and difficult experience that influenced her for the rest of her life, but that is another story, told in our paper ‘Creativity and Compliance.’<sup>2</sup>).

Unique among psychoanalytic trainings in the world then and now, the Hampstead Clinic was a full-time institution. Students spent all day every day, and many evenings for seminars, for four years, in a comprehensive range of activities. I didn’t grasp then the extraordinarily consistent and coherent vision behind the design of our program.

It can be summed up in one word—it was a *metapsychological* approach. To Anna Freud, that meant immersion in learning from multiple perspectives and in multiple contexts how to *think* psychoanalytically. She conceptualized the essence of psychoanalysis to be its capacity to encompass the complexity of normal and pathological development and functioning. She did not make a hard and fast distinction between psychoanalysis as a general psychology and as a therapeutic modality.

To do what she envisioned, one had to learn to be capable of moving among perspectives, whether between levels and agencies of the mind, or players in the family scenario, or differing conceptualizations; one had to think simultaneously about the impact of experiences and capacities along a shifting continuum of time that affected functioning in complex ways; one had to consider and weigh the relative influences of different parts of the personality at any given moment and as they crystallized over time. This is what we hope for in all psychoanalysts – a capacity and commitment to *think psychoanalytically*. In this context of a discussion about training, however, I want to summarize how I think that particular training sought to realize those aims.

Doing something full-time defines it as essential. Psychoanalytic training at Hampstead was not an add-on or ancillary. There was no tuition and

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<sup>2</sup>Novick, K.K. and Novick, J. Creativity and Compliance: An introduction to Anna Freud’s “The relation of beating fantasies to day dream.” In: Donna Bassin (Ed.).

Female Sexuality: Contemporary Engagements. Northvale, NJ: Jason Aronson, 1999, pp.63-70.

quite ample scholarship support for personal analysis and supervision was available to those who needed it. That meant that no student had to be making a living doing something else while training – our attention and exercise of skills were not pulled in different directions by a day job.

Along with the explicit teaching and research about psychology and mental functioning, grounded in Freud's work, there were intrinsic and implicit assumptions conveyed about the value of each individual. This profoundly democratic idea and ideal issued from a person living in an autocratic imperium, who also had his own struggles to engage with about power and authority. But the ideas were there and made an impact. There were values to internalize from Freud's work and from the example of Anna Freud's lifelong attention to the needs of underserved and un-understood groups. Seeing every day during our training the women who had cared for the children flown from concentration camps to a safe haven and an endlessly understanding home at Bulldog's Bank offered us the measure of what analytic devotion entails.

There was another aspect of the structure of the training that I don't think I noticed particularly at the time. Everything at Hampstead happened in groups. When we weren't seeing our patients, or attending supervision, seminars, or our own analyses, our days were spent in meetings of groups doing research projects and conducting the activities of the Clinic. There was the Baby Group, the Concept Group, the Clinical Concept Group, the Diagnostic Group, the Nursery Group, the Index Group, the Borderline Group, and so on. That meant that we had to learn to listen to other points of view, to other ideas, to make a case for our own, to examine the logic and relevance of everything put forward. It was a collaborative endeavor that mandated intellectual honesty and encouraged inquiry.

We worked in the Nursery School, the Well-Baby Clinic, the Blind Nursery, did infant observations over two years, and we wrote and wrote. Everyone, staff and students, wrote a 1-page weekly report on each analytic case we were treating (75-100 per week and Anna Freud read every single one every week); we wrote annual summaries; we wrote diagnostic Profiles on each patient and terminal Profiles; literature reviews and concept discussion writeups were part of participating in each Group; each observer wrote notes from the Nursery School; everyone presented

a major paper at a Wednesday Meeting, some of us several times; a comprehensive Index of one of our training cases (running to at least 100 pages in a ring binder) fed into an extraordinary pool of analytic data, and so forth. My sense now is that we were led to thinking analytically by having to articulate what we were doing and why. What began as laborious requirements became more flexible and fluent facility in testing ideas and honing our understanding.

Our writing was valued and respected, not filed away in a training record. Many of the pieces done in research groups found their way into published volumes from Hampstead, which became classic textbooks for psychoanalytic education. We were also encouraged to pursue independent projects, which often resulted in publications in major journals, even while we were still students, for instance, the work Jack and I did on projection and externalization, and the development of beating fantasies in children (Novick and Kelly 1970, Novick J. and Novick, K.K. 1972)

One more characteristic is worthy of note. Many staff and faculty had private practices in their own offices, but they also saw patients at the Clinic itself, where we students worked. We all shared the Common Room, with its trolley for coffee, tea, and biscuits, the toy cupboards, and the typewriters on little tables. Looking back, I realize how much I gained from being with my teachers when they were nervous before they saw a new patient, thrilled or exasperated at the end of a session, comforting when one of us felt frustrated or confused. The work was demystified and teachers were not idealized. Hanging out and hearing about other students' work expanded my sense of the range of how material emerges and all the ways we can respond. The opportunities for identification were right there to build our analytic identities.

And, to jump-start that process, we did analysis from the very beginning. I started my first analytic training case in October of my first year and added subsequent cases within a few months. The underlying idea seemed to be that the best way to master something was to do it, not just hear or talk about it, an educational philosophy with a long progressive history. Anna Freud knew all about progressive education, from her own training as a kindergarten teacher, to the schools she and Dorothy Burlingham started at Hietzing and in the Jackson Nursery,

her knowledge of Maria Montessori's ideas, and her work with August Aichorn, Fritz Redl and many others (Danto 2018).

Fast forward through a dozen years, during which I had joined the staff of the Hampstead Clinic, started a private practice, and worked in a community psychiatry hospital, to my joining faculties of psychoanalytic training centers in a couple of locations after our return to the United States, while teaching and supervising child psychiatry residents and interns in a large university medical setting.

As a child psychoanalyst, I was usually asked to teach segments of the child development sequence to adult candidates. I was struck by how few candidates could bring to bear a framework of knowledge of ordinary childhood, a sense of normal development, to their work. American candidates seemed almost restricted by their prior professional trainings to a focus on pathology and diagnosis, limiting their view of psychoanalysis to only a set of narrowly-defined therapeutic techniques. They also seemed to struggle with the cognitive dissonance between helping people and making an effective living using other treatment modalities, and being taught that psychoanalysis was so much better. Talking about normal and pathological dynamics and growth in children and adolescents and their families and linking this to analytic concepts in other seminars became something of a mission for me.

Eventually, since APsaA trainings were still not available to non-physicians, I sought training in adult psychoanalysis at an independent institute where other non-medical colleagues were in the majority and the analytic tradition was more eclectic. I have come to think that it was important to me that I did both segments of my analytic training in places that were outside the mainstream of established organizational psychoanalysis. Our trainings create multiple and complex transferences and few of them make an explicit effort to reduce these or address idealizations; I have wondered if they may be unconsciously fostered and perpetuated to maintain a power hierarchy by the elders in a group.

Around the same time, the GAPP lawsuit was settled, so APsaA opened to non-medical analysts and we started a child analytic training at my local institute. Within the decade, our group made a radical shift in designing and implementing the first integrated psychoanalytic training. I

think this model has far-reaching implications for the future of analytic training all over the world and, for me, it brought to operational reality the principles of Anna Freud's "ideal institute," where everyone would be trained in what has come to be called "life-cycle psychoanalysis" (A. Freud 1971).

Toward the end of that busy time in the 1980s, a group of us also started working together toward founding a non-profit psychoanalytic school in our town. In 1994 this became Allen Creek Preschool ([www.allencreekpreschool.org](http://www.allencreekpreschool.org)) and it has gained an important place as a community institution, as well as winning awards from various psychoanalytic organizations. I refer to Allen Creek here, however, because it offered a profoundly influential educational experience for me and all the colleagues and candidates who have volunteered there.

Working with teachers and parents at Allen Creek, in the 0-6 programs and in outreach work throughout Southeast Michigan, challenged me to speak clearly as a psychoanalyst. Rather than turning inward and communicating only with each other in ever more abstruse jargon, looking outward to the community to apply what we know made us as analysts examine our ideas anew, testing them in the practical laboratory of daily life for families. This in turn reverberated in my clinical technique with patients of all ages. I strongly advocate that all students of psychoanalysis spend significant time in schools, daycares, businesses, so that they learn to communicate straightforwardly, not only for outreach and application, but also better to serve their patients and build an equitable therapeutic relationship.

Turning briefly to some ideas about the future of psychoanalytic education, I think it's important to state that I do think it has a future, with the reservation that it will need to change for that to come true. The psychoanalytic world will need to build its tolerance for experimentation, and be brave and open enough to examine and compare training models and methods. The IPA began to recognize this with the adoption of multiple training models some years ago, and the ongoing realization of the multiple variations within them, but there is a long way to go before the IPA sees its way clear to open consideration of alternatives that include elements discernible in the Hampstead Clinic training, or the Affective Learning Model described by Jill and David Scharff (2000).

Ten years ago, Jack Novick, Denia Barrett, Tom Barrett, and I, concerned about decreasing numbers of child analytic candidates and cases in the US, devised a pilot program for a training that we called NewCAPT (New Child and Adolescent Psychoanalytic Training). Under the auspices of the Alliance for Psychoanalytic Schools (APS) ([www.pschoanalyticschools.org](http://www.pschoanalyticschools.org)) we designed a program that we hoped would incorporate some of the elements we thought were significant from our trainings at Hampstead and the Hanna Perkins Center in Cleveland (then the only other analytic training in the world within a center that had both a clinic and a psychoanalytic school).

We wanted it to be grounded in practical analytic thinking, to encompass multiple applications (clinical, educational, social, therapeutic), to be low-cost, accessible from many geographic locations, make use of the expertise of teachers everywhere, and have the course content spring from the current experience of the students. It was a distance training, with periodic in-person gatherings built in. We framed the seminars around attendance at staff meetings at one of the APS schools and used that material to generate an emergent curriculum. That is, readings and topic areas were not part of a pre-determined syllabus, but grew out of the discussions of development, behavior, symptomatology, meanings, interventions, treatment techniques and so forth in the actual weekly following of children of different ages attending a therapeutic school.

Students in NewCAPT were helped by their mentors/supervisors (drawn from around the country) to find and develop cases in their own locales, as well as making their own arrangements for personal analysis. There were to be writing assignments and discussions of projects following particular interests of the students, with a view to their further professional development.

We were able to sustain the pilot for two years (of the originally-planned 4-year structure), after which changes in the school situation and in the lives of our first cohort of students made it difficult to continue. It also seems clear in hindsight that we were a bit ahead of our time in constructing a distance training program, before the rest of the psychoanalytic world began even to consider this a viable possibility.<sup>3</sup>

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<sup>3</sup>I am happy to share details of this training design if readers have further interest. Please contact me at [kerrynovick@gmail.com](mailto:kerrynovick@gmail.com)

Currently, I teach and supervise nationally and internationally, online and by phone. The work seems to me to draw on all the elements of my original trainings, as well as all the learning from students and colleagues that continues every day and every week.

If psychoanalysis is to survive, we need psychoanalytic education that both returns to its philosophical, social, political, and clinical roots *and* embraces new needs, new movements of people, new technologies, and the wealth of resources in the psychoanalytic world and its allied fields.

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## The Role and Decline of Power in Psychoanalytic Organizations<sup>®</sup>

Mark Leffert<sup>1</sup>

### Introduction

**F**or approaching 50 years, both as an insider—Training and Supervising Analyst in four Institutes, member of the late BoPS and two of its committee—and as an outsider—dissident and, more recently, as an Analyst who continues to practice and write but has retired from participation in Psychoanalytic Organizations—I have observed (Leffert, 2010, in press) how Power and Politics play out in these organizations. By doing so, I do not pretend to be offering an account of some overarching Truth about these organizations but rather a narrative, weaving together a number of at times conflicting strands (a *différance*) that I hope you will find compelling. In a Postmodern sense, what I am offering is a text, a reading of events; there are others.

Although there has been significant writing (e.g. Hale Jr., 1971/1995, 1995; Kirsner, 2009; Richards, 2003, to name three prominent works) on psychoanalytic organizations and their politics, little notice has been taken of the fact that there is a considerable body of Postmodern and Political Science literature on Power and its dispositions in social groups. I plan here to briefly review that literature and to comment on what I see as the decline of Psychoanalytic Power over the past decade. I will posit that we are living through an era of fundamental change in this Power and the organizations that wield it, both in the United States and the wider World.

Power has two meanings here: the strength and energy and the skill, talent and ability to accomplish some particular tasks; and the ability of a ruling elite to force or coerce some individuals or groups, hence a dominated class, into thinking or acting in particular ways. I have posited (Leffert, 2010, chapter 7) that this kind of Power has been wielded in

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<sup>1</sup>The Postmodern and Political Science arguments presented in the first half of this paper follow those first presented in Leffert, 2010, chapter 7.

Psychoanalytic Organizations since their origins and, to a lesser extent, is still being wielded today.

## The Role of Power in Human Relations

### Marxian precursors

McGowan (1991) locates Marx (Marx & Engels, 1845/1998) along an axis of social conflict: power versus freedom. In this conflict Capital shapes Power. McGowan, in the late 20<sup>th</sup> century, defines Neo-Marxism as involving the concept that social relationships are economic relationships; he substitutes cultural process for physical capital in the expression of power. Foreshadowing the concept of social embedding, Marx posited that Class shapes the realities of its members and that the ruling material class is also the ruling intellectual class. There is a *connection between Knowledge and Power*. Ideology is an attempt by a ruling intellectual class to legitimize the social circumstances of its Power Relations.

Moving from the theoretical to the practical, what might this look like in one of APsA's Institutes a half century ago? As I write this in 2020 it sounds harsh but, having lived through it, this *is* what the dynamics of power looked like. Power was mostly never thought about. At the pinnacle of an institute was an *Education Committee* (or some such) composed of *Training and Supervising Analysts* who passed around leadership positions and referrals amongst themselves, perhaps surrounded by a circle of TAs who were not and would rarely become EC members. TA appointments were at least partly political, sometimes competence was not so important; then there were the non-TA graduate analysts who would aspire to and sometimes achieve these higher positions. "Certification" by the parent body was a mark of status necessary for referrals and advancement. Below them were the Institute's students, called Candidates or Clinical Associates. Paired with the Institute was always a *Society*, a degraded powerless organization where Scientific Papers were presented; in some Institutes, TAs did not, *as a matter of principle*, attend Society Meetings. The Institute ran on Power and Money. The most prized referrals came from the top; students needing a training analysis usually consulted the officers of the EC for a referral; patients from the wider world suitable for analysis were sent to "deserving" TAs and GAs; Students needed training cases and these too were apportioned. Institute teaching assignments were plums much sought after and, once obtained,

rigorously defended. Income, Career Advancement, and Narcissistic Gratification were the rewards that kept an Institute running.

### Power and Knowledge: Foucault

Foucault (1980, 2000) was interested in the relations of knowledge and power. He studied the *Archaeology* and *Genealogy* of Knowledge, the history of ideas. He did not undertake this to understand the past but rather to understand how the present is shaped, constrained and distorted by it and to *deconstruct*, that is to free, present from past. To have a power relationship, Foucault posited (this is a contested point), both partners must freely enter into it and have some range of action and resistance open to them. Thus, a slave in chains cannot be the subject of a power relationship because *he lacks the freedom to act in any way*. Power does not exist in the abstract; it can be possessed, but, in the absence of a relationship, it has an uncertain shelf life. Power relations constitute an aspect of holistic social systems from which an individual cannot, or *feels* he cannot, hold himself apart.

Power-Knowledge (Foucault, 1979/1995) embodies the concept that the creation, maintenance, and deployment of knowledge cannot be separated from a simultaneous power transaction. Examples of these transactions abound in Psychoanalysis. The acceptance of scientific papers for publication by analytic journals was only partly determined by their quality and originality; their theoretical basis and the political standing of the author had much to do with it as well. But more pressing still was the role of choice of particular psychoanalytic theories held by competing factions in individual institutes overseen by the then ruling body of APsaA: The Board on Professional Standards. I have referred (Leffert, 2010) to these as metapsychology wars and, beginning with Freud, they have been fought since the very earliest times of psychoanalytic organizations. The Klein Wars that took place in and nearly destroyed the Los Angeles Psychoanalytic Institute in the 1970s were an example of this but some power struggles between factions were purely personal. More subtly, the point Foucault is making here is that the particular Power Relations structure of a social group determines just what Knowledges that group is able to formulate and accumulate.

Rouse (2003) argues for a second meaning of Power-Knowledge in the power structure of an organization: the knowledge of the subjects

obtained through *surveillance*. (The original French title of Foucault's (1979/1995) *Discipline and Punish* is actually *Surveiller et Punir*.) The extreme version of this is Jeremy Bentham's Panopticon (Foucault, 1979/1995, pp. 200-217), a prison or asylum with its cells so situated that the inmates can be observed by a single superintendent. The inmates know, much like through the monitors in Orwell's (1949/1961) *1984*, that they *can* be observed but not whether they *are* being observed. The observer is unknown. It takes but a moment's reflection to see how *surveillance* plays out in a Psychoanalytic Institute. Students are *surveilled* by their analysts who, at least into the 1970s, often could report on the students to the Education Committee. They were (and are) reported on by their supervisors and seminar leaders. Advancement within an institute required individuals to present their work in various ways, with politics and power sometimes entering into these decisions. Training Analysts in some institutes had cadres of loyal students and graduates who did their bidding, fought their enemies, and who, in exchange, were convoyed through the power structure by the TA for their advancement. In these institutes (and I have been involved in two of them) students often remained a TA's partisans throughout his career.

### Lukes on Power and Language

Lukes (2005) is a social and political theorist who writes on Power in social relationships and how language is used in its operations. He begins by asking two fundamental questions concerning the existence of "dominating" and "dominated" within a holistic social system (von Bertalanffy, 1968) such as a psychoanalytic institute. The first is how a ruling elite and its presence can be identified in a social system. To answer this question Lukes cites Dahl (1958, p. 466) who offers three tests that prove the existence of such an elite: First, it must exist as a well-defined group; then its preferences must run counter to those of another well-defined group or groups; finally, it must consistently prevail in realizing its preferences. Lukes' second question is why dominated or subordinated groups accept the dominance of ruling elites in the first place. He answers this question by offering Tilly's (1991) checklist of possible reasons for their submission:

1. This premise is false: Subordinated groups are actually resisting and rebelling continuously, only choosing to do so in covert ways.

2. Subordinates get something from the ruling elite for their submission, something of sufficient value to them to get them to acquiesce most of the time.
3. Through the pursuit of valued ends, social status or admission to an esteemed class, members of subordinated classes become enmeshed in the very social system that oppresses or exploits them.
4. As a result of a variety of processes deployed by a ruling elite—repression, mystification, and the absence of any other frame of reference for understanding the system and their role in it—members of the dominated class remain ignorant of their true interests.
5. Subordinates are held in place by threats, force, and/or inertia.
6. Resistance or rebellion is often costly and dominated individuals lack the means, the capital, to engage in them.
7. All of the above (Tilly, 1991, p. 594)

Lukes posits that choice 7 is correct. (We have to, I think, agree.) They are accomplished by the application of material or organizational gain or the use of force.

Lukes' (2005) major contribution to our understanding of power lies in what he calls a three-dimensional view of power. Dahl (1957) offers a one-dimensional view dealing with the exercise of power; it is entirely behavioral. It evaluates power relations in a group by asking the questions: How often is A successful in getting B to do what he wants: how many attempts does it require to get him to do so? This account limits the necessary inquiry to describing behavior in decision-making in the presence of conflict. In it, A is allowed to use threats and force. Conflict must be present in any situation to be tested for dominance and submission and the conflict must be between *readily observable and conscious preferences*. There has to be a conflict of interest between the contesting parties.

Bachrach and Baratz (1970) while accepting the one-dimensional view of power suggest another possible form that Power Relations can take (this is Lukes', 2005, second dimension). A can also assert his power over B if he is able to limit public discourse in a social system to only

those subjects or conflicts that A finds to be innocuous. In this second dimension, A can assert power through successfully creating or reinforcing barriers to social discourse. A does so by claiming the right to set agendas (the control of the United States Senate offers a ready example of such powers) and by appealing to putative social and political values. An important third tool that they do not consider is the creation or modification of language so as to deny the existence of a particular conflict. Calling an institution that incarcerates the mentally ill against their will an asylum (a place of protection) or a prison a “correctional facility” are examples of this as is naming an unconstitutional piece of federal legislation authorizing surveillance the “Patriot Act”. These techniques serve to mobilize bias and act through coercing decision-making or the absence of decision making.

Lukes (2005) mounts a critique of Bachrach and Baratz’s (1970) position on behaviorism as still too mild and offers in its place a three-dimensional view of Power. He denies that the presence of an actual and observable conflict is required to find the presence of power and submission in a given relationship and disagrees with Bachrach and Baratz’s view that, in the absence of independently observed grievances, there is no power relationship. Because of these arguments, Lukes goes on to posit his third dimension of power relations: “A may exercise power over B by getting him to do what he does not want to do, but he also exercises power over him by influencing, shaping or determining *his very wants*” (Lukes, p. 27, italics added). In other words, power elites can exert power by shaping tastes and preferences. They can do this through social media but language is an even more powerful tool: A can give some credential an appealing name that can seem to offer economic or social advantage and standing. In our little world of psychoanalysis until the end of the last century (and to a lesser extent today), *Certification* and *Training Analyst* were (and, to a much lesser degree) still are such terms.<sup>2</sup> Another way of doing this is for A to confer titles on himself that he creates as a show of power.

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<sup>2</sup>A colleague at a Midwestern institute was appointed a Training and Supervising Analyst around forty years ago. After a decade or so when he had received referrals for neither a training analysis or a supervision he brought this to the attention of a member of the EC. He was told that the title was an “honorific” and should be treated as such.

A growing body of neuroscience evidence now shows that the use of particular emotionally laden language can change the brain (Doidge, 2007), changing what it perceives, what its values are, and what it can think about. Experience in groups organized along Power Relations lines changes the Self (Leffert, 2018). These processes shape the thinking and wants of the Power Elites themselves *just as they do* the Dominated Classes. They bestow a conviction of legitimacy on the whole system; there is nothing disingenuous here, and members of both classes believe that they are acting altruistically, often at great personal cost, to preserve the system of which they are a part. Psychoanalytic power systems often act to explain deviation by attributing psychopathology to rebelling members. Although character pathologies can be found in Psychoanalytic Organizations, among elites, rank-and-file, and rebels alike, as they can in other systems, they do not offer sufficient explanations for their behaviors. They do, however, serve a power function when they are wielded as pseudo-interpretations that assert power over rebellious or non-compliant members. Processes such as regression, repression, projection, introjection and identification as they pertain to group psychology, can play the same role in analytic organizations as they do in others. Stockholm Syndrome is a prime example of this, a term ironically applied by a colleague in the 1990s to the Certification process. In it, the hostages regress and side with their captors; *their* behavior then reinforces the captors' experiences of legitimacy.

There is an aspect of the functions of organizations shaped around the wielding of power, particularly relevant to the history of psychoanalytic organizations, that Lukes (2005) does not consider. It has to do with the organization's use of power to deny membership; it forces the disenfranchised to remain powerless, low-status outsiders. The glaring example in American Psychoanalysis was the virtual exclusion of non-medical clinicians from training and membership in its organizations. (This has changed so much since that it requires an act of will to remember it.)

I have posited (Leffert, 2010, 2013), as have many colleagues lacking the Postmodern and Political Science formulations, that, up until the mid-1980s, The American Psychoanalytic Association, ruled by its Board on Professional Standards and its component Psychoanalytic Institutes constituted such a power relations organization. It made use of graduation, Certification and TA appointments to control the members that were

rewarded with national committee assignments, seminar teaching and referrals, particularly referrals of mental health workers and of members' families (in Los Angeles, referrals of people in the Entertainment Industry were much sought after). Withholding these things as a means of punishment and control was also a tool of covert control.

### **A History of How This has Changed**

So, what happened to this gentleman's agreement and when did it happen? A number of changes, Social and Scientific, inside and outside of Psychoanalysis, began to occur in the last half of the 20th century and massively accelerated in the 1980s. One factor that was much denied was a decrease in interest in Psychoanalysis among potential patients that was worsened by rising numbers of analysts and students in analytic communities. Demand for a three to five times a week analysis using a couch declined except among mental health professionals for whom, in addition to fulfilling therapeutic needs, it served to convey (Lukes, 2005) status and standing. This dramatic decrease in the numbers of potential patients brought with it a decline in referrals to be used as power rewards and great difficulties for students seeking out training ("control") cases: The national average of analytic patients per graduate analyst declined to a bit more than one.

The second thing to occur was the gradual appearance of effective psychotropic drugs, beginning with the tricyclic antidepressants in 1962 and peaking with the appearance of the game-changing SSRI, Prozac, in 1985. It offered dramatic therapeutic results<sup>3</sup> for depression but also for social phobia, both of which could change character. The *initial* response of (many/most?) psychoanalysts, particularly the members of ruling elites, was to dismiss<sup>4</sup> these drugs as ineffective, anti-analytic patient-gratifying agents. The fact that this position was so at odds with society's experience made psychoanalysis seem even more arcane and irrelevant in the therapeutic marketplace.

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<sup>3</sup>This is not to say that the prescription and efficacy of psychotropic medications are not complex subjects—as are the prescription and efficacy of Psychoanalysis and Psychotherapy—but rather that they produced massive change in the social world of psychopathology and its treatment.

<sup>4</sup>The fact that a severe depression, responsive to an antidepressant, could include cognitive slowing that would render analysis impossible (the patient couldn't think) did not affect their dismissal.

The final event of this sort of dark *annus mirabilis* of 1985 for Psychoanalysis was what came to be known as (and now largely forgotten) “The Lawsuit.” APsaA had, from its beginnings asserted the claim that Psychoanalysis could only effectively be practiced by physicians and, with rare exceptions, only physician-psychiatrists could be admitted for training. This was in fact a status-power relations claim masquerading as scientific knowledge. It is important to remember, following Lukes (2005), that this was not a consciously fraudulent practice: In 1985 we (myself then included) *believed this to be the case*. So, in 1985 four psychologists sued APsaA, not challenging the scientific merits of the case but (correctly) alleging it to be an illegal combination in restraint of trade—an anti-trust claim. The lawsuit proved successful and, I believe, ultimately saved us all from disaster. As a result, the power elites of APsaA suffered an enormous loss of face (and power) making further changes possible.

*Psychoanalysis*, the *brand*, has continued to age and to lose value and cachet. The public mostly associates it with seeing an analyst multiple times a week (something that has become much harder as society exerts more complex pressures on patients’ availability for such a procedure) at great expense and, weirdly, has the patient lie on a couch where they could not see the analyst. Mention you’re an analyst anywhere except at a Manhattan cocktail party and you will see this. People will ask if you’re reading their minds, tell you about people who have “gone for years” and haven’t gotten better, or tell you about some analyst’s bizarre behavior. They want results much more quickly with less frequent sessions that they can fit it into their busy lives. This brand decay can’t be unrelated to the fact that the average analyst has a bit more than one patient in analysis. In an implicit response to this trend more and more psychoanalysts have begun referring to themselves publicly and on their websites as *psychotherapists* (I do) instead of psychoanalysts; people are much more comfortable seeking one out for treatment.

What has the new millennium brought us?<sup>5</sup> Broadly speaking, these

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<sup>5</sup>I am now moving into the final part of this paper that is covering events that will be well known to my readers. The alternative narrative I am presenting, drawing on power relations dynamics is not so well known and is bound to be controversial, but that, after all, is what *The International Journal of Controversial Discussions in Psychoanalysis* is supposed to be all about.

trends have continued and gathered momentum. The covert rebellion that Tilly (1991) described became overt, growingly powerful and, to a considerable extent successful. Analysts without analytic patients exist and strive to maintain an analytic identity in spite of it. Certification has dramatically lost its cachet and standing. It remains only an admissions ticket necessary at *some* APsaA institutes to train candidates and there are relatively few of these nowadays. It has become irrelevant for holding any administrative or teaching positions at APsaA and at least some of its institutes (I do not know if this is universal).

What about BoPS? The short answer is that, through an APsaA bylaws amendment, the rebellion killed it. Its ruling elites performed a strategic withdrawal. Some returned to positions of power in a few of the most conservative institutes. Others created a new certifying body, an American Board of Psychoanalysis and appointed themselves to membership in it. *Neither their qualifications nor that of the "Board" were externally determined in any way.* The first thing they did, in an attempt to claim power, was to offer to grandfather in any psychoanalyst previously certified by BoPS who was also prepared to pay them an annual fee of \$100. I don't know how successful this has proved to be; I certainly did not take advantage of this "opportunity," and I know nothing about their success in attracting new business.

What happened to Power and its Elites? Did they disappear? Alas, no. Power structures, while still present, became much more informal and covert. The old Power Elites as discreet groups disappeared with some members remaining active in APsaA, whereas advancing age caused others to retire from politics to a greater or lesser extent. (For myself, at 75, I simply don't have the time for it.) What we have locally, and I expect the same is true nationally, is that there is a group of psychoanalysts who get to participate in what they want (administration, teaching, and "scientific" participation) and a larger group who don't. "Credentials," like certification or TA appointment, are no longer membership tickets in these new power structures. Motivation is, of course, a factor but it is not sufficient. Journals are organized in much the same way. If one looks at *JAPA* one finds that the members of its Editorial Board do much of its writing. We are still organizations in flux and it will be interesting to see what we look like down the pike in 25 years or so.

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## Notes on Didactic Seminars and Infantilization in the Candidate/Institute Relationship

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### Abstract

The predominant model of institute training in psychoanalysis typically mandates three experiences: personal psychoanalysis with a designated senior practitioner, treatment of cases under appropriate supervision, and the completion of a course of didactic seminars. The necessity of and the perils involved in the first two components have been extensively discussed in our professional literature; a discussion that has focused on matters of authoritarianism and the problems of identification (identity formation, imitation and conformism). The structure and implementation of the explicitly didactic dimension of psychoanalytic training—that is, the planning and performance of a curriculum of seminars—has received less critical attention, which is the focus of these preliminary and somewhat polemical notes. The design, delivery, and assimilation of the curriculum of study are all examined in relation to the precept that psychoanalytic training needs to be andragogic (as contrasted with the infantilizing potential of a more pedagogic orientation).

To what extent do psychoanalytic training institutes, with their formalized procedures for graduation, actually promote the spirit and discipline

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of psychoanalytic praxis? Or to some extent do they, perhaps, suffocate it, in ways that might seem slight but are pernicious? I have examined this general question previously (i.e., in Chapter Three of my 2019 *Beyond Psychotherapy*; see also Barratt, 2013, 2016). In these supplementary notes, I will neither discuss why the education of psychoanalytic trainees requires a full course of personal psychoanalytic treatment as well as the supervision of training cases in psychoanalysis, nor examine the perils of such experiences. Here “perils” refers to any procedure whereby the transmission of psychoanalytic skills runs against the spirit of the discipline itself. That is, for example, authoritarian training experiences that precipitate specious or uncritically assimilated identifications (identity formation, compliance and conformism, imitative production of “graduate analysts,” and so forth).

Rather, these somewhat polemical notes will amplify some of my previous remarks, focusing on the questions surrounding the didactic curriculum mandated by most, if not all, training institutes. Here it might be recalled that such a curriculum is the third component of the predominant “Eitingon Model” of training (see Eitingon’s reports in the *Internationale Zeitschrift für Psychoanalyse*), that it was only added to the basic components (personal psychoanalysis and supervised cases) decades later, and that its *pros* and *cons* have never been given much attention in the literature on psychoanalytic education. The critical issues and observations addressed here are based on my own training and teaching experiences from the 1980s until today in three institutes, all recognized by the International Psychoanalytic Association, as well as innumerable discussions about training procedures that I have had with trainees and teachers in psychoanalysis from across four continents.

In relation to this didactic component of training—usually delivered as a series of seminars—my general impression is that institutes recklessly disregard the profoundly significant distinction between pedagogy and andragogy. The idea of andragogy, inspired by Kapp (1833) and developed most conspicuously by Knowles (1980), seems unequivocally important for a discipline such as psychoanalysis. Pedagogy is a matter of leading children. Andragogy is a matter of allowing adults to lead; adults who are already seasoned learners in life itself. Thus an andragogic education in psychoanalysis would involve the cultivation of processes by which students—who are already sophisticated, even if not

yet specifically wellversed and critical consumers of psychoanalytic literatures—are facilitated in leading themselves onto the path of becoming psychoanalysts. Across all fields, a central feature of andragogic education is the way in which learners come to question the assumptions on which they themselves (and their “teachers”) operate. Surely this feature is especially pertinent because, whatever else the discipline of “psychoanalysis” might be held to be, it should exactly be such a process of calling matters, including oneself, into question. In this context, it should be questioned whether there is really any place in psychoanalysis for received wisdom that supposedly has to be pedagogically transmitted.

I doubt that anyone, whose claim to being or becoming a psychoanalyst is valid, doubts that this educational journey requires the discipline of reading—both as a trainee and on an ongoing basis throughout one’s career as a graduate practitioner. But to what extent does, or does not, an authorized and mandated curriculum of official seminars succeed in cultivating this dimension of training? That is, cultivation of the trainee’s capacity for and commitment to being an openminded, freethinking and critical consumer of the diverse literatures in psychoanalysis. A curriculum may be necessary (although it might be useful to examine this assumption), but there are surely serious questions about how it is to be designed, delivered, and assimilated—moreover, in relation to each of these three aspects, there are dangers of lapsing into infantile and infantilizing modes of functioning.

*In relation to design:* It seems that Anna Freud, when asked what of the psychoanalytic literature a trainee should be required to read, replied “all of it”—I was told this by someone who trained with her, but have not found this opinion directly expressed in her published writings, so it stands as legend. However, if indeed she asserted this opinion, it was over five decades ago and, although her recommendation is to be respected for its seriousness of purpose, today it lacks feasibility. Even if candidates were able to devote themselves to such a massive task as reviewing the entire contents of over fifty scientific, clinical and professional journals along with thousands of books (not to mention the fact that our literature is published in four major languages and a few less known ones), it is highly questionable whether such herculean devotion would be advisable, or even well rewarded in terms of either intellectual accomplishment or personal growth. There is, after all, a significant

proportion of psychoanalytic publication that may fairly be judged as more or less irrelevant, sometimes almost banal (occasionally even loopy or imbecilic).

So it seems essential that training institutes design some sort of a curriculum on behalf of the candidate. In terms of design issues, it would, of course, be ideal if those responsible: (i) Started their task from a carefully thoughtthrough and explicitly formulated consideration of what they consider the essential and defining coordinates of psychoanalysis as a discipline, both theoretically and clinically; (ii) Proceeded with their task by making a clear distinction between the andragogic principle of facilitating the student to become an openminded, thoughtful and discriminating reader of psychoanalytic ideas—versus the so-called “banking model” of “education” that seeks merely to make the student ingest new information and hone new skills; and (iii) Refined their task to address the individual needs of each student, rather than producing a lockstep, standardized curriculum that is aimed at some fantasized amalgam of trainees as a cohort—that is, to take into account that individuals come into training with different backgrounds, abilities and capacities.

In relation to these issues of curriculum design, training institutes can readily slip into a mode of functioning that is frankly “infantile”—one which I would parody as the attitude “this is my sandbox and I will decide, on whatever grounds I choose, who’s in and who’s out!” Curricula are developed from the standpoint of replicating and—maybe—improving what was done previously, rather than accepting the responsibility of this development as an opportunity to review the most significant coordinates of psychoanalysis as a discipline. Psychoanalysis is—I would argue—a unique discipline that needs, to some extent, to be rethought, refund and perhaps reformed with each generation (which is not to imply that one should abstain from reading it in terms of its peculiar history and in each specific cultural context). Yet often enough the institute’s curriculum and the faculty implementation of it communicate, implicitly or explicitly, a discouraging attitude toward untrammelled exploration. Consider seminar instructors who say “reading Freud in too much detail makes you *meshugah*,” or “Kleinianism has become so complex and esoteric, you don’t need to bother,” or “Bion is too difficult,” or “the self is not a psychoanalytic concept and the whole popularizing impetus since Sullivan simply takes one out of psychoanalysis altogether” and the

several who have said “forget Lacan and the postLacanian” (all these are exact quotations, heard by me or reliably reported to me). Whether or not one personally tends to agree with any of these sentiments is irrelevant, the attitude they communicate to trainees does *not* seem in the spirit of the discipline. As an aside, we can always blame Sigmund Freud as the one who initiated such ideological restrictions because it is recorded that, for example, he barred his followers from attending Alfred Adler’s seminars—with the exception of Lou AndreasSalomé (1912, 1913, 1951).

The “banking model” is often evident, whether overtly or covertly. The curriculum promulgated by many training institutes frequently seems to favor the notion of education as a digestion of information and the acquisition of technical skills, rather than the facilitation and cultivation of an openminded, suspicious yet respectful, approach to the exploration of psychic life. Additionally, there is frequently both confusion and disconnection between the theoretical and clinical orientations.

For example, with regard to the understanding of theories, some institutes maintain that the candidate needs to study the distinctions between Freud’s 1900 topography and his 1923 structuralfunctional model, but can omit or skim through the 1920 essay, *Beyond the Pleasure Principle*. Some decide that the distinctions and relations between paranoidschizoid and depressivereparative states need to be articulated in detail, but that the concepts of a “psychic retreat” or of “marsupial space” might be optional. Some make central the notion of “transitionality” to their theoretical training. Some seem only to study the notion of “selfobjects.” Some are endlessly focused on the development of “self subsystems.” And so forth. Perhaps all these ideas are worthy, but they are, after all, only ideas. All too rarely is the relationship between such high theorizing and the experience of being with a patient in psychoanalysis conveyed all that clearly and, when it is, what is inherently communicated is that psychoanalytic practice involves the *application* of a theoretical framework to the experiential “data” of the clinical situation. The implicit—profoundly questionable—assumption is that psychoanalysis is a procedure of “formulate and then treat” with interpretations or other appropriate interventions. As I have argued elsewhere, this characterization of psychoanalytic treatment is highly debatable, but in actuality it is rarely examined within the context of institutional curricula (cf, Barratt, 2016, 2019, in press).

With regard to the understanding of clinical skills, this same issue arises yet more conspicuously. “Technique” is taught without much consideration, if any, of the question whether psychoanalysis is actually a *technical* practice. This frequently entails candidates being instructed in skills that are treated as a meanstoanends. This makes the discipline epistemologically and ontologically equivalent to that of other technical trades. The electrician knows something about electrical currents and learns how to wire a socket; the chef knows something about the muscular tissue of crustaceans and learns how to prepare shrimp étouffée; and so on. Arguably, there is something profoundly wrong with these analogies. Should not the possibility be considered that psychoanalysis involves less the epistemology and ontology of technique (as in the German *technik*, referring to the procedures required for material production), but rather more the processes of method and praxis? It can be demonstrated that psychoanalytic processes are principally “ontoethical” and not epistemological or ontological in the conventional senses of these terms (cf, Barratt, 2013, 2016, 2019, in press; Grosz, 2017).

*In relation to the delivery of a curriculum:* It would, of course, be ideal if those responsible: (i) Considered as fully as possible the varying backgrounds, abilities and capacities of trainees; (ii) Relinquished the assumption that trainees should undergo their educational journey as a cohort (that is, a generational group of individuals who matriculated concurrently); and (iii) Dispensed with the paradigm of the teacher and the taught, in which it is assumed that the former has the authority of greater knowledge in terms of information about the field.

In terms of backgrounds, abilities and capacities, it is thanks to Freud (1926), as well as some prolonged political altercations about guild issues, that we are passed the point where medical training can be considered a necessary—or even preferable—preparation for candidacy in psychoanalysis. However, it has yet to be considered what the disadvantages (whatever the advantages) might be of prior training in clinical psychology. Most clinical psychology is, after all, quite medicalized in its orientation, by which I mean oriented to diagnosis on the basis of objectivistic criteria, followed by treatment that is fundamentally manipulative (and it may be noted that Freud was never greatly impressed with the disciplinary accomplishments of psychology). Psychoanalytic institutes often acknowledge that candidates with a prior education in

nonclinical disciplines require additional support as they move into a clinical field. But rarely, if ever, is it considered that trainees with a medical background often need additional support in order to relinquish what I am calling their medicalized orientation to the relationship between the practitioner and the patient (the objectivistic attitude of “formulate and then treat”), let alone to encourage them in their explorations of the disciplines that Freud considered a sound preparation for psychoanalytic training (he listed the value of knowledge in the history of civilization, mythology, the psychology of religion, and the ‘science of literature’).

Trainees matriculate with different abilities and capacities, and this too is rarely considered when institutes generate a curriculum that is basically lockstep. For example, some arrive in training with an exceptional knowledge of child development, some with none. Surely, in the best of all possible worlds, curricula should be individualized and, in a world that is ineluctably suboptimal, there should at least be some effort to gear the curriculum’s design to the needs of each trainee. After all, it is frequently proclaimed that psychoanalytic training is an individual journey of education and personal growth, so why would the course of learning that is anticipated not be fashioned accordingly? If the curriculum is not thus strategized, the proclamation risks devolving into an empty platitude.

This brings us to the problematic effects of the pervasive tendency of those responsible in a training institute—those who are responsible for the design and delivery of the curriculum—prioritizing the cohort over the individual. In a conspicuous example of this, a candidate taking a leave of absence from seminars due to her pregnancy was urged by senior members of the institute to accelerate (i.e., take shortcuts with) her reading in order to “keep up with the group.” I have often heard remarks such as “by the end of Year One of seminars, a candidate should...” or “in Year Three of training, candidates have to...” But by what criteria do such verbs come into an institute’s thinking about psychoanalytic training? In pedagogy, we all were as children assigned to a “class” and there were modal expectations as to what should be accomplished within the course of our participation in that grade. But that is pedagogy and would seem to be emphatically inappropriate for training in psychoanalysis.

In discriminating andragogic from pedagogic education, it is of central

importance to confront the question, Who is the teacher and who is the taught? There may be some justification for such a distinction in relation to clinical learning—that is, there are psychoanalysts with greater experience in this way of healing, who may descriptively transmit that experience to the benefit of trainees. However, beyond this sort of authority, the assumptions underlying the pedagogic faculty/student relationship have little or no validity in the context of psychoanalytic education. Indeed, there may be strong reasons to discard this structure. On the one side of this argument, one may call into question the supposition that, for the candidate to benefit optimally from reading the theoretical literature, there needs to be the appearance of an authority who can direct this reading. That is, there needs to be a teacher who—to give just a single example—knows how to read Freud’s 1898 paper on the “Psychical Mechanism of Forgetfulness” *better than* the trainee who may well be encountering the essay for the first time. This “better than” presumes that there is some sort of a “correct” reading of publications that are defined as canonical—a presumption that seems perilous. On another side of this argument against the authority of designated faculty, one can easily imagine that it is far more rewarding for a neophyte to struggle with reading recommended texts than to be, blatantly or subtly, told what meanings are to be extracted from them.

Psychoanalysis is a discipline of questioning and uncertainty. As we all are aware, one consequence of this is that there are—or should be—feelings of humility and even terror in assuming the position of being and becoming a psychoanalyst (Barratt, 2019). A further consequence is that, in a sort of reactionformation, there is often an exorbitant preoccupation with hierarchy and authority on the part of institute faculty. An extreme example of this was an institute that was privileged to have a candidate who was extraordinarily well-versed in Winnicott’s writings. However, there were no faculty members competent and inclined to teach in this area. The obvious solution—that is, to invite the candidate to facilitate a seminar on this topic for her or his fellow trainees—was disregarded. Thus, no Winnicottian literature appeared in the curriculum and presumably the institute preserved the sense of its faculty being the ones in authority.

My suggestion here is that the authoritarian tradition of faculty/trainees is spurious, perhaps frequently pernicious, and that institutes could well

consider its abolition, at least in relation to the curriculum of theoretical reading. Surely, as far as is possible, self-determination should be the watchword of psychoanalytic education?

This is not to imply that candidates should not receive the benefit of feedback—frankly, directly, candidly and confidentially—when neurotic or characterological features are observed that might interfere with their maturation as psychoanalysts. Clearly, this is a benign function, important for each candidate's development, and it is primarily implemented in the supervision process. Yet such obstructive features are often evident in the course of seminar participation and candidates should surely have the benefit of such feedback—assuming that it can be conveyed in an authentically psychoanalytic spirit. If the right atmosphere is cultivated within an institute, there is no reason why—in addition to faculty—candidates cannot offer each other such feedback in a manner that is supportive and egalitarian. Indeed, peer feedback often avoids the problems inherent in the receipt of feedback from an alleged authority. This is a potentially facilitative function at which—perhaps paradoxically—designated faculty often fail, despite their insistence on being figures of authority with the power to move the candidate toward graduation (and also to retard or halt this momentum). We can only speculate why there might be a certain reticence or negligence toward this function, yet it is decidedly to the disadvantage of candidates if they remain unaware of perceived obstructions to their psychoanalytic development.

In suggesting potential advantages to the abrogation of faculty-led seminars (at least on theoretical topics), please note that I am not disputing that there are indeed some exceptional psychoanalytic faculty who manage, in what perhaps might be depicted in terms of the educative successes of the “ignorant schoolmaster” (Rancière, 1987), to avoid the pitfalls of authoritarianism. I have known several (and have great appreciation for them). Such a “schoolmaster” is one who refrains from the infantilizing perils of posing as “the one who knows better”—rather she or he becomes the “one who facilitates thinking” that is openminded, free thinking and critical. However, I have yet to find a psychoanalytic institute that pays much significant attention to its philosophy and praxis of education—that is, to considering extensively and intensively the issue of how and why seminar “instructors” actually “teach.” In these circumstances, this is surely a fundamental issue that needs general discussion within the ranks of every training institute.

I am also not disputing that shared reading experiences can be far more powerful than those engaged entirely alone. However, this is definitely *not* a decisive argument in favor of the institution of designated faculty charged with leading didactic seminars for trainees. What if groups of candidates were to form themselves as temporary associations gathered for the purpose of studying a particular text or set of texts? That is, maybe with the egalitarian participation of a graduate psychoanalyst (who functions as a fellow student), but very likely without. I have known of such peer groups that have functioned with extraordinary success. Such associations of trainees might greatly enrich learning by creating a democratic and communitarian context in which psychoanalytic ideas could be wrestled with, assessed discriminatively, and assimilated discerningly.

*In relation to assimilation:* It is unsurprising that the infantilizing character of an institute's design and delivery of a psychoanalytic curriculum is frequently matched by infantilized attitudes and enactments on the part of its candidates. This is a complex issue for which responsibility is to be attributed neither entirely to institutes nor entirely to their candidates. But again it is an issue that urgently needs greater discussion within each educational setting. By definition and by mandate, psychoanalytic candidates are immersed in their own personal treatment. In their psychoanalysis, it is to be expected that regressive forces will surface powerfully. But it is also expected—hoped—that candidates will restrict the expression or performance of such forces to their surfacing within the psychoanalytic setting.

This is an inordinately exacting expectation. When it is not met, three consequences often arise: (i) Candidates become befuddled about the pivotal and principal importance of personal growth in training; (ii) Their training becomes further compromised by the consequent adoption of a “check the box” attitude toward the requirements for graduation; and (iii) Cohorts of trainees develop a “them and us” attitude towards the training institute's faculty.

Psychoanalytic institutes have admission standards, training requirements (which almost invariably include participation in a curriculum of prescribed seminars—a prescription that I am calling into question in several ways), and graduation criteria. While candidates may begin

their training clearly understanding, at least consciously, that this is an individualized journey of personal development toward being, becoming, and thinking as psychoanalysts, this understanding can easily become derailed. The structure of those requirements, other than that of personal treatment (i.e., supervision and didactic seminars), often seems as if intended to thwart the sustenance of an atmosphere in which personal growth takes priority over all other dimensions of the training. As is prevalently acknowledged, the processes of supervision have distinctive perils in this regard and these have been discussed quite extensively in the literature on training. However, the design and delivery of didactic seminars often stimulates specific problems such as I have discussed. In response to attitudes of authoritarianism and infantilization, candidates can all too easily come to regard supervision and seminar participation in ways that distract them from the challenges of personal growth—rather than experiencing such participation as opportunities for the stimulation for further personal development.

The labor of fulfilling requirements in the manner they are commonly designed and delivered then instigates a “check the box” approach by candidates toward their own education. This is, perhaps, the most conspicuously evident and deleterious aspect of institutional authoritarianism and infantilization. Yet it seems to persist. Perhaps, in an effort to circumvent such consequences, it would even be better to abolish the benchmark of graduation. But this was, as is well known, one aspect of Lacan’s intent in 1964 when he initiated the procedure of selfgraduation (*la passe*), subverting the conventional authority of the institutional “Training Committee” (and the authority of “Training Analysts” to determine who is a psychoanalyst and who is not). As is also well known, many feel there are sound reasons for skepticism in relation to the claim that such a procedure resolves the problem of authoritarianism. Frequently, it has simply seemed to replace it with a different problem, namely that of unbridled narcissism and selfaggrandisement (or the reverse, in the occasional case of candidates who are so mired in the idealization of their “Training Analysts” that they fail ever to see themselves as worthy of graduation).

Finally, the argument that group identification is important to the journey of growth involved in psychoanalytic training seems notably weak. Yet, many institutes actively encourage the collective identity of candidates

as a cohort (despite the insights offered by Freud in 1921). Seminars are often closed except to members of a particular cohort; sometimes social events are arranged for a cohort; and so on. Yet is group identification really conducive to supporting the individualized journey of which training in psychoanalysis consists? I would argue quite the reverse. Indeed, given the difficulties that have been noted here, the formation of generational cohorts of candidates tends to fuel and channelize the resentment of candidates both toward the institute's structures and toward the collectivity of its faculty. These occur in several ways, all of which indubitably seem unproductive. Group identities, attachments and loyalties—whether of the faculty as a group, the candidates as a group, or a particular cohort of the latter—always entail processes of “othering” that are unfavorable toward the blossoming of psychoanalysis, its discipline and its spirit.

There is a common assumption, applicable to almost all fields of endeavor, that the history of disciplines—and indeed of humanity itself—is inherently progressive. In terms of technological success this may indeed be the case. But as several contemporary philosophers have argued, there is little reason to believe that it necessarily applies overall to ethical, political and moral affairs. Psychoanalysis has, since its inception, both offered a profound critique of the human condition and opened new pathways toward healing. This does not mean that, as a discipline and in its spirit, matters are steadily improving—perhaps on the contrary. This is why there have been several concerned critiques of institute training in psychoanalysis, with the papers by Michael Balint (1948) and Otto Kernberg (2000) having been particularly influential in this respect. With these notes, I am respectfully suggesting that the future of psychoanalysis is in danger, especially if the drift toward its institutes becoming all too similar to “trade schools” is not halted, and indeed reversed.

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## **A Better Future for Psychoanalysis?: The Impact of The Decline of The Politics of Old**

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**T**he question of the future, if any, of psychoanalysis in America has been a subject of debate for some time. I will give you my quick answer, which is Yes, and I will be discussing how recent political and institutional changes in the American Psychoanalytic Association (APsaA) are helping to enhance the future prospects of psychoanalysis. It is no surprise that this argument is deeply politicized. Opponents of the various forms of the psychoanalytic status quo have used the picture of a dire future as a weapon in support of change, and not without justification. The proponents of the status quo often held the benighted belief that a contracted field is fine; it would be characterized by higher standards and thus more elite.

A powerful underlying theme here is the extent to which the organizational politics of American psychoanalysis (APsaA) has been a major impediment. The focus here will be upon psychoanalysis in the USA, although psychoanalysis elsewhere faces many similar challenges. In recent decades progressive forces within APsaA have begun to erode decades of harm done to the vitality and viability of the field.

It is instructive to investigate the background reasons as to why this has been such an entangled and at times combative issue. Psychoanalysis has for many years considered itself to be a true exception to the rule that substantive change and ongoing challenge to established theory and practice is inevitable and indeed a sign of health. This attitude has expressed itself in unwelcome ways in APsaA's politics (Hale, 1995).

Several ongoing attitudes have been prevalent in the field since its inception and they have been detrimental. They are in many ways inter-related. I will mention them here to establish a context and will then discuss them further. There is the concept of "splendid isolation" championed by Freud (1909) which has held us apart from interchanges with other disciplines (Fonagy, 2003; Levy 2004). Another long-standing belief though not usually stated explicitly albeit powerfully implicit is the

sense of a “psychoanalytic exceptionalism.” One manifestation of this exceptionalism is the contention that with our ability to mine down into the unconscious we can extract the “truths” about human motivations which are inaccessible to anyone else or any other discipline. Thus we do not necessarily need dialogue with other disciplines. The field has also engaged in an ongoing struggle to diminish any ideas that are not consistent with Freud’s canonical corpus. While this is somewhat true in other fields founded by a charismatic and autocratic innovator, it is especially characteristic of ours. The comparison of psychoanalysis to a religion or even a cult has at least some merit. This obeisance has also spawned a profound rigidity in defining the theory and practice of psychoanalysis to the point of seeing efforts at innovation as “deviations.” Oftentimes the gatekeepers of these ideas purport themselves as adherents to very “high standards,” but what they really are adhering to are usually requirements and not standards (Kirsner, 2009). Perhaps the most frequently argued and divisive issue is the persistence of the Training Analyst (TA) system. This target of controversy has been under attack for decades. The system is adhesively attached to the idea that only analysts whose cases have been reviewed by a select group of other analysts are able to conduct analyses of aspiring candidates. Luminaries such as Kernberg (2014) and Reeder (2004) have long called for the ending of the TA System. Especially suspect within the TA system has been the prerequisite of APsA endorsed certification. Proponents see it as a necessary measure of insuring quality and “protecting the public” (a public which consists of a very small number of analysts) but opponents see it as exclusionary and arbitrary while also perpetuating a very traditional and unchallengeable form of analysis.

We can begin by looking at the concept of “splendid isolation,” the premise that psychoanalytic ideas are unique, primary and supraordinate. Thus the field could separate itself from the rest of the world of thought. Currents will shift in any body of thought but indeed there were many who thought that the body of work formulated by Freud constituted a set of ideas that could be accepted as foundational and “truth.” Freud, despite his brilliant observations, has indeed been villainized by many who have seen him as not only producing a body of work that would not allow any dissent but spawning several generations of followers willing only to promulgate his canon. Indeed, early colleagues, such as Jung,

Adler and Rank, who sought to innovate were extruded from the field. One can only imagine how our theory and treatment might have evolved if creative thinkers such as they had remained in the field. Frederick Crews (2017) has produced a very recent jeremiad which examines this subject in great detail. Crews scores some very impressive critiques amid his excesses.

These disciplinary indiscretions have had a distinct and at times detrimental influence upon the profession. They have unfortunately exerted a very undue effect on organizational politics, which has indeed disaffected many members and prospective new members. One key measure of an organization's ongoing vitality is its membership. Most unfortunately APsaA, our professional organization, has suffered a major decline in its active membership category, those in prime productive years and, critically important for its ongoing viability, those who pay full dues. Over a nearly 20-year trajectory this component of APsaA has drastically contracted, by 36%, from 1,775 active members to 1,144 in 2020. A bit less ominous is the decline in candidate member numbers. Here we have 15 years worth of data, illustrating a 22% decrement from 629 to 494. Perhaps a slightly more hopeful metric is that the total number of candidates which presumably includes those candidates who choose not to become members of APsaA (this is a separate but important problem) has seen less erosion over the last 15 years (from 897 to 831, a loss of 7%). It is difficult to know why the number of candidates who have joined APsaA is not higher. It was 59% in 2020, but at the least it does suggest that there may well be a problem which may serve to continue to suppress our membership numbers.<sup>1</sup> An especially ominous element of the membership decline is that it has occurred in the context of APsaA's demonstrating an increased willingness to expand its tent. The once loftily spoken sentiment that other psychoanalytic institutes do not meet "our high standards" has been softened as APsaA has seen a number of those institutes become part of the organization. Yet the membership decline has continued unabated. A related issue, worthy of intensive discussion, has been the field's neglect of a variety of diverse communities, such as LGBT and the many non-Caucasian ethnic groups.

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<sup>1</sup>Membership data was obtained from the Annual Reports on Membership presented at APsaA's biannual meeting.

For many progressive APsaA members, the ongoing nemesis in any broadening or liberalization of the organization and the profession has been the persistent adherence to the TA system (Reeder, 2004). This has been an extraordinarily complex problem fraught with many difficulties and it has been highly politicized his historically TA's exerted great control over candidates. Indeed there was a time when candidates could not terminate their analyses without the explicit consent of the TA, no doubt leading to at least some instances of financial exploitation, emotional exploitation and a great reluctance to challenge the system. There were, of course, other problems, including the restricted and/or exclusionary methods of selecting TA's and that at least some candidates became near clones of their TAs. One particular irritant to many has been with the long standing and some cases continuing requirements of APsaA certification for TA status. Admittedly there have been some reforms in the TA system especially in recent years, but at least for some APsaA Institutes, these restrictions remain in place, for now. However the winds of change are definitely upon us.

Despite these obstacles, APsaA has indeed survived for 100 plus years and while we are not in robust health, we are not quite on life support. There are several areas of strength but many of these areas are more related to the academic side while not directly related to the practice of psychoanalysis. Classic multiple-times-per-week-on-the-couch analysis, however, is likely close to needing life support. This should not be a surprise. The profession and its professional organization need to accept that a four time per week treatment, at a fee reasonably in line with comparable professionals, is simply too costly and time consuming for all but a fortunate few. We would be wise to not pivot our future on the viability of formal four time per week psychoanalysis.

Despite all these obstacles, a newer membership has courageously taken on these long-established shibboleths and pushed for reform, slowly succeeding, largely to the benefit of psychoanalysis (Kirsner 2009).

One very salubrious development within APsaA has been directly initiated politically. That is the rising influence of the Executive Council (now known as the Board of Directors) which has rightfully wrested control over much of the organization from the BOPS (Board of Professional Standards) or standard setting side. For many years BOPS, with its major

focus on “standards,” controlled much of APsaA’s activity and its overall ambience. The effect of this hegemony was often stultifying, negatively impacting membership, training and even treatment. Membership, for example, for many decades remained firmly and rigidly under the control of BOPS with its restrictive requirements, including the need for certification as a prerequisite for full membership. This had a souring effect on members who found the certification process far too rigid, arbitrary, even humiliating but who by eschewing certification could not become full members. It wasn’t until the early 2000’s when then President Newell Fisher moved boldly to take control of membership out of BOPS and relocate it within the Executive Council. While this has been a refreshing and welcome development, with many positive outcomes, it has not turned back the tide of ever declining membership.

An area of strength which probably was never envisioned and which must continue to be nurtured is our relationship with the academic world. This I think has been an acquired taste for academia, where early on there was a wariness of Freud’s radical ideas, especially about infantile sexuality. However, as time has advanced, many academic disciplines have warmed to psychoanalytic ideas and have found psychoanalytic inquiry very useful in expanding scholarly understanding in fields as varied as anthropology, literature, history, art, philosophy and religion, to name only a few. This relationship has not been without bumps and bruises but it has fortunately developed and has even shown signs of ongoing blossoming. A greatly beneficial development with academics that initially met with considerable ambivalence has been the concept of the “research candidate.” At first many in APsaA feared that this would be a backdoor into clinical practice for individuals who lack the requisite clinical background. Some feared competition for psychoanalytic patients. But over many years APsaA was very pleasantly surprised to discover that many of these candidates were enormously talented scholars who made significant contributions to their own field and to ours. And indeed those interested in practice had, with proper assistance, often been able to become clinicians, even outstanding clinicians. While still a relatively small group among our overall members, they are a most vital component, especially in the domain of analytic ideas and creativity. In a broader sense, the academy’s embrace of psychoanalysis has further ensconced us in a much wider world of thought, thus reducing our

“splendid isolation” (Levy, 2004). Our reach needs to expand further yet to embrace those communities who have been ignored by us, such as LGBT and various minorities.

Also beneficial has been the addition of institute sanctioned programs in psychodynamic psychotherapy, probably now in place for two to three decades. As with so many proposed innovations directed at a broader audience, behind the oftentimes splendidly isolated notion of strictly defined psychoanalytic treatment, initially this idea was met with at least some degree of skepticism. One of the biggest apprehensions was that these students would present themselves as faux analysts lacking the formal training of a candidate program and might mislead patients and perhaps take them away from those analysts who had indeed fulfilled the rigorous requirements of formal psychoanalytic training. It has never ceased to amaze many of us that so many colleagues are afraid of losing patients to therapists they view as far less qualified. Somehow the idea that patients can make their own wise judgment about therapeutic efficacy is not accepted. The concept of exceptionalism is intertwined with these apprehensions. As has often been the case with these fears, they were largely unrealized. The psychotherapy programs have proven very valuable to many of our institutes. One very practical way is by supplying needed income during the time of ongoing declines in membership and in numbers of candidates. Of course many institutes have encountered financial difficulties and psychotherapy programs have been an asset. In addition, by inviting the broader psychotherapy community into our institutes, the value of psychoanalytic psychotherapy became even more widespread and, of course, at least some of these students found their interest stimulated towards psychoanalytic training. Some psychoanalytic institutes are creatively embracing combining their psychoanalytic candidates with their psychodynamic psychotherapy students in the earliest years of their curricula (Fritsch and Winer, 2020). Fortunately, for many the era of splendid isolation is indeed receding along with psychoanalytic exceptionalism. Psychotherapy had often been viewed as a dross alloy compared with the brilliance of “pure gold” couch-based analyses.

Another constructive development also along the lines of decreasing our isolation is the embracing by some members of the concept of psychoanalysts assuming a position as public advocates. This brings at least some colleagues into the political arena, which in earlier years was clearly seen

as inappropriate, violating the usual boundaries of the psychoanalytic situation and, of course, ignoring isolation and anonymity. Such colleagues often endured the criticism that such activities were “not analytic.” One objection has been that this would open analysts to being viewed in a more “real” way by their analysands, and a violation of the time-honored notion of anonymity to preserve transference. To some this is a price well worth paying for applying psychoanalytic insights to certain public problems and, to some, ever more important is the demonstration that psychoanalysts are not imprisoned in their consulting rooms but genuinely want to assert a voice in influencing public opinion and policies based on psychoanalytic ideas. Furthermore, the idea of psychoanalytic anonymity is being seriously questioned. Some members have managed to become powerful advocates for certain positions and have achieved positions of influence. Psychoanalytic organizations have also taken up lobbying activities. APsaA has a specific committee dedicated to maintaining a legislative presence in Washington, D.C. A prominent example of the worth of this activity has been APsaA’s ability to influence various regulations related to health care and mental health care privacy and there have been other accomplishments. Organized psychoanalysis rather shamefully passed on an opportunity to follow up on the American Psychiatric Association’s leadership in depathologizing homosexuality (Bayer, 1987; Lewes, 1988; Isay, 1996; Drescher, 2008). We lost an enormous opportunity for good will with many collegial psychotherapeutic and academic disciplines and with the LGBT community. Fortunately in our practice we now, hopefully, avoid the equation of homosexuality with mental illness. Another very harmful missed opportunity was our long-term refusal to admit psychologists and other mental health professionals into our organization. It took a major lawsuit (Wallerstein, 1998: 2002) for this to happen but few would deny that it has eventually strengthened our discipline.

We have also been significantly aided by the recent decline in the number of institutes maintaining fealty to the traditional TA system. This has occurred concurrently with the Executive Committee assuming greater control over the affairs of APsaA. The BOPS has made a major change and has moved outside of the organization. This has led at least some institutes to decide to no longer adhere to the traditional BOPS directed standards for TA including the certification prerequisite. This

has created a vacuum of sorts, a lack of uniform APsaA policies for TA, or the lack of a “national standard,” a catastrophe to some but a welcome increase in flexibility to others. A number of institutes have established a variety of approaches ranging from essentially allowing any graduate with a certain number of years of experience to be able to analyze candidates up to some sort of more collegial case review as a necessary prerequisite. This has eased the path by which some perspective candidates have been enabled to enter psychoanalytic training. It is remarkable that despite longstanding calls for its overdue retirement the TA system somehow escapes internment.

In the context of these increasingly open and flexible events which have changed psychoanalytic politics and helped to erode many of the long standing shibboleths mentioned above we can speculate on additional steps that will help strengthen our discipline and hopefully at least stabilize our appeal and perhaps even help us expand. First and perhaps foremost is that we expand what is considered “analytic” regarding treatment. In prior times “analytic” was understood to mean only four times per week treatment on the couch, libidinally understood, transference-based and with interpretation as the primary and indeed the ideal element of treatment. It is remarkable to consider that reform minded theorists, Kohut being a prime example, were labeled as “deviant” and their work often derisively termed “supportive psychotherapy” (Strozier, 2001).

This brings us to another future direction which would likely have an exceptionally positive impact on our field. The psychoanalytic community might seriously contemplate a “take over” or a “merger and acquisition” of psychoanalytic psychotherapy. It is an appropriate time for this. In many respects, psychoanalytic psychotherapy is an orphan that has been largely abandoned by many mental health disciplines including psychiatry and psychology. There is a large vacuum much in need of being filled. The dividends to the psychoanalytic world would likely be considerable (Procci, 2013). We have already created a certain amount of the infrastructure necessary to handle this in the form of many of our institutes’ psychodynamic psychotherapy programs. We could rapidly expand upon this by boldly approaching psychiatric residency programs and psychology post-doctoral programs and offering classes and training. It is appropriate we should also approach all other mental health training programs.

Psychodynamic psychotherapy is the natural ally of psychoanalysis and not its adversary. A further positive move would be to establish an appropriate path for some meaningful new category of membership for psychotherapy program graduates. There are, no doubt, creative avenues for accomplishing this while still preserving important privileges for the psychoanalytic graduates.

Further solidifying our ties to academia presents another mechanism to help ensure our future. I am suggesting here that we go well beyond the training of the research candidates. Psychoanalytic ideas are a very natural fit with many academic departments and these bridges should be very gladly acknowledged and filled. The concept of “Departments of Psychoanalytic Studies” might be vigorously encouraged and members of the psychoanalytic community who participate should be appropriately lauded for so doing (Levy, 2004). The concept of even more psychoanalytic scholar academics is another intriguing possibility and they would certainly be considered colleagues. And of course, we must continue our efforts to reach out to the various minority communities we have long excluded.

One area that can help us gain credibility in the scientific community, and perhaps with both the health care community and the general public, is greater support for, and the publicizing of, psychoanalytic research. For far too long organized psychoanalysis has not assumed ownership of the value of psychoanalytic research. There needs to be a broad net over what is considered psychoanalytic research but there does need to be a special emphasis on outcome research even if it is not considered on a par with more basic research into underlying mechanisms. Traditionally, the greater health care and scientific communities have believed, falsely, that there is essentially no research and that there is no evidence for the efficacy of psychoanalysis and psychoanalytic treatment. This is simply not true. It is tragic that we have allowed this view to exist, another consequence of the bubble of splendid isolation. In recent years more effort has been put into the support of publicizing our research and that must be accelerated. We now have many investigators such as Mark Solms and Jonathan Shedler who are major contributors, and there are numerous others who are similarly distinguished.

An additional and essential element necessary for our future is that we

be very careful in choosing psychoanalytic leaders. Historically, leadership has often devolved upon those who led the BOPS or “standards” side of the organization and/or those who produced psychoanalytic scholarship. While some were in fact capable and even good or excellent leaders, many simply did not have the necessary “skill set” required to move us forward in the broader communities in which we need to navigate. Ideas fundamental to the optimal functioning of professional organizations similar to ours such as strategic planning and advancement, to name just two, have been ignored and even treated with disdain. Some were adherent to the concepts of isolation and psychoanalytic exceptionalism. Recent leaders in APsaA have more frequently come from background in advocacy or administration, etc., which has helped move us out of “splendid isolation” and from our restricted domain. For example, our current President-Elect has exceptional skills in working with the business community.

So I do believe the field itself and organized psychoanalysis in particular can have a future but we must not remain attached to these outdated concepts such as “splendid isolation”, “exceptionalism”, fetishizing the contributions of our founder, idealizing the concept of standards, etc. Psychoanalytic politics must abandon much of our history and must embrace a much more open and inclusive relationship with the many disciplines with which we have overlapping interests. Fortunately newer members and many progressive members have gained greater control over organizational psychoanalysis, and undoubtedly even further progress will occur. While we may not see increases in membership any time soon, we may well stabilize and forestall further decline. Psychoanalysis is on a path towards a better future, a future with many respectful and nourishing collaborations with other scholarly disciplines.

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## Narcissism and The Psychoanalytic Model of Personality

### Narcissism, Echoism, Perfection, and Death: Towards a Structural Psychoanalysis

*...individual psychology is concerned with the individual man and explores the paths by which he seeks to find satisfaction for his instinctual impulses; but only rarely and under certain exceptional conditions is individual psychology in a position to disregard the relations of this individual to others. In the individual's mental life someone else is invariably involved, as a model, as an object, as a helper, as an opponent; and so from the very first individual psychology, in this extended but entirely justifiable sense of the words, is at the same time social psychology as well. (Freud, 1921, p. 69)*

**T**he drive has always been connected to an object in Freud's work, and characterizations of Freudian theory as being a one-person psychology have only replaced earlier ideological misreadings with new ones. For Freud, the ego and object drives, and the attempt to derive them from sexuality and aggression, must correspond to common language perceptions of individual motivations (Pederson, 2015). General motivations, like competing, cooperating, or seeking glory or harmony are inseparable from wanting to be seen as superior (not as inferior) or to be seen as good (not being disapproved of). A drive has its *aim* in the desired response of the object, and as Freud indicates in the quotation above, "only rarely" would we examine the individual in another way. Although I agree with Richards (1996), that psychoanalysis is the science of motivations, and with Mills (2004), that Freud's drive theory is "the paragon for potentially explaining all facets of intrapsychic and interpersonal phenomena," no model of interpsychic motivations exists (p. 673). Freud often lamented the state of drive theory in his day, and things have not improved much since. I will show, however, that he gives

us several valuable reference points for the creation of such a model. His notions of the admixing of sexuality and aggression to form different social drives, different levels of relations to authority in the superego, and the individual becoming his own authority in narcissism allow for further inferences to be drawn.

I will begin this article by introducing the ego and object drives and show how, in Freud's late phase, aggression or the destructive drive is seen as the basis for competitiveness. I will make the case for two phases of ego drive competitiveness (a maternal and paternal) with the latter being derived from having the admixture of Eros. Next, I will show how this competitiveness is an ideal which references a negative parental object of perfection that forms the superego. The "demands for perfection" from the superego and the resulting inferiority feelings when one does not win or triumph are formed at four different levels of psychosexual development (Pederson, 2015, 2018). I then use one meaning of narcissism in Freud's texts to explain that one withdraws authority/perfection from the superego objects and to become one's own authority. However, I build upon this with Melanie Klein's concept of projective identification (PI) to highlight that one replays the ego injury or trauma underlying the defense with an object that represents the self. I will offer examples of repetition with a superego authority and illustrate how id impulses underlay them. Next, I will expand on the relation to authority through Freud's concept of psychic bisexuality to show that along with the active-competitive-defiant relation to authority, there is also a passive-cooperative-submissive relation that arises from Eros.

My central contribution will be to argue that sexuality creates a negative parental imago of death that forms the superego for the passive-cooperative pole of the personality. I will show how sexuality in Freud ranges over affection, romantic love, helping others in an altruistic ego drive, as well as the most spiritual devotion and the most frivolous interest we take in things. Then, from Freud's notion of how suggestibility emerges from the "need of being in harmony," I oppose the power principle of the active pole with the belonging principle of the passive pole. Next, I explicate the negative status of death in Freud's work and argue for the primacy of death as a parental object, which solves the problem of how the perception of one's own death arises. In parallel to perfection in the active pole, death plays a part in the imperative to belong and PI with

death is central in maternal depersonalization and paternal inhibited character. I will show that this binary previously existed in the literature as the opposition between narcissism and masochism, but argue that the use of masochism is problematic. The binary of narcissism and echoism will be offered up so that the passive pole can be appreciated on its own terms. The imago of death has important connections to id affectionate impulses of restoration. They show that it isn't the loss or absence of the object, but the representation of the imago as outside of life and able to return that is at stake. In parallel with the perfection imago, the relations of the death imago will be explicated across the four levels of psychosexual development and the admixing of perfection in the paternal phase. I will use a clinical example to show that masochistic id impulses are part of passive pole phenomena, but will argue that it is likely that a primary aggression is forced upon oneself because love is stronger in this pole.

Building on the death imago, I argue that this negative object is itself negated by what Klein (1975) calls "the good object." Various forms of "people pleasing," "turning the other cheek," and repetitions of sacrificing, rescuing, and protecting are linked to this superego object. With this in place, a model of the intermixture of the two poles across a phase of primary narcissism and a phase of secondary narcissism will be given. Object drives move from literal sexual desire in primary narcissism to love in secondary narcissism with the inverse of this occurring on the passive pole. I coin the term active-affection to complement the trait of passive-aggression and use relations with children to illustrate them. In the ego drives the attitudes of contemporary political positions are used to highlight the qualitative differences as needs for belonging enter the active pole and power enters the passive one.

## 2. Aggression and the Ego Drives

In *Beyond the Pleasure Principle* Freud (1920) announces that what were formally self-preservative drives were now regarded as having a libidinal basis. Before this, Freud described the relationship between the ego and object drives as oppositional, replacing an earlier polarity of the self-preservative and the sexual drives. The ego and object drives corresponded to Freud's interest to go beyond biology and to take into account the 'psychological ego' (Freud, 1920, p. 51). The ego drives still include hunger, but interpsychic motivations like "self-assertion," "mastery," egoism and

altruism, “the will to power,” and “magnification of the individual” are added (1913c, p. 73, 1917a, p. 137; 1917b, p. 148; 1920, p. 39; 1933a, p. 96). In one way, basic impulses like hunger keep one alive and are necessary to grow, and their inclusion with the life drives seems uncontroversial. In another way, I understand Freud’s inclusion of self-preservation with the life drives to reference a sense of healthy competition with others as a form of attachment or affiliation. Competing with others is a way in which some individuals engage with individuals and/or groups and is therefore also references union in Eros. Fears to compete with others or holding oneself in higher esteem than one’s work merits can remove the individual from interaction with others.

Some readers may be surprised by this formulation of the ego drives because their ties to self-preservation and hunger have most frequently been emphasized. Additionally, Freud has some statements that might appear to contradict this conceptualization at first glance. For example, Freud (1926a) refers to “the so-called ‘ego-instincts’, which are directed towards self-preservation, and the ‘object-instincts’, which are concerned with relations to an external object” (p. 265). However, there are two issues with this formulation. First, in other places he writes that the object is “brought to the ego from the external world in the first instance by the instincts of self-preservation” (Freud 1915b, p. 136). Thus, even if one tries to regard the pre-1920 dominance of hunger as not having a regard for an object, Freud has other passages which point to the ego drives as advancing the child through development, while the harmony found in sexuality does not force change. Second, regardless of whether ego or object drives might lead the way, Freud (1926b) writes that the “social instincts are not regarded as elementary or irreducible” (p. 265). “By the admixture of erotic components,” Freud (1915a) writes, “the egoistic instincts are transformed into social ones” (p. 283). In other words, self-preservation moves from its original sense of bodily desires, to the social level of self-assertion, magnification of the individual, etc., that finds its object in the preservation of one’s reputation (Pederson, 2015, 2018).

Ultimately, I have defined the ego and object drives as roughly relating to work or public life and romantic or private life, respectively (Pederson, 2015, 2018). A parallelism between them is easily visible. For example, a man can feel jealousy that his girlfriend views another man as more

desirable or superior to him, and feel “jealousy,” or envy, that one of his friends makes more money or will get a promotion. Both have objects, both are triangular, and both can lead to anxiety situations and id impulses of aggression.

Although Freud (1920) withdrew the idea that the death drive was the basis of the ego drives, after 1920, he quietly puts forward this idea again. Freud (1924) begins to reference the externalized death drive or “the destructive instinct,” as basis for “the instinct for mastery, or the will to power” when they had previously been linked to self-preservation (p. 163). This view is a return to the earlier formulation that “[h]ate, as a relation to objects, is older than love” when Freud (1915a) investigated the role of ego-instincts in creating the object (p. 139). Although he regarded this hate, “which is admixed with love,” as having its source in the self-preservative drives, at that time, post-1920 hate and aggression are explicitly part of the destructive drive (*ibid.*). The centrality of the destructive drive as the new ingredient that is mixed with Eros is explicit in later writings like ‘Why War?’ (1933b); Freud writes of love and hate and how:

the phenomena of life arise from the concurrent or mutually opposing action of both. Now it seems as though an instinct of the one sort can scarcely ever operate in isolation; it is always accompanied—or, as we say, alloyed—with a certain quota from the other side, which modifies its aim or is, in some cases, what enables it to achieve that aim. Thus, for instance, *the instinct of self-preservation is certainly of an erotic kind, but it must nevertheless have aggressiveness at its disposal if it is to fulfil its purpose. So, too, the instinct of love, when it is directed towards an object, stands in need of some contribution from the instinct for mastery if it is in any way to obtain possession of that object.* The difficulty of isolating the two classes of instinct in their actual manifestations is indeed what has so long prevented us from recognizing them. (pp. 209-210, *emphasis mine*)

Freud’s thoughts on the destructive drive and hate have a *prima facie* plausibility. The risks a person can take to conquer in war, or to ambitiously gain power in any other pursuit in which war metaphors work (sports, business, etc.), require something else be added to self-preservation.

Otherwise, accumulating wealth or resources should stop once the basic needs of an individual and her dependents are met. However, while many could agree that some aggressiveness could be necessary to make it to the top in business or sports, Freud's thoughts on aggressiveness in romantic relations might cause some people to recoil<sup>1</sup>. But consider a common complaint made by some timid male patients about how they often end up in "the friend zone" and that women are attracted to "ass-holes." It is corroborated by some female patients who complain about unassertive men who don't make a move on them, or who are with nice men whom they do not feel very attracted to. Of course, this is not universal, but Freud's claim here is that one might need to be aggressive if one wants to secure social prestige, and that one might have to be persistent and dominating to secure some love objects.

There is also a philosophy of language argument for the link of competitiveness and aggression. If we follow common language, being aggressive, cutthroat, combative, rivalrous, antagonistic, or having a killer instinct are synonymous with competitiveness. This language use is further reflected in social media in which competition between two speakers in YouTube videos, for example, will be characterized by one debater being destroyed, annihilated, or some variation of this. Instead of literal destruction, being triumphant in a debate, thwarting someone who wants to cut you off while driving, or stubbornly resisting good advice can be examples of "winning" that destroys the intended effects of another's will. Additionally, being "owned" is a colloquial expression for dominating an opponent, and communicates that one's rival is demoted from being an equal or challenger to being a plaything with whom one is entertaining oneself.

In Hesiod's description of Eris there is a two-phase construction that is valuable for illustrating two types of competition. The first phase fosters war and cruelty and the second appears as shame in not wanting to be seen as inferior and wanting to be seen as doing well in one's trade or profession. Hesiod (1920) writes:

So, after all, there was not one kind of Strife alone, but all over the earth there are two. As for the one, a man would praise her when

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<sup>1</sup>The instinct for mastery is defined as cruelty in the social sphere and is paired with sexual sadism (Freud 1917b, p. 327; 1913b, p. 322).

he came to understand her; but the other is blameworthy: and they are wholly different in nature. For one fosters evil war and battle, being cruel: her no man loves; but perforce, through the will of the deathless gods, men pay harsh Strife her honor due. But the other is the elder daughter of dark Night, and the son of Cronos who sits above and dwells in the aether, set her in the roots of the earth: and she is far kinder to men. She stirs up even the shiftless to toil; for a man grows eager to work when he considers his neighbor, a rich man who hastens to plough and plant and put his house in good order; and neighbor vies with his neighbor as he hurries after wealth. This Strife is wholesome for men. And potter is angry with potter, and craftsman with craftsman, and beggar is jealous of beggar, and minstrel of minstrel. (11-24)

In the first example of strife, in war, which I take in both the literal and metaphorical sense, one has a basic antagonism towards others and experiences delight in cruel competition with them<sup>2</sup>. One of my court mandated patients disclosed how he viewed himself as “a shark” that must “keep going and never stop.” He expressed that if his bosses knew what he was thinking they would “be afraid,” and “know their jobs [wer]en’t safe.” This patient was ruthless, but not grandiose. He could appreciate learning from others, but he did not feel gratitude, nor show strong interest in the trade itself; he was simply aiming at power as defined by having wealth, a good-looking romantic partner, and a position of prestige. As with several of the drug dealers I have seen in therapy, conscious motivations of power seeking are up front and center with such borderline patients.

In the second form of Eris, envy and jealousy appear under a possible identification with one’s profession due to an admixture of Eros. Instead of power-seeking, there is the sense that one’s way of doing things is better than how others do things, or there’s some shame when one compares one’s work-life to others. Envy or possessiveness in this domain is described as “wholesome” by Hesiod. The conquering impulse is softened

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<sup>2</sup>Green (2006) pairs Eris with Eros, but uses the binary for “the transformation of love into hate” (p. 12). Green has eloquent thoughts on the possessiveness of love that can be paired with Eris, just as Hesiod’s remarks can point to possessing the reputation of being the best.

so that one wants to appear competent, knowledgeable in one's area, conscientious, and responsible. Freud (1911, p. 61; 1914, p. 96; 1922, p. 10) often identifies the entry of Eros into the development of boys with homosexual desire towards the father, and its ties to friendship, comradeship, and an interest in ethical life. There is a dialectical meeting of the high ego ideal of ambition with the new high ego ideal for one's reputation as a good person, a good employee, and good steward of one's craft. In previous work, I have identified the former power seeking with the maternal imago and its combination with competency and conscientiousness as the influence of the paternal imago (Pederson, 2018)<sup>3</sup>.

## 2. Ego drives in relation to the Superego as Perfection

Competitiveness has an important reference point in the superego. Distinct levels of authority that relate to an increasing ambitiousness, along with narcissistic defense of becoming one's own authority are conceptualized through the ego ideal aspect of the superego. This may sound strange for readers who identify the superego with conscience, but this narrow interpretation of the agency is not to be found in Freud's texts. He is explicit that:

it is more prudent to keep the agency as something independent and to suppose that conscience is one of its functions and that self-observation, which is an essential preliminary to the judging activity of conscience, is another of them. And since when we recognize that something has a separate existence we give it a name of its own, from this time forward I will describe this agency in the ego as the "*super-ego*." (Freud, 1933, p. 60; 1914, p. 95; 1919a, p. 235; 1914a, p. 97; 1921, pp. 109-110)

Self-observation means that one can judge oneself as shameful, guilty, or bad in a moral sense but motivationally, one can also judge oneself

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<sup>3</sup>Perelberg (2015) follows a Lacanian tradition in making the distinction between an earlier narcissistic father and a later dead father who brings in the symbolic order and the law. I am sympathetic to her distinction but retain maternal and paternal due to the underlying symbols of the maternal breast and paternal penis (see section 7). Additionally, Perelberg does not connect these two phases to ego drive functioning, nor, as will be seen in the next section, does she see them as repeated throughout the stages of superego development, nor does she connect them to the defensive operations of grandiosity or compulsive neurosis.

as weak, impotent, a failure, a loser, etc. (Lewis, 1971; Pederson, 2015, 2018). Freud generally associates measuring oneself from the ego ideal with inferiority tensions, but self-observations go beyond evaluating one's sense of power, skill at something, or one's successes (Freud, 1921, pp. 131-132; 1923a, pp 50-51; 1933a, pp. 65-66, 78). To regard oneself as boring, as being ugly, as being weird, as being alone and vulnerable, etc. are also examples of superego self-criticism. But what I would like to focus on in this section is the concept of ambition and Freud's idea of perfection in the ego ideal and its derivation from the representation of one's parents. Freud (1933) writes:

One more important function remains to be mentioned which we attribute to this super-ego. It is also the vehicle of the ego ideal by which the ego measures itself, which it emulates, and whose demand for ever greater perfection it strives to fulfil. There is no doubt that this ego ideal is the precipitate of the old picture of the parents, the expression of admiration for the perfection which the child then attributed to them. (pp. 64-65)

To attain success is to approximate the ideal of perfection. Freud is careful to note that this ideal is generated by the representations of the parents and is attributed to them. This attribution is important because it means that the infant is not taken to have adult intellectual powers—as if it were studying its parents' behavior and perceiving their power in contrast to its own. Instead, in earlier work, Freud (1920) identifies the idea of perfection as a negative quality. He naturalistically denies the existence of some innate idea of perfection and instead holds that it is formed by a

repressed instinct [which] never ceases to strive for complete satisfaction...[and] provides the driving factor which will permit of no halting at any position attained, but, in the poet's words, ['Presses ever forward unsubdued.'] ...with no prospect of bringing the process to a conclusion or of being able to reach the goal. (*ibid.*, p. 42)

As a negative quality, an individual may have moments when he feels that an achievement or success has allowed him to triumph and reach perfection, but this feeling cannot be sustained. A new goal, a new amount of money, another skill set, or some new achievement will become the next

embodiment of perfection<sup>4</sup>. The perfection demanded by the superego is dynamically related to ego ideal self-criticism. In other words, one is not free to choose perfection, because to not strive for it will be paired with inferiority feelings, self-hate, or incompetency feelings.

There is an important corollary to defining the superego by this perfection: there is not just one form of perfection. The child “has a different estimate of its parents at different period of its life,” Freud (1933) writes; “the super-ego... has been determined by the earliest parental imagos” (p. 64). The child encounters parental authority in psychosexual development, and forms an imago of perfection that becomes a placeholder for authority in the cultural life outside of the home. Freud (1924) writes:

The course of child-hood development leads to an ever-increasing detachment from parents, and their personal significance for the super-ego recedes into the background. To the imagos they leave behind there are then linked the influences of teachers and authorities, self-chosen models and publicly recognized heroes, whose figures need no longer be introjected by an ego which has become more resistant. The last figure in the series that began with the parents is the dark power of Destiny which only the fewest of us are able to look upon as impersonal... (p. 168)

In psychosexual development, ego cognition slowly develops from birth and forms increasingly complex representations of the parents, people, and the non-human environment. In previous writings, I have sketched out a four-level model to capture these superego relations to perfection and authority (Pederson, 2015, 2018). At the height of the phallic Oedipus complex, in which the most complex representation of the parents exists, the child sees them as vastly reduced in perfection from how he did in earlier development. Their authority at this point is comparable to the community level view of the authority of one’s boss or teacher in which some idealization of them still exists, but they can also be

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<sup>4</sup>Lacan’s concept of lack, in which “the signifier instates lack of being in the object-relation,” appears as the reverse formulation of this (Lacan, 2006, p. 428). Instead of lack in being, the negative quality that the ego drive seeks to capture, is what invokes Faustian restlessness for Freud. Lacan’s account of the desire that arrives from lack, and his idea of a single drive appear as an attempt to discard the ego drives and the idea of motivation in Freud’s work.

viewed as having normal problems and human frailties or failings. The earlier imagos, from earlier forms of the Oedipus complex, represent an increasing magnitude of perfection and authority. For example, beyond the community, there are people with ties to the upper classes and there is a visible pyramid structure in our institutions and corporations that lead to a national level of public recognition. CEOs, athletes, celebrities, professors at Ivy League institutions, and everyone else who becomes “publicly recognized” are salient. Then, the magnitude increases from being nationally recognized, to being a world-historical individual who will live on in history books for contributions to one’s profession, for the record one set in one’s sport, (etc.). At this stage, authority begins to be mixed with the supernatural. The “great” people who reach this level can be represented as being super-human, magical, or uncanny in their ability. Then, as Freud points to, authority and perfection can expand to a spiritual hierarchy that reaches the height of Destiny, Fate, or God<sup>5</sup>.

Along with denoting different levels of ambition that an individual may have, these levels also show up in examples of psychopathology. For example, there are people who suffer from narcissism or grandiosity, and who believe they are geniuses although they have never published any work, made an invention, or done anything that corroborates this. Instead of striving to achieve their ego ideal, they usurp the place of the parental imago which provides the estimate of perfection which is housed in the superego<sup>6</sup>. Freud (1914) references this process in how

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<sup>5</sup>The demands for perfection from the parental imago tracks increasing magnitudes of inferiority as one’s ambition increases (Pederson, 2015, 2018). Feelings of inferiority with coworkers or peers will increase to self-criticism of feeling like one is pathetic, one is a loser, one is insignificant, or one is a nothing. Ethics and their ties to social anxiety and the shame of not wanting to be seen as “bad” track these levels as well. The faux pas and issues of politeness develop into acts that are criminal, to acts that are ethically monstrous, to acts that represent evil.

<sup>6</sup>These levels are also indirectly visible in paranoia. For example, instead of being all powerful in megalomania, one can face God’s wrath in paranoid fears of the end of the world. Instead of being an immortal name in history, some people have paranoid fears about the Illuminati or some secret group that has controlled things throughout history hunting them down. Some fear that some gangster or corporation that they came into acquaintance with will want to kill them for seeing or knowing something that they shouldn’t. Then there are people who are paranoid about some secret or lie being uttered about them in their community and fear the attack on their reputation.

“megalomania itself is no new creation... it is... the narcissism which arises through the drawing in of object-cathexes [and] a secondary one” (p. 74)<sup>7</sup>. In other words, authority, power, or perfection was originally in the superego object, and to withdraw the transference to it and put oneself in its place is secondary. However, in my clinical experience, this ego defense is never performed in an atomistic way. When one becomes the parental imago, one will make an object, even intrapsychically, feel the ego injury which originally caused the ego defense. I identify this with Klein’s (1975) concept of projective identification (PI)<sup>8</sup>.

Along with maternal narcissism or grandiosity there is also paternal narcissism or PI that links to what has been classically called compulsive, rigid, or industrious/over-focused character (Reich, 1990, Lowen, 1994, Kurtz, 2007). The grandiosity of believing oneself to be God, a world-historical individual, someone more famous or important in the culture, or that one or one’s family is looked up to and important to the community is a fairly obvious progression. However, identification with a profession and compulsive “workaholism” doesn’t have obvious links to other compulsive expressions, and some clinical experience is needed to see them. Stages of paternal PI are linked to compulsively doing *something* that takes into account developing ego cognition in psychosexual development. The ideal of feeling like one must have the best way of doing things in simple tasks, must be more organized and efficient, or must have one’s bearings or be aware of one’s environment are examples. They reference such things as Time and Space that are also a part of the imago’s attributes and form an important part of psychopathology (Searles, 1960, Pederson, 2015, 2018).

Although the imago placeholder will take on content from one’s particular

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<sup>7</sup>Later, Freud (1923a) uses secondary narcissism to refer to how id “erotic object cathexis” leads to primary identification with the parental imago, and then how the perfection of the parental imago is taken into the ego drives to go after that perfection (p. 46).

<sup>8</sup>I (Pederson, 2015) had previously used the classical reference of moving from passive to active, but have found that sometimes the ego injuries are caused by bad conscience in which one was “the active” one, or “doer.” Klein’s more general terminology, along with the sense that one controls the parental imago and therefore would take on some of its qualities (of perfection or death) is key.

culture, what are important are the human relations that can take place with authority and are shared across cultures. Freud (1924) writes, “all who transfer the guidance of the world to Providence, to God, or to God and Nature... still look upon these ultimate and remotest powers as a parental couple... and believe themselves linked to them by libidinal ties. (p.168). When one works with a patient who has had something tragic happen to herself or a loved one, she can sometimes express this through being angry with God. Within the complaints of depressed patients who talk about the pointlessness, or purposelessness of life, I began to hear a criticism against a God who had made the world in this way. It became important to make this preconscious relation to God conscious so that the “libidinal ties” could be explored and take the patient back to the actual interpsychic relation that began to be played out at this deeper level of authority<sup>9</sup>.

I have developed what I call ego and object (E&O) statements to elicit feelings and thoughts about others, or about oneself from the point of view of others, to link current libidinal ties (or repetitions) to past instances. By asking the patient to repeat the statements to see if he had felt this way about someone in his past, the original ego injury can be found. Then, I use the bilateral stimulation (BLS) of EMDR to help the patient focus on bodily sensations to get to the specific id impulses that originate in idiosyncratic zones of the body (Pederson, 2018). The ego injury, or trauma, caused overstimulating emotions and the link to the imagos formed in psychosexual development is found in the id drives of aggression or affection. A person can feel anger, for example, in her hands and want to hit or choke, or in her legs and want to kick, but sometimes anger will show up in the chest, the eyes, the shoulders, etc. and zones in which there is not a practical expression. It can only come out of these zones in a fantastical way. Feeling like the anger wants to explode out of one’s stomach, a beam of light wants to shoot from one’s chest, ectoplasm wants to emerge from one’s throat, and many more idiosyncratic forms are quite common to me now. I ask the person to feel how the anger wants to come out of the zone and to picture himself expressing it in his

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<sup>9</sup>I disagree with Lacan (1998) that “God is unconscious.” God is a conscious or pre-conscious form of superego authority. One can be an atheist and still talk about one’s transferential sense that the world is awful and that if there was a God, that he would be wicked or imperfect.

mind's eye upon the object until it is discharged. For some people verbalization accompanies the physical act and seems important, and for others it is less so. The pictured effect of the aggression upon the person, place, or thing is often a part of the release. I conceptualize this as the repressed aggression having been turned upon the self and that its effect upon the imaginal other gives us a sense for what aggression had been doing to a part of oneself.

In some cases, I ask individuals to superimpose images over or into the relevant bodily zones and if they feel that their body accepts and begins to map onto the image or symbol, they fully embed it (Pederson, 2018). After expression of the id impulse, there is sometimes a further step of getting past the destruction by letting oneself imagine a new symbol. I would like to give an example of a patient who transferred much more intense feelings of being controlled onto the authority figure of probation and got to the relevant id impulse and the creation of a new symbol:

Client talks about the fear she has about missing another drug test. She has a sense of “impending doom” and “When is it going to happen?” She blames her memory problems, and discusses missing her drug test, as “more hiccups” in her life—a life in which she increasingly doesn't feel a sense of control over. She then gets into how probation is “over [her]... controlling [her], telling [her] what to do.” She rhetorically asks, “Will I ever be done [with the program] and get my freedom?” Because of past work I ask her to say these things about her ex-husband as E&O statements (he is over her, controlling her, telling her what to do, and when will she ever be done with him and get her freedom) and to see if they feel true to say. She quickly identifies that they feel true and talks about “letting him control things” when they were married. I begin BLS and ask her to see if there's a specific memory she goes to or a strong reaction in her body. After BLS, she talks about how “if [she would have] stood up for [her]self, it [wouldn't have been] as bad as [she] thought it would be” and already appears to be processing it. I resume BLS and ask her to tell me what her body says. After, she reports anger in her chest and tells me that she was picturing her ex in their house about 4 years ago. I ask her to see how the anger in her chest wants to come out. After BLS she tells me that it wants to come out as a “sonic boom” and she pictures “sound waves” coming

out with her yelling. I ask her to let it fully be expressed, and to say any words that go with it, until she feels that she's done with anger. After BLS she tells me that she pictured yelling at him and that he, the whole house, and "the whole environment was destroyed." She tells me that she was standing alone and around her was "just dirt." I ask her to look at the destruction and to see if her body has any reaction to it. After BLS, she tells me that she still feels a reaction in her chest, but that the anger is gone. I ask her to superimpose the desert-like environment inside of her chest and to see if it feels right (if she feels like her sensations want to map onto it and accept it there)? During BLS, she tells me that it feels right and I tell her to keep picturing it there until it feels fully embedded. After BLS, she tells me that there's an empty and "barren" feeling in her chest. I ask her to picture the environment and imagine the effects of time on it and see if the environment wants to change, on its own. After BLS, she tells me that she pictured the rain eventually came and that sprouts formed in the ground. I ask her to let this continue and see what the new landscape wants to become. After BLS, she says that she saw "trees and plants spreading around" and pictures her family there. I ask her to keep looking at this and to see if the feeling can spread around into other parts of her body. After BLS, she tells me that she feels a "calm," and "relieved" throughout her body.

This patient had very strong feelings of being controlled from an early parental imago that she transferred onto the people associated with her probation. I knew that nothing had changed in how her probation officer was treating her and that we had been working through the ego injuries she came from her controlling and abusive ex-husband, and so I anticipated where her transference came from. However, with most other cases I simply ask for the patient's own associations to the statements in order to get to the relevant figure from the past. This patient's id aggression of a "sonic boom" that destroys not just the person, but also everything in external Space, is one I have encountered with several patients now. Its expression, and work with the rebirth of the land, resulted in no future complaints about feeling controlled by probation again.

I would like to offer up a vignette that operationalizes an authority imago in a different way. Although, for the sake of length, I will leave out the full processing of it:

Client shares that his girlfriend doesn't want him to have friends of the opposite sex, but although he raised the issue, he quickly backs off from it. He tells me that he doesn't care really if she wants this, and doesn't want to add stress. He then gets into something totally unrelated about seeing "weird sequences in numbers" in books, on a streetlight, and in other things. He talks about it as "playing that game" and doesn't represent it as something that is necessarily obsessive or pathological. After, he repeats the phrase "playing a game" and then refers to "the game of life." Client has shared about playing a lot of video games, and I ask him if it feels any different when playing them, and the number game, in contrast to when he plays the game of life? Client tells me that he "feel[s] good at games but do[es]n't in life." He tells me that friends and acquaintances "ask [him] for advice" in video games and that while he feels adequate in this domain, he "suck[s] a lot in life." He then backs off of the self-criticism to say that there are a lot of "pointless rules" in life. In life "you have to play games to get ahead, to succeed" but people are "fed into the system," and "society is controlling." "If you don't do this, if you don't fit the mold" he says in a serious voice, "we have no use for you."

I ask client to think about "the system" as if there was a person who orchestrates it and pulls the strings. I ask him what he would say about a person who designed society in this way? Client responds, that he would be "greedy," "careless," and that he imagines that the person "surrounds himself with people to make him appear more valid or important," although he is "undeserving," and "not smart enough." I ask client to reflect on these as E&O statements and to tell me who comes to mind from his past. Client tells me that his best friend from high school comes up. I ask him to focus on him and to tell me what memory of him comes to the fore and what reaction he has in his body. After BLS, Client tells me that he feels it in his stomach and his "gut is wrenching." I ask him to keep his eyes closed and see if there's an emotional tone to it. After, Client tells me that the sensation is "tinged with anger." He tells me that others saw this friend as "charismatic and funny" but that his friend was a liar and likely "a sociopath or something," and lied about small things he didn't have to "like a klepto steals when they have money."

I ask client what he thinks this friend thought about him. Client tells me that, “maybe he saw [him] as the one who had everything,” and “was jealous of the relationship [client] had with [his] family.” Client adds that there was some “weird competition” between them and that his friend “wanted to be superior or more interesting” in his lies. His friend “needed to stack up somehow” and client “had an edge” on him...

The libidinal ties my patient had with ‘the system’ were able to become personalized into thoughts and feelings about an Oedipal figure that he was then able to match with someone from his past. In a similar way, someone who complains about how the world is or what life is like is able to get to thoughts about the God that made things this way. Although my patient’s friend was not an authority figure in any traditional sense, I have come to see that ego injuries can move between spheres. One with a past romantic partner in the object drives can be repeated with one’s boss in the ego drives, or vice versa.

### 3. Psychic Bisexuality

So far, we have only examined the ego drives and authority as they relate to power and perfection. Freud’s concept of psychic bisexuality recognizes this as the active pole of the human personality, but also contrasts it with a passive pole that has a different motivational pattern and relation to authority. While gender, or masculinity and femininity, is appreciated as a “sociological” construct by Freud he still stresses how individual psychology, understood as the economics of libido, is more important than the sociological factors (Freud, 1930, pp. 83-84)<sup>10</sup>. In other words, despite attempts by parents, and later by authority figures like bosses or teachers to reward and punish children to have certain beliefs and personality qualities, the child’s personality, as developed from the psychosexual stages and later ego defenses, is primary. Parents can strive to mold their children, but the personalities of siblings can be vastly different. Moreover, in some cultural time periods, and within different classes of society, very little active molding can occur.

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<sup>10</sup>Freud (1905) clarifies that “[m]asculine’ and ‘feminine’ are used sometimes in the sense of activity and passivity, sometimes in a biological, and sometimes, again, in a sociological sense” (219 fn).

Freud (1913a) considers bisexuality to be “among the clinical postulates of psycho-analysis” and has scattered remarks about the active-passive binary throughout his writing (p. 182). He (1923b) contrasts “two sets of emotional impulses... opposed to each other... impulses of an affectionate and submissive nature, but also hostile and defiant one” (p. 85). He (1933a) holds that the two poles “are completely ambivalent, both affectionate and of a hostile and aggressive nature” (p. 120). The drive for mastery, which was mentioned above, is identified as masculine by Freud and fits within the active-competitive-defiant pole (1905, p. 198, p. 1913b, p. 322, p. 1917b, p. 327). In contrast, Freud originally defines “feminine mental qualities” as traits such as “shyness,” “modesty,” and “need for instruction and assistance” in a passive-cooperative-submissive pole but later moved away from classifying traits and motivations as masculine or feminine (1905, p.144). Instead, Freud (1933) points out that activity and possessing more musculature or greater size is not always found in the males of other species of animals and this binary is not written into the laws of nature (p. 115). “For psychology the contrast between the sexes fades away into one between activity and passivity,” he writes, “though anatomy, it is true, can point out the characteristic of maleness and femaleness, psychology cannot” (Freud, 1933, p. 105).

Regardless of a possible connection to biological sex (within the human species), what is important for Freud’s drive metapsychology is how the relations to authority also reference Eris and Eros<sup>11</sup>. We have already seen the link of Eris, and Freud (1921) pairs passive-submissiveness with aim-inhibited sexuality when he says that the latter “contains an additional element of paralysis derived from the relation between someone with superior power and someone who is without power and helpless” (p. 115). Additionally, when discussing suggestibility in hypnotism, Freud (1905) references a submissiveness that goes along with the “masochistic components of the sexual instincts” (p. 150; 1921, pp. 114, 125); thus, males or females who are on the passive pole and show more submissive traits, more affection, and more suggestibility are dominantly

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<sup>11</sup>I have argued that there are active and passive expressions across the male and female sex, and show that Freud himself was ambivalent on this point (Pederson, 2015). Working with the body has only made me more confident about this since recurring symbols, bodily zones, and id impulses are paired with certain motivational structures.

erotic. Those that show more competition, more anger, and more defiance towards authority are more dominantly eristic.

#### 4. Eros

Now that we've seen the passive pole's relation to authority, I would like to examine sexuality more thoroughly in Freud's work. After discussing the features that are present in both poles I will turn to the passive-altruistic drives. I will oppose the active pole's principle of power with the principle of belonging and, in parallel to the former, a maternal and paternal expression will be isolated. These two phases of the passive pole and their relation to the passive parental imago will be explored in the next few sections.

Freud invokes the concept of both 'Eros' and the usage of love in German (which also works in English) for the wide expression of sexuality (1921, pp. 90-91; 1930, p. 102). The Greek Eros more formally captures different types of love in friendship, the family, and God, but there is a wider use of the German or English verb to love. For example, constructions like 'taking a lover' and 'to make love,' show its relation to sex, but it can also be seen in constructions like, "I love music," "I love hiking," and "I love pizza." Love can be used for a felt connection with the most spiritual and ethereal objects as well as the most mundane and frivolous. However, in most of his writings Freud (1921) prefers to reference the wide use of love in Eros through sexuality "to avoid concessions to faint-heartedness" (p. 91); he uses the term aim-inhibited sexuality, which, as mentioned above, is often an expression of the passive-submissive pole of the personality. "To this class belong in particular," Freud (1923c) writes, "the affectionate relations between parents and children, which were originally fully sexual, feelings of friendship, and the emotional ties in marriage" (p. 258; 1911; 1914; 1921; 1930). Aim-inhibited sexuality, or love, comes into the object drives of the active pole at later stages of development and in sections 8 and 9 below I will discuss the synthesis of the two poles, but, for this section, I will keep to general ideas on sexuality or their passive pole expression.

Calling love aim-inhibited sexuality does not seem controversial to me. Although such a formulation might bring up derogatory labels like pan-sexualism, we can note that in sexed animals there are varying amounts of affection, sociality, and hierarchical structure. The

foundational relatedness that they all share is sex, and to refer the increased sociality of some animals as relating to this base is a logical inference. Moreover, when Freud calls attention to the transformation of literal sexual desire into aim-inhibited sexuality there are two corollaries to consider. First, I understand him to mean that as our genetic cousins, the bonobos, show, sexuality was originally expressed very widely at some prehistoric period in humans<sup>12</sup>. Therefore, it is likely that human culture or ethical life stepped in to enforce the renunciation of it, which forced sublimation. However, along with this forced sublimation, Freud (1923c) also notes that aim-inhibited impulses “are held back by internal resistances” (p. 258). Bonobos, as well as other higher primates, show affectionate behavior without having something resembling the civilization of humans. As we will see in the last two sections, before literal sexual desire emerges in the object drive, there are still component drives in earlier psychosexual development that manifest in affectionate ways, such as hugging, wanting to be in the other’s loving gaze, wanting one’s skin caressed, (etc.)<sup>13</sup>.

So far, the examples have pertained more to one’s object drives or private life and there is still a question of how the passive ego drives are expressed. Freud generally uses the term love as a catch-all on this account, since devotion in love “is no longer to be distinguished from a sublimated devotion to an abstract idea” (1921, p. 131). However, he (1913c, 1917b, 1930) also uses the term altruism in contrast to the egoistic drives aligned with active pole. In his most precise statement Freud (1917b) also shows how the passive-altruistic ego drives can come into conflict with object drives:

The opposite to egoism, altruism, does not, as a concept, coincide

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<sup>12</sup>“The rate of sexual interactions is higher among bonobos than chimpanzees... sexual interactions among bonobos occur in every possible partner combination regardless of age or gender with the notable exception incest among siblings. These interactions reflect a much broader sexual lexicon in bonobos than in chimpanzee; in addition to vaginal, bonobos utilize oral and manual stimulation in a variety of copulation positions...” (de Waal, 1995).

<sup>13</sup>Ultimately, even these component drives still have ties to sexuality in the form of the initial id erotic-object choice from which the ego is formed out of the id (Freud, 1920, p. 42; 1923a, pp. 29–30).

with libidinal object-cathexis, but is distinguished from it by the absence of longings for sexual satisfaction. When someone is completely in love, however, altruism converges with libidinal object-cathexis. As a rule, the sexual object attracts a portion of the ego's narcissism to itself, and this becomes noticeable as what is known as the 'sexual overvaluation' of the object. (p. 418)

Here the absence of longings for sexual satisfaction no doubt references the shyness and modesty that Freud had formerly identified as feminine. Additionally, as we saw in the last section, the overvaluation of the object in romantic love also connects to the overvaluation of one's boss, teacher, or authority figure in the ego drives. Chasseguet-Smirgel (1970) explores this in a study of women who attempt to complement an authority figure as "the right hand, the assistant, the colleague, the secretary, the auxiliary, the inspiration for an employer..." (p. 124). I will further take up this expression of altruism, as assisting in the perfection of others, in section 6. However, as we saw in section 1, with Eros coming into the active pole to soften the expression of Eris in the paternal phase, a reference to the power of the object is a similar admixture of Eris into the passive pole. The question is what the earlier maternal phase of altruism might be?

In previous work (Pederson, 2015), I have argued for the importance of not defining the passive pole in regards to power, and put forward that the principle of belonging as the best candidate. I have since come to appreciate the prominence that others have given the concept (Horney, 1939; Fromm, 1941; Jacobson, 1959). Although Freud (1921) does not formally use the term in this instance, he captures what is at stake in it:

if an individual gives up his distinctiveness in a group and lets its other members influence him by suggestion, it gives one the impression that he does it because he feels the need of being in harmony with them rather than in opposition to them—so that perhaps after all he does it ['for their sake'/'for love of them'] (p. 92; 1930, p. 103)

Freud captures the principle of belonging as a silent imperative to be like others in the group and lose one's distinctiveness or desires. In the public life of the ego drives it would signify having a cooperative, or "go with the flow" attitude instead of a competitive one. The desire for harmony can

also invoke how such individuals don't like to see fighting, anger, or discord among others, although, finding oneness with others is a deeper formulation than talking about an individual's agreeableness or discomfort in watching others argue. Freud (1923a) relates that passive individuals who have "had many experiences in love there seems to be no difficulty in finding vestiges of their object-cathexes in the traits of their character" (p. 29). In the tendency to find oneness with others, in both the ego and object drives, the impulse of active mastery is opposed by an impulse of passive mimicry (Pederson, 2015). Moreover, just as power-seeking has distinct levels of ambition, so too does mimicry show a progression. "Copycat" or "chameleon" is visible in the surrender of the mind over to the hypnotist in which one can completely act from another's agency instead of one's own. Along with suggestibility, pre-consciously copying the style, the phrases, the tones, and the mannerisms of others and one's environment is salient at early levels<sup>14</sup>. Then, at later levels, mimicry can involve more complicated pursuits like copying the profession of a parent or the individual can adopt the signs, or consumer styles, of group member in families, classes, or subcultures.

The passive harmony that Freud identifies here reminds me of Winnicott's (1971) formulation of being vs. doing (p. 80-85). As we saw, the maternal active-egoist is status-seeking and is very much *doing* in order to attain power. The maternal passive-altruist who lets himself be changed by others, in harmony, captures a sense of *being*. The term belonging sounds less solipsistic, and I would like to continue to use it, but Winnicott's more generic terms also have some value. For some patients, there is a question of how to be with others and merely cooperating and going with the flow can become troubled and ambivalent. Belonging at the maternal phase is paired with ego ideal feelings of aloneness or 'fear of missing out' and the related longings/tensions that drive the individual back to others— even when being with them is problematic. I would like to give an example of such problems of being in belonging:

Client talks about taking a trip home and then shares a thought about whether she should bother to contact a friend, Jen. Client

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<sup>14</sup>Preconscious mimicry is key here. I am not referring to the *self-conscious* mimicry that comedians use to do an impression of someone or that an actor might channel for a role, which would be associated with a later phase.

tells me that “haven’t been talking” and gets into how she “can’t really rely on her.” Client explains how it has felt like she had been the one reaching out and it hasn’t been reciprocated. However, with the prospect of going home, client expresses how she “feel[s she’s] missing out” and has a “longing to be close... in person” with Jen. We briefly discuss the idea of Client confronting Jen with the bad state of their relationship and seeing if she shows an interest to repair it. After this discussion, Client brings up how Jen became very focused on her studies, and then Client goes on to talk about how school “became [her] life in undergrad” too. Client then goes on to lament how it is “harder to maintain friendships” when one gets older and then tells me about a few of the people with whom she feels like she’s been able to start a friendship. Despite these new friendships, Client swings the topic over to the people she hasn’t been able to get closer to. Client brings up a group of Biology students she had spent some time with. On the chair in front of me, Client begins to adjust her body into some semi-awkward postures and expresses how she didn’t feel like she could connect with them. She tells me, “[she] do[es]n’t fit” and the words feel significant to me. I ask her to focus on being with them and to see how strong of a sense she has for it in her body. After BLS, she tells me that she feels the “discomfort” of it more: how she “do[es]n’t know how to be” or “hold [her]self.” She tells me that she feels it in her chest and jaw.

I then use her phrase “I don’t fit” as picture-words and ask her for the first visualization of something or someone who doesn’t fit. Client tells me that she pictures a pile of stacked yoga blocks and how she pictures how she can’t fit her block into “the hole.” I ask client to take the picture of the stacked blocks, the single block, and the hole in the stack and see if any of them fit into her chest. After BLS, she tells me that the stack with the hole fits in, and I tell her to continue superimposing it until it’s fully embedded and then to focus on being with the Biology students and see if there’s a new focus or feeling. After BLS, she tells me that she feels “emptiness” in them and “[she] tr[ies] but [she] can’t fill it.” The slight humor she showed with her awkward poses on the chair is gone and things seem much more serious. I ask her to focus on this feeling of being unable to fill the emptiness with others and to float back and tell me

the other times she remembers feeling like this. After BLS, she tells me that the 7<sup>th</sup> grade comes to mind and that her parents had taken her on a trip to stay with relatives in Europe and that she “didn’t have friends the whole summer.” She explains that Jen was already her friend at this time and that she was her first good friend. Client expresses that she felt “really lonely [and]...bored and stuck with family” and just wanted to be with Jen. Client goes on to emphasize the friendship by reporting how “school was really tough for [her]” and repeating that Jen was her first friend. I ask client what the problem was before Jen? Client tells me that she “was superficial” and would wear pink, expensive clothing and cared a lot about how she looked to others. Client has had tears in her eyes since she embedded the yoga blocks and empty space, but now she is fully crying.

As Client continues to explain her earlier attempts at friendships with me, things begin to shift. The girls she was hanging out with at that time are labeled “bitchy and superficial” and portrayed as ‘Mean Girls.’ I ask Client if she felt that she or they were the more superficial ones? Interestingly, Client doesn’t mention either but instead reports that her mother was the one who dressed her in expensive clothes, and Client tells me about how her mother wanted her to be popular. I ask Client if it feels true to say “Mom was superficial?” Client, whose crying had subsided a bit, begins crying more intensely again when she answers in the affirmative. I pause and wait to see where Client will go after she calms a bit. However, I feel like she is looking more intently at me and isn’t in her own process as much. I decide to ask her to see if it feels right to superimpose the hole in the yoga block stack into the image of her mother from that time and see the emptiness in her. Client begins another wave of tears and tells me that her mother “cares so much about appearances, but it’s so empty inside.” She tells me that she “do[es]n’t like this” and I tell her that I know it’s hard to see someone you love like this and that she cares so much that she brought the emptiness in herself so she didn’t have to see it in her mother. I tell her that her mother doesn’t have to stay empty and that when we love enough, that love can restore the people we care for.

Client agrees to focus on the emptiness in her mother and, after BLS, she tells me that she can feel her chest and jaw react to the

image. I ask her to see if it feels like her love has power and to see how it wants to come out of her to fix this in her mom? After BLS, Client tells me that what happened might sound “weird,” but that she pictured her mother as an “empty egg shell” and that “liquid was coming out of [Client’s] mouth” and filled up the shell. Client laughs a little with this and I can see a strong shift in her mood. I ask her if it feels right to superimpose the filled up egg into her mother’s body and tell her that I’m curious to see how her mother might look or act if she has substance. After BLS, Client laughs a little and tells me that she pictured “the giant egg” turn into “the shape of a human” and that it is like “a beige, porcelain doll... with the outline of mom.” I ask her again to see if she can put this doll inside of her mother and let herself imagine what she would have been like if she wasn’t hollow and only cared about appearances? Without BLS, client begins to tell me that she pictures her mother as “old... with grey hair... in mom pants, very plain-looking... and frumpy.” Client says she’s in the kitchen in her childhood home and is “making a pie.” Client begins to cry more and tells me that “it’s sad how much a part of [her] wants this.” I ask her to stay with it, come into the kitchen and imagine how this mom treats her. After BLS, she tells me that they were “hugging, eating pie... and other family is around” and with tear filled eyes she tells me that “it’s nice.” I explain to Client that we all have built in needs and images for how our parents should be. I ask her to continue to picture what she needed and to let it in as much as it can come in...

In this vignette, my patient has issues with knowing how to be, or how to feel belonging with others, because she transfers an emptiness onto them with which it is difficult to feel in synch. This transference arises from the lack of care and real acceptance from her mother and this also appeared to be repeated to her friend. Bion (1965), Sopher (2018), Hook (2018a), Gerson (2009), and Laub (2005) all identify an object of absence or emptiness; however, the absence or emptiness only references the object no longer being in life—the manifest state of affairs. Since my patient’s mother can be brought back, her absence signifies that she is somewhere else, the hereafter, or *outside* of this life, and this is the deep structure that is important. Like id impulses of destruction, impulses of restoration show up in different bodily zones and have idiosyncratic

expressions. I will give several examples of them, as well as being outside of life, over the next few sections.

What is necessary is that we understand the form of the parental imago that forms the superego in the passive pole. As we saw in section 2, striving for perfection and becoming perfection in defensive narcissism (or PI) invokes both a negative object and a beautifully simple defensive structure; the passive pole deserves this treatment too. In Freud's statement above, there is a subtle hint in the idea of giving up one's "distinctiveness" in seeking harmony and belonging with others. In previous work, I have identified that the passive pole is linked to the parental imago of death (Pederson, 2015, 2018).

## 5. The Death Imago and Echoism

I will examine Freud's thoughts on the negativity of death and make a case that it provides the same explanatory power as perfection as the basis of the superego. After making this connection, I will discuss the opposition of narcissism and masochism in the history of psychoanalytic thought. Although classical theorists already identified all the behavior and pathology I will link to the passive pole, I'll show that the term echoism is superior to the term of masochism. Echoism does not make the passive pole derivative of the active one nor does it imply that the painful aspects of a relationship are consciously desired or experienced as pleasurable.

Freud acknowledges death anxiety but argues that it must be indirect. I understand the necessity of this indirect construction as coming from a scientific naturalism in which finite humans cannot perceive the infinite directly (Pederson, 2015)<sup>15</sup>. "It is indeed impossible to imagine our own death," Freud (1915b) writes, "and whenever we attempt to do so we can perceive that we are in fact still present as spectators" (p. 289). He goes on to write:

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<sup>15</sup>Although we can, for example, label something as perfect and convey something of significance with the term, what we see as perfect at the age of 5 will probably not be the same as when we are 15 or 50. The object that is seen as a perfect specimen of attractiveness can change, the challenges in our work will change, as will our aesthetics because of individuation or maturation.

Our unconscious, then, does not believe in its own death; it behaves as if it were immortal. What we call our ‘unconscious’—the deepest strata of our minds, made up of instinctual impulses—knows nothing that is negative, and no negation; in it contradictories coincide. For that reason it does not know its own death, **for to that we can give only a negative content**. Thus there is nothing instinctual in us which responds to a belief in death...The fear of death, which dominates us oftener than we know, is on the other hand something secondary...(Freud, 1915b, pp. 296-7, emphasis mine)

In the repressed unconscious, there are only different drives of aggression and affection that are connected to the parental imagos that form the superego. Drives are moments of becoming (i.e., one feels lustful, has sex, and then gradually the lust will return) that are sent to the not-becoming of the unconscious, however, the repressed returns, and with it comes the relevant imago that is paired with the id drive and they create the ambivalent repetitions in our public or private lives. The parental imagos are what are formed out of negations and as my clinical vignettes show, the repetitions and the relevant imagos are preconscious and can be found following E&O statements or bodily sensations. The fear of death, which Freud admits can “dominate us oftener than we know”, is related to an anxiety situation with a superego object (1923a, p. 58). He uses the indirect construction of “fear for life” to capture it and places it as one stage of different types of castration anxiety (Freud, 1926, p. 129). For any of these forms of anxiety we are conscious of the fear and preconscious of the ego injury that caused the repression of the id impulse and instated the repetition with the relevant imago. It is the id drive that is unconscious and requires interpretation or must be produced in the individual from the memories of the ego injury.

Although I appreciate Freud’s formulations here, we are still left with the question of where the “fear for life” anxiety comes from. If we can never imagine our own death, because to do so makes us spectators of it, and if we do not hypothesize a soul, which is able to feel itself separating from the body, then how does death anxiety exist? I started with the postulate that the negative quality of death first appears in the parental imago of the passive pole (Pederson, 2015). As we saw with the vignette in the last section, it is not just one’s own death that is impossible to represent to oneself, but one cannot imagine the death of the object either.

Instead, the object is taken to be outside of life, which will be conceived of in different ways depending on the psychosexual level of development. Moreover, just as we saw that Eros mixes with Eris to give us different motivations in different phases, the ongoing syntheses of the two poles means that individual death anxiety enters the active pole from the primary view of the passive parental imago as being outside of life. These syntheses mean that death from the passive pole becomes the anxious limit in the active pole, just as perfection from the active pole becomes the limit of the anxious fear of disapproval in the passive one (Pederson, 2015).

Death as the basis for the ego ideal means that one is prone to lose one's "distinctiveness" and replace it with the distinctiveness, emotions, or desires of others. Furthermore, as with the active pole, PI is possible in which the individual does not just emulate death but becomes it. These states were contrasted with narcissism/grandiosity in the history of psychoanalytic literature as the lowering of tensions (Freud, 1920), inner contactlessness, inner deadness, and striving after disintegration (Reich, 1990), longing for oblivion, vanishing into nothing, and loss of the self (Horney, 1937, 1939, 1945), and states of depersonalization, estrangement, and self-consciousness (Fairbairn, 1952). They have generally been included in the designation of masochism (Reich, 1941; Reich, 1990; Horney, 1937, 1939, 1945, Jacobson, 1964, Berliner, 1942, 1958, Menaker, 1996, A. Reich, 1940). I will turn to some clinical examples of these states, but for the moment I would like to address their inclusion under the term masochism.

Beginning with Freud, social masochism has existed in parallel to sexual masochism. "Those who find their pleasure, not in having *physical* pain inflicted on them, but in humiliation and mental torture," Freud (1900) writes, "may be described as 'mental masochists'" (p. 159). In his structural approach, Freud (1924) links this enjoyment of pain to primary masochism in the id. However, I will later give evidence that it is sadism that is primary and not masochism, so I would like to instead observe that Freud implicitly gives another construction of masochism as the suppression of the active pole in the passive individual. This is a dynamic structure that complements how the active-egoistic individual becomes narcissistic through repressing the passive pole. "It is possible to be absolutely egoistic and yet maintain powerful object-cathexes,"

Freud (1917b) writes, but “it is [also] possible to be egoistic and at the same time to be excessively narcissistic—that is to say, to have very little need for an object” (p. 417). Conversely, he writes, “in addition there is an altruistic transposition of egoism on to the sexual object, **the object becomes supremely powerful**; it has, as it were, absorbed the ego” (*ibid.*, p. 418 emphasis mine). In other words, a person cannot be a “people-pleaser,” be unable to say ‘No,’ and have assertiveness issues if his active-egoistic pole is functioning. It must be suppressed in order for the individual to become masochistic, just as the passive-altruistic pole must be suppressed so that one can become a grandiose psychopath, an autistic philosopher, or someone who can ignore the pain and suffering of others for the sake of logical consistency. Reik (1941), Horney (1937, 1939) and A. Reich (1940) all develop this idea to show that being psychologically stuck in relationships in which one is tortured, abused, or extremely submissive occurs because the object represents the passive-altruist’s narcissistic pole.

Masochism is also used to cover what are really just passive-altruistic repetitions (i.e., those that do not involve PI). Berliner (1940) has the important insight here when he writes that the masochist “loved those persons who hated him and caused him to suffer (p. 325). The masochist’s desire for approval is attached to someone who intimidates her, makes her “walk on eggshells,” and who simply does not give her the approval she seeks. I’d like to share a vignette on this:

Client shares a dream in which she goes to a chain store. She tells me that she has items in her cart and has to urinate, and since she knows about the rules about not bringing items into the bathroom, she approaches a guard about this. She chalks it up to being “super-cautious” and tells me that it feels “awkward” as she talks with him and that it’s “like [she’s] in school again.” However, she says that the guard is nice and there isn’t an issue. Client begins her associations to how she tries to “get approval” and tells me about how she “tell[s] her boyfriend things he doesn’t need to know” while working at his company. She shares some examples of things she’s responsible for that she will tell him about, and she’s right, he probably doesn’t need to know about them. I ask her why she thinks she does this, and she tells me that she “never wants to make a mistake,” and if she “ask[s] permission before any move” then it won’t

happen. Client goes on to talk about being “the littlest in the family.” She has many good rationalizations about how being the baby likely made her this way, but I don’t see any affect or non-verbals that would alert me to the repressed content we need to get to. I ask client to return to the dream and first have the idea that the urination might be the wish, and that without it, it might mask an impulse to take the cart to the bathroom in order to steal. However, when I ask her about her thoughts about going to the bathroom, without the excuse of peeing, she doesn’t have any and I don’t detect non-verbals that show she might feel self-conscious or deceptive.

The other part of the dream I can see a wish for is the guard’s reaction. Even if client isn’t stealing, the guard could think she is, and the wish may be that he is kind during her “awkward” and “super cautious” reactions, instead of suspicious or annoyed. Client discusses the idea of the guard not being nice and associates it to her boyfriend. Though she shared about getting his approval, she didn’t share that she feels like she never gets it. She slowly begins to convey how he is “intimidating,” “puts [her] down,” and how she feels like she is often “walking on eggshells” in his presence. She says he can make her “so nervous, that [she] mess[es] up” and she does an impression of him saying “Come on, you should know this!” that communicates a lot of annoyance and frustration. Client’s narrative gradually begins to include some push back of how she’s been doing real estate longer than he has (although she acknowledges that he has a construction company and does more than her). Client also talks about how he is always doing things with his other companies and that he doesn’t let her know what he wants her to do, and should “let [her] do what [she] know[s] to do!” I explain to her that in these relations, the person often sets the other up to fail, unconsciously. Client appears to accept this and returns to the idea that she will fail because “he expects [her] to read his mind.” Client adds that she “do[es]n’t know what he’s pounding on [her] for” and with some exasperation, laments again “he doesn’t let [her] know” what she should do!

I ask client to picture one of these scenes with her boyfriend and to see where she feels it in her body. After BLS, she tells me that she feels it in her shoulders and chest. I ask her to follow the sensations

and the sense of the anger coming at her from her boyfriend and float back to another time she felt like this. After BLS, she tells me that her ex-husband comes up. She tells me that he was going out to bars, couldn't hold a job, and would "come and go as he pleased." She focuses on the sense of how she'd be at home with the kids and he'd come back home "pissed." She tells me that that she'd never know if he'd be in "a pissy mood" and looking back at this time she feels like she should have just locked him out of the house. She tells me that she'd be "walking on eggshells" with him at home but now feels anger. I ask her to focus on her chest and shoulders and see how the anger wants to be expressed. After BLS, she tells me that she pictures her ex as "small" and says it is like he is "Popeye" and she is "the big guy," with a searching expression on her face. I say Brutus and she affirms it and tells me she feels bigger than her ex. I ask her to listen to her body and to see how her anger wants to come out and to express it. After BLS, she tells me that her ex was trying to get to her and her kids and she was blocking him with her shoulders and then began to chest bump him back to and out the door. She tells me that he's locked out. I ask her to look at him appearing small and locked out and see if her body has a reaction. After BLS, she tells me that she wants to laugh and that she feels stronger. I ask her if it feels like there's anything more that wants to happen, or further reactions in her body and she says no. I ask client to now return to her boyfriend see if it feels different. After BLS, she tells me that she feels "some frustration" and that he is "bigger" than her and she "can't imagine otherwise." I ask her to see if anything wants to develop. After BLS, she tells me that she pictures him getting mad but then tells him "to sit down," and he listens. I ask her to picture this and see if she has further reactions. After BLS, she tells me that she "just walk[s] away." She says that she wasn't bigger but felt strength, and she "feel[s] it as non-verbal." We discuss paying attention to their interactions until next session to see if she retains the strength.

My patient has the sense of not doing her job well and it is tied to anxiety that it is too much for her. As mentioned above, when perfection comes into the passive pole it can emerge in work life and patients like this feel like they have to find 'a needle in a haystack' and need re-assurance or

approval, however, in these cases the necessary authority who can give her approval does not give this to her. There is no evidence that these patients enjoy this frustration and pain. My patient's frustration with the lack of love and approval from her ex-husband was caught up with the repression of some id aggression to clear him out of her space, and this kept her in a repetition with someone who withholds approval.

Pain is the consequence of the passive-altruist's behavior but it is not part of her conscious intentionality. Approval-seeking remains the conscious aim of the repetition but when there is a rupture, and the authority figure is irritable and makes her walk on eggshells, the passive altruist accepts it. Moreover, even when the altruist perceives that no approval is coming, she consciously feels that standing up for herself, leaving the person, or voicing her discomfort is presumptuous or conceited (Pederson, 2015). From the perspective of an active-egoist who does not have problems with assertiveness this can understandably seem like the passive-altruist can say 'No' or walk away, and therefore chooses to invite pain or humiliation<sup>16</sup>. What must be understood is that aggression in the early stages of the passive pole reaches its height in abandoning or walking away from the object (as will be seen in the next vignette). In contrast to the active-egoist's id impulses to annihilate, obliterate, and destroy the object in early stages, the passive-altruist's aggression is more about keeping personal space. Its repression, as in the case above, means finding a new person who will be "mean" to one and excite the id aggression but without the altruist being able to keep conscious of it.

I think that it could be valuable to keep the term masochism when a person is in a codependent relation with an abuser who represents the victim's own narcissistic pole *and* sadism<sup>17</sup>. There is an unconscious identification with the pleasure and power of the dominant individual in such cases even if there is not a conscious pleasure in the pain. Otherwise, the clinical example above does not relate to pleasure in pain (conscious or unconscious) and more logically remains an example of repetition in passive-altruism. Moreover, when the passive-altruist represses the active pole it need not go along with her own narcissistic and

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<sup>16</sup>In parallel, an altruist often assumes that "deep down" the narcissist really cares or has a heart, but this is her interpreting him by her own psychology too.

<sup>17</sup>See Pederson (2018) for an example of using E&O statements to find this.

sadistic impulses returning in an abusive partner or authority. In such cases, when the focus is on the altruist becoming the parental imago of death, I would like to continue to suggest that the opposite of narcissism is better termed echoism (Pederson 2012, 2015, 2018).

Echo is a reference to the nymph in the story of Narcissus, who repeats his words and whose body eventually wastes away in her unrequited love for him, until she is just a disembodied voice. The mimicry of the other in “echoing” is her significant trait and continuing existence with the loss of her body is the significant defense. Dean Davis (2005) makes a similar contrast with the term, but instead of ties to Freud’s framework of sexuality in the passive pole and mimetic behavior across many stages, Davis only cites verbal echoing of the parents as evidence (pp. 142-143). He also leaves out any reference to the literature of masochism as the previous complementary scheme to narcissism and locates echoism in the defensive operation already spelled out by Freud in the “altruistic transposition of egoism” mentioned above. Malkin (2015), Savery (2018), and Klika (2018) have similarly used the term of echoism as the opposite to narcissism, yet, they similarly fail to reference the previous literature on masochism while continuing its tradition by defining echoism in regards to deficient or negative narcissism, or as caused by narcissism. The principle of belonging in contrast to power, the death imago in contrast to perfection, and restorative impulses in contrast to destructive ones are needed for echoism to be appreciated on its own terms (Pederson, 2015).

Representations of the self-destructiveness of the death drive, dead objects, and a dead self-representation have also appeared in the literature, and partially overlap with traditionally masochistic material. For example, Rosenfeld (1971) mentions the unfused death instinct as leading the individual to desire to “disappear into oblivion” and “pull the whole of the self away from life into a deathlike condition by false promises of a Nirvana-like state” (pp. 173, 175). However, this is different than the recognition of a parental imago of death, and uses the language of instinct. Winnicott (1975) has suggestive passages of a patient being in a death state in which she didn’t belong with her body or breathing, nor her mind (p. 252). Like Klein (1975), Jacobson (1954), and many others there are also representations of dead people and a dead self in fantasy that he observes, along with the idea of the child feeling of “unthinkable anxiety” if the mother is gone too long and her “imago fades” (Winnicott,

1967, p. 369). Joseph (1989) mentions patients who are passive and inert and for whom “this identification and the preference for lifelessness or near-death” leads to an empty life and personality (p. 69). Joseph gets closer to recognizing death in the parental imago, but attributing lifelessness and near-death to it, does not constitute a structural approach. Durban (2016) and Schmidt-Hellerau (2006) both make reference to a death object and a dead self-representation, however, the defensive PI of becoming death on the passive pole along with death originating from Eros are not found in their accounts.

The closest theorist to take a structural approach to death has been Andre Green (1997). However, in Green’s work on the dead mother, the formation of this object is based on a contingent experience with a depressed mother that he equates to a phallic mother or combined parent imago (pp. 149, 157). While I agree with Green’s formulation of the dead mother as a contingent and non-universal phase, I have advocated for death as a parental imago in the other phases as well (Pederson, 2015). Green also has a concept of negative narcissism that resembles the binary of narcissism and masochism— including the passive pole being defined as deficient narcissism. He defines positive narcissism with the view that others are “of low value: ignorant, vulgar, common, cheap” while in negative narcissism, “the patient is the one who is worthy only of universal contempt; he or she has no right to any respect or satisfaction” (Green, 2002, p. 645). In my experience, much of the self-reviling is an introjection of angry judgments towards love objects, as Freud (1917c) defines melancholia. In other places, Green (1997) seems to recognize this in his distinction between black and white depression— with the former relating to self-hatred and the latter relating to “the problem of emptiness” (p. 146). However, this is not connected to the relation to the parental imago. Green (2002) also claims that negative narcissism is “aiming at nothingness and moving toward psychic death,” but the more precise formulation is that one becomes death in identification with the parental imago (p. 637). The nymph Echo continues to exist after her body disappears from the world; she is *outside* of it.

I would like to begin with a clinical example to anchor this point. The patient’s state of depersonalization blocks her access to the feelings in the target memory. I am able to resolve it through ego and object statements that show that her state of depersonalization was from PI:

Client gets to a memory of a breakup with a former lover who had “betrayed” her. She describes her initial experience after BLS as “twisted” and talks about how it’s like her lover had tried to make her “not trust reality” (i.e., tried to gaslight her). Client then recounts how her lover looked “deeply hurt and wounded” and Client begins to go into how he “had a bad childhood.” I challenge her about intellectualizing, and intellectualizing in a way that minimizes her feelings and absolves the other. Client smiles uncomfortably and I ask her if we can just stay with the feelings and resume BLS. She agrees, and after Client reports that she feels sensations in her throat that she soon calls “bile,” but instead of getting into her feelings, Client looks at me and says with slight protest that “he’s hurt,” in reference to her ex-lover. I tell her that I understand that it’s easier to focus on his feelings, and ask if she can get into her feelings and tell me what the bile and being twisted really feel like. She agrees, and after BLS, client reports that she feels like she has left her body and has gone “to the top of [her] head.” Instead of challenging this, I ask her to go all the way into it and see if she wants to fully disappear or not. I ask her to stay with the image in her mind’s eye, fully vanished or not, to hold it, and feel how it feels right to be in this state. After BLS, client tells me that it doesn’t feel right to fully disappear but that she is just the light at the top of her head and has floated up into the sky. She calls the feeling of being this way “floaty” and talks about the “bird’s eye view” she feels she can take in this place. I ask client to stay in this place to see if any compensatory feeling arises. After two rounds of BLS, client reports that she feels “choked” in this “stuck place” with her ex-lover. She tells me that she feels “compelled to comfort [him],” and to go down to him, and this means, “disregarding [her] own dignity.” She laughs a little and tells me that “[her ex-lover] liked it when [she was] in anguish with him.”

I ask Client to stay with this sense of the loss of her dignity and I resume BLS. After, she tells me that she re-appeared in her mind’s eye and told his image that she was “not going to engage this.” I ask how he looked after this and Client says he looked “furious.” She tells me that she pictured some friends there too and that her ex told everyone “to go fuck themselves” and that “he was done.” I

ask client to picture this and see if she has any reaction in her body. Client reports that she still feels like she's just in the "tip top of [her] head" and that it's "good warm light" there, "a dome of light." She tells me that she "can see out, but [she's] not her body." I ask her to picture her ex again, in the target memory, but that I want her to imagine that he gets to see her magically disappear into the dome of light, and to tell me what he might think of her. After BLS, she tells me that he'd be "curious," "think it was cool," but after this initial appreciation of the supernatural, Client drops any wonder and tells me that he'd be "pissed." She tells me that he'd think, "No, No, I'm talking to you, and making you feel bad." "You are escaping and don't get to do that," "I'm venting my martyred psyche on to you... how dare you escape it." I ask Client to say these as E&O statements and she tells me that her husband, early on in their relationship when they "were first dating," comes up. Client tells me that they were having "a fight, an argument" and that "he totally laughed at [her] and couldn't stay in the argument." She tells me that she pointed this out to him and he told her that he was joking but that "it wasn't just a joke," "it was absurd," and she saw that he "couldn't stay with [the fight]." She tells me it was "so disarming" and he had "such contempt" and she "couldn't resolve the dissonance." Client then turns to bringing up the "bad childhood" of a person who treated her poorly, and I again point out that she's minimizing for him, which makes her smile uncomfortably.

Client agrees to stay with the memory and after BLS she tells me that her "whole body recoiled in shock." I ask her how she's seeing him in the memory and her focus is on how he was "disconnected" and he "went to an absurdity place [sic]." She tells me that he "withdrew [emotionally], laughed a lot... and [now] feels hard and pointed." After BLS she tells me that she feels "twisted in [her] throat" and that she doesn't "know how to process his laughing." She tells me about their earlier courtship and how she hadn't seen him this way before. I interpret that she felt close to him and that this reaction made her confront that he didn't exist in the shared emotional space she thought he did. I tell her that instead of facing this that she was shocked and she switched roles and disappeared into another plane of existence. She reacts to this by telling me that

she feels “the overwhelming desire to not be left alone.” She then tells me that she’s “not going to tell [me] what [she’s] thinking about him,” in a wry way, but she then begins to say something about his parents and childhood again. I quickly stop this with the idea that her feelings are important too. She accepts this, sighs, and moves on to how she feels “really perplexed” and recounts the beginning of the fight that night and then returns to the “shock.” After BLS she focuses on how when he laughed that this “overwhelmed” her and that she focused on some art they had on the wall of their old house. I wait to see if client has any more processing here and when it seems like she doesn’t, I resume BLS.

After, she tells me that he told her that “women manipulate you through tears” and he “wasn’t going to fall for it.” With some anger she expresses, “I’m crying because I’m sad, because you said a mean thing... how are you not seeing it?” I try to use her words to identify the ego injury and the PI that is going on and say that he’s not having it, he’s not seeing it and now he’s not seeing you. She smiles in a knowing way that is a mixture of “aha” but also to cover up the anxiety. I resume BLS and she tells me “[she] get[s] it” and tells me that she can feel that “[her] hands want to release all of it.” I tell her to see if her body will give this to her and give her hands her awareness so that the emotion can leave. After BLS, client tells me that it felt like “silvery water” came out of her body through her hands. I ask her to return to the memory and see if her body still has any reaction or if she has a new focus in the memory. Client tells me that she just has “maternal sadness for him” and feels “empty of resentment and bile.” She tells me that her maternal feelings can still feel sad for him, which I understand as client feeling pity for whatever it was that kept her boyfriend from being able to be present and fully connect with her. However, Client tells me that she “can’t connect” and he feels “not [hers].” I ask her to see if her body has any other reaction to this. After BLS, she tells me that she can’t fix things with him in this memory as she had in another session that involved him; “it doesn’t feel right.” I ask Client if she feels this in any place in her body and she tells me that she’s still aware of her throat and upper chest, which was were the bile or silvery water was.

As with other patients who cannot express their aggression towards someone else, or who feel attached to a bad parental imago, I ask her to see if it feels right to imagine that she takes the bile out of her throat, puts it in some jar or receptacle, and to see if it feels right to give it to him. She quickly assents and I begin BLS. After, she tells me that she left the jar on the shelf, said “no thanks” with a little bit of cockiness, and began walking away. I ask her to see if it feels right to leave him in their old house with the bile, and to walk out the door. Since internal Space becomes whatever she makes it in her ‘mind’s eye,’ I ask her to picture a hill that’s a short distance from the house, so that she can look back on it, see her ex inside, and see if there’s any feeling preventing her from leaving him. I ask her to imagine on the other side of the hill are any friends and family she feels loved by, who truly see her, and who don’t make her feel alone. I tell her to walk away and if there’s nothing tying her to him, to let herself go down the other side of the hill. After BLS, client tells me that there’s nothing that makes her want to go back to the house, and she describes having walked down to friends, family, and people in her community. I ask her to picture all of them and all the details of the environment and let it soak into her as much as she can. During BLS, her face looks so serene and blissful, in a way I’ve never seen her before. When she signals me to stop, she immediately wants to tell me about all the names of the people and details, and she shares about how her throat feels good and light...

With many patients who depersonalize, or vanish to another plane, the same masochistic id impulse of water, bile, poison, or some liquid in the upper chest or throat appears<sup>18</sup>. They can never externalize it or discharge it as aggression in the internal Space of fantasy, but they can leave it with the person who mistreats them and abandon them. Although their inability to discharge the anger and aggression outwards could be called a masochistic id drive, Freud’s idea on the admixture of the aggression and Eros also gives a different origin than “primary masochism.” In the first clinical vignette of this section, we saw that my patient was able to get to her aggressive id impulse that linked her to a bad paternal imago that

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<sup>18</sup>This patient’s dome of light was idiosyncratic and most people who depersonalize imagine that they fully vanish. There are also versions in which people leave their bodies and picture it in the target memory.

frustrated her approval seeking. Although she got to frustration with the situation, it is difficult for altruists like her to get to their aggression, and often times they introject their angry judgments of others, as Freud (1917c) shows in melancholic self-reviling. If we simply take this as the predominance of Eros in the individual, then when we return to this earlier maternal phase, there is even less Eris. The E&O statements in my depersonalized patient above show that there was clearly anger at the object and this leads me to conclude that it was primarily directed externally but that her Eros would not allow this, and this forced the self-destruction in the PI. The anger at the lost object is directed upon the self and she becomes the dead object outside of this dimension.

In other cases of depersonalization, it is the loss of an intimate, whether literal or symbolic death, that sees the passive-altruist become death in order to not see the beloved as being outside of life. In contrast to the traditional use of inferiority feelings being covered up in defensive superiority, I use the binary of inside and outside (inclusion and exclusion) to capture the same dynamic in belonging (Pederson, 2015, 2018). On one hand, feelings of aloneness and longing for the beloved, from being away from the object, can move to a more diffuse loneliness in which the individual doesn't seek to connect with someone new or rectify the situation<sup>19</sup>. On the other hand, there is also the loss of the beloved or group with whom one was an insider. With the loss of this connection, whether one is mistreated or whether one is abandoned, there is a perception of the object as being outside this belonging. This causes an ego injury and can lead one to defensively become an outsider. Although, as we saw in the vignette last section, one may not defend against the object's death and continue to transfer it upon others. Regardless, what seems to be operative is another form of ego and object drive parallelism<sup>20</sup>. Aggression

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<sup>19</sup>In the section 7 I will add intrusion tensions and feeling intruded upon as another expression.

<sup>20</sup>Building on Green's dead mother complex, Laub (2005) holds that victim internalizes the "objectless, hermetically closed, and closed off 'deathly deserted universe'" of the perpetrator (as opposed to the aggressor's sadism or cruelty) (p. 319). Although poetic, this formulation misses that it is the victim's anger that leads to a masochistic id impulse and that depersonalization can also arise from loss of the beloved.

leads to depersonalization, as does affection, just as a disappointment in a romantic relationship and a social humiliation can lead to defensive superiority in the active-egoist.

This principle of being outside of life operates at different levels<sup>21</sup>. At the first stage, we see that the individual who depersonalizes enters into another dimension outside of external Space. At the next level, the echoist can then be physically present but feel out of synch with humanity. He is outside of society and feels like he belongs in another historical Time and/or removes himself in homelessness or in lonely solitude. Then, instead of being a part of Civilization and enjoying the life of being a tax-paying citizen in a specific culture, one can be outside of this in social death. For example, being an anonymous individual, or face in the crowd, who lacks friendships or close group ties. Lastly, one can be a “black sheep” or outsider in one’s family, or feel like one’s family is regarded as being outside of the community<sup>22</sup>.

I would like to make further note on depersonalization. It can also be contrasted with a stronger longing to dissolve completely and merge into the external world. Clinically, it shows a connection to the further repression of affectionate id drives once one is in PI. For example:

Client reports that his grades are up significantly and that he’s gone several weeks without depression until a few days ago when it hit him quite severely for two days. I ask client to describe it and he

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<sup>21</sup>In Schmidt-Hellerau’s (2006) account there is a trauma, then an anti-cathexis to protect the self once the internal stimulation barrier is breached, and then “preservative” impulses that want to rescue this anti-cathected dead self or dead object (p. 1082). I appreciate her spatial metaphors and her use of different “screens” that make self and object appear in a different quality. However, they also obscure the organizing ontic principle of being in life or outside of it.

<sup>22</sup>Hook (2018b) metaphorically references death as the attempt “to evade the constraints of symbolic fixity, to secede from the ‘social life of symbolic obligations, honors, contracts, debts’” (p. 479). Like Rosenfeld, his reference is to the death drive, or *jouissance*, and not to becoming the parental imago. Additionally, his account of the evasion of the “social link” is made primary instead of viewing it as an elaboration of a prior ontic relation to Space, Time, Civilization, and the Family as the different levels of the impersonalized imago (Pederson, 2015, 2018).

tells me that he feels “emptiness, loneliness, not belonging, and drifting.” He looks off and thinks for a moment, and then adds that it’s like “being a gas... a cloud that is spreading out... your particles are everywhere... it feels like I’m everything and everywhere.” He continues, and says that he “feel[s] less emotionally inclined... grey, dull... not as colorful and vibrant, like [his] usual self” He adds, “it’s like I’m frozen, nothing is going on... time moves slower.” I ask him to go back into spreading out and ask him if it feels like he wants to dissolve into the universe. He says “it’s like [he] want[s] to merge into space itself.” He describes this as he can “blink and realize [he’s] upstairs, and blink and [he’s] in the kitchen, and blink... [he’s] everywhere at once.” I ask him to anthropomorphize space and to describe what this would be like from its point of view. He begins to give statements: “you’re exploding... I’m trying to gather you up... I’m a jar and trying to contain you, trying to repair you, fix you.” He goes on to a pizza dough metaphor of how “globs of it sticks on your hand, and you try to wash it off but it stays and sticks.” He also compares it to “bubbles” and I record these words thinking they might be pictures-words, but don’t follow his metaphor very well. I ask him to turn these into E&O statements and he tells me that his dad comes up.

Client zeroes in on a time when his dad was “super stressed,” because “he couldn’t get us to become a family.” Client explains that when his father remarried, that the merger of the two families didn’t go well. Client says that his father “was trying to catch the family, which was exploding, and he was exploding himself.” I ask client what that looked like in his dad? Client says, that he was “panicked, scared... he wanted everyone to work out but it didn’t happen.” I ask client to focus on his father from that time and to see if there’s a memory that comes to the fore and to see how his body reacts. After BLS, client tells me that he sees his father as “cold, scared, and empty,” and compares this to how he felt on those two days, except without the fear; “it seems more panicked when it happens to [dad].” I ask client to focus on his bodily response. After BLS, he tells me that he feels it in his chest and upper arms and “want[s] to hold him and hug him and keep him together.” I tell client to let himself do this in his mind’s eye and to say any words that might go along with it.

After BLS, he tells me that he imagines it's "comforting and warm" and client has "given him what he's given [to client in the past]." I ask client to look at his father calmed down, comforted, and warm and to see if his body wants to react. After BLS, he tells me that he feels "electricity arcing in [his]... chest and arms..."

My patient overcame his active longing to dissolve and merge into everything with the abreaction of the affectionate impulse towards his father, however, this was a symptom that still had an underlying PI with death expressed as "emptiness, loneliness, not belonging, and drifting." I will have more to say about this in section 7 when I make a further distinction between a bad dead object and a good dead object. As mentioned above, other theorists have noted longings for disintegration. Notably, Wilhelm Reich (1990) pairs them with what he calls "the striving after orgasmic release" (p. 333). Reich can very well be right, and this may dovetail with Jacobson's (1959) findings on depersonalization entering into the genitals in frigidity. However, it is important that literal sexuality not cover up the specific id impulses of affection that are involved. In the eighth section I will return to the notion of affection, love, and sexual desire and attempt to place them on a continuum.

## **6. The Admixture of Perfection with Death and Restoration Impulses.**

When the paternal imago enters and some of the perfection/power of the active pole comes into the representation of the imago, there is a reduction of the magnitude of death. Paternal death comes to be seen as a part of the personality or body that is missing. Instead of completely being outside, the parental imago is now outside in relation to fully embodying its status as leader and protector, or lacks the pieces that had defined his or her personality or identity.

Just as there is sense of existence outside of life that the depersonalized person experiences in vanishing, there is also the sense that the missing piece of the person is outside of life, and can be restored. In this vignette, I use the homunculus protocol which is designed to get at the intrapsychic relation of deficient or inhibited cognition. In contrast to the paternal imago in the active-egoist, with whom PI can lead to compulsive perfectionism, the passive-altruist expresses intrapsychic problems as the absence of dreaming, problems with memory, issues with

performing arithmetic, and more:

Client has been seeing me for a few months and we have done good work but he has never produced a dream. I've always just casually told him to let me know if he has one between sessions and this time I ask him how long he thinks it's been since he remembered them. He says "a long time" and probably not since his early teens. I introduce the Homunculus protocol and ask him to imagine that there's a room or office in his mind and that there's someone in there who used to make dreams for him, but that now when he visits that room, the person is not there, or has nothing for him, or isn't doing his job... I first ask him to tell me if he pictures a man, woman, child, animal, or creature in that room. He tells me that it's an "older guy," and I ask client if there's anything distinguishing about how he looks. Client says, he's white haired and says that nothing else comes to mind about any of his other features. I ask client to describe their relation back when this white-haired man used to give him dreams. Client says, "he gave me things and I felt good... I was happy." I pause and client gives me a look like he's got nothing else to say and so I ask him to tell me what happens with them now. Client says, "Now I come to see you and I can't get in." Client tells me that the old man is behind the door and he "knows he's there, but he can't get to [client] either," and "it feels like something is missing or wrong." I ask client to say these as ego and object statements and he associates to his grandfather "after he had a stroke." Client tells me that "he had always been a funny guy" and then tells me a story about how after the stroke that he had taken his shirt off and his grandma asked him if he was hot, and his grandpa said, "No, because I'm sexy." Client laughs and tells me that his grandpa was "always in good mood, even after the stroke." He continues, and says, "he was content and didn't blame anyone or himself" but "he'd get frustrated with others having to help him... because the left side of his body didn't work."

I ask client to focus on his grandpa before and then after the stroke and see if there was a certain memory that comes up. After BLS, he tells me that he focused on "seeing him after [the stroke] not being able to take care of himself." Client tells me that he felt "sad for him." I ask him to focus on the memory and feeling and see if there's

a particular place in his body that he feels it. After BLS, client tells me that he feels it in his throat. I ask him if there's any way his body wants him to express the feeling and to focus on his throat. After BLS, he tells me that he "want[s] to fix him." I ask him to let himself express this any way that feels right in his mind's eye and resume BLS. After, he tells me that he pictured himself "doing surgery and replacing part of his brain." I ask him to tell me the details and he says "it sounds gross" and that "there was a lot of blood." He adds, that he "hate[s] blood." After he shudders, he tells me that he just imagines that he had another brain "laying around" and put it in his head. I ask him to focus on the new brain in his grandpa and see what happens. After BLS he tells me that he "pictured him better: walking around, doing things he wanted to do, he just looked better." I ask him to picture this and see if his body or mind has any reaction. After BLS, he tells me that his "throat feels normal" and he "feel[s] happier." I ask him to continue to focus on the image and to let it soak into him as much as he can and to stop me when it's had whatever effect it wants to have. BLS doesn't last long before he signals me to stop and I then return him to the old white-haired man in the dream room. I ask him to focus on the door and see if anything is different this time around. After BLS, he tells me that "the door cracked open and light came out... the crack gets really bright in the room." He says that he saw "the old guy in there behind a desk, sifting through a bunch of papers." He tells me "it's like he's been gone a long time and he has to organize stuff and catch up." Client looks at me with tears in his eyes and says that the old man "misses me, he hasn't seen me for a long time." I ask him how he feels about the old man, and client says he's "pretty excited for it" and that his stomach has "butterflies in it."

Working through these intrapsychic issues and abreacting the id impulse allows for the full return of the inhibited functions and for psychic aliveness where psychic deadness had reigned (Eigen, 1996). My patient's restoration impulse was put into action by the impromptu surgery that he performed but others have felt rays of light, positive energy, life-giving liquid, and further variations of this impulse issue from a relevant bodily zone. The reported sense of compassion, pity, or love in the bodily zone and in its restorative expression affirms that the connection to the

parent (-substitute) is a sexual one.

In contrast to the sexuality involved in restoration impulses and altruism, Schmidt-Hellerau (1997, 2005, 2006) has proposed a drive theory in which self-preservation drives are displaced onto others. She writes that the preservation of a dead object includes a “wild, intense lethic urge to retrieve what has been lost” that has to be worked through in mourning (p. 1083). Schmidt-Hellerau’s term lethic is used for self-preserved energy in contrast to libido and she has elaborated a complex system around the return to Freud’s first drive model. However, her basic premise is that what we see as altruistic behavior is an egoism that is confused about who the self is<sup>23</sup>. Moreover, her attempt to place her model in Freud’s work is based upon a misreading. When Freud (1912) makes the separation between the “affectionate and the sensual current” in love, Schmidt-Hellerau (2005) claims that “we must not mistake the affectionate for the libidinal” (p. 195). However, Freud (1912) is explicit that it is libidinal. He writes, “the affectionate current is the older of the two” which implies they exist on shared track (p. 180). He conjectures that “the sexual instincts find their objects by attaching themselves to the valuations made by the ego-instincts,” which implies that the ego instincts are on a different track (*ibid.*). Ultimately, Freud (1921) holds that love and sexuality “keep their identity recognizable (as in such features as the longing for proximity, and self-sacrifice)” and Schmidt-Hellerau would replace the bridge that Eros builds to others with a failure in identity formation (p. 91).

While Klein (1975) identifies restorative impulses in her work, she shows a cynical tendency to interpret them as reparative. Every encounter with death is based upon unconscious aggressive wishes towards the parents or parental-substitutes. Although there are certainly examples of reparation, I think she conflates actual examples of reparation and bad conscience with restoration which can be motivated by love, gratitude, loyalty, and other motives that can make the individual wish that

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<sup>23</sup>Lacan’s mirror stage seems to offer the same basis, with the idea that a confusion of one’s own image turns egoism and aggression into altruism. “[W]e can find no promise in altruistic feeling,” Lacan (2006) writes, “we who lay bare the aggressiveness that underlies the activities of the philanthropist, the idealist, the pedagogue, and even the reformer” (pp. 80-81).

the dead or injured object was whole, healthy, and alive. I do not see any evidence that my patient wanted his grandfather to lose part of his personality, nor does the example of restoration from section 4 show that my patient wanted her mother to not exist. On the contrary, both wanted their love objects to be there and it's the perceived loss of them that generated the id restorative drive.

In an interesting essay on the uncanny, Carolyn Feigelson (1993) focuses on the idea of personality death in loved ones that have brain injuries and become "strangers." The sudden dehumanization of the loved one and the sight of them as "partially dead" is taken as a rightful trauma on its own, without death wishes playing a part. She likens this partial loss of a loved one to the person becoming 'a double' to the person who had loved him. There is a sense of "one person within another," or that the former personality is locked away while a "wooden and dead" personality is in control. Her explication of the double fits with the general principle of death meaning the object is outside of the World, Space, Time, etc. and is not truly gone, however, it's not just injuries in personality but also bodily injuries that can take from the beloved who they had been. Bad conscience can also play a role and I have had several patients who have felt that breaking up with a romantic partner would cause their ex to get depressed and ultimately die.

I would like to give another example of restorative impulses that highlights the altruist's appreciation of the perfection of the paternal imago. When its perfection is absent or lost, this becomes an injury to the altruist's love and she can move to PI with this partial death:

Client gives me a dream where she's at her old job at the retirement home. Client is currently on disability and tells me that she feels "glad to be back working" but in the dream she "can't keep up." She tells me "all these things happen and [she] can't get anything done... [she's] falling behind." She details some of the "mishaps" and then tells me that it ends with her feeling "upset, stressed, and freaked out." I explain to her the idea of the wish and ask her to consider the idea that all the mishaps rationalize that it's something about her that is making her fall behind. She assents to this right away and brings up her fear that returning to work with her pain issues makes her feel intense "dread." She also tells me that she felt this at

her old job, and that she went on disability not too long afterwards. I ask her to focus on this feeling in her old job and to see where she feels it in her body. After BLS she tells me that she feels it strongly in her upper body and that it feels “hollow” and like “being inadequate.” She shares thoughts of “what if I can’t do it today?” and how she’d go into work in a bad space. I ask her if she was worried about what others might think about her and she quickly agrees. I ask her what thoughts she didn’t want people to have about her and she gives me words like “failure,” “incapable,” “disabled,” and “you can’t be [what you want to be].” I ask her to focus on this and to see if the feeling in her upper body wants to expand. After BLS, she tells me that it spreads down her legs and to her feet but that it isn’t in her arms or head. I ask her to project it out and she tells me that she pictures “a void.” I ask her to describe it and she says she pictures a black hole. I ask her to see if it fits in her chest or in any of the other parts of her body. After BLS, she says she was able to embed it in her upper body, but denies any immediate reaction.

I ask her to listen to the statements about how others might see her and how she saw herself and to see if they feel right to say about anyone from her past. After, she tells me that her mother comes to mind. She tells me about a memory from when she was around age 8 when her family was camping and that she went hiking with her dad and brothers while her mother stayed at the campsite. She tells me that she remembers “her feeling like she wanted to go, but [she] couldn’t... she had lots of physical problems.” Client details some of her mother’s issues and I then ask her to focus on the camping trip and to see what her body’s reaction is. After BLS, client has tears in her eyes and tells me that she “felt bad for her” and that she feels it in her upper body, where she had previously felt the hollowness and the void. I ask client to stay with her compassion and feeling and to see if she feels that there’s any expression in it. I tell her that just like the anger in her previous sessions that compassion can also have an expression and that love wants the other person to be whole and happy. After BLS, she tells me that she feels like her love would come out as a “light from [her] chest,” and she has more hope in her eyes than sadness. I tell her to let it fully emerge and to see what happens to her mother when she gives her the energy. After

BLS, she tells me that she pictures her mother as “stronger, more whole... and less afraid.” I tell client to replay the memory with this new mother and to see where it goes. After BLS, she tells me that “it’s really cool to have her with us [on the hike],” and that she feels like this “heals up the hole in [her chest].” She goes on about how her mother being strong on the hike and that if a part of it was difficult that she pictured her “finding ways to do things or go around.” I ask her to focus on this and to see if it can come into her body more and to let me know once it’s in as much as it can be in. After BLS, she tells me that it’s “inspirational” to see “someone like her being strong.” I ask client to return to the memory of the retirement home and to see if it feels any differently. After BLS, she tells me that she “feel[s] whole and strong” and that she pictured herself doing some things that were difficult and like her mother hiking, client would “try another way” and it felt like it worked. She reports that she told her supervisor, “I’m just not able to do this” and “focused on what [she] could do well” and it all felt good. Client still has some tears in her eyes but I realize that they are happy tears...

In this vignette, we see that my patient was in PI with the injured paternal imago whose deadness is in being inadequate, a failure, incapable, disabled, and not being what she should be; it is not angry or hateful judgments alone that lead to melancholic self-reviling<sup>24</sup>. In parallel to compulsive character and compulsive symptoms as phenomena in active paternal PI, passive paternal PI as inhibited character and symptoms of inhibition. As we saw at the beginning of the section, there is loss or inhibition of certain cognitive functions or entering/exiting different states (ex. sleep, appetite). There are fears and complaints about one’s ability to function across different levels— from knowing how to function at one’s career, down to time management, and then to basic direction sense and noticing things in one’s environment. In such a state there is often *lebensneid* (life envy). Everyone else is felt to have found his or her place, to have found love, to have a good life, or be on the road to getting it. The

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<sup>24</sup>Along with self-criticism concerning moral or motivational weakness, I have also encountered self-reviling in terms of being a burden, being too much for others, etc. which can be reversed with E&O statements to show that they are introjections of angry judgements that were meant for a previous object of compassion.

paternal echoist envies what is viewed as normal, in contrast to the egoist envying the person who is superior<sup>25</sup>.

Just as there are two phases of competition and perfection in the active-egoist, there are two phases of cooperation and death in the passive-altruist. We saw that the first, maternal phase went along with death signifying that one adopts the views or desires of others. In the second phase, with Eris entering, the passive-altruist seeks to contribute to the perfection of the superego object. Like how Antigone becomes the eyes of Oedipus, the paternal drives of the altruist seek to compensate for the missing part of the personality or body. This likely corresponds to Klein's "injured parent" object and, as mentioned overlaps with Chasseguet-Smirgel's take on the altruist finding a secondary role (Klein, 1975; Chasseguet-Smirgel, 1970)<sup>26</sup>. In contrast to the maternal phase of *being*, more *doing* comes into the passive pole once Eris comes in. Here's another vignette that highlights this behavior:

Client tells me that she and her husband saw his mother over the weekend. Client, with some humor, reports that he and his mother are similar to each other, and both are "hard headed." Although, she observes that she has "softened" her husband and brings up how

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<sup>25</sup>I also worked with the black hole in this vignette, and it has shown up with several other patients. I understand it to be an early representation of the imago of death. As opposed to vanishing and being in another dimension of Space, PI with the black hole signifies an earlier relation in which the individual struggles to put thoughts into words, to visualize images, and to voice what is happening with her. The first outside of becoming, is the not-becoming of the unconscious, which is also an outside to life that can return (Freud, 1920, p. 28, Pederson 2015).

<sup>26</sup>Lacan (2006) holds that the feminine position is to "be the phallus" but references this to the mother and the symbolic law that "inducted" her into her position (p. 471). I agree that there can be a relation to the phallic mother, and mention this in the conclusion. However, the paternal imago is the focus of this phase and the dynamics reference the need to see its perfection in contrast to the belonging of the maternal phase. I also disagree that the symbolic is the cause. Eros and the death imago are prior to the symbolic, although a patriarchal social structure can lead to the strong likelihood that women will have to encounter this ego injury.

she reminded him to tell his mother that he loves her at the end of the visit, and he did so. Despite this softening, Client shares that he is “socially awkward, big time” and tells me how she’s the one to deal with the customers at their jewelry store and tries to “make it easier for him.” She details a few interactions and how she’ll get into a customer’s personal life, while he is all business. She then brings up how she’ll also know about what the customers want, and lack the words for, and she will have everything translated and prepared for him when he starts work on the pieces. However, she adds that if she doesn’t have all of the specifications ready by a certain time, he can be “short” with her. She complains that he “automatically thinks [she] should know.” I tell her that it sounds like she is helping a lot to get their store some business and ask whether he’s come to expect this of her and doesn’t appreciate what she does? She tells me that “99% of the time [she] know[s] what he needs” and has it ready for him, but adds with a sigh, “I’ve spoiled him rotten... he takes it for granted.” But she then adds that she tells him “there’s so many ways to do things without screaming.” Client then does an impression of him shouting out her name in the house, and mimes her frustration with it. I point out to client that it does sound like she’s spoiled him and with some of her previous complaints about his lack of emotion, affection, and lack of his interest to really talk with her, that it sounds like she’s done such a good job being his personality for him, that he lost the little he had when she first met him. She stays silent on this, but doesn’t correct me.

I ask Client to indulge me and to imagine what his life might be like if she wasn’t there to “soften” him, mediate his relationships for him, and be his missing personality. Client shows a little bit of resistance but then begins, “If I left him, then he might back off, to his shell, and not speak to anybody.” I ask her what she sees him looking like in that scenario and she says “miserable.” I entreat her to go further with this and talk about his business. She tells me that she pictures him like “a robot” there “hollow and lost.” She tells me that that she imagines he’d close the business without her and retire. I ask her to picture him after he retires and loses the contact with people, which his work gives. Client begins with a negation, “I don’t think he’d kill himself,” and she quickly goes on to draw

a picture of him going to live in a cabin in the woods. She tells me that he'd be a hermit, be "more shutdown," and then client tells me that she "feel[s] guilty" when she pictures him living this way. I ask client to think about him committing suicide, as well as being a shut down hermit, and to see which one gives her a bigger reaction. After BLS, she tells me that the suicide does, and that she feels it in her stomach. I ask her to focus on it again, see if it wants to get bigger or develop in some way. It does, and that after it's in its final position, I ask her to float back to other times that she remembers feeling like this in her stomach. After BLS, she tells me that her deceased mother and former boyfriend come to mind. Client tells me that she was "trying hard to fix [her boyfriend] and keep things together for the kids." He was more of the 'bad boy' who would drink, cheat, and find life and enjoyment outside of the family. He needed to be morally fixed, while Client's husband is emotionally dead and needs to be fixed so that he's alive at all.

I ask client to focus on both target memories and tell me which one feels bigger. After BLS, she tells me that her mother does and she begins to cry (which lasts for the rest of the session to varying degrees of intensity). I ask her to picture her at the time she passed and see if any of the memories come more in to focus, and to pay attention to her bodily sensations. After BLS, she tells me that the feelings have gone up into her heart and that she feels empty in there, and her chest more generally. I ask her to see if it wants to change or develop and that when it reaches a resting position that she should project it out ("If something or someone looks on the outside, like it feels inside of your heart/chest..."). After BLS, client tells me that she pictures a "weeping person" who is "crashed on the ground." She doesn't see any gender, and I ask her where she feels the "anguish" in the person, and she tells me that it's in the entire bodily posture. I ask client to superimpose this body into her own and see how much she feels like her body wants to take that shape. During BLS, client tells me that it feels right, and I tell her to let her sensations map on to the picture and fully embed it. After BLS, client tells me that emptiness has expanded and slowly adds adjectives like "vacant," and "alone." This state doesn't want to develop in her body and I ask her to say these words about her mother

during this time, and whether it feels right to feel this emptiness in her. After BLS, she begins crying heavier and tells me about seeing her mother's "shock" and that "she didn't want to go." Client explains that her mother was as caught off guard as was the rest of the family initially. I ask her to continue picturing her shock and see if her body or mind has any reaction. After BLS, client tells me that she now sees "peace in her." Client says, "the shock is over, she let go of her worries." I ask client to focus on the peace she sees in her mother and see how her body reacts to it. After BLS, she tells me that she felt "peace move into [her] body" and heard her mother saying "you're strong... you got this..." However, she also says that her heart is still sad and that she feels anxiety in it. I ask her to focus on what her mother says to her and the anxiety and to see what feels stronger. After BLS, she tells me that her mother's words are, and we stay with it until the anxiety goes away. Client tells me that she feels "peaceful... [but] hollow," and she adds, "I'm not happy, but peaceful..."

My patient and I continued to work with the death of her mother in future sessions, but the connection to her and my patient's husband was established with the ego and object statements. We see death referenced in my patient both becoming her husband's missing affectionate relations to others and in the worry that if she didn't provide this function that he would ultimately die without her. The partial death in the paternal imago was able to contain the full death of the maternal imago. My patient's self-observations of being "empty," "vacant," and "alone" capture the earlier relation to maternal death. In order to explain the contrast of this state with the example of depersonalization in the previous section, I will have to complicate the model a little further.

## 7. The Good Imago in the Passive Pole

The death imago is born of negation but appears to be part of a dialectic in which it becomes negated too. In my clinical experience, it becomes what Klein (1975) calls the good object. The element of death is still expressed in regards to loss of one's own desires and distinctiveness and what Atlas (2015) identifies as the mysterious or enigmatic dimension of sexuality. While this dimension comes in across both the active and passive poles, I would like to link it more specifically to the goodness on

the passive pole. Like the hunter with no backstory in Little Red Riding Hood or a masked superhero, the good object returns from being outside of life but still possesses some of the otherworldliness and mystery of it. In popular sentiment there are expressions like “only the good die young” or references to someone as “too good for this world.” The good object is often expected to return to the other place that it outside of ours.

Following the idea of more Eris and *doing* coming into the paternal phase of the passive pole, PI with the good maternal imago resembles *benevolence* and “turning the other cheek” and then develops to a more involved paternal *beneficence*; this beneficence as a projective identification was intuited by Brenman (1952) who gives examples of patients who project their neediness onto others to whom they are giving and self-sacrificial. However, before describing this developmental structure further, I would like to jump into a vignette in order to anchor this. For example, one patient who was inhibited and unable to be assertive with his girlfriend is able to trace this back as PI with his brother:

When I ask him how things have been with his girlfriend, client tells me about a fight they had recently. He tells me that she came home from work and he asked her what she was going to do for dinner, and that she got really upset. I try to explore this and Client tells me that both of them work, both of them take care of their kids on their days/nights off, and both take turns cooking. Client expresses that he gets tired too on some days, but he still does what he has to, while his girlfriend will have “moods” and that they can control the house. In a practical way, I suggest that if client and his girlfriend formalized who cooks or does X on a given day, then things might be cut and dry and there would be no argument. However, as I discuss this with Client it becomes clear that there was no argument: he made the dinner, and bit his tongue. He is able to assent to a general submissive attitude towards her in which she “wears the pants” and he avoids conflict. I inquire about Client’s recent relapse and we are able establish a pattern of Client not standing up for himself, and “stuffing his anger,” and how it will build up until he says “fuck it” to his life and goes out and gets high.

I ask client if we can explore what was left unsaid? Client says that if he had said what he wanted to, that he “wouldn’t have said it in

the nicest way.” I cajole him to say it, and he says, “Bitch, stop being lazy” and other expletive filled variations. I ask client to humor me and to picture his girlfriend in his mind’s eye, say what he told me to her, and to see how it feels and to see how his girlfriend reacts. I tell him that what is important isn’t the reality of how she might react, but his own expectation and inner models for this. He agrees and with just a few passes of BLS, he stops me and tells me that she isn’t happy. I ask him to give his best guess of what she must be thinking about him. He says, “you’re being a prick,” “unfair,” “you’re not being nice,” “you’re not being caring,” and “you’re an asshole.” I ask him to say these as ego and object statements about someone from his past and see who comes up. He is able to quickly tell me that his brother comes up. He says that his brother “wouldn’t want to involve [him] in things” when they were younger. He tells me that his brother is about four years older and would make him play video games by himself, even though Client knew that his brother liked the game too. Client soon gets into a memory of when he and his brother got into “big fight” when client was about age 10. Client reports that he hit his brother with “something blunt” on the side of the head and that his brother “slammed him on the ground afterwards.” I begin BLS on the memory and client reports strong feelings of fear, adrenaline, and wanting to get away. We discharge these with client imagining that he runs out of the house they are fighting in and gets over to a friend’s, where he feels safe. Client does this a couple times and reports that the fear has mostly discharged. I ask Client to go back into the target memory and see if there’s any feeling/reaction left. After BLS, Client tells me that still feels some disturbance in the memory and so we talk about what he thinks about how his brother treated him, and what he thinks he wanted from him when he was younger. We piece together something along the lines of: client thought his older brother was “cool,” that they “had lots in common,” and that his brother was “a dick” and shouldn’t have been that way with a kid who looked up to him. I ask him to picture his brother from the time of the fight and to say all of this to him and to see if he accepts it, and begin BLS. When client signals me to stop, I ask him how his brother took it. Client smiles and tells me that he pictured him “listening and nodding” and that he had “good non-verbals.” Client reports that his brother

“accepted that he was being a dick” and was “kind of rude” and that “it wasn’t right for him to do.” I check the memory, there’s no disturbance left in it, and client reports that he feels happy.

In this example, my patient is projectively identified with the expected response in his girlfriend.

He never actually acted this “rude” way with her, although when he was high or exasperated, he could very much say “dickish” things to her. In common therapy speak, he would stuff his anger and his sense of being wronged, then explode, and then feel bad and repeat the cycle. In expressing his disappointment to the representation of his brother and feeling like his brother felt badly and was sorry for it, my patient processed this relation. Along with the expression of id impulses and developing new symbols to embed in the body, working through forgiveness is necessary in some ego injuries (Pederson, 2018). I identify this patient’s relation as maternal PI. He was always in a good mood and smiling, but had major assertiveness issues. In contrast to people who actively seek to help, to protect, or take care of others, this patient was just well-disposed towards others and would always “turn the other cheek” when he was put down or taken advantage of. Ultimately, one becomes the good imago that one expected the other person to be, but one will eventually give a benefactor the same ego injury that one received.

I would like to give an example of moving from PI with the good dead imago to the bad dead imago, which I also place in the maternal phase. Basic recognition of others and benevolence is what the patient registers as being withheld:

Client tells me that he sees himself as “a stranger, unnoticed on the street in a large crowd of people.” He tells me that he “could interact with them but [he] do[es]n’t... [he’s] pushed that aspect of life aside... that level of trust with people is not there.” Client is able to say that his ex-girlfriend has “blown” his ability to trust, he “do[es]n’t want to trust... [he] choose[s] not to.” I ask him to say more about the crowd and if there’s anyone who stands out at all. After BLS, he tells me that they are all dressed the same and he can “blend in” and not be noticed. He is “one of many faces in the crowd,” which he wants, and that “everyone else in the crowd has a connection” but he

doesn't. I ask client to focus on the idea that someone in the crowd does notice him and to guess at what they might think about him. After BLS, he tells me that he can picture someone saying hi to him but that he gives "no reaction." I ask him what the person might think about that and Client says the person thinks, "he's having a bad day, what's his problem?" Client tells me that "saying hi" is a "basic interaction: hey, you exist and I exist" but Client wants to be "anonymous." I ask client to use these as E&O statements and see if they feel right with his ex (i.e., "you are checked out, you've pushed the world aside, you aren't connected to my world, you have no reaction, etc.). Client affirms it feels right and his anger deepens. He says that his feeling is "screw you, you don't love someone and then poof, disappear, and stop thinking about them..."

My patient draws attention to how there's a conscious sense of pulling away from others and choosing not to belong. In contrast, PI with the good maternal object has a sense of being an insider who is connected, sees others as good, and focuses on the positive. Both positions go along with not being able to say no, nor resist others because of the suppression of the active-egoistic pole in echoism. When one has been hurt and used too many times while in PI with the good imago, there appears to be a conscious surrender to the death imago. Another patient told me about always going along with what her family wanted and doing what they asked of her, until she told them one day that she was "an alcoholic and would no longer be available" and began drinking daily. She didn't attempt suicide but admitted that she no longer cared if she lived or died, and that she would put herself into risky situations in which she could have died.

There is a good case to be made that the example of vanishing depersonalization, from the fifth section, is the maternal phase relation to the good parental imago. In contrast, states of being empty, vacant, lonely etc., as we saw in a vignette last section, reference the same sense of not being in external Space and a state of depersonalization that is more constant. At later levels of psychosexual development, as with the vignette above, internal emptiness is not mentioned because Space is not the relevant coordinate, instead, being outside of Civilization is the reference point and the anonymous patient above discussed how he was choosing to exist in social death there (Pederson, 2018).

There is often a reference to Eris in PI with the death imago. As mentioned in section five, the paternal altruist is susceptible to feeling like the other is annoyed or irritated with him. In the maternal phase this can feel like the echoist is hated by others and the sense that his presence is intrusive. When a patient gets into a state of emptiness or some estrangement, I will ask how a third person might observe him from the outside and often he will report that the person would say he looks irritable, angry, or some variant of this. The echoist does not often look this way to me, nor show the behavior of these emotions, but this additional statement will often lead them back to a parent or superego object that did. This is also illustrated in the patient from the vignette above who mentions that others would think that he's having a bad day and that something is wrong with him. In maternal PI with the death imago, objects that represent the self will be felt as intrusive, being around them is felt to be draining or they are felt as overly clingy or needy. Because anger is not easily accessed, this often leads to the echoist becoming "flakey" and not showing up for plans or important events or "ghosting" others who are felt to be too needy.

Moving back to paternal PI, the death imago increases in anger or hate. The objects who represents the self will be felt to annoyingly want approval, reassurance, or as "just not able to get it." This will more often be voiced in contrast to the maternal phase, but in complaints to others and not the "annoying" person. This is very commonly seen in the helping professions in "burn out." The paternal echoist is still trying to help others yet talks of his own impairment in the role and has moments of anger about patients and anger with how the clinic, hospital, etc. is ran. In parallel to the narcissist who has illusions of being seen as more successful, wealthy, or important in the later stages of psychosexual development, the paternal echoist will often be *illusional* about how he is seen as inept or inadequate compared to others and "circle the drain" as far as staying in underpaid positions or jobs without prestige.

In the move from benevolence to beneficence through the phases, there is a rough progression that is visible with the good object. Being unable to say no or point out the problems one has with another person moves to sacrificing one's desires and acts of giving to others. This in turn moves to rescuing and more consistent helping which then develops into more constant protection and active fostering. This progression introduces

more than the maternal and paternal phases that I have discussed. It also includes the non-universal phallic mother phase, or the combined parent imago, and the sibling imago that emerges after the paternal imago and concerns those of “one’s generation” in contrast to the parents (Pederson 2015, 2018). I will acknowledge the incompleteness of this article on all of these accounts in the conclusion; however, I thought that the more complete progression would be valuable to see in this case.

I would like to add one more vignette here that shows how PI with the good parental imago that goes along with sacrifice and the beneficence of giving gifts to others:

Client reports that he’s been thinking about the description of dependent personality disorder, that I had read to him last session. He had told me about asking others about his plans and how he felt like he could change his mind from person to person. I asked him if he ever felt like there were times he disagreed with the advice but went along with what the person said? Client tells me that he usually asks someone their opinion first before giving his own, but brings up talking to “a friend” about what he thought about some person. Client tells me that he maintained his own opinion but “didn’t want to disagree.” I ask him for his impression of how his friend took this disagreement and he negates, “offended isn’t the right word.” With his pauses becoming longer and longer, client eventually says that he “just had that awareness of part of [him] that wants to gel with everyone... no contention.” Client goes on to tell me about how he’s liked a movie, shared that with others, and that when someone disagrees with him, he “doubt[s his] own taste,” and ends up “seeing it their way.” I ask client if there’s any other time of contention with someone that comes to mind.” Client brings up a previous counselor and begins by saying positive things about respecting him, how he helped Client, but how he brought up reasons why Client shouldn’t pursue his major in university. Client says nothing negative about his counselor and instead tells me how he is “making him sound like he was rude.” I gently bat that idea away and then Client tells me that there have been several people who have thought that the major was fine for him and that he sees he “can’t keep [his] opinion and move forward... [he] veer[s] off... get[s] lost.” Client expresses the big wish that he “could stay motivated to do stuff.”

I ask client to picture his old counselor, bring up his ideas about staying in his major, and see if it feels like Client can stick to his opinion and motivation and hold onto his own opinion. After BLS, Client tells me that he found it hard to focus and wasn't able to see it through. I ask him to focus on his body and see if there's any zone that goes along with his wish to have his own opinion. After BLS, Client tells me that it's his chest and he's able to project out a ball, a "dodgeball made of red rubber." I ask Client if we can use this ball and whether he feels like he can hold it, or whether his old counselor will be able to pull it away and get to have control over client's decisions? Client agrees to try and it isn't very long into the BLS that client stops and tells me "here you go..." and gestures having offered up the ball. Client says again that he doesn't like contention. I ask client to describe what his counselor had been thinking before client gave up the ball. Client says, that the counselor had "tricked [him]" and that he had "asked for it and wouldn't give it back." I again ask him what the counselor might think about him and he says that client is "easy to manipulate." I ask client if he has a sense of whether he feels more powerful than client or how he felt they were matched. Client tells me that the counselor was "between an equal and below [Client]." Client adds that when the counselor got the ball that it reminded him of Golem in *Lord of the Rings* who gets "his precious." Client says that after he got it that the counselor "lost focus on [client]." I ask client if he has a sense of whether the counselor is still slightly below him after he has the ball. Client says that the counselor "feels more equal to [him] with the ball." I ask Client if he wants the ball back and Client again says that it "makes it less contentious" to give it up, but acknowledges it had felt "special to [him]... [even though he's] not going to hang onto it" or try to get it back.

Client tells me "if it makes someone else happier that [he]'ll sacrifice it" and reiterates, that the ball "feels special to have, but if someone can benefit in general..." Client trails off here, and I again try not to fill the silence. Client then says, "others want it, [he's] the only one who has it... [and he] do[es]n't feel important enough to own something so special. I ask client to put these together as E&O statements: "you have something I want, you're easy to manipulate..."

Client doesn't follow the statements properly and instead tells me about how others feel this way about him. I stay with it and he tells me that he "sacrifice[s] to make friends... to be accepted." He tells me that he "give[s] up almost anything" and "give[s] more than [he] should." He gives money, buys them stuff, gives food, pays for movies and "give[s] it with hopes [he'll] be accepted." I ask him if he feels gullible in this and he agrees, and that it's not reciprocated. I ask him if it's the same as the counselor and they only care about having the ball and forget about him afterwards. He agrees to this and I ask him what type of person is like this? He again has a long pause and says that he "still see[s] them as good, but..." and after another long silence... he tells me that he "see[s] them as happier... but [he's] disappointed it didn't include [him]." He then tangentially brings up how he pictures the counselor and "it's weird" but the counselor is "smaller, like a kid... he's shorter than me." He tells me that he feels "superior in some way because "[he's] bigger, and older." However, client adds that he "feel[s] alone" and that it's "not an equal playing field... [client is] still not accepted."

I again ask client to reverse these ideas as E&O statements. Client tells me that his brother comes to mind and that it feels true with him because his brother got more "love from [their] parents... he's more accepted." Client tells me that he has "a grudge" toward his brother. I ask client about his brother being more gullible and he tells me that his brother is "younger" and client is "the oldest" and has "more power." However, client then switches the frame and brings up a time that his younger brother "disrespected [their] mom." He tells me that his brother had run away from home but their mother "still cared for him" and "wanted him to come back." I take the E&O statements and ask him if it feels true to say his mother was gullible and easy to manipulate by his brother? Client says these feel true and that he "still think[s] about [this memory] a lot" and holds "a grudge about it..."

In PI, my patient became the good parental imago who has gifts to give to others. The idea that these gifts were both money, which he didn't have much of, and his opinion on others or cultural objects, place this at an early level of psychosexual development. In contrast, later level gifts would not reference such a big sacrifice. Although my patient expressed

that his parents didn't love him as much as his brother, the relevant ego injury was shown to be seeing his mother in a "castrated" state from the disrespect of his brother. My patient became the good parental imago that he could no longer see her being. In this case, it was the good phallic mother<sup>27</sup>.

The history of psychoanalysis shows a strong propensity to interpret phenomena based upon principles of power and aggression. Those who did the most to develop the phenomenology of the passive pole, like Horney (1937, 1939, 1945, 1950), also show a tendency to flee from Freud's idea of sexuality and structural theory. Now that we have a better understanding of the dynamics of the passive pole, I would like to turn from the admixture of Eris and Eros through the phases of a stage to their admixture throughout the stages of psychosexual development.

## 8. The Synthesis of the Active and Passive Poles

There is a dialectic in the psychosexual stages of development in which Eros comes to match Eris in the active pole, and vice versa in the passive pole; this dialectic or intermingling of the two poles has been discussed by Klein (1935), and by Eigen (1986) and Blatt (1998), both of who compare it to the double helix of DNA. In this section I would first like to sketch this development in the object drives: in both "romantic relations" and relations with children in one's private life.

Although there is a latency period and a return to literal sexuality in puberty, Freud still sees sensuality appear in psychosexual development. Developmentally, Freud identifies full anaclitic love entering into the active-egoistic pole in the phallic stage of psychosexuality (Freud, 1921, p. 111; 1923a, p. 32). Before this stage there can be idealization/infatuation

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<sup>27</sup>Some readers might be curious about the use of the red dodgeball, since it hardly resembles the penis of the phallic mother's namesake. However, I would argue that this illustrates Klein's (1932) finding of the "equation of the breast with the penis" (p. 213-4). The phallus of the paternal imago comes to retroactively symbolize the breast, but in cases in which the paternal imago's power is "re-transcribed" to the mother, the breast can once again become the symbol of power (Bergler, 1938). The clinical techniques I use produce, and show the importance of, breast and phallic symbols, as well as the maternal vs. paternal progression through the phases that is often referenced in the products of the imagination.

with the romantic object but upon entering the early stages it gives way to a regression in two ways. In the first, aggression mixes with mere lust (i.e., desire “to fuck”) and Freud (1921) notes how the idealization at lower levels is extinguished after sexual contact (p. 115). In the second, the diminishment of Eros can also go along with treating the sensual object as a possession. A lot of thought and jealous worry can go into one’s possession, but this could not be confused with the love feelings that develop in the later stages.

In the passive altruistic pole there is a reversal. Love first enters the pole at earlier stages because of the dominance of Eros, and then as more Eris comes into the pole, the height of the phallic stage would correspond to sexuality without requiring love. Additionally, just as sadism is mixed with sexuality in early development, affection is mixed with love in the passive pole (Freud, 1912). The passive-altruist can move from having sexual desire in the love relationship to simply longing for closeness in things like cuddling, non-passionate kissing, and other expressions of affection. Of course, as Deutsch (1930) points out, the submissive individual will sometimes satisfy the beloved even without feeling his own sexual desire since avoiding contention and discord are important<sup>28</sup>.

These patterns of aggression/power and affection/belonging in the early stages of psychosexual development can also be easily seen with children and in the externalization of one’s ego ideal upon them. For example, narcissistic ideals are clearly visible in things like putting children in beauty pageants or bragging about how one’s child reaches developmental milestones sooner than average. ‘His majesty the baby,’ sometimes receives the narcissistic hopes of the parents, after they lose faith in finding their own worldly success or passionate love. The wish for a child can re-route one’s own narcissistic strivings and make the child become an extension of, or reflection of one’s own worth.

This visible narcissistic relation to the baby can be cashed out clinically in what I would like to call *active-affection* as the complement to

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<sup>28</sup>Allowing for a masculine and feminine sexual expression on each pole would make sense of contradictory statements by Freud (1931a) about how the little girl is just like the little boy to start, and has her early clitoral sexual desires. Active-egoistic femininity would share the sex to love developments while passive-altruistic femininity would move from love to sensuality.

passive-aggression. Active-affection is visible in narcissists who are generous to people in their family (and sometimes people outside of it) in order to keep the beneficiaries in their power. If the beneficiaries act against the narcissist's desire they can be quickly cut off or become recipients of his or her vindictiveness. Several patients I have worked with remained at the mercy of an active-affectionate parent who wanted to "control" their lives, which wanted their children to see him or her as "perfect," and who wouldn't stand for criticism. Such parents don't seem entirely conscious of their active-affection, they will say they love their children and often moralize about why they act as they do with their beneficiaries.

In contrast, affection in the passive pole is much more conscious and has a much more expansive life<sup>29</sup>. Freud's idea of the baby being an "erotic plaything" can be understood as a reference to how affection, hugs, kisses, mimicry, etc. can be lavished upon the baby and how it can be viewed as the pinnacle of cuteness and goodness (Freud 1912, p.181). While failures in one's own active-egoistic striving can lead to investing narcissistic hopes in the baby's success, the passive-altruist can similarly take back hopes for finding harmony and love in the world and re-route her echoistic ideals through the nursery. The baby, or baby-substitutes in animals (ex. fuzzy kittens), is then seen as containing goodness, innocence, or aliveness that is idealized in a culture of sentimentalism that can be set up in the house<sup>30</sup>.

The discomfort with aggression and self-assertion in the earlier stages of echoism and the discomfort with affection and empathy in the early stages of narcissism show an important period of time in psychosexual development. The admixture of Eros into the active pole in the first

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<sup>29</sup>In parallel, it is much more difficult for the passive individual to be conscious of their aggression, which is a large part of the meaning to be found in passive-aggressive. Forgetting to do something one was asked, or doing something to "accidentally" ruin something for one's partner is often very difficult for the passive individual to become aware of.

<sup>30</sup>In contrast to the good parental imago, the death imago can also make its way into the representations of the passionless and empty quality of the suburban life that is built around children. The loss of identity when the parents only know how to interact as a mom or dad, and vampiric children who suck all the energy and life from one in a relationship that is not reciprocal.

period allows the narcissist to include his children as extensions of himself. In the second period, enough Eros enters that children can be appreciated in their individuality and be allowed to have their own plans and desires. Passive-aggressiveness can even come into this loving relation and the active-egoist can attempt to guilt them into showing more love to their parents. The admixture of Eris into the passive pole in the first period allows the echoist to access aggression to protect her children, or on behalf of loved ones. In the second period, enough Eris enters that active-affection and the desire that one kids be popular, fit in, and appreciation of their subjectivity can become diminished.

### 9. Primary and Secondary Narcissism and Moral-Political Philosophy

I would like to discuss and develop the notion of these two different periods of psychosexual development, in relation to ascribing to different political positions. In previous work (Pederson 2015, 2018), I have used primary and secondary narcissism to designate these two periods. I recognize that primary narcissism is also a stage of psychosexual development, and importantly is the one in which “the object makes its appearance” (Freud, 1915b, p. 136). The object of this stage needs to be understood in contrast to objects of later stages.

As mentioned above, development in the active pole reaches its height in phallic love and regresses to sensuality that is paired with aggression, however, there are still earlier stages in which love or sexual desire can be satisfied without any involvement from an external object. For example, in masturbation sexual desire is not directed at a person in external Space, but at the memory of someone one has met, a celebrity, and in some cases it is someone created by the imagination that never existed in real life. Literal sexual desire for an object can also be *introverted* into scopophilia in which the object does exist in external Space. For example, a “peeping Tom” might similarly masturbate to what he sees in the window. The literal sexual drive that is paired with finding and then enjoying intercourse with another person becomes satisfied with an object relation in which the other person can just be an idea (Freud, 1914, p. 74).

The emergence of the first object as a mental representation allows for one to also imagine that certain effects can be produced in it. Thus,

Freud (1914) defines primary narcissism as this imagined relation to others across more than one stage and in more than one way; it comprises the “over-estimation of the power of their wishes and mental acts, the ‘omnipotence of thoughts’, [and] a belief in the thaumaturgic force of words” (p. 75). These are different forms of what can be called “magical thinking.” For example, individuals who believe that they can will success into their lives by the power of their conscious wishes, or people who can send love or positive vibes to someone to make their journey safe. There are also people with an interest in magic and who want to conjure or summon something out of nothingness, even if it is just an illusion or trick they play on others.

These early ideas of objects interact with both internal and external Space and form a dialectic between them that creates the idea of ghosts, angels, and demons that are from another Space (ex. heaven or hell), or live in another dimension. Patients can both literally believe someone is possessed by a demon or is an angel who has come into their life, or they can fear a person or treat them with such importance that it is like they are believed to be a demon or an angel. In the repetitions found in early level relations, the metaphors of treating someone like a god, fearing them like they are a monster, or disregarding their wishes like they are a possession are more than metaphor. They are real transference feelings someone can get from putting the stage’s superego authority upon them. Additionally, whether someone thinks that they are dealing with a ghost or demon in their life or someone puts the transference of this upon an actual person in external Space, both types of objects fail to reciprocate a full human relationship. Similarly, animals and inanimate things can satisfy early level component relations to an object. They can be imbued with an importance or depth of interaction that show that later level relations are introverted upon them or be regarded as fetish objects or avatars of gods or supernatural forces (Searles, 1960; Pederson, 2018).

I would like to use Freud’s analysis of world-views as model to introduce secondary narcissism<sup>31</sup>. He uses the progression from animistic beliefs found in early cultures, to religion, to science to speak about the developing relation of power and narcissism in the individual (Pederson 2015, 2018). As Freud (1913) writes, “[a]t the animistic stage men ascribe

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<sup>31</sup>It is equally possible to use primary and secondary echoism to designate this.

omnipotence to *themselves*” (p. 88). This is not a reference to what I have identified with Klein’s concept of PI and usurpation of the parental imago of perfection. Rather, the omnipotence here relates to the omnipotence of wishes and other forms of magical thinking mentioned above that are expressed in the religious and magical rites that are found in animism. In the religious stage, Freud holds that humans “transfer it [omnipotence] to the gods,” although they “reserve the power of influencing the gods in a variety of ways according to their wishes” (*ibid.*). Instead of the individual competing with reality by introducing magical or supernatural aspects to it, the individual transfers to society and group membership the power to make him believe in things that he has not seen. Freud (1921) writes:

“We are reminded of how many of these phenomena of dependence are part of the normal constitution of human society... of how little originality and personal courage are to be found in it, of how much every individual is ruled by those attitudes of the group mind which exhibit themselves in such forms as racial characteristics, class prejudices, public opinion, [religious creed, nationality] etc.” (pp. 117, 129).

In other words, secondary narcissism means that there is a basic acceptance of society and that ego identifications with these groups will see individuals adopt their views. If an individual identifies with a certain political party, for example, he will begin to take up “talking points” from their group’s media sources and “parrot” them in conversation with others. However, the individual in secondary narcissism still has his own ego ideal that goes with the desire to be viewed as a tax paying citizen and he will feel shame if he gets a criminal charge and his name appears in local media, for example. Outside of group membership there is a general sense of the authority or good reputation of different universities, news outlets, (etc.) and the ideas disseminated from them establish what valid knowledge is or what is true in the world. Fashion will determine what are desirable or prestigious clothes to have, what music is popular, and indicate general consumption patterns. There are also sub-culture groups that one can choose to join and they can refract dominant culture into many more reference points of what is deemed fashionable or good. However, in secondary narcissism, the only way to “influence the gods” is to get into positions of authority and/or power so that one can control

the messaging a group puts out to its members.

Freud holds that in the last phase science arises<sup>32</sup>. What I understand to dominate in this view is a sense of going beyond one's belief system. Striving for a good reputation for oneself, one's family name, or for the good name of the groups to which one belongs is tempered by a sense of equality with other individuals or other groups. In science one cannot have certainty or make oneself or one's views try to appear stronger than they are, but must put forward one's work for peer review and make it reproducible for others. "[M]en have acknowledged their smallness," Freud writes, although "some of the primitive belief in omnipotence still survives in men's faith in the power of the human mind" (Freud, 1913b, p. 88). To be clear, I do not see this phase of science as the child emerging into "reality" after the phallic-Oedipus complex, instead, I see the conflict between the two poles of bisexuality as creating something like Jung's concept of individuation so that certain individuals have both the willpower to master a field and ability to sublimate or "play" with the empirical data and existing theories to construct their own ideas (Jung, 1944). The interplay between the poles pushes for higher syntheses that lead to "originality and personal courage."

Any psychoanalytic moral-political philosophy has to reference the dominance of Eris in the active-egoist and Eros in the passive-altruist during primary narcissism and the opposite pole coming into match in secondary narcissism<sup>33</sup>. In other words, primary narcissism should be understood as reaching its height in an acceptance of society and feeling

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<sup>32</sup>It is apparent that science, as a phase in cultural development, has not yet overtaken religion. Religion still competes with evolution in some parts of the US and religion is often used for leverage in the more general class conflicts. For example, anti-abortion or pro-life religious sentiments can be used to polarize right-wing voters in an election. Some rare individuals attain a scientific mindset due to individuation but some individuals merely identify with a scientific thought leader and fight for his or her reputation.

<sup>33</sup>As we saw, some individuals will have their political views for reasons other than their individual psychology and based upon identifications with their parents or groups they were raised in. They can also rebelliously hold views that are opposite to their parents, or form new identifications with teachers or sub-culture groups they join. My position here is that everything being equal, people will form political beliefs based upon their individual psychology.

of equality with other humans. However, this acceptance is subject to defusion and ambivalence that corresponds to the active-competitive-defiance and passive-cooperative-submissiveness. This would go along with more radical political views that call for major restructuring to society. For example, the active-egoist in primary narcissism can translate into the politically right position of the libertarian. In this view, the government is seen as bad and the smallest possible government is sought. Additionally, there is isolationism with a decrease of military presence outside of the country. The principle is one of self-sufficiency and there is the idea that the bad government will either impinge on one's freedom or "screw things up"; it is viewed as either tyrannical or incompetent. In contrast, the passive-altruist can translate into the leftist position of socialism. The state is seen as good and trustworthy, there is state ownership of business and much more direction in terms of what one's job and role in society must be. There is a similar decrease in military, but due to seeing others as basically good and with the principle of sowing harmony. The suffering of others and helping them is emphasized with basic rights and security for all people being emphasized over the pursuit of excellence and competition.

When the aim-inhibited sexuality of the passive-pole begins to intermingle more with the active-egoistic pole in secondary narcissism, the sense of belonging and love for authority strengthens in it. This means that conservatives show more respect for the national anthem, traditions, and "proper" behaviour. These issues are a much more serious affair to them than for liberals, and in parallel, they are much more serious about good manners and respectful behaviour in the work place. Additionally, the identification with one's country and the presence of more Eros corresponds to an increase in military that reflects more care about the country's international reputation and having an important role in the community of nations. On the liberal side, there is more irreverence towards authority and tradition. Liberals are often "progressives," but in the service of helping outsiders become insiders, instead of fighting for changes that benefit themselves. Liberals are also much more fashion-serving in secondary narcissism and can dismiss the past, as the conservative can dismiss social change. Liberals have more of an acceptance of the military although they are much closer to diplomacy than flexing the muscle of the military.

Of course there are many variations at these different levels. For example, primary narcissism on the political right can also include, for example, a fascist state that wants to expand its military and seek the return of past glory in conquest while destroying the scapegoated enemy. Additionally, secondary narcissism on the left can include the relation of trying to be the missing piece of the death imago. One can seek to make a marginalized group appear to be whole and anxiously avoid any reminders of the social death of the group. Worries of “triggering” members by reminding them of their outsider status in the past and seeking to show the importance of their group’s contributions follows the repetitions we saw with the death imago on the individual level. A full political characterology is beyond the aim of this article.

## Conclusion

I would like to end this article with just a few thoughts on how things could be expanded. First, each pole actually has an egoistic and altruistic expression (i.e., passive-egoism and active-altruism), and also PI relation to imagos of perfection and death. In this, there are forms of passive-narcissism and active-echoism. Psychopathology like depression has an active pole form and there is passive pole compulsive pathology, for example. Things are much more complicated and nuanced than the extremes of character rigidities that I have sketched above, however, even with this complication it is not difficult to differentiate between, for example, the moral perfectionism—the righteousness, the pride, the judgmental quality—that active-altruism possesses in contrast to passive-altruistic sympathy (Green, 2001).

The key is that the active individual will not show affection in its forms of sentimentality, cuteness, cuddliness, and playfulness, while the passive individual has issues with aggression in its form of being angry at others, confronting others about their problematic behavior, or taking leadership roles. There is a strong case that aggression comes into the passive pole through the admixture of Eris, but it is often what becomes repressed and introjected as Freud (1917c) shows in *Mourning and Melancholia* or becomes id masochism as shown in *depersonalization*. In contrast, affection is what is often repressed in the active pole and externalized. Many active psychopathic patients have been able to get to images of a clown, a smiling idiot, SpongeBob Square Pants, and other

views of their repressed affection, that are hated in others who appear this way in public. Additionally, compulsive deadness, often expressed as feeling machine-like or robotic often goes with the individual seeing himself as logical and general talk about women or illogical others being emotional.

There are also more phases than I formally presented in this article. I isolated an earlier maternal phase and a later paternal phase of the parental imago, but between them is a non-universal phase that concerns the phallic mother or combined parent imago (Klein, 1975, Pederson, 2018). This phase reduces the amount of Eros and idealization of authority figures for the active-egoist and increases her confidence and self-regard. It also reduces the amount of Eris and perfection in authority figures for the passive-altruist and increases belonging and merger with others. Additionally, after the paternal phase there is a move from parental figures to a sibling imago who is “of one’s generation” but who one will still look up to. However, this phase is also non-universal in the sense that some individuals establish full equality with the sibling imago (Pederson, 2015, 2018). Altogether, there is a move from the maternal, to the phallic maternal, to the equality of the paternal and maternal following the Oedipus complex, to the ascendancy of the paternal as equality, fairness, and guilt after the Oedipus complex<sup>34</sup>.

Lastly, in *The Economics of Libido* (2015), I offer an expansion of the active and passive poles into four libidinal positions. While someone can be narcissistic or possess an attitude of superiority (arrogance, vanity) about their physical or intellectual potency or their social power there is another group that is conceited or vain about how physically attractive they are or how superior their taste is or how they live a beautiful life. Both refer to a type of perfection and I refer to the former as subject egoists (SE), and the latter as object egoists (OE). This is the pole that concerns power, superiority/inferiority, and relating to others by competing with them, trying to dominate or control them, or strategically removing oneself from competition.

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<sup>34</sup>These other phases complicate the model of mind a great deal. For example, I have worked with patients who are echoistic with other power-based parts of their personality in evidence. It is likely that the phallic mother phase is not suppressed as the maternal and paternal phase are in PI.

On the other side, someone can echoistically depersonalize and put the desires of others before his or her own as the good imago. He or she can volunteer to help others, and focus on raising them up, or be unable to turn them down when they are in need of money or assistance— even when he or she is taken advantage of or doesn't have the time or money to share. The other group echoistically desires the approval of others in the sense of wanting to be liked, to be seen as interesting, and to fit in. The former is usually tied to being “people-pleasing,” being “self-effacing,” etc., and the latter is tied to being a “people person,” being gregarious, or “a social butterfly.” Death enters into the latter position with how social life can be experienced as dead, empty, or boring, as in the pronouncement that ‘this scene is dead,’ or ‘punk rock is dead.’ I refer to the former as subject altruists (SA) and the latter as object altruists (OA). This is the pole concerned with belonging, being an insider/outsider, and relating to others by cooperating, or trying to help underdogs or restore those who have fallen from grace (including oneself) to become an insider. They can also remove themselves from interactions in depression, anxiety, and desiring for someone to come and help them.

With the elaborations of the passive pole and the illustrations of the dynamic importance of projective identification, a psychoanalytic model of intersubjective motivation is now possible. Freudian structural theory still remains the most comprehensive vision of the mind and I hope that by returning to it there is a possibility to overcome the tribalism of the fractured schools of psychoanalysis. What is radical in Freud's theories— how much we are determined by the unconscious—still remains radical today. The question is how much an analyst wants to borrow from other disciplines vs. how much she wants to let the psyche speak for itself.

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### Neither a Reflection nor an Echo: Searching for a Response to Pederson

John S. Auerbach

“**O**h I just don’t know where to begin,” Elvis Costello (Costello, 1979) sang to begin “Accidents Will Happen,” the opening track of *Armed Forces*, and so it is with me in my attempt to comment on Trevor Pederson’s lengthy essay on narcissism, echoism, perfectionism, and death. Pederson asked me for my comments in this controversial discussion, and I readily agreed, although not without some private reservation, if not trepidation. He and I have had many debates on professional listservs about some central ideas in psychoanalysis, debates that I have always felt usually generated little in the way of agreement. But when a colleague with a deep knowledge of Freud’s work and of psychoanalytic theory asks for a commentary, a knowledge amply on display in Pederson’s essay, then I feel a deep obligation to honor that collegial request and to honor it respectfully. Unfortunately, Pederson and I have such divergent understandings of psychoanalysis that I have despaired of our ever engaging in dialogue that leads to theoretical agreement, and his essay, although erudite and proposing an important revision to psychoanalytic theory (“echoism” as a complement to “narcissism”), does little, if anything, to change my initial impression. This is all the more the pity because Pederson and I share an interest in narcissism (Auerbach, 1990, 1993), one of the main terms under discussion in his paper. For the sake of honesty, I will acknowledge that I have read mainly Pederson’s present essay and have only perused his main work (Pederson, 2015), *The Economics of Libido* (Pederson, 2015), and am deeply impressed by his knowledge of the Freudian corpus, as well as of Greek Classical literature and of modern Continental philosophy. Pederson’s essay is not unreasonably described as an abbreviated version of that book, to which he has added some case material. Still, despite his extensive knowledge, we agree on surprisingly little. I will of course

note those areas of agreement when they occur, but better an honest disagreement than a superficial agreement, and so, to begin.

### **Psychoanalysis as a Hybrid Discipline**

I suppose that there may be as many conceptualizations of psychoanalysis as there are individuals interested in psychoanalytic theory, but my view (Auerbach, 2014, 2019b) is that psychoanalysis is a hybrid discipline, a science in service of its hermeneutics. By this I mean that psychoanalysis is an interpretive or hermeneutic discipline, for it is clear that what we do when we sit with patients is to help them make sense of their psychological worlds, especially aspects of those worlds that are inadequately symbolized or excluded from shared or intersubjective discourse (my renderings of what might otherwise be labeled unconscious), but that psychoanalysis also needs investigation through scientific methods, something more rigorous than the highly processed case reports that dominate the psychoanalytic literature, to render the information it collects intersubjectively shareable and to ensure that its conclusions have the same empirical support as do other disciplines in the social or human sciences. I therefore think that all knowledge, even in the natural sciences, is to some considerable extent interpretive, the product of thought collectives or interpretive communities (Fleck, 1935/1978; Heelan, 1997, 1998; Toulmin, 2002), but that all knowledge requires intersubjectively shareable information and that interpreting human meanings is very different from interpreting, say, electron microscope tracings, meteorological data, tissue slides, or even the nonverbal behavior of nonhuman organisms, because of the complexity of meanings, some of them unconscious, that humans can create.

For this reason, I would not agree with the contention that psychoanalysis is a natural science, but I would argue that psychoanalytic knowledge is valid only to the extent that it is intersubjectively shareable, via appeal to shared texts (Siegel et al., 2002), and consilient with other pieces of knowledge (Wilson, 1999). This is a view I share with my Gainesville colleague Peter Rudnytsky (Rudnytsky, 2002, 2019), so much so that, with tongue only partially in cheek, the two of us have begun to call ourselves “the Gainesville School,” movements in psychoanalytic history having sometimes narcissistically started with groups smaller than a dyad, but it is striking that he and I have arrived at similar positions from divergent

educational backgrounds, mine in psychology and his in literature, a fact that I mention to indicate that this view of psychoanalysis really intends to establish a middle ground between those who view the discipline as entirely hermeneutic and those who view it as entirely scientific.

### **Fundamental Problems in Psychoanalytic Motivational Theory**

Nevertheless, as someone who believes that psychoanalytic knowledge must have consilience with all other knowledge, I also believe that every single psychoanalytic proposition or term is subject to revision in terms of developments in every surrounding discipline and, furthermore, because it is now more than 80 years since Freud's death, badly in need of such revision. For me, this is not just a matter of relatively minor changes like those which Pederson proposes—for example, whether the complement of narcissism (or excessive self-focus) is not masochism (the desire to have another inflict pain on the self) but echoism (or excessive focus on the other)—but wholesale ones involving reformulations of Freud's drive theory, structural and topographic models, theory of unconscious cognition, theory of gender and sexuality, and so on. I have three reasons for holding this position: First, what may have appeared modern in 1939, when Freud died, is antiquated in 2020, now that we have cognitive science, affective neuroscience, interpersonal neurobiology, computer science, modern developmental psychology, modern ethology and evolutionary psychology, modern gender theory, etc., some of these developing fields that would not be possible without Freud's pioneering work. Second, because psychoanalytic texts look increasingly antiquated—Freud's (Freud, 1905/1953) *Three Essays on the Theory of Sexuality* seems increasingly dated since the dawn of the feminist and queer revolutions about 50 years ago, a matter to which I shall return later, but *The Interpretation of Dreams* (Freud, 1900/1953) seems, despite its problematic energetic assumptions, to be doing rather better because of its implications for some aspects of cognitive science (Bucci, 1997; Lakoff & Johnson, 1999; Weinberger & Stoycheva, 2019)—people not only in surrounding disciplines but in the core mental health disciplines (psychiatry, psychology, social work) feel increasingly free to ignore us and to relegate us to irrelevance. Third, because of its extreme reluctance to revise its ideas on the basis of empirical tests, psychoanalysis perpetrated much harm against both individuals and society. The most obvious examples here would be Freud's psychology of women

and the general negative view of gays and lesbians, although this latter problem pertains more to writers who came after Freud than to Freud himself. And fourth, it is, to me anyway, a matter of intellectual honesty to say that psychoanalysis can meet the same evidentiary standards as everyone else in the community of scientists and scholars.

Anyway, what I am to make of a paper that begins, “The drive has always been connected to an object in Freud’s work . . .”, and that then proceeds to discuss the Freudian dual-drive theory, from the beginning of the essay to the end, as if the concepts of “drive” and “object” had not been subjected to rigorous challenge since Freud’s death, both inside and outside psychoanalysis? One would never know that, outside of psychoanalysis, terms like drive and “instinct” have increasingly been supplanted by terms like “motivational system” and “behavioral system.” Bowlby (1982), for example, conceptualized attachment this way. Rather than review a large literature on this topic, I will simply make reference to Lichtenberg et al. (2011), the most recent and comprehensive attempt within psychoanalysis to update its motivational theory. I mention this work, however, because I think it no longer possible to shoehorn such various motivations as physiological regulation (or self-preservation), exploration and curiosity, mastery and assertiveness, sexuality, attachment, affiliation, caregiving, territoriality (or defensive aggression), and predation into a two-drive theory, whether we consider those two drives to be sexuality and self-preservation, or sexuality and aggression, or Eros and the death drive, but it is precisely this premise that Pederson asks us to accept as the foundation of his entire argument. This means that all of Pederson’s argument here is on shaky ground, ready to be toppled by the next conceptual earthquake that comes along.

In contrast, my position would be that psychoanalysis always pertains to ways in which humans have conflicts over the representation and expression of certain basic motivations because such motivations often provide a psychological threat to our self-conceptions and to our emotional ties to valued others but that there are far more than two such motivational systems and that a modern psychoanalysis will have to account for potential conflicts between a multiplicity of, to use the older terminology, drives. Now my mentor Sidney Blatt (1974, 1995a, 2008) famously proposed a two-motivation model (relatedness and self-definition), and I always believed this model to be too simplistic, precisely because humans

have more than two psychologically important motivations, but also to be nonetheless a powerful first approximation for two reasons: first, much of human life is about the potential conflicts between establishing intimate relatedness on the one hand and establishing oneself as one's own person on the other, with good functioning involving the ability to balance these two vital needs; and second, with his theory, Blatt (2008) was able to unify a large body of clinical and research observations in developmental psychology, personality theory, personality assessment, psychopathology, and psychotherapy and to connect these findings to evolutionary theory and neurobiology (Guisinger & Blatt, 1994; Luyten & Blatt, 2013). For recent reviews of this literature, see Auerbach (2019a; Auerbach & Diamond, 2017), Luyten (2017; Luyten et al., 2019), Beebe and Lachmann (2017), Shahar and Mayes (2017), and Wachtel (2019).

What we have in Pederson's article are virtually no references to research evidence—in all fairness, there are references to de Waal (1995), and to Lewis (1971), and of course to Blatt (1998)—such that nearly all of the evidence presented comes from Pederson's extensive case examples, and these too are problematic, as I shall explain. But although no doubt Blatt would have agreed with Pederson's pairing of narcissism and echoism, as well as with the tension posited by Green (Green & Kohon, 2005), inspired by Hesiod (ca. 700 B.C.E./1914), between Eros and Eris, love and strife, the problem remains that Pederson presents us with a sweeping grand theory that rests almost entirely, except for his case examples, on the psychoanalytic metapsychology, in particular the vicissitudes, to use the appropriate psychoanalytic word, of its very dated dual-drive theory.

So, having stated my concerns as to the foundations of Pederson's argument, I will venture a few comments here and there as to its details, but because of his paper's length, there is no way that I can be systematic in my exposition. Pederson begins with a discussion of aggression, of its importance not only to self-preservation but to sexuality, and with the major proviso, per above, that I think that there are multiple forms of aggression that cannot be subsumed under a single motivational system, I actually agree with him that aggressive motives are central to human life and that the concept of aggression is in need of a psychoanalytic reformulation. The problem, as always, is that Freud's initial language is outdated and obscures several important distinctions between various aggressive motivations, such as territoriality, competition, dominance,

and predation. Another problem is that Pederson's discussion of the "argument is war" metaphor, while highly relevant to the ways in which aggression pervades our everyday thought, is not original with him. Here a reference to *Metaphors We Live By* (Lakoff & Johnson, 1980), which provides an extended discussion of the "argument is war" metaphor, is relevant, and this not just a gotcha point. The work of Lakoff and Johnson (1980, 1999), which explains how metaphor pervades everyday thought, connecting abstract concepts to basic sensorimotor schemas and highlighting some meanings while obscuring others, is essential to a reformulation of psychoanalytic cognitive psychology and provides a better grounding than Freud's energetic theory for the psychoanalytic project of connecting bodily experience to complex thought. I will note in this context that, in an effort to contain my own aggression, I have eschewed the "argument is war" metaphor here in favor of the metaphor that an argument is a building, although perhaps an even better version of me would have used the metaphor that an argument is (or derives from) a conversation or a dialogue, for that is what Pederson and I are attempting to have.

### The Role of the Superego

Next Pederson turns to the superego and its links to perfectionism. Again, to my surprise, I agree with him that self-critical states involve much more than conscience, guilt, and remorse—that Freud's discussion of the ego ideal, as compared with the superego, is still relevant. I also, strangely enough, agree that the Oedipus complex remains a viable psychoanalytic concept because human sexual rivalry and jealousy are readily observable, perhaps universal, phenomena, even if this central psychoanalytic idea is in need of rigorous reformulation for a relational age (Josephs, 2006, 2010), an age that does not automatically assume heteronormativity in sexual development, and an age that recognizes the crucial importance of childhood relational and sexual trauma, not just fantasies of incest (Simon, 1992), in the development of adult psychopathology. Nevertheless, this section remains problematic because it is presented as if many telling critiques (Holt, 1989; G. S. Klein, 1976; Schafer, 1976) of the structural model, of the ego and therefore the superego, had never been written and as if there were no research literature on moral development, self-critical perfectionism, avoidant/dismissive attachment styles, differences between guilt and shame, etc. Although, of

course, I agree that self-evaluative and therefore self-critical states involve identifications with one's parents, please note that I have tried to formulate this idea here in experiential terms, rather than in terms of the concrete personifications that are everywhere in the structural model (Schafer, 1976)—as if the id, the ego, and the superego really had agency of their own—and that serve to obscure, despite the more phenomenological language of Freud's German (e.g., above-I or over-I, rather than superego), the lived experience of self-critical perfectionism, of failure to live up to one's ideals. In consequence, Pederson gives little indication of who is at risk to develop self-critical perfectionism and little indication of the implications that self-critical perfectionism has for clinical outcomes, even though there was already a growing literature on these matters more than a decade ago (Blatt, 2004).

Equally important is that Pederson emerges in this section as an intrapsychic, rather than relational, thinker. It is here that he begins to discuss projective identification, and like M. Klein (1946), he appears to think of projective identification as something that happens mainly inside the head of the person engaging in this process, rather than as involving an interactive pressure on the other to conform with contents of the projected material (Bion, 1961/1989; Ogden, 1979). He says, specifically, "When one becomes the parental imago, one will make an object, even intrapsychically, feel the ego injury which originally caused the ego defense." Now there are many problems with the projective identification concept, chief among them that the idea of putting disavowed material "into" another person is essentially a Cartesian fantasy, a belief that a mind inside one body puts material into a mind inside another body, but it is through this concept, and through Bion's (1962, 1967) metaphor of the container and the contained, that Kleinian theory became relational, rather than just intrapsychic (Aron, 1996). Pederson's formulation of projective identification is a surprisingly intrapsychic one, at least as I read the quotation I have cited, even if we leave out the comments about becoming a parental imago and about making an object, which in Pederson's system I never seem to read as an independent other or subject, feel a psychological injury, but there is no mention of the interactive pressure and the boundary blurring between self and other that are really the two fundamental elements of projective identification, if it is an intelligible concept at all (Auerbach & Blatt, 2001). I mention this

matter now not just because it is in this section that Pederson first details his ideas about projective identification but because there is evidence throughout the paper, more on this later, that Pederson has a primarily intrapsychic understanding of psychoanalytic thought. Of course, it is fair to say that I may have misunderstood him and also fair to say that psychoanalysis must be both intrapsychic and relational, rather than either-or, but throughout this paper there is precious little discussion of the dialogic aspect of psychotherapy and its relationship to Pederson's understanding of psychoanalysis and a great deal of what seem to me to be internal transformations in the psyche.

### **Problems of Psychic Bisexuality and Gender**

Next comes Pederson's thoughts on Freud's concept of psychic bisexuality, and here again he is, I believe, on shaky ground or, alternatively, missing essential aspects of the psychoanalytic conversation. Psychic bisexuality is perhaps the only intellectual remnant of his relationship with Wilhelm Fliess that Freud carried forward throughout his life (Gay, 1988), and the psychological reasons for this might be a topic for deeper discussion in some other context. In the present context, it is fair to say that the idea of psychic bisexuality, that men have feminine identifications and that women have masculine ones and that all of us have the potential for same-gender sexual attractions, would have been revolutionary in the early 1900s, but it is equally fair to say, given the modern changes in gender identity, such that we now have people coming out not only as gay, lesbian, bisexual, pansexual, etc., but also as nonbinary, that this concept is showing its intellectual age. Pederson notes Freud's own longstanding confusion whether psychic bisexuality is a psychological construct, a biological one, or a sociological one because, after all, it is hard to define exactly what a "masculine" or "feminine" characteristic is and harder still to ascertain its specific origin. Freud's own confusion should render the concept of psychic bisexuality suspect in and of itself, but to my reading, Pederson seems to deal with Freud's confusion, quite reductively, by equating masculinity with activity and assertiveness and femininity with passivity and submissiveness.

Perhaps I have misread Pederson on this score or have misunderstood his points throughout the paper about psychological passivity because toward the very end of the essay, almost as an afterthought, he states

that passivity can have a egoistic or assertive expression and that activity can have an altruistic or echoistic expression, and also because his discussion appears to be better articulated elsewhere (Pederson, 2015), but either way, he writes as if activity equals masculinity and passivity equals femininity and also as if no psychoanalytic writing on gender identity has occurred since Freud, never mind since the beginning of the feminist and queer revolutions. Such psychoanalytic classics as *The Bonds of Love* (Benjamin, 1988), *The Reproduction of Mothering* (Chodorow, 1999), *Gender as Soft Assembly* (Harris, 2005), *Being Gay* (Isay, 1989), and *Wild Desires and Mistaken Identities* (O'Connor & Ryan, 1993/2019), among others, are of course not cited, although Horney's work is referenced, as is Chasseguet-Smirgel's, but this matter aside, it is a simple point that there is much that is anything other than passive about bearing and giving birth to children, the one activity in which men absolutely cannot engage, so any equation between the activity-passivity dimension and gender should always be treated with care. As I read him, Pederson understands that there is no easy equation between activity-passivity and masculinity-femininity, but in his attempt to preserve Freud's theories of sexuality intact despite considerable growth in our understanding of both sex and gender since Freud's death, he has much oversimplified something we think of very differently today than we would have in 1939, to say nothing of 1905.

These same oversimplifications pervade Pederson's discussion of Eros and sexuality as well. To be clear about the matter, just as, on the basis of modern developments in ethology, comparative psychology, evolutionary psychology, and related fields, we cannot collapse territoriality, competition, dominance, predation, etc. under the all-purpose heading of Aggression, we also cannot collapse sexuality, attachment, affiliation, caregiving, etc. under the all-purpose heading of Eros, as Bowlby's (1982) work demonstrates. Love and sexuality, I think it uncontroversial to say, are intimately related, and I agree with Pederson's later comment that attachment or tenderness has, or can have, an erotic or sexual component (Koziej, 2019), but Freud's (and therefore Pederson's) reduction of love to aim-inhibited sexuality simply is no longer tenable. Attachment really is not derivative of sexuality; instead, sexuality, although by no means derivative of attachment, is anaclitic upon it, an idea that is strangely consistent with Freud's (1905/1953) original formulation that libido

leans on the self-preservative drives. Here Pederson attempts to shore up his argument that love is aim-inhibited sexuality through an appeal to the scientific literature (de Waal, 1995) on the pansexual behavior of bonobos, the primate species most closely related genetically to humans, and to argue (a) that human culture must have been similar at some point and (b) that “it is likely that human culture or ethical life stepped in to enforce the renunciation of it, which forced sublimation.”

Much though I appreciate Pederson’s willingness at last to appeal to evidence other than clinical case studies, this argument is problematic for several reasons, the most important one being that chimpanzees, although nearly as closely related genetically to modern humans as are bonobos, have a very different social structure that emphasizes male dominance, competition, and aggression, rather than female dominance, egalitarianism, and the frequent sexual encounters of bonobos. It reasonable to speculate as to the genetic and behavioral connections between the genus *Homo* and the genus *Pan* but to do so ever so carefully. The Darwinians of the 19th century focused mainly on natural selection and on aggression (Gay, 1993); the Darwinians of the 20th and 21st centuries, Bowlby among them but also Hrdy (2009), who relies heavily on attachment theory and relational psychoanalysis for her views, have focused more on sexual selection and therefore on mating, reproduction, and caregiving; the differentiations that primatologists make between chimpanzees and bonobos would certainly be consistent with this shift. This shift in Darwinian anthropology seems also to have been driven in the last 50 years by the influx of women into the field (Hrdy, 2013). Thus, Pederson’s argument that human sexuality is a modification of bonobo sexuality that is based on the human evolution of morality is very thin reed, especially when we consider the complexities of natural selection pressures that created three species (humans, bonobos, chimpanzees) with highly overlapping genomes (Fischer et al., 2011; Polavarapu et al., 2011; Prüfer et al., 2012), with bonobos and chimpanzees having differentiated from each other several million years after the split between hominids on the one hand and these two ape species on the other.

We simply do not know enough about the behavioral characteristics of the genus *Pan* some two million years ago, before the two species in that genus diverged, to be certain as to why these two species have such different social adaptations (Gruber & Clay, 2016), although one

suggestion is that competition for food was greater for chimpanzees as they were forced from the trees to the ground than it was for the bonobos, who could therefore remain more cooperative and less aggressive in their social adaptation (Hare et al., 2012; White & Wrangham, 1988). Additionally, because psychoanalysis traditionally has focused so heavily on issues of sexuality and aggression, two obvious markers of difference between bonobos and chimpanzees, it is easy for us to overlook that other key differences between the two species might be that bonobos seem to have a greater capacity for empathy and social cognition but that chimpanzees are much more likely to engage, at least in natural or wild settings, in tool use (Gruber & Clay, 2016; Herrmann et al., 2010; Koops et al., 2015; Rilling et al., 2012), a differentiation more suggestive of the distinction between relatedness and self-definition than that between sexuality and aggression.

If we return, however, to the terms of Pederson's argument regarding the activity-passivity dimension with regard to love and sexuality, then I think it highly questionable to assume that altruism and various other-directed motivations are necessarily passive while egoism and narcissism—like Pederson, I agree with Freud's (1914/1957) distinction here between self-preservation (or self-interest) and self-inflation, otherwise known narcissism, if only because people will get themselves killed to preserve their narcissism or, alternatively, their honor or pride—are necessarily active. If I understand Pederson properly, he thinks of activity in terms of power and of passivity in terms of belongingness. Now as a Blattian, I happen to like the idea that humans have self-definitional motives and relatedness motives (Blatt, 1995a, 2008), but these are seen, especially in Blatt's later work and in the work of theorists who descend from Leary's (1957) interpersonal circumplex, as two separate, interacting dimensions. Blatt, especially in his earlier work, would often collapse them into one dimension, anaclitic-introjective, but his writings from the early 1990s onward increasingly consider relatedness and self-definition to be separate and interacting. I mention all this because, if Pederson is arguing that activity mainly pertains to power and that passivity mainly pertains to belongingness, he is in fact arguing, as I am, that the activity-passivity dimension is too simple and that we are better served by something like Leary's system and its intellectual descendants, which have an axis of dominance and an axis of affiliation. Pederson says as

much, as an afterthought, toward the end of the paper. As I have argued, even Blatt's two-configurations model is too simple for understanding the complex interactions between the various human motivational systems, but I am arguing the point here that the attempt by Pederson to uphold certain binary distinctions made by Freud that were helpful and clarifying in their time is unsustainable today, especially when we start to apply them, for example, the complexities of human gender identification and sexuality.

Alternatively, Winnicott's (1971) *doing* and *being*, like Bakan's (1966) *agency* and *communion*, refer to differing modes of living and experiencing that interact complexly and cannot be ordered on a single dimension. Would it not make more sense to speak of interacting dimensions of (a) agency vs. lack of agency and (b) communion vs. isolation to make clearer the ways in which either motivation can lead to human growth, can deepen human experience, or can oppose these things? This appears what Pederson was trying to say, but I could not discern his meaning because of his insistence on preserving the vocabulary of the Freudian metapsychology and because of his saying very little about passive egoism and active altruism until the last few pages of his paper. Again, if I have misunderstood him, I stand corrected.

### **Problems of Echoism, Death, and the Unconscious**

Next comes Pederson's lengthy section on echoism and death, probably the central issue of the paper but made overlong by case material that, as again I shall discuss, actually gives very little in the way of useful evidence for Pederson's theory. As noted, I agree that echoism, the overinvestment in others, not masochism, is the complement of narcissism, the overinvestment in self, although I (Auerbach, 1990, 1993) have argued elsewhere, on the basis of the work of Bach (1985) and Benjamin (1990), that these concepts should be understood representationally, phenomenologically, experientially, and intersubjectively—that Freud's drive theories, especially their economic and energetic assumptions, obscure more than they reveal about narcissistic states. Thus, despite my terminological agreement, I find problematic much in Pederson's analysis of these phenomena. I will note, first, that I agree with Pederson's contention that both narcissism and echoism are connected to death anxiety—that both overvaluation of the self, with suppression of investment in others,

and overvaluation of the other, with suppression of investment in self, are connected to our general wish to avoid awareness of mortality. For purposes of brevity, and because I agree here with Pederson, I will leave the details of this argument aside. Instead, my concern is with, as I read him, uncritical acceptance of Freud's claims that death anxiety is indirect, that humans cannot imagine their own deaths, and that the unconscious does not know its own death. Well maybe, but maybe not.

Freud's theory of the unconscious, the primary process, and other related concepts, while unsurpassed in 1915, has many problems today (Bucci, 1997; Weinberger & Stoycheva, 2019), among them that, *pace* Freud (1915/1957), it is unlikely that the unconscious aspects of our minds can know nothing of death because these parts of our minds contain only representations of drives and know nothing about negation (Hoffman, 1979), but of course Pederson writes of the unconscious as if there had been no developments in cognitive psychology since Freud's death. To my mind, since it is quite clear that humans can imagine both their own deaths and the deaths of their loved ones, a more defensible psychoanalytic account of how humans maintain simultaneous awareness and lack of awareness of things like death and loss involves Freud's (1926/1959) theory of signal affects, the unconscious or barely conscious internal signals that tell us that something psychologically dangerous, such as death or loss, is about to be present. But this theory presupposes that some unconscious awareness of death or loss must be present if anxiety connected to it is to be warded off (Hoffman, 1979).

It is troubling, therefore, that Pederson quotes Freud's statements about the inability of the mind to know death and that he does so without, as far as I can see, any criticism and then goes on to construct a complex theory that involves his ideas on parental imagos, passivity, echoism, and masochism that does little to describe the lived experience of the very problem, death anxiety, that he is attempting to explicate. This means that important critics of Freud's ideas on death anxiety are not cited, so names not encountered would include Martin Heidegger (1927/1962), Ernest Becker (1973), and Norman O. Brown (1985), all of whose ideas are relevant to Freud's specific understanding of this problem and all of them writers with whom Pederson would appear to have more than passing familiarity. Also not cited is Hoffman's (1979) trenchant reading, reprinted in Hoffman (1998) of the contradictions in Freud's text

regarding the understanding of mortality, specifically the ways in which Freud elides the problem of what the mind can and cannot know about its own finitude. But most important is that there is actually empirical research on this matter in the form of terror management theory (Landau et al., 2007; Pyszczynski et al., 1999; Solomon et al., 2015), rooted in the work of Becker, Freud, and existentialism, more generally, and although like all scientific perspectives, it is subject to critique, the research findings in favor of its mixed evolutionary-existential account of defenses against the emergence of death anxiety, through both sadistic (or aggressive) and self-defeating, sometimes masochistic behaviors, both narcissism and echoism, are considerable. Psychoanalytic clinicians and thinkers would be far better served by understanding this body of research than by Pederson's metapsychological speculations about these issues.

Particularly confusing to me was what a death imago is and how it is a complement to the ideal of perfection. Presumably this refers to patients so deeply traumatized that, despite the death anxiety that is a normal part of the human psyche, they find identification with death safer or more comforting than being alive—or that they find self-hatred safer or more comforting than self-acceptance or self-love—and I certainly agree with Pederson, as with Freud (1917/1957) and Blatt (1974, 1995b, 2004), that some depressive states, the introjective or self-critical ones, involve identification with the hated aspects of ambivalently loved objects. Still there had to be a simpler, more experiential way for Pederson to have said this than the one that he chose.

I will also note that I could not readily tell whether Pederson also meant to connect death anxiety and the death imago to the operations of a hypothetical death drive (Freud, 1920/1955), so for the record, I will state that the death drive is one of the most problematic of Freud's concepts from any scientific standpoint. For a good discussion of the poor scientific status of Freud's drive concepts, especially their energetic aspects, there is always Holt's (1989) work, which is consistent with the motivational systems approach (Lichtenberg et al., 2011) I mentioned earlier, but I will note that any reading of *Beyond the Pleasure Principle* (Freud, 1920/1955) finds it to be full of poor biological speculations, even for the 1910s and 1920s, when the modern synthesis (Huxley, 1942) of Mendelian genetics with Darwinian natural selection was just coming

into being, and that its most important psychological concept, the compulsion to repeat, can stand alone, without any hypothetical drive for organisms or organic matter to self-destruct, simply by virtue of its connection to two crucial psychological needs—(a) the feeling of security, by recreating relationships that, however problematic, are based on early attachments, and (b) the need for mastery of the problematic aspects of those relationships, with likely neurobiological correlates of both of these motivations (van der Kolk, 1989).

Also problematic is the Pederson's use of generic feminine pronouns to designate what he seems to be describing as the generic passive-altruist or echoist. Even if we leave aside my previously mentioned concerns about equating passivity with altruism, this particular usage of feminine pronouns reeks of sexism. Blatt's (2008; Luyten & Blatt, 2013) research would indicate that men are more likely to be self-definitional in orientation than women are and that women are more likely to be relational than men are, but his theory holds that good functioning involves a balance between these two motivational lines, in both men and women, such that the "active-egoist" and the "passive-altruist," if these pure types actually exist, are likely to be pathological expressions. Although I believe that this is what Pederson actually means—that these pure types are rare and likely to be pathological—and that he reserves terms like sadism and masochism for these pure types when they become involved in abusive relationships, I thought I should mention that designations like the active-egoist and the passive-altruist, not to mention the narcissist and the echoist, the sadist and the masochist, are examples of the pathologizing language that nowadays we are supposed to avoid. Additionally, I found the use of feminine pronouns for the ideal type of the passive-altruist to be particularly troubling as I read this paper but also consistent, again if I have read him correctly, with Pederson's equally problematic earlier discussion of the links between the passive and the feminine.

### **Problems of Altruism, Relatedness, Morality, and Politics**

In the next two sections of the paper, Pederson gives his speculations regarding the positive aspects of passivity and altruism, how these are connected to benevolence and to what Pederson describes as restoration, a term he prefers over M. Klein's reparation because he sees the former term as involving the possibility of love, gratitude, and loyalty and the

latter as involving mainly attempts to repair damage and to decrease guilt. Although I agree with him on his terminological revision of restoration for reparation and although I found these sections a psychological relief in their discussion of the crucial importance of relatedness, this after I had read pages of what I regard as unjustified equations of passivity and altruism with negation and death, I was struck by how Pederson referenced virtually nothing from the relational literature, the attachment literature, or the mother-infant research literature, all of which (a) would have had something to say to him about what benevolent and restorative relationships are about, (b) might have said it in a much more experiential, rather than speculative, manner, and (c) might have given him more substantive evidence than his clinical material for his conclusions. Beebe and Lachmann (2014) do a very good job of presenting research evidence for how we can tell the difference between mother-infant dyads involving benevolence, care, and mutuality and those which involve misattunement and sometimes, sadly, mutual psychological attack, doer and done-to relatedness (Benjamin, 2004).

The final section of Pederson's paper pertains to the moral and political implications of his ideas, and this section too proved problematic. Mind you, psychoanalysis has a venerable tradition of social theory, the most important examples of which, in my opinion, come from the Frankfurt School and its intellectual descendants (Jay, 1973). Pederson cites none of this historical work, none of the modern feminist work in psychoanalysis, and none of the more modern work on prejudice, power, privilege, and multiculturalism (Fors, 2018; Tummala-Narra, 2016; Young-Bruehl, 1996, 2013). In consequence, Pederson presents us with all kinds of speculations about the potential political ideologies and affiliations of the various character types in his model, but he presents no research evidence to back his speculations, and the sociology of political affiliation is an important empirical discipline, as any political consultant can tell you. From the standpoint of a psychoanalytic perspective that emphasizes identifications, the first place to start would be the longstanding finding that parental party affiliation predicts a child's party affiliation about 70% of the time (Achen, 2002), although a more complex model that would be consistent with a relational psychoanalytic view includes such relationship variables as supportiveness of the parent-child relationship and the accuracy of the child's perception of the

parent's or parents' political views (Ojeda & Hatemi, 2015). Other findings point (a) to differences in brain structure (Schreiber et al., 2013) that suggest that conservatives are more responsive to fear than are liberals and (b) to underlying metaphors for leadership, strong father for conservatism, nurturing parent for liberalism (Feinberg & Wehling, 2018; Lakoff, 2002), these findings in some way echoing the pioneering Frankfurt School work on the authoritarian personality (Adorno et al., 1950). Westen (2007), one of our leading psychoanalytic researchers, provides an extensive summary of the research on emotions and politics. None of this seems to concern Pederson, and to my mind, there are important real-life consequences at stake, well beyond what implications Pederson thinks there may be for the hypothesized political beliefs of active-egoists, passive-altruists, and the like, given our country's current political crisis.

### **Problems of Primitivity**

Worst of all in this section, however, is Pederson's recounting of Freud's views on the supposed transition in societies from animism to religion to science, each stage supposedly an advance in the relinquishing of narcissistic omnipotence and each stage paralleling in Freud's view the development of the individual. In no way here can I discuss all of the problems with these ideas, in which the individual, like society, progresses from primitivity to rationality or, like the embryo in Haeckel's law, recapitulates phylogenetic development. For this purpose, I will refer interested readers to Rizzolo (2017), who provides the most extensive critique I have encountered of this conceptual problem in psychoanalysis. In the interest of intellectual honesty, I will note that Blatt (Blatt & Blatt, 1984) also fell prey to this mode of thought in his analysis of representation in art—I always regarded this as an overvalued idea of his—and I suspect that the actual psychodynamic issue here is not that so-called primitive peoples have more narcissistic omnipotence than we supposedly rational moderns and postmoderns but rather that it flatters our narcissistic self-inflation to think ourselves better or more advanced than those who preceded us. Nevertheless, Pederson presents this aspect of Freud's thinking—the progression of societies and individuals from primitive (or irrational or animistic) to advanced (or rational or scientific) without any reference to what modern anthropologists or developmental psychologists might have to say about these ideas, so I sincerely hope he reconsiders this matter in future writings.

### Problems of Clinical Case Material

Finally, I must say something about the lengthy clinical case material Pederson presents as evidence of his theoretical views. I had hoped for something interesting here because of Pederson's interest in bilateral stimulation from Eye Movement Desensitization and Reprocessing (Shapiro, 2018). I am actually favorably disposed toward EMDR, even though I find its underlying model, with its emphasis on strangulated affect and its lack of conceptualization of the transference-countertransference matrix in treatment, to be eerily similar to the ideas of psychopathology and treatment put forth by Breuer and Freud (1895/1953), because I believe EMDR rapidly reaches unconscious processes and material not readily accessible to psychoanalysis or other standard verbal psychotherapies, so I salute Pederson for using one of its methods, bilateral stimulation, even if he does not use its entire protocol. This said, I found his case examples very difficult, even tedious, to read, mainly because they seemed, to me anyway, to lack a relational dynamic—specifically, the patient's enactment of psychological material in the therapeutic relationship and the therapist's counterenactment—such that the examples presented really had the feeling of being almost purely intrapsychic events, much as Pederson's account of projective identification seemed to lack the interpersonal or relational dimension, the manipulation to play a part in another's phantasy, that has been essential to the concept since the writings of Bion (Bion, 1961/1989; Ogden, 1979). Simply put, there was virtually no relational drama in his case material—no sense of how he struggled with his patients and how his patients struggled with him. Most modern psychoanalytic case studies focus intensively on the transference-countertransference matrix, and in my view, because in my day job I have an abundance of cognitive-behavioral colleagues, it is the moment-by-moment focus on the relational dynamics in the consulting room that differentiates a psychodynamic approach to treatment from all others. It is surprising, therefore, that Pederson presents such extensive clinical material with so little focus on how his patients enact their clinical issues with him and on what he enacts in return.

There is of course no requirement that Pederson do this, and if he is getting good clinical results—e.g., access to clinical material he could not easily access in other ways—through EMDR-like bilateral stimulation, then he is. The current state of our knowledge is that therapeutic

relationship is far more important in therapeutic outcome than is therapeutic approach in any case (Wampold & Imel, 2015). But his case examples, unfortunately, have a deeper problem, and that problem, as I (Auerbach, 2014, 2019b) have argued previously, is that it is a requirement of all scholarly, not just scientific, evidence that it be intersubjectively shareable. In the case of psychoanalysis, this means that the community of scholars needs access not only to case reports, which are all, really, that Pederson has given us, but also to session recordings or transcripts, such that this same community of scholars can share its reactions to something that actually happened in the consulting room, not just to the clinician's highly selective reports of those events. This is a problem throughout the psychoanalytic literature and a major reason that people outside the psychoanalytic community feel justified in dismissing the approach out of hand. They can point to research studies while we point to, "A patient once told me" or "I once had a patient that said." A good example of how case material evidence should be presented can be found in Kächele's discussion of the case of Amalia X, which he terms his specimen case for psychoanalysis (Kächele et al., 2012; Levy et al., 2012). Here one gets to read a full session transcript to understand Kächele's therapeutic responsiveness to his patient and also to see how research measures can be applied to this same information. Pederson, like nearly everyone else in psychoanalysis, gives us nothing like that.

A still deeper point is that without such intersubjectively shareable material, it would be as if we were holding a literature class in which we discussed only our impressions of texts, without reference to the actual works themselves (Siegel et al., 2002), and although in this postmodern age, it is reasonable to assert, contra Freud's belief that he was unraveling or decoding the true meaning of a patient's dream, that patient utterances, like literary texts, do not have fixed meanings, we still want to be arguing, at some point, over the meanings of the utterances or texts themselves or, perhaps more accurately for both clinical cases and literary works, over the meaning of the combination of the utterances or texts and the interpretive community's response to them, not just the interpreter's report of the original communications, no matter how brilliant that interpretive report might eventually prove to be. And without recourse to some record of the original therapeutic transactions, we really have no rational basis for choosing between, among others,

Freudian, Jungian, Kleinian, Kohutian, Lacanian, or relational readings of a given clinical encounter, a circumstance that should be of much greater embarrassment to the field than it appears to be. The old saw that Freudian patients produce Freudian dreams and that Jungian patients produce Jungian dreams simply will not do, even if it contains the kernel of truth that the meanings that an individual speaks are always partially constituted by her or his interlocutor. My Gainesville school colleague (Rudnytsky, 2019) has recently articulated a similar position regarding the importance of the discussion of shared texts or communications if we are to arrive at something beyond a purely constructivist view of psychoanalysis, some shared understanding of an author's or patient's meaning, and Pederson (2015), as far as I can tell, is equally skeptical of purely constructivist epistemologies, even though he asks us repeatedly to take on faith his reporting of what his patients say to him.

The decline of psychoanalysis is due in no small part, although by no means only, to its failure to provide intersubjectively shareable information. The actual function of case reports in most psychoanalytic papers, because those case reports almost always lack connection to a transcript or a recording, is not to provide proof for the author's views but to provide an illustration of how the author might conceptualize and work with the material and issues that the patient presents. That is not an unworthy function, but it is far less than Freud's hope for his case studies that they would prove his ideas correct. As for Pederson's very lengthy paper, I think that his article would have been improved greatly with (a) far less case material that, as far as I can see, gives us very little support for Pederson's ideas, material that, oddly enough, does surprisingly little to engage the reader with either the patient's reenactment of emotional difficulties and the therapist's emotional reaction to the patient's actions, and (b) with far more discussion, on the basis of knowledge developments in other fields, of how to create a psychoanalysis and a psychoanalytic metapsychology for the 21st century.

## Conclusion

So, I did not know where to begin this discussion of Pederson's contribution but I do know how to end. In his lengthy paper, there are many interesting points made—most importantly, Pederson's discussion of echoism as a complement to narcissism—and although I have serious

disagreements with him over nearly every aspect of psychoanalysis, I must acknowledge that Pederson is an erudite and thorough commentator on Freud's work. His views, therefore, cannot be cast aside lightly. Still, I feel as if I am damning with faint praise and that perhaps it would have been more honest to say, in paraphrase of Sid Ziff, not Dorothy Parker, that they should be thrown aside with great force (Quote Investigator, 2013). Pederson concludes his essay as follows:

Freudian structural theory still remains the most comprehensive vision of the mind and I hope that by returning to it that there is a possibility to overcome the tribalism of the fractured schools of psychoanalysis. What is radical in Freud's theories— how much we are determined by the unconscious— still remains radical today. The question is how much an analyst wants to borrow from other disciplines vs. how much she wants to let the psyche speak for itself.

### Here are my conclusions in return.

Much though I agree that psychoanalysis, or some version of it, remains the most comprehensive approach to the mind available, I cannot agree that Freud's structural model should remain the instantiation of psychoanalytic thinking that we want to uphold, no matter how deep and thorough Pederson's presentation of it might be, for the basic reason that all theories are always subject to revision and critique in light of new information, information that Peterson sedulously avoids throughout this paper. A more defensible presentation of general psychoanalytic knowledge might be found in the *Psychodynamic Diagnostic Manual* (2nd ed.; *PDM-2*) (Lingiardi & McWilliams, 2017), a work that Pederson also does not cite, perhaps because, and here I admit to outright speculation as to his motives, that volume's attempt at a grand psychoanalytic synthesis nevertheless relies heavily on research evidence to determine what is useful in psychoanalysis and what is not, and is therefore necessarily revisionist. I agree that Freud's core propositions are radical. Among them, I would list the following:

1. that most of mental functioning is unconscious, this in the sense of a system unconscious, what we would now call a procedural unconscious, and is not capable of becoming conscious in any direct or introspective way;

2. that some mental contents or emotional concerns are excluded from consciousness or shared discourses, are dynamically unconscious, because of the psychological threat that they pose to a subject that has language and self-reflection;
3. that the mental contents or emotional concerns most likely to be subject to dynamic exclusion are those which are connected to basic motivational systems because of their potential threats to an individual's self-conception and valued relationships;
4. that these dynamically excluded or poorly symbolized concerns are enacted or repeated in new contexts and hence in the transference;
5. that psychological growth involves reworking old relational patterns in new contexts, such as psychotherapy; and
6. that some version of what happens in the patient (transference) also happens in the therapist or analyst (countertransference).

On the last of these propositions, I would of course go beyond Freud to Racker (1968) and to Fromm-Reichmann (1950), not to mention modern relational thinking, in recognizing the essential equality of the analyst and the patient when it comes to the capacity to be captured by our deepest unresolved psychological concerns. But these basic principles articulated, I see no reason that the best way to render these propositions is necessarily in Freud's specific language, not when there is good empirical warrant for changing it. On this matter, I will stand with the following sentiment of Freud's (1916/1957):

It may thus be said that the theory of psycho-analysis is an attempt to account for two striking and unexpected facts of observation which emerge whenever an attempt is made to trace the symptoms of a neurotic back to their sources in his past life: the facts of transference and of resistance. Any line of investigation which recognizes these two facts and takes them as the starting-point of its work has a right to call itself psycho-analysis, even though it arrives at results other than my own. (p. 16)

I would revise this statement to note that resistance, like transference, is a relational construct, the patient's way of being with the analyst or the

therapist, and that good treatment is always about turning resistance into collaboration, into working alliance, but even without these emendations, I think of this statement as Freud at his best.

In any case, it follows that I believe that neither Freud's structural model nor Pederson's specific rendering is likely to undo the tribalism of the fractured schools of psychoanalysis. The reasons for the tribalism of psychoanalysis are complex, and here I would start with the work of Kirsner (2009) on unfree associations and Breger's (2001) critical but balanced biography of Freud, before I then moved on to the psychoanalytic arrogance that scientific research is somehow irrelevant to its truth claims, but a return to Freud, whether Pederson's or, to cite a more famous one, Lacan's, is unlikely to produce the results for which Pederson hopes, perhaps because some of us (me, for example) think that Freud's theories, however brilliant and radical they are, are products of their time, the same as might be said for Plato, Aristotle, Descartes, Spinoza, Hegel, Nietzsche, and countless others, not just Dead White European Males, but also for the multicultural, multiracial, and multigendered theorists of today, such as the writers I have listed earlier who have taken on problems of gender, race, and culture in psychoanalysis, and therefore always in need of revision on the basis of new knowledge and new social concerns. It will please me greatly if 100 years from now people can write about how wrongheaded my ideas were because of how much we now know that we could not have possibly known when humans were so benighted. My historical prediction is that it will still be more worthwhile to read Freud than to read either Pederson or me because of the brilliance, despite all of its problems, of Freud's insight into the human condition, just as we will continue to read, for example, Descartes, who remains the originator of modern Western thought, no matter how easily refuted some of his ideas are, but that if anything like psychoanalysis is to survive outside its own little ghetto, to have intellectual relevance for the culture as a whole, it will need to transform itself in accordance with growth in the knowledge of the next century.

And speaking of that broader cultural relevance, perhaps there is a deeper problem with Pederson's paper, specifically, the fundamental intrapsychic assumptions that Pederson unwittingly reveals in his final sentence but that I thought were present, given the extensive case material that pertained very little to the transference-countertransference

matrix and given also the lengthy theoretical discussions that seemed to say very little about actual interpersonal relationships, throughout the essay. Pederson wants the analyst to eschew information from other disciplines and simply to let the psyche speak for itself, as if the psyche's speech were somehow independent of and not constituted by its relationship to another psyche who hears, understands, and above all recognizes it (Hegel, 1807/1977), and as if the speech, the hearing, and the recognition of both psyches were somehow not constituted by the many other discourses that they at the same time help to construct. All of this seems particularly odd, given that I am certain that Pederson, by virtue of his broad reading (he certainly knows much more about Classical sources than I do), is probably also more conversant than I with the intersubjectivist thinking that begins with Hegel, that still dominates Continental philosophy, even in a postmodern age, and that is a prominent strand of relational psychoanalysis, given also that Pederson (2018) says, on this web post: "The psychoanalytic model holds that we are primarily related to others; whether driven to be more competitive or more cooperative with them. Whether we love them romantically or as friends. The primacy of the rational self, is replaced by a primacy of the parental Other (the basis of the ideal)." Equally striking is that the web post is entitled "Psychoanalysis as Science," even though, to my reading, there are no scientific findings cited, so he and I really do have a very different idea of what science is despite our having a broad agreement, again per the argument on his web post, on the necessity of a complex, dynamic understanding of human motivation, as opposed to the superficial rationalism and the biological reductionism that dominate the current intellectual landscape. Still, his web post says very little about actual relationships or attachments to actual others, the others to whom he says we are "primarily related."

Also intriguing is that Pederson began his paper with this famous statement by Freud (1921/1955):

...individual psychology is concerned with the individual man and explores the paths by which he seeks to find satisfaction for his instinctual impulses; but only rarely and under certain exceptional conditions is individual psychology in a position to disregard the relations of this individual to others. In the individual's mental life someone else is invariably involved, as a model, as an object, as a

helper, as an opponent; and so from the very first individual psychology, in this extended but entirely justifiable sense of the words, is at the same time social psychology as well. (p. 69).

To my mind, this is actually a tricky passage, with the most crucial phrase in it being “individual’s mental life” because that is a very different thing from an individual’s life. Although the passage sounds relational, I think that it can plausibly be read as more consistent with a one-person psychology (Greenberg & Mitchell, 1983). As I read him, Pederson, like Freud, is interested in others as they appear in our mental lives, not as they actually appear in our lives, with the capacity to be independent subjects whom we need for recognition precisely because recognition is what they might chose not to bestow (Benjamin, 1995; Fonagy et al., 2002; Ogden, 1994). This capacity to withdraw recognition, in essence to leave a relationship, is the very thing in which I am most interested because it, just as much as sexuality, is necessary to anything we might plausibly describe as adult love.

So to return to Pederson’s final paragraph, I believe that the psyche speaks, and is constituted, only in social, relational, and intersubjective contexts—that we become psyches because other psyches speak to and recognize us. A thinker as erudite and articulate as Pederson can surely cite these intersubjectivist ideas just as well as, if not better than, I, and in all fairness, I have only skimmed his main published work to understand better his theoretical presuppositions, but his references section in Pederson (2015) would certainly indicate his broad knowledge. Still I was hoping, in his essay, for something that would draw me in to a more constructive dialogue about theoretical difference, however difficult such dialogue is to accomplish, and I found instead a system that to me felt closed, one that was turned inward toward the psychoanalysis of 80 years ago, not outward toward what the next 80 years might tell psychoanalysis.

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**Waiting and Worshiping at the Alter: Reply to Auerbach**

Trevor Pederson

I would like to begin by saying that I was happy to see that John Auerbach and I shared as much common ground as he reports. I also want to record agreement with his ideas that psychoanalysis must submit itself to more rigorous research and that there are good reasons to be skeptical of constructivist epistemology. However, and I think Auerbach would agree, before scientific testing can begin, there must first be psychodynamic hypotheses to test—one cannot merely read scientific findings in neighboring fields and think psychodynamic ideas will spontaneously emerge from there. Moreover, despite his signal that he is skeptical of constructivist epistemology, his offering of six core propositions of psychoanalysis does not offer any model of imagos (internal objects), no dynamic relations with them, nor anything that would be at odds with constructivism.

My proposed Neo-Freudian model offers clinical evidence to isolate specific repetitions in the passive-altruistic pole and show that certain “character” states, and their repetitions, are due to projective identification (PI) or taking over the place of the parental/sibling imago. I could have been more explicit in my article that it is Freud’s central proposition that character is based upon identification with imagos:

The considerations that led us to assume the existence of a grade in the ego, a differentiation within the ego, which may be called the ‘ego ideal’ or ‘super-ego’... still hold good... We succeeded in explaining the painful disorder of melancholia by supposing that [in those suffering from it] an object which was lost has been set up again inside the ego—that is, that an object-cathexis has been replaced by an identification. At that time, however, we did not appreciate the full significance of this process and did not know how common and how typical it is. Since then we have come to understand that this kind of substitution has a great share in

determining the form taken by the ego and that it makes an essential contribution towards building up what is called its 'character.' (1923, p. 28)

Identification with imagos, so that one takes on their perfection or death, is the very heart of the psychoanalytic model of personality. Freud already acknowledges the idea of how this identification can go along with the individual treating someone else as they were treated by the parent or parental substitute. For example, in narcissistic object-choice Freud (1905, 1921, 1922) sees it as loving another who resembles one, as one's mother loved one. Moreover, he has ideas of moving from passive to active in mastery, moving from scopophilia to exhibitionism, etc. that certainly recognize something like projective identification. However, Klein's idea of PI in which one wants to unconsciously pass on the ego injury that caused the identification to others, so that one can identify with them, as it happens, projectively, takes this to another level. Klein's idea involves both identification with the imago and identification with the person who represents the ego.

Attachment theory and the other works that deal with motivational systems, which Auerbach cites, do not have identification with the parent/sibling imagos as the basis for their theories. The contribution that I sought to make in the article was to show how the imagos of perfection and death are related to each other through psychosexual development, through discrete phases, and to show how id drives of affection/restoration are a complement to id aggression. Ideas of generativity and "rebirth" are available in psychoanalytic and Jungian fields but have still escaped formalization and id aggression has undue prominence in our field still. I was hoping that as a self-described "Blattian," Auerbach would have brought in interesting and relevant findings from that field, since we share the basic premise of what Freud calls the active and passive binary in motivational systems. Instead, like a constructivist, he makes charges of sexism, accusations of a "one-person psychology," and insistent calls that classical terms must be renamed.

Reading his reply, I couldn't help but think that most of the central points of my article were lost. For example, Auerbach reports an agreement with me on the binary of overinvestment in self and overinvestment in others. However, the point of the article was to expand beyond Freud's basic proposition and what has historically been known as the

narcissism vs. masochism binary. As opposed to renaming terms because they're attached to a system that is allegedly "one-person," I gave arguments for how masochism made the passive pole derivative of the active one, and offered concepts that allowed for inter-relations between different stages, and their phases, to be hypothesized. PI on the passive pole was conceptualized as the individual becoming death (in both maternal and paternal forms) and this was put forward in dynamic relation to becoming "the good imago." I attempted to show that a lot of "altruistic" behavior on the passive pole is similarly PI with the good imago and underwrites behaviors like not being able to say no, sacrificing oneself, or fostering others. Auerbach engages with none of this and, for example, I have no sense of what his version of idealization of the object or overinvestment of them is supposed to be. Where I had hoped that he would bring in some findings from the Blattian field, I instead got complaints about "outmoded" terminology and that my case examples "pertained very little to the transference-countertransference matrix" (p. 30). I will address the former soon, but I would like to share a few thoughts on the latter first.

In the clinical vignettes I gave, I do not work with the repetitions of patients through their transference to me. My patients describe how certain current ways of relating to themselves or others in their life is problematic and I elicit statements about how they see these others, or how these others might see them, and then trace them back to the original ego injuries that were repressed and caused these repetitions. As I show, id impulses of aggression and affection are contained in the emotional reactions that my patients have to others. What Auerbach calls the procedural unconscious is created in the overstimulating, and consequently repressed, id impulse for the individual or group that is receiving the transference from an imago or internal object. Then, the repressed returns, and the individual repeats specific ego or object drives with others whose individual psychology make them suitable partners for this. I certainly work with transference to myself and my countertransference feelings but working with the transference to others allows for specific interpsychic relations to be captured in how they are lived in the regular lives of my patients. Moreover, one of the problems of solely focusing on the transference-countertransference matrix in individual therapy is that the analyst may not have the individual psychology that allows for some of the patient's repetitions to take place there.

Auerbach, as is still fashionable, wants to call classical terms outmoded because they are allegedly intrapsychic. However, it is a patent absurdity, that Freud is only “interested in others as they appear in our mental lives, not as they actually appear in our lives” (p. 32). Although I can appreciate the versatility of Hegel’s use of the word recognition (in its English translation), is it really Auerbach’s and the intersubjective/relational school’s position that the ego and object drives do not strive to have others see us in certain ways? For example, when Freud and Adler use of the term *will to power*, to denote egoistic strivings, is this not the idea that one is motivated to have others see one as successful and powerful, as responsible and competent, as attractive and tasteful, (etc.)? Then, when one isn’t seen in this way, does Freud not register that a “narcissistic injury” can occur, that we can be “shocked,” “mortified,” “humiliated,” “disappointed,” (etc.)? As my clinical examples illustrate, these ego injuries are connected to id impulses formed in psychosexual development and clearly relate the current object with the imagos of the caregivers of our infancy, from whom the imagos were internalized. I’m curious to hear how Auerbach believes that others in our life receive the power or status to give us these ego injuries. Does he derive this power of the object from the intellectual perception that he or she is a unique and free subject and that one “chooses to bestow” this power upon them (p. 32)? If so, he is giving an atomistic conception of the individual and not one that is primarily related to others.

Similarly, with Klein’s concept of PI, Auerbach would uncharitably assume that she thinks of it in a “Cartesian” fashion—that is, “mainly inside the head of the person engaging in this process... putting disavowed material ‘into’ another person” (p. 9). However, Klein’s ideas relate to the play therapy that she pioneered and how, in play or art, children can dramatize these relations between imagos (internal objects). For example, she writes:

excrements and bad parts of the self are meant not only to injure but also to control and to take possession of the object. In so far as the mother comes to contain the bad parts of the self, she is not felt to be a separate individual but is felt to be the bad self. (1975, p. 8)

Does Auerbach think that Klein is literally describing PI as putting one’s feces into another person? Klein’s reference to the mother is not the literal mother but the internal object or imago.

As I mention in the article, the child controls the internal object that represents the mother or father and usurps its power while the parental imago “becomes the ego-ideal” of the child (*ibid.* p. 9). In some of the clinical examples I showed how this means that the individual will unconsciously seek to give the same ego injury it received to another.

Auerbach complains that this formulation is inferior to a relational definition that recognizes “the interactive pressure on the other to conform with the contents” (p. 9). This bugaboo of relational and intersubjective thinkers misses the point. The PI that a person is engaged in is a defensive operation in their head, which is why it is possible to work with it in the way I show in my clinical vignettes. Klein cites the example of PI that was performed on Greta Garbo with whom the patient had no contact (Klein, 1975, p. 9). In other words, “interactive pressure” is not always needed for PI. Klein also gives an example of a patient who “dislikes people who are too much influenced by him, for they seem to become too much like himself and therefore he gets tired of them” (*ibid.* p. 13). In the latter case, when there is an actual relationship between the patient and another person, I find it hard to believe the Auerbach would really think that an impressive analyst like Klein wouldn’t acknowledge “interactive pressures.” It is easy to imagine how the person would initially be seductive and energetic in the romantic relationship so that the other person would find themselves adopting his phrases and interests, before he ends up growing distant and rejecting, to pass on the same abandonment injury that received himself. Just because Klein does not spell this out does not mean that she would not appreciate that this is going on. Moreover, the intrapsychic defense of PI still exists in the individual in relation to his or her imagos even if there is not someone they are unconsciously repeating it with.

I would like to stress again, that “interactive pressures” only go so far, and that the most important thing is that the individual with whom one is playing out the PI has the relevant character structure. The person in PI won’t be attracted to engaging in a relationship with another whose character structure doesn’t align, for the most part. To add some nuance, I have worked with some patients with domestic violence charges who didn’t have any prior history of abuse and who reported that the abused said emasculating things, taunted them, and was able to provoke anger

in them<sup>1</sup>. Similarly, there are people who weren't serial philanderers before they entered the relationship with a romantic partner who was suspicious of them and insistently accused them of cheating, to the point that they did. However, for the most part, the repetition-compulsion in us makes us attracted to the people who will play out the PI with us.

### Dual Drive Theory

Where Auerbach implies that using Freudian language is part of the insularity of our field and that we should be showing the rest of the world that we have evolved in the last 80 years, I see it as honoring our tradition. I have read the criticisms that the ego psychologists have made of the classical terms and have found them wanting. It's easy to define something poorly and dismiss it, and I would invite Auerbach to share what he thinks were the damning criticisms made. Moreover, the public only knows Freudian terms and no other school of psychoanalysis, save for the Lacanians in the humanities, has reached the public in any substantial way. Instead of disowning our past, I think it is more valuable to own it.

This turns me to Auerbach's problem with dual drive theory. He states that there must be "far more than two such motivational systems" and that "we cannot collapse territoriality, competition, dominance, predation, etc. under the all-purpose heading of Aggression, we also cannot collapse sexuality, attachment, affiliation, caregiving, etc. under the all-purpose heading of Eros, as Bowlby's (1982) work demonstrates" (p. 5, 12). Auerbach will have to share Bowlby's scientific research to prove the lack of connection between sexuality and attachment, I would be interested to see it. Otherwise, I cited my agreement with Freud that philosophy of language does show how these things can be organized into larger groups. Freud cites the use of Eros which gives many types of love in the Greek (directly sexual, romantic love, love for family, etc.) and, in parallel, I show that competitiveness and ambition similarly invoke references to aggression (cutthroat, killer instinct, etc.). I would ask Auerbach if territoriality, for example, could be collapsed into an example of possessiveness concerning one's land or "turf," and whether feeling jealous possessiveness over one's romantic partner could be similar?

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<sup>1</sup>I still see the abuser as legally culpable, and this state of affairs does not absolve him.

Then, I would ask him if it's possible to conceive of someone who is strongly competitive as possessive regarding their reputation as being the most talented and skilled at something? Philosophy of language, and seeking "a family resemblance" between different motivational patterns is possible if one can invoke similar words and phrases without losing meaning (Wittgenstein, 2001). Of course, this is on the level of individual psychology and it is possible to point to group psychology and group traditions for explanations. For example, an individual might not be territorial on his own and might be enforcing respect for the territory of his group because it is a custom or because he's caught up in mob mentality with others who are territorial.

It is possible that Auerbach is right and that there are more than these two systems<sup>2</sup>. For my part, I further divide the active and passive into two types based upon the observable pathology and attempt to isolate different phases within the stages of development<sup>3</sup>. The problem, as I see it, is that people like Auerbach will appeal to the inherent complexity of personality in order to say that there must be more, but that "more" is

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<sup>2</sup>At other times, Auerbach, as a "Blattian," appears to appreciate the idea of the active and passive poles intermixing as enough to produce viable work (pp. 14-15). It is indeed also my position that they do so and I go to great lengths to show how there is also intermixing visible through different phases of the stages of development (ex. the maternal and paternal). I acknowledge that my article didn't give examples of active-altruism or passive-egoism, which are part of the model put forward. As the title and my introduction suggest, my focus was on complementing the active-egoistic-narcissistic-perfection part of the personality, which Freud did much more to articulate, with the passive-altruistic-echoistic-death part.

<sup>3</sup>While someone can be narcissistic or possess an attitude of superiority (arrogance, vanity) about their physical or intellectual potency or their social power there is another group that is conceited or vain about how physically attractive they are or how superior their taste is or how they live a beautiful life.... On the other side, someone can echoistically depersonalize and put the desires of others before his or her own as the good imago. He or she can volunteer to help others, and focus on raising them up, or be unable to turn them down when they are in need of money or assistance—even when he or she is taken advantage of or doesn't have the time or money to share. The other group echoistically desires the approval of others in the sense of wanting to be liked, to be seen as interesting, and to fit in.

not forthcoming. I put forward a hypothesis, based upon clinical examples, to try and see how far I can take the dual drive theory. It's more than possible that I will have to revise this theory and admit its inadequacy to account for future experience. The question is whether it is better to make a theory to test, that is inherently psychodynamic and derived from clinical interactions, or whether it is better to assert a complexity that is impossible to overcome. If Auerbach has ideas for a three, four, or five part motivational theory, and something real to offer up here, I invite him to share it.

## Sex

Auerbach engages more with Freud's use of sexuality, and I would like to take this up. First, he asserts that attachment is not derivative of sexuality and that sexuality is "anaclitic" upon it. As I show in the article, Freud's position is that the "affectionate current" is older than the sensual or literally sexual current which joins it (Freud, 1912, p. 53)<sup>4</sup>. In Freud's model, both forms of these object drives are underwritten by id "erotic object cathexis" towards the caregiver(s) and then are constituted at the level of the ego in different ways (Freud, 1923a). Second, Auerbach misrepresents my appeal to the literature on bonobos. I do conjecture that humans might have had the same wide sexual expression as bonobos in the past and therefore that Freud might be right to claim that "aim-inhibited sexuality" is important. However, I also equally use them to illustrate that their many affectionate interactions show that affectionate behavior cannot be solely derived from aim-inhibited sexuality. Auerbach then asserts that my reference to bonobos is problematic because chimpanzees are also closely related to humans and that they "have

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<sup>4</sup>As I'm writing this, I feel distanced from the dialogue. Just like the idea of a self-preservative drive, the idea of attachment is similarly general and generic and on the level of biology. The focus of my article is not on this level of abstraction. It is on specific interpsychic drives and different levels of authority. I give the clinical example of a patient who doesn't know how to be with others and an example of a patient who sees the imperfections in her husband and is trying to fill in the gaps. These are specific repetitions that I have seen several times in the clinic and which I attempt to organize in a coherent way. These repetitions and the PI of playing the part of the authority are very important psychoanalytic content but Auerbach appears much more comfortable at the level of abstraction.

a very different social structure” (p. 12). He acknowledges that sexuality and aggression are very clearly portrayed in these different structures, and so I do not see the existence of chimps as a counterfactual to my observation that humans likely shared the hypertrophy of sexuality. Just as Auerbach acknowledges his mentor’s position that the intermixture and tension between the two poles can propel things forward, I think that Freud’s position would similarly be that the tension between sexuality and aggression would propel the human mind forward. Chimps have lost the tension from sexuality and bonobos have lost the tension from aggression; these represent two ways that social structure can go on this level of development. If environmental pressures and/or some mutation caught on in a tribe, then sexuality and aggression might force development forward in our higher primate cousins and something closer to human could arise from them.

Auerbach’s position appears to be that sexuality and aggression cannot play a role in the development of the mind. He writes:

it is easy for us to overlook that other key differences between the two species might be that bonobos seem to have a greater capacity for empathy and social cognition but that chimpanzees are much more likely to engage, at least in natural or wild settings, in tool use (Gruber & Clay, 2016; Herrmann et al., 2010; Koops et al., 2015; Rilling et al., 2012), a differentiation more suggestive of the distinction between relatedness and self-definition than that between sexuality and aggression. (pp. 13-4)

Since bonobos illustrate both a hypertrophy of literal sexuality and show more affection, more egalitarianism, and EQ, while chimps have much more aggression, more hierarchy, and more IQ (as evidenced in tool use), I would think that this example backs up Freud’s position. Freud (1911) links aggression with the epistemophilic drive and external world forms of ego cognition while fantasy and mimicry through identification are equated with sexuality (p. 22; 1921). This is not from Freud doing a bad reading of the outdated science of his time, but from clinical connections with, for example, obsessive patients like the Ratman who show that the overuse of a cognitive function is tied to “sadism.” In my article, I show that inhibited forms of cognition or ego functions are tied to the death imago acting in an intrapsychic formulation. Instead of a repetition with

an external authority figure, the superego, as part of the “reality-principle” of the ego, can be represented as an internal authority (pp. 50-52). Moreover, instead of an id impulse of aggression being paired with this imago, an id impulse of restoration is linked to it. These impulses are clearly related to loving feelings in my examples, and I am not averse to the family resemblance between love, sex, and affection. Again, I am very much for formal scientific testing to be done, but repeated clinical experience of these id impulses being linked to cognitive issues makes me open to Freud’s connections<sup>5</sup>.

Moving onto Auerbach’s worries about my sexism, if I overused the female pronoun with passive-altruism, no offense was meant. Many of my vignettes on passive-altruism and echoism were with female patients. My position is not to “equat[e] masculinity with activity and assertiveness and femininity with passivity and submissiveness” and in my previous work, I mention that there are active and passive forms of masculinity and femininity (p. 10). Auerbach is right to mention that there is much work on gender and sexuality that has been written since Freud, but my concern is not with sociology but with individual psychology. In previous work, I have made it clear that sociological considerations and “ego identifications” with bullies, social pressure, or authority figures can pass on gender roles (Pederson, 2018). However, my interest is not ego identifications in this article, but superego (projective) identifications which come from psychosexual development.

When someone is unable to say No to others or stand up for themselves and are male (therefore gender roles and “what society tells them to be” is not the issue), then what do we make of this? Many patients, and many of their therapists, will fall for rationalizations that they were “raised Christian” or that there is some belief system that influenced them.

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<sup>5</sup>Philosophically, I think there is a genetic fallacy that it is important not to make in this connection. I think there is a plausible case to be made for aggression being involved in splitting the ego and that these new ego parts are related to new forms of cognition (Freud, 1930). However, just because aggression might be part of what develops cognition, as the ego is differentiated from the id, this doesn’t mean that a cognitive function can be reduced to aggression or must be fueled by aggressive energy. The only thing that the clinic shows us is that compulsive use or inhibited use of a form of cognition means that there is some compatibility of aggression and libido with whatever energy fuels these processes.

However, my clinical examples show that E&O statements can be elicited, and the relevant ego injury can be found to undue the identification with the good imago (and the PI expectation that the other person will feel upset with one for assertiveness or keeping a boundary in the way one did in the past). Psychoanalysts should be skeptical of theories in which the ego is made master of its own house, whether this comes from ideas of individual volition and freedom or discourse theories that rely on the ego receiving society's messages. Individual psychology or the individual's "economics of libido" is often the cause of this behavior and this means some essentialism. Insofar as some of the passive behavior I noted can be identified as female, I can only say that I see it more often in women than I do in men and cite female analysts who have observed the same thing (Klein, 1932, Chasseguet-Smirgel, 1970). For example, Edith Jacobson (1954) observes that "extreme idealization of women, which Freud considers a characteristically masculine attitude can in my experience be observed more frequently in men who have strong, unconscious female identifications" (p. 120). The Freudian notion that a biological male can have repetitions and issues with certain motivations and defenses that most commonly show up with women, or vice versa, makes his position a fairly progressive one. It is only the social constructivists who want to claim that there is only gender, and that no sex or pre-discursive desire exists, who would find this position problematic.

Auerbach acknowledges that I see both narcissism and echoism as pathological identification with the parental imago. They come from suppression of the opposite pole, so that the depersonalized individual in echoism does not show evidence of the power and competitive side of themselves and vice versa in narcissism<sup>6</sup>. Auerbach also correctly acknowledges that I see the return of repressed sadism from one's suppressed power pole as creating masochism in examples of someone staying in a relationship with an abusive and sadistic partner, boss, friend, (etc.). Then, following Blatt, he asserts that that these psychodynamics imply that when one isn't in narcissism or echoism that there is a balance between the two poles. However, while I agree that working through echoism means that

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<sup>6</sup>I do make the qualification at the end that I have worked with individuals who are echoists but still have some active pole parts of their personality in evidence. My impression has been that these are non-universal, phallic mother phase parts that escape the normal active-passive pole suppression.

the dynamic suppression of the other pole is undone, there is still the dynamic between healthy pleasure-principle functioning and the repetition-compulsion. As long as there is the repetition-compulsion then the particular phase specific drive will give emphasis to the passive-altruistic pole.

## Death

The next issue of contention is the status of the death imago as a negative quality. Auerbach mentions confusion about what the death imago is and how it complements the ideal of perfection (p. 18). I spent the first part of the article explaining the idea of the parental imago of perfection in the active pole, how it is a negative quality, and how it is part of the superego and “demands for perfection” in egoism. I also discussed how one can become it in PI: in either a maternal-grandiose form, in which one believes oneself to be perfect, or a paternal-compulsive form, in which there is perfectionism concerning what one does. Instead of the egoistic striving for one’s perfection in maternal wealth, success, and power or paternal mastery of skills and one’s professional field, I followed Freud’s thought that these “active” dynamics are complemented by altruism in which love for others is primary. One of Freud’s most famous concepts is that when the beloved dies, there is an identification with the lost, dead object. I tried to show that becoming the death imago, which is expressed differently across the stages of superego development, just like perfection, shows up in a maternal and paternal phase too (and I shared the clinical data upon which this was based). I showed that there was a maternal phase of depersonalization in which one becomes outside of life and that in early stages this can register as the desire to disappear or vanish or feel oneself to be empty. In contrast to the superiority-inferiority binary in egoism, I employed the outsider-insider binary in altruism and how one will defensively become the outsider instead of seeing the beloved insider being lost. In the paternal phase, I showed that partial death was related to Freud’s definition of melancholia, which is becoming the criticized or judged beloved, who has failed or abandoned one. I added that there is often inhibited cognitive functioning (as opposed to compulsive) and inhibited mastery and assertiveness which amounts to stuckness in underpaid jobs and not taking good care of oneself. The paternal melancholic will self-revile and often show life envy or concerns about how normal people have a better life while they are unlucky, or

are missing some part of themselves that stops them from being normal.

In parallel to the imago of perfection becoming an ideal to strive for perfection in egoism, I used the death imago to become an ideal for identification (mimicry) with the object (whether individual or group). Underpinning cooperation is the idea that the individual identifies with the desire of others and will “go with the flow” and adopt their desire. In such moments, one is essentially outside of one’s own desire and fills the emptiness of this with the desire of the superego object. In the paternal phase, this is expressed as becoming the missing function of the superego object and assisting them in their job or profession (e.g., doing the books at their business) or helping them maintain personal relationships with their family or friends, for example. I gave clinical examples to show these repetitions, and just as I sketched different levels of superego authority in ambition, the same applies to these forms of altruism.

Auerbach also criticizes my “uncritical acceptance of Freud’s claims that death anxiety is indirect and, that humans cannot imagine their own deaths, and that the unconscious does not know its own death (p. 16). Auerbach’s assertion is that it is “quite clear that humans can imagine both their own deaths and the deaths of their loved ones” (*ibid.*). I think what he might be confused about here is the idea of picturing the death of others or oneself in the mind’s eye vs. imagining the experience of oneself or others being dead. While it is certainly easy to do the former, it is the experiential piece of the latter in which Freud’s argument lies. As I quote him in the article, “whenever we attempt to [imagine our own death] we can perceive that we are in fact still present as spectators” (Freud, 1915b, p. 289). Many patients share the self-observation that they feel dead and can imaginatively elaborate on this with images of seeing themselves as “a reanimated corpse,” “a ghost,” and other forms that amount to being dead but also undead. However, what I understand Freud to have in mind is that when I try to imagine the experience of dying, I still have my self-consciousness (and its self-talking accompaniment) and cannot create the experience of my consciousness being snuffed out. In this way, Auerbach’s report of being capable of imagining his own death is impossible because if he is aware that he did imagine it, then he was still spectating or self-observing.

In Freud’s late work, he still maintains this position and additionally

points out that when one faints and therefore both consciousness and self-consciousness this “has left no observable traces behind” (Freud, 1926, p. 130). In other words, death anxiety is not from the observed separation of soul from body or the perception of the grim reaper or the darkness coming for us. When all consciousness is lost, as in fainting or seizures, we remember nothing of it and there are no signs of death anxiety with this. Death anxiety, as Freud postulates, is a fear for life, a fear to not accomplish one’s goals, a fear to not be with loved ones, or anxiety that the beloved will die. It is a signal that death would mean something in relation to the loss of life. The impossibility of the direct perception of death means that egoistic anxiety for one’s own death must be paired with the imagined perception of oneself being outside of life<sup>7</sup>. The loss of the object is primary on the passive pole and comes into active pole.

Along with the impossibility of imagining one’s own death I added the impossibility of imagining the death of the beloved too. As I showed in some of the vignettes, the loss of belonging with the object and the loss of the object’s belonging with others can be “traumatic” and repressed and that this is paired with the fantasy of the object being outside of life. Since id impulses seek to retrieve the person or part of their personality from the outside of life, this shows that the death of the object is not emotionally experienced. In mythology, there are other planes of existence, after death the soul goes to different places, and even when death is recognized as an idea it is still paired with the idea of resurrection. Again, the individual can have signal anxiety related to fearing for the life of the other but, experientially, they do not regard them as dead in the truly finite way. Many patients, after abreacting their id restoration, describe a sense of their dead loved one being in them, or with them. In so far as they loved them and have a memory of the beloved’s personality over time—what they might say or do in certain situations—they can bring this to mind and, therefore, what that person is, still does existence in a consciousness.

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<sup>7</sup>Before the stage of ego consciousness of oneself and others existing over time, the target of id aggression is something that will obliterate the body of the object, destroy it, vaporize it, (etc.). Even in myths of the undead and other magical and immortal beings, it is still possible to destroy them. The idea is that on their own, they will continue to exist through time and don’t have to face death like us. The self-conscious intention to murder cannot be there in early stages.

Re-reading the passages on death in Auerbach's reply, I get the sense that my efforts to describe the idea of identification with death on the passive pole did not register for him. While I agree that the anxious encounter with the fear for one's own life can lead to PI with the imago of death, I did not discuss this nor give clinical examples of it (p. 18). Instead, the focus was on the ego injury caused by losing the beloved in literal or symbolic death. These perceptions of the beloved wanting one to be a certain way and not caring for one's individuality, the beloved being selfish and not showing concern for one, the beloved losing belonging by being embarrassed or having their authority disregarded, (etc.) are how I showed that death enters in the passive pole.

## Culture

The next issue Auerbach has is with my "speculations about the potential political ideologies and affiliations of the various character types" (p. 21). I didn't intend this section to be a treatise on political science. Instead I wanted to give a phenomenological representation of how to understand the intermixing of the two poles across the stages of psychosexual development by using certain political types. I wanted to show that in the stages of secondary narcissism, belonging takes on more importance in the active-egoistic pole, while issues of power show up more for passive-altruists. I was careful to give a disclaimer in a footnote about how many other factors play into political beliefs other than individual psychology, although you would not get this impression by reading Auerbach's commentary here.

Auerbach's biggest reaction to my article also lies in this section. "In no way here," he writes, "can I discuss all of the problems with these ideas, in which the individual, like society, progresses from primitivity to rationality" (p. 22). Like his other criticisms, he is quick to give a superficial reading of a position and then zestfully attack his strawman. I would ask Auerbach why he would think that I would go to pains to describe different psychological types only to claim that all "primitives" are narcissists who believe in the omnipotence of their wishes? I appreciate that Freud has some passages that do read like he took refuge in the social narcissism that people from simple political-economies all believe in their religious beliefs. I can say that I personally do not see any good evidence for this in the anthropology that I have read. Just as we have individual

psychology that can see a person raised in a dominantly Christian town in America rebel against her beliefs, I think that this could have happened in the past. Just as someone today can remain Christian officially, but also just go through the motions of following the traditions of the faith, I think something like this could also have occurred in the past. Just because the science, mathematics, technology etc. we have now did not exist in primitive-political economies, this does not mean that our culture is superior. I am very open to the idea that the culture and traditions of some earlier political-economies sowed more social harmony and helped people to be less neurotic.

What interests me is the idea that psychosexual development can be paralleled in culture and that the omnipotence of thoughts, other forms of magical thinking, and the whole host of fantasies that are associated with early stages of development and narcissistic and echoistic defenses, might have resonance with primitive world-views. As Auerbach's six points on what's radical in Freud show, he doesn't concern himself with the origins of his patient's fantasies, he doesn't work with id impulses, and appears to not concern himself with the psychoanalytic literature that tries to understand psychosexual development. I would add that the vast majority of the modern anthropological literature doesn't concern itself with these psychoanalytic ideas either. I think it is reasonable to remain open to such an idea instead of taking the opinion of academics whose view of human nature does not take into account the many facets of mental life that I get to see in work with psychopathology.

In conclusion, what Auerbach offers is the idea of Freud and Klein as "primitives" who had backwards intrapsychic views, while the modern intersubjective and relational schools have importantly corrected their errors. As he represents it, the best part of Freud consists in identifying transference/repetitions and the resistances that go along with them. We get nothing about childhood sexuality nor magical thinking from Freud's work. We get nothing about the superego and how pathology can repeat in the interpsychic and the intrapsychic. We get nothing about id impulses and the process of primary identification that forms imagos. We get nothing about the body-ego, erotogenic zones, and the productions of symbols related to them. One can wonder why Auerbach would even carry the burden of calling himself a psychoanalyst and open himself to being viewed as "outmoded" and non-empirical.

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## **Lordship and Bondage—Echoism and Narcissism: Reflections on Pederson’s “Narcissism, Echoism, Perfection, and Death: Towards a Structural Psychoanalysis”**

Ronnie Carmeli

**T**revor Pederson’s paper, “Narcissism, Echoism, Perfection, and Death: Towards a Structural Psychoanalysis,” is a courageous trial to understand psychological development in an original and wide-scope inquiry. Its starting point is Freud’s structural theory, yet it is successful in weaving together Kleinian thought, different French schools, and a very wide variety of psychoanalytic thought into an integrated and persuasive argument.

In his paper, Pederson follows others in contrasting the term Echoism to Narcissism. His contribution lies mainly in the understanding of the development of Echoist tendencies, as opposed to masochistic tendencies. Pederson writes:

“My central contribution will be to argue that sexuality creates a negative parental imago of death that forms the superego for the passive-cooperative pole of the personality.”

Pederson’s distinction between Echoism and Masochism, as different opposites to narcissism, echoes the distinction Ghent makes (1990) between submission and surrender. Although, to Ghent, surrender is merely “... liberation and expansion of the self as a corollary to the letting down of defensive barriers” (p.108), to Pederson Echoism remains an area of immense psychological pain. This distinction also brings to mind Ferenczi’s *‘confusion of the tongues’* (1949)—the child seeks surrendering to a parent. In the need to build up his identity and strengthen his self, he seeks to absorb within him the (idealized) other. However, if the caretaker is a malignant Narcissist and an abuser, the child’s devotion turns into submission: The Echoist may turn into a masochist.

Pederson makes plenty of use of the terminology of Dialectics and

Synthesis, words brought to psychoanalysis from Hegelian phenomenology, first and foremost via Lacan (who studied with the Hegelian scholar Kojève), and later via Benjamin, Ogden and others. Hence, I would like to examine Hegel's thought (which seems to have influenced Freud's ideas), as the root of some of Pederson's suggestions as well.

Pederson's dialectic between Echoist and Narcissist may be compared to Hegel's famous passage on Lordship and Bondage in *Phenomenology of Mind* (1967 [1807]). This passage has evoked interest in psychoanalysis, as it may be interpreted as an inquiry on the encounter with the other: In the chapter in which this passage appears, Hegel examines the dynamics which take place when two 'self-consciousnesses' meet. At the moment of the encounter, both self-consciousnesses wish to annihilate the other, for self-consciousness 'comes out of itself' in the encounter. Furthermore it becomes an object to the other, a thing. Hegel uses the German word *Aufheben*, which is a paradoxical term that means negation as well as preservation. This wish to annihilate the other, as a threat to each self-consciousness, takes the form of 'a struggle to the death.'

At this point, Hegel makes a distinction between the two poles of each self-consciousness. For one self-consciousness, the need to subordinate the other and negate him (*aufheben*) is dominant—this is the Lord's pole. At this pole, self-consciousness went all the way in the struggle of life and death, willing to die, and had shown the other to be merely negation of itself. However, this subordination made the Lord dependant on the Bondsman as verifying his being for itself.

At the pole of the Bondsman, self-consciousness' fear of death is stronger. This pole is eventually the pole in which self-consciousness gains its independence: the fear of death is the recognition of negation in its absoluteness. Hegel writes: "... this absolute dissolution of all its stability into fluent continuity is, however, the simple, ultimate nature of self-consciousness, absolute negativity, pure self-referent existence, which consequently is involved in this type of consciousness" (Hegel, 1967 [1807], p. 237). Moreover, this pole works for the Lord, thus making the mark of its being on nature. Due to both these outcomes (fear of death and work), it is really the bondsman's pole which asserts the independence of self-consciousness as being.

It is important to note that Hegel's distinction is not between the two self-consciousnesses of the encounter, but between poles within each self-consciousness. The notion of Death, as a negation to all, eventually dissolves this distinction. Besides pointing out the resemblance of Pederson's distinction to that of Hegel, I would like to suggest that the pole of Narcissist development might co-exist with the pole of the Echoist one in the same person. Perhaps it is always so, while the dominance of the poles differs among different personalities.

Pederson uses Freud's dual drive theory to understand the dynamics of the Echoist, the complexity he brings forth, and the mental pain he suffers, while identifying with death as a parental object. In a purely Hegelian manner, Pederson writes: "The death imago is born of negation but appears to be part of a dialectic in which it becomes negated too." Pederson argues that the negated death image becomes what Klein calls the good object – the purely giving object, perhaps the Bondsman.

Pederson's 'good object' echoes Winnicott's extreme environment mother, the mother absorbed in primary maternal preoccupation (1975 [1956]), negating all her other interests and her being. Pederson explains that the passive pole of the Echoist identifies with this parental imago of death. In this, Pederson follows psychoanalytic thought in which Hegel's dialectics is turned around: The survival of the other—the baby—becomes the focus of attention, and the self (temporarily) annihilates its own being in order to preserve the life of the other. However, in normal development, the survival of the baby is, of course, immanent to the psychological life of the parent as well. This is not what happens in extreme Echoism.

Winnicott's account of the encounter with the other is opposite to Hegel's on the part of the infant as well. As he rejects Klein's ideas on aggression and the Death Drive, Winnicott sees the wish to destroy the object paradoxically as the wish to confirm the object's existence outside of the sphere of the infant's omnipotence (Winnicott, 1971 [1969]). This idea is linked to Pederson's quote of Freud, that the object is brought by the instincts of self-preservation in the first place. It is not an Hegelian encounter forced upon self-consciousness.

However, contrary to Winnicott, Pederson seems to accept the Death Drive: Pederson argues that Eros and the predominance of the maternal

phase does not allow the Echoist to turn aggression towards external objects, but it does not delete the aggressive drive. Thus, the echoist turns aggression towards himself. This is a completely different view from Winnicott's aggression as motility, vitality, and seeking of the other.

Pederson claims that in order to gain normal development, one must achieve the ability of fusion of the drives: the ability to compete, as well as the ability to erotically love the other. He understands Freud's inclusion of self-preservation with the life drive as healthy competition. Competition is also part of the willingness to interact with others. The Echoist achieves neither of these abilities, as he strives towards annihilation of the self and idealization of *death* as the archaic superego, and the identification with the death of the parent. Just as the Narcissist strives towards perfection, so the Echoist strives towards absolute fusion with the other and the sacrifice in its totality.

At the second step of the Echoist's development, Pederson brings forth the paternal contribution. Pederson follows Winnicott's analogy of the difference between being and doing to maternal and paternal functions: In the maternal phase, the identification is with the good maternal imago who passively "turns the other cheek"<sup>1</sup> and continues the other's (the infant's) going-on-being, while in the paternal phase the Echoist identifies with active self-sacrifice. Pederson uses Klein's concept of 'Projective Identification,' as the Echoist projects his neediness and needs into the other.

Pederson refers to Green's dead mother, in his discussion of identification with the dead parental object. However, Winnicott precedes Green in the idea of dead mother (1965 [1963]). Again, Winnicott's account of the child's psychological consequences in such an interaction is paradoxical: On the one hand he speaks of the child playing dead in the presence of a mother whose main object is dead, as to fit to her preconception of a dead object. On the other hand, the child may try to liven the mother with liveliness which is the opposite of aliveness. This child strives to be alive. "To be alive is all" says Winnicott (1965 [1963], p. 191).

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<sup>1</sup>It is interesting to note that the origin of this phrase Pederson uses is in the biblical 'Book of Lamentations,' in which the Hebrew is expected to turn the other cheek to the conqueror of Judea. Some interpreters understand this expectation to be a fulfillment of God's will to punishment.

Winnicott brings forth here a view very different from Pederson's, in which the Echoist's desire is formulated as 'to be dead is all'. This may be due to Winnicott's rejection of the death drive, or else it may be due to the difference between an idealized self-sacrificing mother, negating herself for the other's needs of survival, as opposed to a depressed mother, whose other did not survive.

In some parts of his paper, I found it confusing that Pederson uses the idea of Projective Identification. For instance, Pederson writes on the subject of the Echoist depersonalization: "I would like to make further note on depersonalization. It can also be contrasted with a stronger longing to dissolve completely and merge into the external world. Clinically, it shows a connection to the further repression of affectionate id drives once one is in PI."

Pederson writes that when the Echoist is in identification with what he terms as 'the maternal death imago,' he feels the other as intrusive and draining. But in the more regressive state in which the Echoist places himself outside of life and uses depersonalization, it seems to me that he must have no capacity for the idea of a three dimensional space. Winnicott (1945) sees depersonalization as a symptom of disintegration. I would rather assume that at such a psychic state, the Echoist will be using Adhesive Identifications (Melzer, 1975) rather than Klienian Projective Identifications, and indeed it seems that Pederson describes the clinging and mimicry as such. This seems compatible to Lacan's view, in which the dyad with the maternal remains imaginary, whereas only when the paternal third enters as an additional relationship, subjectivity and symbolic space may evolve.

When the paternal imago enters play, Pederson states that the Echoist wishes to compensate for the imperfections of the paternal 'superego object.' He writes: "Like how Antigone becomes the eyes of Oedipus, the paternal drives of the altruist seek to compensate for the missing part of the personality or body." It is interesting to note that in Sophocles' trilogy, the paternal compensation of Antigone as her father's sight, appears in *Oedipus at Colonus* and precedes the maternal phase of Antigone's identification with death in *Antigone*. I agree with Pederson's view, and see it as parallel to Green's Red Anxieties as more advanced than his White ones. It therefore seems Antigone is regressing as the plays progress.

Pederson gives plenty of clinical vignettes to exemplify his examination throughout the text. I must confess that I am not familiar with his basic techniques of EMDR accompanied by BLS (bilateral stimulus) and formations of what he terms ‘Ego and Object statements,’ as I work in the more classic techniques of analysis as well as in analytically based face to face psychotherapy. However, what was striking for me in the clinical vignettes was the almost total lack of attention to the transference relationships and to the here and now situations, not only in the interventions, but also in the discussion of the cases. For example, in one of the vignettes, Pederson writes how he read to the patient the description of ‘dependent personality disorder.’ The following session the patient returns, after he had thought about this at home, and noticed he might change his mind about his plans according to different inputs he receives from other people. Pederson asks him whether he sometimes feels that he disagrees with advice, and the patient eventually replies that he sometimes maintains his opinion but is reluctant to disagree. It is striking for me to see that no reference is made by Pederson to the paradox involved in this verbal exchange in session. One may or may not make a reference to the transference in the session itself, but Pederson does not relate at all to the clinical situation being a meeting of the self consciousness of the patient with that of the therapist, and the paradox involved in questioning a patient about what he does when he disagrees with another.

Only in his last vignette Pederson insinuates the ‘here and now’ transference situation when he writes: ‘I try again not to fill the silence.’ In this he is aware of the tendency to repeat the internalized object relations in the therapeutic relationship itself.

We see that in the clinical situation both patient and analyst share both poles—that of the Lord and that of the Bondsman. The analyst is working for the patient, tirelessly. Nevertheless, the patient is also working for the analyst (Lacan, 1977 [1953]). The analyst seeks perfection in his work, but he also wishes to be silent, to fade into the analytic situation and allow the patient to become (much like in Winnicott’s primary maternal preoccupation (1956)).

Pederson calls his theory a structuralist theory, following Freud’s structuralism. This psychoanalytic idea, an idea of structure within the psyche and in between psyches, is opposed to Hegel’s phenomenology and

the idea of dialectics and synthesis, in which the final outcome is deconstruction and fusion into the absolute spirit. Hegel's somewhat religious ideas are dangerous to psychoanalytic aims, and are perhaps even psychotic. For in psychoanalysis, distinctions, differences, and conflict are inherent. For this reason, I prefer Winnicott's understanding of a paradox that cannot be resolved to the Hegelian idea of dialectics, an idea some analysts embrace; dialectics may hold in a world where synthesis is possible and the law of contradiction is rejected (thesis and antithesis result in synthesis), whereas paradox still holds the contradiction as unresolvable. This holds not only in intrapsychic understanding, but also in inter-subjective inquiries; there is no Lord and Bondsman – in the encounter with the other, one self-consciousness *creates* as well as *finds* the other. The paradox must not be resolved, lest dissolving into the absolute spirit occurs.

Having said this, although Pederson's conceptualization of Echoist and Narcissist is instructive and useful, one must not forget that in the clinical situation there is no such thing as (purely) Narcissist or (purely) Echoist. Both poles interact in paradox within every single person.

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## Reply to Carmeli

Trevor Pederson

**I**t was a pleasure to read Ronnie Carmeli's reply and to try to think through some of the links that she made to other thinkers. I would like to share some of my thoughts about them and how their work relates, or does not, to the model I put forward. Her reply also gives me the opportunity to bring in some of the material I had to cut out of the article due to length and I'm grateful for that.

Carmeli begins with the mention of Ghent (1990). His essay has never spoken to me very much. Ghent keeps his discussion on a high level of abstraction and invokes notions like the true self, which put me off. I'm drawn to system-thinking and structure, and the obscurantism in notions like the true self often hide more shallowness than actually illuminating any depths. As Carmeli points out, his main idea is that healthy surrender is "the letting down defensive barriers" along with seeing a perversion of this in masochistic submission. Much earlier, Horney (1937) in her study of masochism already made the distinction between the general tendency to lose oneself in misery and self-destruction vs. losing oneself in healthy ways. In her adaptation of Nietzsche's thoughts on the Dionysian principle she writes:

The obtaining of satisfaction by submersion in misery is an expression of the general principle of finding satisfaction by losing the self in something greater, by dissolving the individuality, by getting rid of the self with its doubts, conflicts, pains, limitations and isolation. This is what Nietzsche has called... the 'dionysian' tendency and he considers it one of the basic strivings in human beings, as opposed to what he calls the Apollonian tendency, which works toward an active molding and mastering of life. (p. 270)

I can certainly agree with both Horney and Ghent that behind defensive walls, the idea of losing oneself, of finding oneness with the object, can

become distorted and destructive. However, I don't think there is an easy mapping of surrender and submission onto echoism and masochism, as Carmeli implies. As I show in the article, there is a sequence of altruism, to echoism, to masochism and what can be described as "submissive" behavior exists in all these positions. Altruism is the natural, undefended position in which a repetition with a parent, sibling, or their substitute is possible. Echoism is taking over the place of the parent or sibling imago of death or the good imago and also goes along with the suppression of one's active-egoistic pole and the projection of one's power into another person, a group, authority figure, (etc.)<sup>1</sup>. Masochism is the return of the masochist's own repressed sadism, from his or her active pole, that unconsciously allows the masochist to identify with the sadist. Berliner (1940, 1942, 1958) divined the repetition of experiencing hate from a parental-substitute which I have aligned with altruism. This can certainly appear as submission since the person is staying with a romantic partner, boss, etc. who gets angry with them, doesn't satisfy the approval they are looking for, can make them walk on egg shells, and with whom they feel it is presumptuous to ask for more respect. Identification with the death or good imago in echoism can be expressed in problems with saying No, helping others who aren't grateful or take advantage of the echoist, and also can be associated with situations in which the individual is not treated fairly and can therefore be called submissive too. As I indicated, these issues center around not having access to aggression to be assertive and put up boundaries. There are also PI defenses that make the echoist expect and fear that other will see them as bad, selfish, be angry with them, or want to leave them. Additionally, a lot of this can simply be expressed as part of the repetition-compulsion in which there is no conscious pain-seeking but one is unconsciously driven to re-live one's ego injuries or give them to others. When it comes to masochism proper, the person is not just paired with someone who doesn't treat them with respect, but someone or something who is actively torturing or tormenting them. Submission with the tormentor ranges from

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<sup>1</sup>Just as narcissism is suppression of the passive-loving pole to becoming the parental imago of perfection and having self-love, echoism is suppression of the 'magnification of self' in the active pole to becoming the parental imago of death and magnification of the object. Narcissism puts one above life while echoism puts one outside of it.

not standing up for oneself, not leaving and often making excuses for them, to conscious enjoyment of losing all control and giving it to him, of being his plaything, and, if not pleasure in pain, at least some relief in it. My clinical experience shows that the person can't let go of the sadist until they recognize that he represents their own sadism and fulfils their unconscious need for punishment. I will have an example of this shortly.

Carmeli writes that "if the caretaker is a malignant Narcissist and an abuser, the child's devotion turns into submission: The Echoist may turn into a masochist." After the beginnings of personality are laid down during psychosexual development, the altruist or echoist may find a narcissist who mistreats them later in life<sup>2</sup>. In this mistreatment, it is possible that the echoist's active-power pole reacts and sadistic and controlling impulses are repressed. In this case, they can form masochism proper in which they projectively identify with the tormenting object. However, these sadistic and controlling impulses need not come from a narcissist's mistreatment. I have worked with many addicts who were in masochistic relationships with a sadist but when we traced their own sadism back, it arose for different reasons. For example, sometimes the parent or parental-substitute was simply impulsive, reckless, thoughtless or careless and this made the individual very angry and feeling impulses to want to control the individual. Sometimes, due to psychic bisexuality, the individual was functioning on both poles and they had simply been mean, cruel, possessive, etc. with a sibling or friend (without being impinged upon or disrespected themselves by this person). The masochist repressed these feelings and is now with a partner, boss, parent, etc. who treats them in the same way as they treated or wanted to treat someone else. Sometimes, the masochist plays this out with the idea of God, fate, or some impersonal or superpersonal being or force who wants "to beat [them] ... destroy [them]... break [them] down... [and] will win."

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<sup>2</sup>As Green (1997) indicates, a depressed mother, as opposed to a narcissistic parent, may be the cause of the combined parent phase adaptation in psychosexual development. Additionally, instead of nurture it may be nature, with the child having a DNA disposition for the id impulses and/or projections that relate to the combined parent phase. This is not echoism, which, like narcissism, I always define as identification with the parental or sibling imago, but I mention this to emphasize that it's not always power relations and narcissism that are at work.

Although the masochist's own sadism is a component, bad conscience and the unconscious need for punishment is also a major part of masochism<sup>3</sup>. Let me give a clinical example:

Client has had a few sessions of associating some of her current issues back to her controlling and abusive ex-husband. This session she reports that as bad as it was with him, some of her family still talks to him and are friendly with him. I ask client if she's expressed her disapproval and she tells me that she has and that they downplay its importance and express that they want to know how he's doing. Client feigns disbelief with their answers and tells me that "he'll still be fucking with [her] when he's 70 [years old]." Instead of focusing on her relationships with her family and determining how clearly she is letting them know her needs in regards to her ex, I try to determine how she really sees her ex-husband now. I ask client to describe what kind of person fucks with someone until they are seventy and how she sees him now that they've been divorced for a few years. Client tells me that "he won't listen"; "he doesn't care what anyone else wants"; "doesn't see anybody but himself"; "he pushes himself on people"; "he uses everyone, even the kids"; "he is not capable of love"; "he is absolutely disrespectful to everyone but demands respect for himself"; "anyone he says he loves is a possession for him." I ask client if it feels like anyone can stand up to him or stop him? Client tells me that "short of the police tackling him, nothing stops him." I repeat the last part as a question "nothing stops him?" Client tells me that "he just doesn't care" and that he "even doesn't care about himself," and tells me about how he once destroyed everything in their living room. Client appears inside of herself and like she is no longer trying to get me to understand, and echoes herself "he doesn't take anyone seriously... he just doesn't care."

I turn all of these into E&O statements and ask her to see if anyone comes to mind from her past with them. I tell her that she should

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<sup>3</sup>I have also seen examples in which an individual's repetition of abuse, rape, and putting themselves in risky situations in which this could happen, came from a primal scene identification with the assaulted/castrated parent by the other parent, romantic partner, etc.

include herself in the past as well, and to not get hung up on a single statement and to just see who pops into her mind. After I read them, client tells me that she thought of her father and of herself. I ask her to focus on both and to see who gives her a bigger reaction. After BLS, she tells me that thinking of “[her]self feels bigger.” I ask her how big it feels and she opens her eyes wide, puffs out her cheeks a little, and tells me that it’s “pretty big.” We discuss that she’s in control and she can shut this down at any time if she doesn’t feel up to it. She agrees and I ask her to think about the time of her life that she’s thinking about and see what memory comes to the fore and to see how her body reacts. After BLS, she tells me that she feels it the most in her throat and that she thinks of after the divorce when she began doing drugs daily. She tells me that she thinks of her disregard for her daughter and “disregarding her feelings and what she needed” and that she “didn’t see anybody else but [her]self.” I ask client what her daughter needed. Client answers that “she needed a mother... guidance,” in a very frank way that feels painful. I ask client what she told her daughter when she was reaching out like this to her? Client tells me that she would say that she “needed this time for [her]self” and adds that this “was super selfish” and that she “had total disregard for anybody... but especially for her [daughter].”

I ask client where she thinks they are, now that client is in recovery. Client tells me that her daughter “questions [her]... how long [she] will last” and that client sees her daughter “turn to others more than [client]” because the trust isn’t there. Client tells me that “it’s hard for [her] to swallow” and that “it’s a hard time to see [her own] lack of presence in the situation for so long.” Client’s phrasing of this last part and the earlier use of swallow stand out to me. I ask client for the first image of something or someone who is being swallowed. Client tells me that she pictures herself being swallowed by a dragon, “a huge one.” I ask her to tell me more about it. She says that “it’s fat, sitting on its haunches” and that it has a “pokey tongue [that is] blowing out fire.” Client says that she pictures it “burning [her] whole... sucking the life out of [her] with flames.” I ask if it is going to BBQ her and then eat her and she nods with some fear on her face.

I ask client if she is ready for this and after a few back and forths she declines. I let her know that she's in control and if she comes in next session and tells me she's not ready yet that I'll respect it. Client goes on to talk about how she "prided [her]self for so many years on being a good mother" and that she "failed in that for the last 3 years and ha[s] to accept that."

Next session, I check with her and she's willing to revisit the memory and dragon image. I bring up the statements she said about her daughter, ask her to get the reaction in her body, and then to see how much it fits with picturing the dragon image. After BLS, client tells me that it feels right to go to the image and that she pictures the dragon "holding [her] by its teeth... crushing [her] chest... and its flame is on [her]." Client reports the intensity of this as 8 or 9/10. My thought coming into this is that client is in identification with a parental imago in her mistreatment of her child and that the dragon will represent an internal body for her. I ask her to superimpose the dragon over her and see if it feels like her body could grow to become it? After BLS, she tells me that it did and she fully embedded the image and then brings up "feeling such regret" and how she feels a "bullying feeling and meanness" with it too. I ask her to see which one feels bigger or wants to develop. After BLS, she tells me that "the sad, remorseful" side does and she expresses that she "do[es]n't deserve to be treated decently." She tells me that she "know[s] how what [she] did feel[s] and [she] did them to someone else [she] love[s]." Client adds that she's "no better than the dragon and in some ways worse" and that she "do[es]n't feel like [she] should be treated decently for what [she] put [her] kids through."

I explain to client that I respect her thoughts but that punishing herself is not going to help her kids get what they need from her now. I tell her to picture her daughter and to speak from her chest and what she feels in her body. I tell her to express that if she could go back in time and change things she would and make a promise to choose drugs over them again. I tell her that if she believes herself in these things that the image of her daughter will believe her and forgive her. Client agrees to try. After BLS, client tells me her daughter "was saying she still needs [client] in her life... [but that client] chose drugs and she's unsure about completely trusting

that [client would] choose her.” Client tells me that her daughter “needs time to trust [her]” and “doesn’t know when she’ll fully be able to.” Client’s tears are still slowly coming out but she looks like she feels some relief despite not getting forgiveness. I ask client how the dragon in her reacts to her daughter’s response. After BLS, client tells me that she’s “starting to get angry with [her]self” and feels it in her chest at an 8 or 9/10. I ask her to picture her younger self, who chose the drugs over her kids, and to see how the anger in her wants to be expressed through the dragon body. After BLS, she tells me that it’s not just anger but feels like “disgust” and it’s moved from her chest into her mouth. Client’s eye contact isn’t good and I can tell she’s surrendered to the process and so I encourage her to let the anger/disgust develop and then begin expressing it in her mind’s eye until it’s done. After BLS, client tells me that she “bit [her]self in half and spit her out and burned [her] to death.” Client then adds “it’s not enough.” She goes on to explain that she “need[s] to hear exactly how [she] hurt [her] daughter” and “to endure that from [her] perspective.” She talks about maybe having her daughter write a letter but ends up reiterating that she “can’t move forward until [she] deal[s] with the pain from her perspective.”

I tell client that if she knows this is right then she should do this, but I ask if we can still work with the dragon. I ask her to look at how the dragon burned, bit in half, and effected the body of her younger self. I ask client to take these forms of destruction and superimpose them over her body and see which one she most wants to look like. After BLS, client tells me that the “chewed up [image of her] fits” and she can feel her whole body becoming “hamburger.” I tell her to let me know when it’s fully embedded. After BLS, she tells me that she has “a sense of calm” and that the feeling coursing through her body “is contained.” I ask client to picture herself as this hamburger before the image of her daughter and see how her daughter reacts. After BLS, client tells me that her daughter “doesn’t want [client] to be in this state” but client tells her “until [she] fully knows what [her daughter] feels [client] will be this way.” Client tells me that her daughter looked “a little leery” and client sensed that she “didn’t want to hurt [her mother].” I ask client for her reaction to this and she tells me that she feels “a little angry... but it’s good, it brings motivation.”

I gave examples of how the descriptions of the sadist can often be used to get back to a time the individual saw themselves in the same way in previous work (Pederson, 2018). In Freudian terminology, the sadist can be viewed as part of a narcissistic object-choice in which one is attracted to who one was in the past. The sadist can be viewed as part of the Talion Rule of the unconscious need for punishment in which one deserves to get what one gave, or wanted to give, to someone else. The masochist can also be said to projectively identify with the sadist, with the statements about him as narcissistic, bad, selfish, etc. is how one viewed oneself. The primary thing in this relation appears to be a defense against shame, since guilt must always be conscious, as Freud points out (Pederson, 2015, 2018). As the example above shows, it is better to live with the fear of being eaten by an external threat, who one can escape at times, than to be eaten by one's own bad conscience, which one can never escape.

In regards to Hegel's master and slave binary, I do not see it as mapping onto the egoism vs. altruism binary. Instead, I understand it as expressing the active pole alone. Two egoistic self-consciousnesses "each aim at the destruction and death of the other" and one overcomes fear of death and the other doesn't. The important outcome in Hegel's story is that the master gets to enjoy things "without qualification and without reserve," he "exists only for himself," and instead of relations of reciprocity with others, things are "one-sided and unequal." Hegel points out that in the master's victory over death it is "not an independent, but rather a dependent consciousness that he has achieved." The slave, by retaining his transference to the perfection of authority, instead of becoming his own perfection/authority in narcissism, continues taking on more knowledge in his profession or work. "The consciousness that toils and serves accordingly attains by this means the direct apprehension of that independent being as its self," Hegel writes, "shaping or forming the object has not only the positive significance that the bondsman becomes thereby aware of himself as factually and objectively self-existent." The slave gets to express his own subjectivity through his work. Hegel has stages of self-consciousness (stoic, skeptical, unhappy consciousness) in which the expression of one's subjectivity gets to increase. However, even in early stages, when one is not inventing or innovating something important or new, one's subjectivity can still be enjoyed in the work. I think about the master as a narcissist who is buying homes, cars, and carrying

on in conspicuous consumption, while, for example, the slave might be his mechanic. The narcissist is “enjoying” and showing off his nice car but the mechanic understands how it works and can have some pride in his work. Many of the mechanics I have worked with will “tinker” on things outside of work and come up with their own ways of doing things even if they aren’t big innovations (ex. not designing a new type of engine but figuring out their own shortcuts and tricks). By understanding the car, the slave is engaged with it in the way that the narcissist is not. Hegel is clear that what is at stake is forming the discipline to take on more knowledge and “[w]ithout the discipline of service and obedience, fear remains formal and does not spread over the whole known reality of existence.”

Carmeli posits that an individual can be both master and slave and that the narcissistic and echoistic can exist in the same individual. I will turn to the latter idea later on, but I don’t think that Hegel’s binary allows for the possibility of co-existence. So far as one is an egoist, who is striving to take on the perfection one sees in higher education or training with a more skilled person one is not a narcissist who believes perfection is in oneself. The narcissist who has withdrawn perfection from higher authorities won’t go on to learn more. To be precise, they can of course have moments in which they can take on new information but, as Hegel expresses:

Should consciousness shape and form the thing without the initial state of absolute fear, then it has a merely vain and futile “mind of its own”; for its form or negativity is not negativity per se, and hence its formative activity cannot furnish the consciousness of itself as essentially real. If it has endured not absolute fear, but merely some slight anxiety, the negative reality has remained external to it, its substance has not been through and through infected thereby. (Hegel, 1910, section 196)

One must fully face the fear of the perfection of authorities who have higher degrees, more skill, and do better work than oneself and fully puts one’s ego ideal upon them to strive for their perfection. If one retains “a mind of one’s own” in which one is perfect and only sees the flaws in one’s bosses, teachers, or parental-substitutes, then one “shuns death” and will never win truth which takes one being “utterly torn asunder”

by the perfection of the knowledge and skill in the authorities. Although there is certainly death anxiety for an egoist, there is also the death of the ego ideal, or the death of the idea of perfection one strives for, that is also important in the psychopathology in egoism.

In Carmeli's use of Hegel's master and slave binary, she recapitulates the binary of narcissism and masochism. The masochist is seen as the castrated narcissist. The masochist is the narcissist who would be egoistic but is afraid of death. While the echoist may have repressed her active pole due to the death anxiety faced there, I have seen many cases in which it was repressed due to the fury and homicidal impulses that the echoist experienced on that pole. In other words, it was not facing her own death but not being able to face that she would cause the death of the object that led to repression. As I wrote in *The Economics of Libido* (2015), there is always a tendency to derive Eve from Adam's rib, and relate everything to the principle of power. Even Horney, who otherwise has excellent phenomenology in her discussions, always seems to bring things back to the echoist's power, control, or attempt to rid herself of them. However, there are straightforward cases of echoism that arise from the loss of a loved one, and love and belonging are equal principles to, and not derived from, power. The fact that that restoration impulses were obscured by Klein's thoughts on reparation and hitherto have not been formally paired with destructive impulses as the two fundamental expressions of the id shows how strong this tendency has been.

Both Carmeli and Auerbach emphasize the egoistic fear for one's one life, but what I want readers to understand is how Eros—how love—means that we can have altruistic injuries in which our compassion for the object becomes repressed. I would like to share another clinical example:

During some history taking, client with social phobia and depression talks about his "obsession" with a sport. He says he would "zone everything else out," "nothing else mattered," and when he had a bad game, he would have thoughts that he was "lucky" to have gotten on the team and that he was letting everyone else down. I ask him if there's ever been anything else he has felt this strongly about and repeat some of these thoughts as object statements. Although he first says no, I can tell by some blinking that there was another thought. I encourage him and tell him that even if every statement

doesn't feel right or he has some misgiving, that he should share who came to mind. He shares about a girl he had liked, beginning in the 7th grade, and how he had "no confidence," "sleepless nights," "the biggest crush." I ask about any regrets he has for not letting her know how he felt. He says that he would have been worried that she would have thought he was "an idiot." I ask him to see if he could imagine approaching her to do so in his mind's eye and explain that I want to see how powerful his reaction might get. He tells me that he pictures himself "nervous, trembling, shaky, and sweating" and has the sense that she would see him and think "weirdo." I ask him to stay with this and compare it to his current social phobia and he tells me that they are the same feeling. I ask him to think about the last time he felt worried that people were going to find out that he is a weirdo and he recounts a story. The emphasis is just that the world is divided between long term friends and others who he feels inhibited with and who are about to see that he is very different (in a negative way). I ask him to imagine that it had come out that he is a weirdo and what he imagines would happen. He tells me that he would "develop a reputation" and it feels like even his friends would "turn against [him]" and he ends up "totally alone." I ask him about his family and he first says that he'd be homeless and all alone, but then pulls back and says that he could picture himself "alone in [his] mom's basement... doing nothing... no one to talk to." I ask him if it feels right to picture himself there or if it still feels like even his family would turn their backs on him. He pauses and then tells me that he imagines them "turning [him] out" and him being "on the street" because he's "too much of a burden." He says he imagines that his mom and family would try initially but repeats that he's a burden and that they would feel like "we can't keep doing this."

I ask client to picture his life on the streets alone and he pictures himself in back allies, eating from dumpsters. I ask him what he pictures himself looking like and he says, "dirty, hairy, unkempt, and stinking." I ask him for his facial expression and he says "depressed... not caring" and that he sees "no emotion" in his eyes and face. I ask him to picture this going on for a few days or weeks and if he has any sense of a change coming. He tells me that he pictures

himself “trying to survive” but he “do[es]n’t know why” he bothers. I ask him to fast forward this more and see if he keeps wanting to survive. He tells me that he eventually “gets sick, fed up, and shoots himself.” However, he pauses and then changes the story and says he imagines getting a disease and getting old. I ask him for the first disease that comes to mind and he says cancer. He adds that he imagines that maybe he is an alcoholic too and he is exposed to the elements. I ask him to picture himself sick and he tells me he looks “weak, decrepit, and dirty” and again repeats that he is “alone.” I ask him to picture himself dead and to see if this is the end or if it feels like there’s another step in the story. He tells me that he pictures his body being eaten by rats and that in the end he is just a skeleton and “there’s nothing left of this guy” but the bones. I ask him to take some of the former description as object statements (you are weak, decrepit, dirty, and alone, you are a burden, etc.) and to say them about someone from his past. He tells me that his great grandpa comes to mind.

He tells me about his great grandpa alone in his house after his grandmother died and how “no one came by to see him.” I ask him about how he felt seeing this and he expresses that his great grandpa was “so lonely, all day, every day.” He tells me about going over there with his grandpa. I ask him if things should have happened this way? He tells me that his great grandpa “liked his privacy,” and “he pushed people away.” I ask him to focus on seeing him alone and weak and decrepit and begin BLS. After the first pass he tells me that maybe he “perceived it to be worse than it was” but he tightness in his chest. I ask him to focus on his chest and see if his body wants to do anything with the sensation. After BLS he tells me that it has moved into his face. I resume BLS and ask him to see how it wants to fully develop. After he tells me that his arms are tingly and its reduced intensity in his face but is still there. I ask him to picture the skeleton left by the rats and to see if it feels right to introject it. During BLS he tells me that it feels right and I ask him to let it fully map on and embed. After it’s embedded, I ask him if his body or mind has a reaction. He tells me that he now feels tense in his stomach and the tensions in his face are gone. He then begins to tell me that here is “still sadness” and tells me about how

his great grandpa died not too long ago and adds “he seemed like he was a lonely dude... he didn’t seem like he was happy.”

I ask him to go back to the memory of visiting him with his grandpa and to now see where his focus goes. He tells me that he doesn’t want to see him lonely. I ask him if it feels right to picture himself staying with him and whether he feels like he can cheer him up. Client nods and seems to have a brightness in his eyes. After BLS, he tells me that he made him happy and that they would laugh and his great grandpa had a “happy face” and that client “had a good time with him.” I ask client to focus on his grandpa’s face looking happy and to see if his body has any reaction to it. After he signals me to stop BLS, he tells me that he feels “loose in [his] chest” and “good... open.” I ask him to float back to another time he remembers feeling like this and then anchor the memory. We talk about processing between sessions.

In this example, we see that the ego injury came from my patient seeing the social death of his grandfather. Others didn’t visit him, saw him as a burden, and akin to a weird outsider and my patient identified with this social death. In other cases, I have also seen the self-reproach of being a burden as a melancholic introjection that came from the altruist’s anger towards the object he was helping. The altruist seeks to help the object get out of a rut, leave a bad relationship, or get a better job but the object doesn’t change or get better. This causes an ego injury and the altruist identifies with the unchanging and burdened object and now will frustrate those people who seek to help her in this PI<sup>4</sup>. Along with fully being outside of life in the maternal and the partial death of the paternal, this combined parent phase expression goes along with symbols of literal death or undeath in the form of skeletons, corpses, etc. as seen in the vignette. I had initially included this phase in the article but cut it due to length. I’m glad to have the opportunity to write about it here.

Carmeli suggest that Winnicott and not Green should be credited with

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<sup>4</sup>This is one of the main traits in the “masochistic” personality disorder, but where previously this would be understood as masochistic enjoyment of pain or in some kind of power terms (ex. enjoyment in frustrating the analyst or another helper), identification with this kind of death imago and the importance of the id restorative drives can now be appreciated.

the death imago. Although I cited Winnicott in the article, I put forward Green as getting the closest to the structural approach. However, neither him nor Winnicott defined the death imago as being outside of life, as being paired with an id drive of restoration, as forming character and specific repetitions in (projective) identification with it, nor as being in dynamic relation to the good imago. Neither did they give phase specific expressions of it, nor stage specific examples of individual death (outside of Space and Time) to social death (outside of society, classes, and family/groups). The article sought to complement the place that perfection had in Freud's work with death so that the complexity of structural theory could be appreciated. Winnicott might have touched upon some individual facets of what I put forward, and I won't be surprised if I find other earlier thinkers that have done so too, but if psychoanalysis is to evolve it can only be through systematic thinking that will yield testable hypotheses, and not the valorization of one's favorite analyst nor a particular school.

Carmeli expresses that she is unsure of my use of projective identification and that adhesive identification might be more apt. I can only say that I'm attempting to look at things structurally and that identification with the parental imago, whether it is perfection or death or the further instantiation of the obstructive object or the good object seems best covered by a single term<sup>5</sup>. I chose clinical examples that show the reversibility of PI so that the statements elicited by how someone else might see one, can be shown to be how the individual had initially experienced a parental substitute. As I wrote in my reply to Auerbach, the psychodynamics of these identifications with imagos is the basis of Freud's concept of character and central for anything that could be called a psychoanalytic theory of personality and motivation.

As with Ghent's binary of submission and surrender, I don't see adhesive identification as offering much that's new. As I quote him in the paper, Freud (1923a) certainly recognizes that people who have had many

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<sup>5</sup>Because of length I didn't get into the perfection being replaced by the obstructive object in the article. The latter represents someone who is stubborn, digs in and won't be moved, and this increases through the phases to the person becoming negativistic and seeking to enforce their positions upon others. I hope to address this with the clinical examples it deserves in my next book.

loves in their lives have “vestiges of their object-cathexes in the traits of their character” (p. 29). I tried to be consistent in my use of identification and refer to primary identification as what forms a parental imago or internal object and that it is the basis of the superego. Then, secondary identifications are examined from whether the object is put in the place of the ego or of the ego ideal/superego. At the ego level, it is only a matter of imitation and at the superego level identification goes with becoming perfection, death, the obstructive, or the good imago and has a lot more baggage that goes with it. Namely, every identification with the superego object is also a projective identification in which one can pass on the ego injury to someone whose codependency pattern fits, or can be made to fit, with the person. Additionally, the grandiosity, the depersonalization, the compulsive character, the inhibited character, etc. at different levels of superego authority will determine the magnitude of such character traits. Thus, when approached structurally, it seems to me that only one term is needed with the idea of becoming or usurping the place of the imago.

To the extent that Bick and Meltzer’s use of “disintegrated, disorganized” maps on to depersonalization, they are onto something similar to what is traditionally called masochism (Meltzer, 1975, p. 295). However, Meltzer’s descriptions of adhesive identification appear to mainly describe individuals who are “sticky,” with values that are “very external” and who are “looking in the mirror of other people’s eye all the time, copying other people, imitating, fashion conscious, preoccupied with manners and social forms and social status” (ibid., p. 297). This notion is problematic for me in two ways. First, this was already part of Horney’s “moving toward” type that relates to her account of the Dionysian principle and masochism. She writes:

In sum, this type needs to be liked, wanted, desired, loved; to feel accepted, welcomed, approved of, appreciated; to be needed, to be of importance to others, especially to one particular person; to be helped, protected, taken care of, guided... we find here inhibitions in regard to being assertive, critical, demanding, giving orders, making an impression, striving for ambitious goals. Also, because his life is altogether oriented toward others, his inhibitions often prevent him from doing things for himself or enjoying things by himself. This may reach a point where any experience not shared

with someone— whether a meal, a show, music, nature— becomes meaningless. Needless to say, such a rigid restriction on enjoyment not only impoverishes life but makes dependence on others all the greater. (Horney, 1939, p. 51-53)

As I said in the article, Horney and others who wrote about masochism already grouped all the relevant phenomena together. My use of the term echoism goes along with understanding the passive pole in its own terms and not defining it as castrated egoism or deficient narcissism (Pederson, 2015). Additionally, as has been said before, Horney was not a Neo-Freudian but a neo-Adlerian and she severed the ties to the id drives, ego and object drives, and had an atomistic conception of the individual that gave primacy to belief instead of seeing beliefs and ideals as being underpinned by drives and imagos. Although Bick and Meltzer's Kleinian orientation is closer to my own, I don't see adhesive identification as providing anything beyond what Horney, Freud, and other writers on masochism have observed in passive pole dynamics.

This brings me to the second problem with Meltzer's description, which is that the pre-occupation with the external, with one's image, and social status is also something we can say about some types of narcissists. The concept of adhesive identification does not offer anything with it to differentiate between what I see as issues between active vs. passive forms of narcissism and echoism, it doesn't differentiate between different types of altruists/echoists, nor does it offer any phase-specific descriptions. I titled my article as "towards a structural psychoanalysis" because I only offer the beginnings of such a project there. I agree with Meltzer that ego identifications, imitation, or mimicry are very important in the passive pole and I have given this idea a parallel status to the importance of mastery in the active pole. However, the work to be done in this area is to determine the mimicry that is part of altruism and the type of mimicry coupled with PI echoism in the different phases. Then, following the intermixture of Eros and death in the active pole, its participation in the narcissism there needs to be disambiguated from passive pole instantiations.

Carmeli, following Meltzer, also brings up the idea of two-dimensional space being involved in the articulation I offer of depersonalizations as vanishing to the outside of life. I heartily agree with the importance of

the move from 2d to 3d space, as well as different relations to subjective time, when conceptualizing psychopathology. However, when a patient vanishes or moves outside of life to another dimension/space, they do not describe the experience of their body there as being 2d. Moreover, in other cases of depersonalization at this stage, patients first describe themselves as going into a 3d ball (a literal ball, a crumpled-up piece of paper, etc.) before they vanish. I mention in the article that black holes have shown up in my clinical work and they, along with geometrical shapes, seem to me to be examples of 2d phenomena that would be part of an earlier stage. I cannot agree with Carmeli's conjecture here.

Like Auerbach, Carmeli appears to be concerned about my lack of counter-transference statements. As I shared in the reply to Auerbach, I certainly work with counter-transference, but the vignettes in which I work with the transference the patient has to others allows for more precision with capturing the specifics of the repetition. As a case in point, Carmeli mentions confusion about my use of PI for the example of longings to dissolve or merger with the object (whether it is a person, the environment, etc.). I was able to have my patient anthropomorphize the universe and describe how it might see him in this state and he gave me "you're exploding... I'm trying to gather you up... I'm a jar and trying to contain you, trying to repair you, fix you." He was able to say these statements about his father, get into the altruistic ego injury it had caused him to see his father this way and the id impulse of affection that went with it. I worked with the transference my patient had to the environment and saw no evidence that the transference involved me, so I don't believe my counter-transference feelings would be relevant to this specific symptom. Moreover, working extra-transferentially allows the patient to directly make the link to who he has identified with himself and therefore there's not the same suspicion that I am offering interpretations of who I think it is and representing these interpretations as curative.

I wrote in the article that I saw this patient as in echoistic PI already, and that in this PI he got the further ego injury of seeing his father in a bad place, which was tied to the affectionate id impulse of hugging. Thus, my patient identified with the good parental imago, then as this imago for which he felt compassion because this overstimulating id affection was repressed. Then his compassionate, affectionate feeling was projected into the environment/universe while my patient identified with

his father's longing to explode and merge with the universe. In other words, he identified with his father's explosion and dissolution and then identified projectively with the universe who would be the one to try to gather him up and fix him as my patient wanted to do with his father. Now, I could be wrong, and my patient's compassion for his father might be part of a combined parent phase and not from a previous PI with the good imago. In other clinical instances, I have seen the PI of this phase go along with wanting to merge and become one with the environment or object. However, this may also be an example of the multiple instances of identification/introjection that Klein (1975) has written about. If the latter is the case, then perhaps it would be better to term this secondary PI, with the idea that primary PI is becoming the imago and secondary PI is the further projection that involves ego injuries incurred while in primary PI. Regardless, I will definitely write about future findings here and share the relevant clinical material.

Lastly, Carmeli ends with an invocation of paradox over dialectics, and with the caution that there are no pure types. I work with many borderline and low-functioning patients and I certainly see pure types of narcissism and echoism. Even though my other higher functioning patients are less of the pure type, I wouldn't change my statement that echoism requires the suppression of the active pole. Instead, I think that there are two important ways of thinking about these differences. First, in the article I sketched a political typology in which the passive pole is represented by socialism in primary narcissism and the liberal in secondary narcissism. In the era of secondary narcissism, I indicated that more competition and power comes into the passive pole, just as more cooperation and desire for belonging comes into the active pole. Thus, I take the pure types I see to be examples of regression from secondary echoism to someone who is only functioning in primary echoism. Second, I see that more of my high functioning patients have gone past the maternal and paternal phases, and the shame that defines them, to form a post-oedipal guilt conscience. As I've written about in past work, overcoming the paternal Oedipus complex leads to a further phase of the sibling imago in which more self-assertion comes into the passive pole and more belonging comes into the active pole (Pederson 2015, 2018). The altruist feels guilt in that he owes it to himself to be more assertive while the egoist feels guilt in a better sense of equality with others that indicates

more belonging with them. Resolution of the paternal Oedipus complex and having consolidated this phase takes emphasis off the ego and object drives of the earlier phases and can give the individual more resilience after disappointments in love, regrets in work, and other ego injuries occur. Third, in the article I draw attention to the re-transcription of authority from the paternal to the maternal imago (Bergler, 1938). Lacan (1993, 2007) has a concept of foreclosure which is similar, but it is tied to psychosis. To my mind, Bergler's re-transcription allows for the conceptualization of borderline states in which the intermixture of the drives at the paternal phase is lost and to which a further psychotic defense may or may not be added.

In the article, I further made a note that my clinical experience indicates that the non-universal, combined parent phase does not seem to follow this bisexual suppression of one pole. I surely see people who seem very much in strong conflict with themselves and are conscious of their ambivalence, but they are rare. It is more common for me to hear unconscious conflict between the two poles and for the person to not be aware of this because the striving on one of the poles is dissociated. Higher-functioning echoists, in contrast to those who are conscious of their opposing, bipolar desires, simply have access to more assertiveness on their passive pole because they had family conditions that allowed for the full internalization of the superego.

In my view, Carmeli's valorization of paradox over dialectic represents the hermeneutic approach to psychoanalysis that has been around since the 60s. It allows for the discussion of dualities, and then paradox is used to shore up some of the contradictory elements in the issues that one is discussing. I disagree that dialectics are "opposed" to psychoanalysis and, as has been noted by many, Freud has many forms of dialectical thinking in his work. In my view, it is paradox that is at odds with psychoanalytic thinking and has stunted more rigorous and precise formulations in its model of mind.

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## Freud

### Freud and Anti-Semitism

Douglas Kirsner

**I**n this article, I will discuss Freud's approach to Judaism, and particularly the key role of anti-Semitism in the context of Freud's life and work. Anti-Semitism colored Freud's life and work and provides their backdrop. From cradle to grave it provided the conditions that were a constant threat, always on the radar, sometimes more threatening, sometimes less, but always there. Whether Freud was among Jews constructing what could be labeled a 'Jewish science' or trying to promote a racially free universal method based upon reason, evidence, and critique, applicable across times and cultures, he was always beset by the Jewish Question. Carl Jung was unsuccessfully slotted to be the 'Crown Prince' of psychoanalysis not just because of his undoubted capabilities but because he was a noted Gentile who could help bring psychoanalysis into the intellectual, clinical and cultural mainstream.

Anti-Semitism was a major issue, no matter if he positively identified as a Jew (which he did) or kept it low profile, whether he was religious or not. It was a major issue for his work, given that freestanding psychoanalytic institutes were established and sustained in a context where Jews and a "Jewish Science,' in particular Freud and his theories, were not welcome in the University of Vienna nor across universities throughout the Empire. However, there was one university which welcomed Freud as a member of its first Board of Governors, along with Einstein, Martin Buber and Chaim Weitzman—the Hebrew University of Jerusalem when it opened in 1925.

What qualities made Freud identify as a Jew?

Ludwig Braun, friend to Sigmund Freud and vice president of the B'nai B'rith 1904-5 defined Jewishness, and thus Freud's Jewishness, as:

*the spirit of independence—independence from religious dogma, conventional morality, and for that matter, from the rest of the world. The second dimension brought the Jew back into a relationship with the world. ...The third Jewish characteristic was his wholeness (das Ganze). (Klein, 1985, p85)*

With this definition, Freud identified himself as Jewish. He is also famously quoted as saying to Oskar Pfister, 1918,

*Why did none of the devout create psychoanalysis? Why did one have to wait for a completely Godless Jew?*

Freud stated that:

*what bound me to Judaism...many obscure emotional forces...as well as a clear consciousness of inner identity, the safe privacy of a common psychological structure. (Geller, 2006, p 2)*

In 1925 he wrote to the Jewish Press Centre in Zurich:

*I have always had a strong feeling of belonging together with my people and have always nurtured it in my children as well. We have always remained in the Jewish denomination. (Geller, 2006, p 2)*

The evidence is clear in Freud's Jewish background and identity; the Jewish origins of the psychoanalytic movement; Freud's identification with Moses; Freud's relation with the B'nai B'rith; Freud's dream theories parallel those of the Talmud; his hermeneutic theory of jokes, often Jewish ones; the psychoanalytic meanings of Jewish rituals; Freud and Rabbinic hermeneutics; psychoanalytic interpretations of stories from the Hebrew Bible; psychoanalytic memory and forgetting and Jewish memory and forgetting; Freud as embodiment of Jewish Viennese emancipatory universalist Enlightenment thinking; Freud and the Jewish mystical tradition, and even Freud's Jewish anxieties (Aron, 2004 p 444).

Freud's family came from Moravia. His grandfather and great-grandfather were Chasidic rabbis. His father was also a religious man. But in 1860 the family emigrated to Vienna, when Freud was 4; and assimilation into Viennese society meant that a public display of the Jewish religion was curtailed, and religion became a private matter. The family lived in the Jewish part of Vienna and, except for a notable few, all Freud's

colleagues and patients were Jewish. The Emperor Franz-Joseph held a benign attitude towards the Jews and there was hope for universalist, enlightenment liberation. For Freud, science was to provide a vehicle for this.

In *The Interpretation of Dreams*, Freud recalls his memory of the humiliation of his father picking up his cap from the pavement after hooligans had struck it off his head. This spoke of his father as unheroic or of a time so anti-Semitic as to necessitate such behavior from Jews that held their feelings in, for fear of worse reprisals. Perhaps this indicated the other side of his positive identification with Judaism as his own shame.

After Germany's annexation of Austria in March, 1938, Freud left for London in June, to die in freedom from the Nazis before the beginning of World War II in 1939. As a Jew, Freud was an outsider in the Austro-Hungarian Empire. The traumas of the Great War, followed by revolutions and hyperinflation, the rise of Nazism and Fascism, the Great Depression and the looming tragedies of World War II and the Holocaust, placed him right at the center of a context that demanded very special responses from members of a people that were targeted victims for so much of their lives.

Anti-Semitism has many faces—sociological, religious, biological—that Jews are hated because they have the wrong religious beliefs, run the world—what they do, or what they are, biologically in essence. Fin de siècle Vienna was a hotbed of creativity and of an anti-Semitism of a different hue from the sociological or religious versions. The emphasis was on how Jews were different in essence, feminized, and sexual addicts. As New York psychoanalyst Edgar Levenson suggests, Freud's proposal of sexual libido theory as a life force was especially courageous in this context (Levenson, 2001, p. 382).

Levenson wrote that although Freud's metapsychology was Apollonian reason, his actual psychotherapy praxis was midrash, interpretative. As an interpretative or hermeneutic approach, psychotherapy can be seen in this light as a 'feminine' pursuit.

### **B'nai B'rith**

In this vast territory about Freud and Judaism, I want to focus for a while on his involvement with the Jewish lodge, B'nai B'rith, of which he

was a member for much of his life. Although it is not apparent in reading Freud's scientific papers, his involvement played a crucial role in his life, certainly in the early years of psychoanalysis.

In 1926 he was invited to attend a meeting for an award but was unable to attend because of his illness. He sent a meaningful and heartfelt message to the meeting instead, from which I will quote. B'nai B'rith counted as an important part of his life in his time of need, given the ascent of the anti-Semitic demagogue Karl Lueger to Mayor of Vienna and the times of his early development of his new theories on dreams, and sexuality, neurosis and the unconscious.

There was considerable resistance to Lueger both from above and below, but he prevailed.

Freud identified as being a Jew at the hardest times: in 1873, during an anti-Semitic surge after an economic crisis, he wrote:

*I have never understood why I should be ashamed of my descent or, as one began to say, my race.*

In 1926 he told an interviewer in recognition of the political situation:

*My language is German. My culture, my attainments are German. I considered myself German intellectually, until I noticed the growth of anti-Semitic prejudice in Germany and German Austria. Since that time, I prefer to call myself a Jew.*

The B'nai B'rith order was established in New York in 1843 to unite immigrants in the spirit of humanism and American idealism and not take sides in religious disputes. It spread across the US and later into Europe. The Vienna chapter of B'nai B'rith was established in 1895 on a different basis, as an "ethical society on the basis and in the frame of Judaism. There were strict standards to become a member and attendance at lectures every second Tuesday was compulsory. Together with committee meetings and family social events, B'nai B'rith was an important part of each member's life, requiring considerable and consistent investment of time and money. It was very formally structured, and required formal attire. It was a haven at the time of the anti-Semitic activities of Karl Lueger and his associates.

At the time, Freud had no disciples or formal associates, and his first lecture to a lay audience on psychoanalysis took place in 1897 at B'nai B'rith, on the topic, 'On Dream Interpretation'. He delivered eleven lectures to the Wien and was active on the Committee for Intellectual Interests, which planned the lectures. His illness prevented him going to meetings, for which he apologized in the 1926 letter. Still, in 1931, his 75th birthday was commemorated at the Lodge with a lecture. In 1937 his response to the Lodge President's congratulations on the 40th anniversary of his membership reflects his enduring commitment to the Lodge:

*I am touched every time I hear that the association remembers me and wishes me well. I thank you, Mr. President and all my dear brothers, for your letter. That which has united us will surely not perish with the changing times.*

But back to 1926, where he recalled to the Lodge:

*It happened that in the years from 1895 onwards I was subjected to two powerful impressions which combined to produce the same effect on me.*

*On the one hand, I had gained my first insight into the depths of the life of the human instincts; I had seen some things that were sobering and even, at first, frightening.*

*On the other hand, the announcement of my unpleasing discoveries had as its result the severance of the greater part of my human contacts; I felt as though I were despised and universally shunned.*

*In my loneliness I was seized with a longing to find a circle of picked men of high character who would receive me in a friendly spirit in spite of my temerity. Your society was pointed out to me as the place where such men were to be found.*

*That you were Jews could only be agreeable to me; for I was myself a Jew, and it had always seemed to me not only unworthy but positively senseless to deny the fact.*

*What bound me to Jewry was (I am ashamed to admit) neither faith nor national pride, for I have always been an unbeliever and was*

*brought up without any religion though not without a respect for what are called the 'ethical' standards of human civilization.*

The year after this note, Freud published 'The future of an illusion', his most well-known and devastating critique of religion. Religion was an illusion because it hadn't moved on from human infancy where the parent was our protector. We neurotically turn away from reality when our wishes for pleasure are not fulfilled.

In 'Beyond the Pleasure Principle', Freud argued that the pleasure principle, which holds that we seek the immediate gratification of our drives, must be modified with the advent of civilization by the reality principle, which involves the subservience of the pleasure principle to the demands of reality (e.g., work is required to bring about future pleasure).

We cannot fulfill our desires because of our inherent vulnerability to nature, our bodies and one another. Religion is a response to civilization as inherently tragic for Freud. And it stops thought, according to Freud, and is the enemy of reason.

Freud's view of reason, which of course resides in the ego and not in the id (it), which was the driving force of our lives. But Freud at least granted the quality of insistence to reason:

'The voice of the intellect is a soft one, but it does not rest till it has gained a hearing. Finally, after a countless succession of rebuffs, it succeeds. This is one of the few points on which one may be optimistic about the future of mankind. . . . The primacy of the intellect lies, it is true, in a distant, distant future, but probably not an infinitely distant one'.<sup>1</sup>

The double negative of the 'not infinitely distant' demonstrates how little hope Freud had in the short or even medium term for mankind. He regarded 'our best hope for the future' as lying in the intellect or reason being able to establish in time 'a dictatorship in the mental life of man'.

Freud was, understandably, a cultural pessimist. Against the dark forces at work at his doorstep for so much of his life, Freud still retained some

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<sup>1</sup>S. Freud, *The Future of an Illusion*. (In J. Strachey, Ed. & Trans., *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. 21, London: Hogarth Press, 1961, pp. 5–56. Original work published 1927), p. 53.

faith in reason to finally prevail.

He postulated the crucial role for ‘such a domain of reason’ that it would prove ‘the strongest uniting bond among men and lead the way to further unions.’ In contrasting this liberating role, which would bring people together with that of religion, Freud shows us why he saw religion in such a negative light.

‘Whatever, like religion’s prohibition against thought, opposes such a development, is a danger for the future of mankind.’<sup>2</sup>

He declared to his B’nai B’rith brethren:

*Whenever I felt an inclination to national enthusiasm I strove to suppress it as being harmful and wrong, alarmed by the warning examples of the peoples among whom we Jews live. But plenty of other things remained over to make the attraction of Jewry and Jews irresistible—many obscure emotional forces, which were the more powerful the less they could be expressed in words, as well as a clear consciousness of inner identity, the safe privacy of a common mental construction.*

*And beyond this there was a perception that it was to my Jewish nature alone that I owed two characteristics that had become indispensable to me in the difficult course of my life.*

*1) Because I was a Jew I found myself free from many prejudices which restricted others in the use of their intellect;*

*2) and as a Jew I was prepared to join the Opposition and to do without agreement with the ‘compact majority’.*

Here Freud is referring to the protagonist in Henrik Ibsen’s play, An enemy of the people, who was demonized by the people in the town he was trying to reveal the plague-infested sewers beneath the town. Ibsen has Stockmann proclaim,

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<sup>2</sup>Freud, S., *New Introductory Lectures on Psycho-analysis*. (In J. Strachey, Ed. & Trans., *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. 22, pp. 3–182. London: Hogarth Press, 1964. Original work published 1933), pp. 171–172.

“...the strongest man in the world is the man who stands most alone.” He also says: “A minority may be right; a majority is always wrong.” Freud early identified with Hannibal whose conflict with Rome, according to Freud, ‘symbolised the conflict between the tenacity of Jewry and the organization of the Catholic Church’. It is important to recognize that Freud’s barbs against religion were not aimed at the Jewish religion but at the very established Catholicism that so dominated European societies during his life. His concerns were with the established religion of Catholicism rather than with the Judaism which he identified with as his tradition and ethnicity.

The organization of the Catholic Church was front and center in Freud’s view of religion. Not Judaism. Bear in mind the context of the relatively small number of Jews in a hostile world together with the severe limits to their influence. Especially in view of the fact that most psychoanalysts were Jewish, Freud welcomed Jung with open arms, anointing him as the ‘crown prince’ of psychoanalysis because he could bring some appearance of objectivity beyond the ‘Jewish science’.

Science itself was an aim as a universal of the Enlightenment beyond the irrationalities of particularist approaches. That would allow for Jews to be neutral and pursue knowledge and truth for their own sake.

So religion was for Freud really the Catholic Church. But of course the other increasingly big form of irrationality was the rise of Nazism, which was a direct menace not only to humanity at large but targeted the Jews in particular.

Freud concluded *Civilization and its Discontents* with this paragraph:

*The fateful question for the human species seems to me to be whether and to what extent their cultural development will succeed in mastering the disturbance of their communal life by the human instinct of aggression and self-destruction. It may be that in this respect precisely the present time deserves a special interest. Men have gained control over the forces of nature to such an extent that with their help they would have no difficulty in exterminating one another to the last man. They know this, and hence comes a large part of their current unrest, their unhappiness and their mood of anxiety. And now it is to be expected that the other of the two ‘Heavenly Powers’ [p. 133],*

*eternal Eros, will make an effort to assert himself in the struggle with his equally immortal adversary.*

Freud added this final sentence to in 1931 in recognition of what was by then the undeniable looming Nazi danger:

*But who can foresee with what success and with what result?*

The other major threat in the secular world was Bolshevism or Communism, against which Freud later argued though it wasn't at least overtly anti-Semitic.

Freud concluded his letter for the 1926 award to B'nai B'rith:

*So it was that I became one of you, took my share in your humanitarian and national interests, gained friends among you and persuaded my own few remaining friends to join our society.*

*There was no question whatever of my convincing you of my new theories; but at a time when no one in Europe listened to me and I still had no disciples even in Vienna, you gave me your kindly attention. You were my first audience.*

A much-neglected work of Freud's last years, *Moses and Monotheism* (1939, *S.E.*, XXIII: 1-138), narrates Freud's long interest in Moses whom he postulates was an Egyptian prince and not Jewish. In Freud's speculations, Moses was murdered by some of his followers, who, years afterwards, regretted their action and created the idea of a messiah. According to Freud, their sense of guilt in recognizing they deserved punishment ended up creating more and more ethical commandments and regulations in an obsessive-compulsive reaction formation to the murderous deed that Freud saw as founding the Father religion (1939, *S.E.*, XXIII: 134-5). Perhaps he was identifying with Moses in the movement aspect of psychoanalysis and the creation of a psychoanalytic *Weltanschauung*.

He was trying to understand the overwhelming longevity and extent of anti-Semitism in that work and during his life. It was something so enduring, irrational and powerful that defied reason and was at heart utter envy. It was clear in his life and work. He was shaped by it personally and culturally. His last years saw the force of anti-Semitism not just from Catholicism but from the Nazis. The soft voice of his reason in making

this such a significant issue to understand tried to see it as epochs old with the repetition and repression down the ages that like a good clinical psychoanalysis could only be changed through insight.

We know that Freud found the eternal question about the dark continent of ‘What is woman?’ very puzzling. But the troubling issue of the persistence and worsening of anti-Semitism was an issue that percolated throughout. Although some might say that Moses was an escape for him, an obsession, I suspect it went to the core of the importance and breadth of the problem of anti-Semitism, which was associated with the collective neurosis he portrayed religion to be. Until the end, it was an issue that impacted on him and which he was trying to solve, with good reason, throughout his whole life.

I conclude by citing what was probably Freud’s last public comment. Arguably Freud’s last public comment on anything, and certainly his last word on anti-Semitism was his sardonic response in 1939 to Lady Rhonnda, the editor of the British literary and political weekly review, *Time and Tide*, asking him to contribute to a special issue on anti-Semitism:

*‘I came to Vienna as a child of 4 years from a small town in Moravia. After 78 years of assiduous work I had to leave my home, saw the Scientific Society I had founded, dissolved, our institutions destroyed, our Printing Press (‘Verlag’) taken over by the invaders, the books I had published confiscated or reduced to pulp, my children expelled from their professions. Don’t you think you ought to reserve the columns of your special number for the utterances of non-Jewish people, less personally involved than myself?’*

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## The Fallacy of Pathological Patriarchy as the Cause of the Oedipus Complex

Michael J. Poff

### Introduction

“**I**s the Oedipus complex Universal?” It is remarkable how controversial this century-old question on Freud’s individual developmental psychology remains. It was never so controversial, however, as when Freud applied oedipal theory at the level of culture with *Totem and Taboo*. (1913) With this extension, Freud proposed his reconstruction of the origins of human culture out of the prehistoric *primal horde*, following Darwin. (p. 125) The Oedipus complex was now not only the “nucleus of all neuroses”, it was the nucleus of all *civilization*, as well. As Freud boldly put it, “the beginnings of religion, morals, society and art converge in the Oedipus complex”. (p. 156-7).

After A. A. Brill’s English translation of *Totem and Taboo* from the original German in 1918, Freud’s origin theory of the primal horde received systematic criticism from the discipline of anthropology, beginning with Kroeber’s (1920) acerbic broadside, followed by Malinowski’s *Sex and Repression in Savage Society* (1927), the most influential critique of the 20th century. Psychoanalysts early on were influenced by Malinowski’s thesis and took up the criticisms. (e.g., Kardiner, 1939. Ch. 3; Fenichel 1945, p. 97; Fromm, 1959). Freud’s cultural reconstruction was dismissed as simplistic, unscientific, lacking in evidence, and still mired in discredited concepts of 19th century evolutionists.

The critical reaction to Freud’s evolutionary speculations only increased doubts about the Oedipus complex as a universal feature of normal psychosexual development. As we will see, critics still write as though it is uncontroversial to consider oedipal theory as entirely wrong. Remarkably, however, this could not be further from the truth. I will show that much of the original criticism from anthropology, including Malinowski’s influential critique, has suffered under sustained scrutiny. The past century has actually brought increasing evidence that Freud

was on the right track and that much of the criticism has rested on fundamental confusions and misunderstandings that I hope to clarify.

Ever new versions of Malinowski's original critique appear and continue to perpetuate what I refer to as the *fallacy of pathological patriarchy*. In what follows, I will argue that this fallacy confuses the difference between what *causes* the Oedipus complex and what *complicates its resolution*. In doing so, I also hope to show that the logic and explanatory power of Freud's oedipal formulations become clearer when their biological and evolutionary bases are kept in mind. Fundamental psychoanalytic concepts then yield their full significance in the systemic sense in which Freud had formulated them. (Hartmann, Kris and Loewenstein, 1953) Relevant concepts here will include *libido, infantile sexuality, component instincts, ambivalence, bisexuality, ego* and *drive* development, Freud's "etiological formula" of the *complemental series* and his emphasis on *prolonged childhood dependency*.

The last concept listed above—Freud's recognition of the cultural ramifications of *prolonged dependency*—is particularly important for the cogency of oedipal theory. For this reason, I will address this at some length in the final, most important portion of my argument. There I will turn to the writing of Geza Roheim, whose brilliant elucidation of this developmental observation in Freud's formulations is of enormous value. The fact of *prolonged dependency* is an uncontroversial feature of our developmental biology. It is a function of our species' evolutionary heritage and is, by definition, a cross-cultural universal. Critics of oedipal theory invariably overlook the full import of this as it relates to yet another feature of human development that also tends to be ignored: *the precocious rate of sexual drive development relative to ego development in humans*. As with our protracted dependency, this asynchronous aspect of our development is unmatched by any other mammal. The disparity between these two major structures of human personality (the *ego* and the *id*) reaches its peak in early childhood when the individual is still wholly dependent on the primary caregiver(s) for survival. Due largely to advances taking place in these structures, a normal set of *developmental conflicts* (Nagera, 1966) begins to coalesce, one which is characterized by triangular sexual competition and complicated by the bisexual nature of human biology. Freud called this matrix of developmental conflicts the *Oedipus complex*.

The achievement among our proto-human ancestors of a means of resolving this Oedipus complex was, in Freud's estimation, as monumental an event for human evolution as it is for each person's development. Freud became only more certain over his career that this "*dissolution of the Oedipus complex*" (1924a), typically achieved around age 5 or 6, recapitulates prehistoric *primal* events and adaptations made and preserved by some still incompletely understood mechanisms of inheritance. I will argue that Freud's explanation of this human innovation can only be fully appreciated in the context of his "etiological formula" of the *complemental series*. (1917b, p. 347 and note) This concept referred to the ubiquitous interrelation of innate and acquired/environmental factors in human motivation and adaptation. Critics have tended to overlook the fact that already in *Totem and Taboo* Freud's *complemental series* was guiding his speculation that the mechanisms of inheritance operating in these evolutionary adaptations could somehow entail an integration of *both* culturally acquired and genetically determined factors.

### A century of controversy

By around the mid-20th century, Malinowski's *Sex and Repression in Savage Society* (1927) began to crack under the pressure of much-delayed reexaminations from within anthropology. (e.g., Kluckhohn and Morgan, 1951) The cracks only widened when the first follow-up field study to test Malinowski's conclusions was finally conducted by Powell in 1957 – a full thirty years after Malinowski's original ethnography. Harris (1968) would underscore the essential problem with Malinowski's thesis that was clarified by Powell's reexamination. Malinowski claimed to have discovered a non-oedipal nuclear complex in matrilineal society. In this "matrilineal complex", the core "system of sentiments" flowed not from the familiar mother/child/father triad of patriarchy, which Malinowski viewed as pathological, but instead from the *avunculate* triad of sister/sister's son/maternal uncle. Yet there was a glaring problem that Malinowski neglected to consider. His own ethnographic data, confirmed by Powell, revealed that "the Trobriand child is brought up largely under the influence of the usual nuclear pairs. Mother's brother enters the picture only when the child is seven or eight years old, an age by which the Oedipal constellation is firmly entrenched..." (1968, p. 428)

In subsequent decades Malinowski's thesis has continued to weaken

under sustained scrutiny. (Fox, 1967; Harris, 1968; Fortes, 1977; Paul, 1976 and 2010; Spiro, 1982) Ironically, the most powerful defense of Freudian oedipal theory has come not from psychoanalysis but from anthropology, namely Spiro's *Oedipus in the Trobriand's* (1982). A prodigious undoing of Malinowski's thesis, Spiro's defense marshalled a carefully reasoned and thoroughly documented case that the Oedipus complex was not only universal but remained even more intense and unresolved in the matrilineal society of Trobriand islanders, the very test society for Malinowski's critique. The conclusion was compelling and unambiguous: "the only appropriate response to the question, 'Is the Oedipus complex universal?' is 'How could it possibly not be?'" (p.162). He continued:

If there were a human society where mothers did not have male consorts—so that the son had no adult rival for the love of the mother—in such a society the Oedipus complex (by definition) would not exist. So far as we know, however, no human society of that type exists, or has ever existed. (ibid)

Spiro's conclusions in *Oedipus in the Trobriands* drew heavily from Malinowski's own landmark observations and the Powell follow-up field study from 1957. It was a devastating blow to the Malinowskian thesis of a non-oedipal nuclear complex. *Arguably, to this day no decisive refutation of Spiro's analysis has been offered from anthropology.* (Jordan and Swartz 2010, pp. 162-163)

More recently, in "Yes, the Primal Crime Did Take Place: A Further Defense of Freud's Totem and Taboo" (1910), anthropologist-psychoanalyst, Robert Paul, reaffirmed with increasing confidence the answer he gave in his now-classic paper from 1976, "Did the Primal Crime Take Place?". Paul concludes that "Freud's idea of the 'primal father' can without much difficulty be assimilated to the concept of the 'alpha male' at the apex of a status hierarchy such as that found among our closest relatives, the chimpanzees, that probably characterized the last common ancestor of the three African great apes and the hominine line". (p. 232) He also describes the favorable climate in contemporary anthropology for integrating sociocultural, biological and psychological theory and recommends that Freud's thesis in *Totem and Taboo*, can "...serve as a basis for understanding both the foundational myths of our own culture,

as well as the evolution of human society more generally.” (p. 247; italics added)

Given this brief sketch it is reasonable to conclude that Freud’s oedipal theory, *at the very least*, has not been decisively invalidated by the hundred years of scrutiny it has received. The preponderance of findings from anthropology *alone* would suggest the opposite. It is also anomalous that Malinowski’s “matrilineal thesis” would have been accepted within anthropology “with almost no skepticism or critical inquiry for fifty years.” (Spiro, 1982, p. 175; note: the Powell study remained virtually invisible in anthropology until Spiro revived it in 1982) Remarkably, however, contemporary authors from both anthropology and psychoanalysis continue to repeat Malinowski’s old argument, as though it had been the final word and had never been subjected to damaging reexaminations. Bhlugra and Bhui (2002) insist that the Oedipus complex “is culture-specific and an essentially *pathological* outcome of a male-dominated, class-structured society.” (p. 81; italics added) Others assert that the complex itself doesn’t actually occur: “Examination of the nature and origins of the Oedipus complex presented by psychoanalysts and critics suggests, that as a hypothetical construct, there is little evidence to support its *existence*.” (Kupfersmid, 1995, p.135; italics added) We are asked to believe that a fair examination of the Oedipus complex would suggest that no one anywhere has ever even had one! Even Malinowski’s thesis—again, the most important and ethnographically-grounded critique of the Twentieth century - never went this far.

On closer scrutiny such broad dismissals as these may simply omit essential sources of evidence. The last critique failed to mention any of Spiro’s writings, including *Oedipus in the Trobriands*, arguably the most important interdisciplinary defense in the last few decades. The author also seems unaware of the landmark Powell reassessment from 1957, Fox’s *Red Lamp of Incest* (1967) and Paul’s (1976) classic reexamination of *Totem and Taboo*, from both anthropology and psychoanalysis. (see also Paul 2010) In other words, the examination excluded the most important sources in the scientific literature in support of oedipal theory.

### A confusion of tongues

Arguably, the unresolved nature of the debate is manifested today in a kind of interdisciplinary confusion of tongues. With regard to the

perceived status of the Oedipus complex, authors from both disciplines can be quoted as saying either that it is “universally accepted” (e.g., Spillius, 2000, p. 187) or that one should imagine it had “disappeared completely”. (e.g., Strenger, 2006, p. 420) In the psychoanalytic literature addressing what Freud actually meant or the most useful clinical application of oedipal theory, the lack of consensus is well documented. (Adler, 2010; Ahumada, 2016; Birkstead-Breen, 2016; Blass 2016; Britton, 1989; Greenberg 1991; Hartke, 2016; Nagera, 2005; Paul, 2010 and 2016; Van Haute and Westerink, 2016; Wallerstein, 1988). It is an irony, also, that at the same time that anthropology was rediscovering and affirming Freud’s oedipal theory, within psychoanalysis it was suffering the opposite fate; the general “waning of the Oedipus complex” that Loewald (1979) observed forty years ago has steadily increased to the point that the complex is now becoming “effaced” altogether, at least within intersubjectivist circles. (Adler 2010).

### **A century of resistance to *infantile sexuality***

In one of the many ironies that have characterized the response to *Totem and Taboo*, the resistances that Freud encountered from the start to his observations on infantile sexuality were actually reinforced by Malinowski’s idyllic portrayal of unrepressed “savage” psychosexuality among Trobriand Islanders. Although the data of Malinowski’s landmark ethnography actually confirmed Freud’s observations on the “polymorphously perverse” nature of infantile sexuality, his *interpretations* of them came to mirror those of his teacher, C.G. Seligman, who regarded Freud’s claims of oedipal stage genital sensations and fantasies in the nuclear triangle to be a “regrettable excrescence”. (quoted in Smadja, 2011)

Indications of Malinowski’s reaction to the facts of infantile sexuality appeared already in his initial agreements with Freud views, which nevertheless revealed obvious unease and specific reservations:

“Although, as I have said, the little boy has no thoughts, desires or impulses towards his mother which he himself would feel belong to the category of the ‘indecent’, there can be no doubt that a young organism reacts sexually to close bodily contact with the mother”. (p.36)

By the second edition of *Sex and Repression in Savage Society* (1937), Malinowski, explicitly disturbed by his earlier intuition, went out of his way to reject it, and to repeat the rejection again, lest anyone doubt his revised opinion:

“Since this was first written in 1921, I have changed my views on this subject. The statement that ‘a young organism reacts sexually to close bodily contact with the mother’ appears to me now absurd. I am glad I may use this strong word, having written the absurd statement myself.” (pp. 36-37)

The urgent tone with which Malinowski appeared to “protest too much” in this later edition could suggest a traumatic element, *après-coup*, in his response to the initial, very public acknowledgement of oedipal sexuality. Smadja (2011) has proposed that such a response occurred within anthropology to the confrontation with psychoanalysis following *Totem and Taboo*. There may be justification for this in the ironic, anomalous, and polarized quality of reactions.

Within psychoanalysis, Neo-Freudians like Fromm, Horney and Kardiner were swayed by Malinowski’s disavowal of oedipal longings for the mother among Trobriand boys and sexual rivalry with the father, even in repression or displacement. From anthropology, Kroeber (1939) redoubled his earlier criticism and called for a redefined oedipal “kernel”, without the superego, which he viewed as one of Freud’s “gratuitous and really irrelevant assumptions”. (pp. 545-47) Fromm (1944) answered the call and argued that it was not sexuality but the child’s “defeat in the fight against authority which constitutes the *kernel* of the neurosis”. (quoted in Kluckhohn and Murray, 1959, p. 519; my italics) It would become increasingly difficult to recognize anything either oedipal or Freudian in the redefined neo-Freudian “kernel”.

### **Freud’s epigenetic model and the *component instincts***

Contemporary rejections of oedipal theory often rely on parodies of Freud’s basic concepts. This is common in critiques of Freud’s concept of *infantile sexuality*. Let us return to our earlier example, where the claim was that “there is little reason to believe in the existence of the Oedipus complex”. (Kupfersmid, 1995, pp. 546) The author portrays Freud as believing that infants are born with knowledge of both sexes’ genitals and

that oedipal-aged children have sexual knowledge of adult intercourse, as if they can understand what this entails. Since the author provides no context for this claim, other than a general reference to Freud's entire *Introductory Lectures*, it remains difficult to understand on what basis he arrives at it. He simply writes without any clarification that Freud "contended that anatomical knowledge of the opposite sex, as well as a desire for sexual intercourse with the opposite sex parent, is genetically inherited." (Kupfersmid, 1995, p. 536)

Freud's actual observations on childhood sexuality demonstrate how misleading such characterizations can be. With regard to anatomical knowledge Freud was clear on his view that young girls and boys originally make the ego-centric assumption that all genitals are like their own; that boys, for example, "attribute the same male genital to both sexes." (1917a, p. 317) In *The Ego and the Id* (1923) Freud refers to a boy's pre-oedipal identification with the father and then clarifies that perhaps "it would be safer to say [identification] 'with the parent'; for before a child has arrived at a definite knowledge of the difference between the sexes, the lack of a penis, it does not distinguish in value between its father and its mother." (p. 31)

Freud's formulations on the castration complex, castration anxiety, and penis envy presuppose the potential anxieties children can have when first confronted with anatomical facts so at odds with their original misconceptions based on concrete thinking and ego-centrism. The following passage from *Five Lectures on Psychoanalysis* (1910) demonstrates the complexity of Freud's actual views on infantile sexual knowledge and experience:

...during the time when the child is dominated by the still unexpressed nuclear complex, an important part of his intellectual activity is brought into the service of his sexual interests... Under the influence of the component instincts that are active in himself, he arrives at a number of 'infantile sexual theories'—such as attributing a male genital organ to both sexes alike, or supposing that babies are conceived by eating and born through the end of the bowel, or regarding sexual intercourse as a hostile act, a kind of violent subjugation. But as a result precisely of the incompleteness of his sexual constitution, and of the gap in his knowledge due to the

hidden nature of the female sexual channel, the young investigator is obliged to abandon his work as a failure.” (pp. 47-48)

Condensed into this passage are a number of essential concepts and empirical observations that remain as useful today as they were when Freud formulated them over century ago. Childhood sexuality and infantile sexual theories are described here in relation to specific stage-typical aggressive trends and in the context of Freud’s concept of the libidinal *component instincts*. The latter concept pertains to the building blocks of psychosexual development and is not limited to the leading oral, anal, and genital zones. It comprises every somatic source of sensory excitation, each of which is associated with functions basic to human survival.

Freud’s psychosexual synthesis operationalized the question of how libidinal components emerge, compete for dominance, and eventually become more or less successfully coordinated in the service of mature object-relations, conscience formation, and reproductive *genital primacy*. The *libido* concept applied to the entire sensory field, and did so in the context of a model that accounted for the vicissitudes of drive components over the entire life course. Critics often overlook the fact that oedipal sexuality must not be “reduced to the genital, precisely because of the importance [Freud] accords to infantile sexuality and the partial drives.” (Chasseguet-Smirgel and Grunberger, 1986, p. 136)

Freud’s epigenetic model of the gradual differentiation and integration of drive components in the course of ontogeny is a reminder that references to the concept of infantile “genital” make no sense apart from the systematic interrelation of all component drive contributions, including preoedipal ones. Otherwise, the Oedipus complex is inevitably misunderstood and reduced to intensifying genital sensations and fantasies. But this over-simplifies Freud’s view, as demonstrated in the extraordinary passage quoted above. The typical sexual theories of childhood are no less oedipal because of their conspicuous oral and anal components. Rather, these components, along with the child’s maturing ego functions, are now enlisted on behalf of emerging oedipal trends; in Freud’s words they are “brought into the service” of the child’s infantile genital aims.

The meanings associated with “oedipal” or “infantile genital” are easily

confounded with those of adult genital primacy. Malinowski, for example, regarded the denial of conscious sexual fantasies on the part of Trobriand men for their actual aging mothers as a disproof of the Oedipus complex. Such a misunderstanding may have played a role in Malinowski's conflicted reaction to the facts of oedipal sexuality, identified above. This confusion denies the persistence of unconscious wishes from childhood and eliminates the essential distinction in Freudian theory between external reality and psychic reality. There is a world of difference between the genital experiences at these different levels of maturation and development. It must be held in mind that oedipal sexuality remains fully "infantile" in every specific Freudian sense of this term:

- \* consolidation of masculine and feminine identifications remains incomplete;
- \* representations of sexual anatomy are not yet integrated into a mature self-concept that is consistent with genital primacy and sexual reproductive capacity;
- \* the full implications of sexual intercourse and reproduction are not yet comprehensible to the oedipal child, nor do their real consequences yet apply;
- \* preoedipal oral and anal trends still vie for dominance over genital ones;
- \* boundaries defining self/object representations are still fluid and easily fragmented;
- \* thinking is still largely ego-centric, concrete, and dominated by impulse, magical thinking and fantasy rather than the reality principle;
- \* full physical maturation, along with emotional independence from caregivers, could still be as much as two decades away.

For all such reasons, vaguely defined critiques of Freud's views on infantile sexuality using phrases with highly-charged adult connotations, like "the desire for sexual intercourse with the opposite sex parent", will always be misleading unless they specify the meaning of these concepts in their proper developmental contexts.

### From the primal “oedipal deed” to its *dissolution*

The explanatory power of Freud’s actual theory becomes even clearer when we expand our considerations beyond individual ontogeny to the larger cultural and evolutionary questions that Freud took up in *Totem and Taboo*. To do so is to bring the concept of the component drives into the service of our understanding of how individual psychology (and psychopathology) manifests in specifically collective forms. After all, *Totem and Taboo* was Freud’s “first attempt” to explain the causal relations between these two levels. Let us consider the climactic ‘deed’ in *Totem and Taboo*: the murder and cannibalism of the primal father by the younger males in their sexual competition for possession of the females.

Freud’s synthesis includes a *psychodynamic* explanation for how collective actions that would appear to be solely the expression of drive activity in its most regressed or primitive state—oral and anal-sadistic cannibalism—can be more comprehensively understood in terms of these pre-oedipal components becoming mobilized in the service of *infantile genital* (“phallic-oedipal”) aims and, eventually, in the service of mature reproductive *genital primacy*. In the initial stages of this process (associated with evolutionary advances; e.g., use of weapons) the primal father is killed and ingested in the service of possessing his phallic power over the horde and his genitally procreative monopoly over the females. This represents an *oral incorporative* form of identification brought into the service of phallic-oedipal aims at the shared level of the group. This deed (both real and imagined; Freud’s thesis includes both) is quintessentially “oedipal”, precisely to the extent that it stands without resolution and is driven by fantasies of omnipotence and idealized sexual satisfaction; such hopes remain as futile as the oedipal child’s omnipotent wish to replace the rival parent. No sooner is the primal deed accomplished than its victor becomes the next victim.

In Freud’s account, the collective solution to this oedipal dilemma in the course of cultural evolution was a set of *compromise formations* (see Freud, 1901, pp. 58-9, for an early discussion of this concept); these took the form of the elaborate system of *totemic* rituals and taboos regulating aggression, sex and reproductive *exogamy*, characteristic of “primitive” society. Freud proposed that the corollary in individual psychosexual development of this phylogenetic achievement is evident in the *dissolution*

of the *Oedipus complex*—the relinquishing of oedipal objects by means of an introjection into one’s own ego of the oedipal rival’s values, those that now represent the exigencies of communal reality and *pair bonding*. (see Chapais 2010, for a landmark clarification of this particular feature in human society.) This identification further consolidates conscience formation and it exemplifies a triumph of the *reality principle*. Conversely, just as with the castration by, and murder of, the primal father, no sooner are traumatic *oedipal defeats* or *victories* (Alexander, 1933, p.188-89) experienced by the child—which can occur for many reasons (ex., physical and sexual abuse, overstimulation, separation/divorce, death of parent, etc.)—then difficulties arise for the child’s ability to resolve the oedipal conflicts and move beyond them.

### Malinowski’s “weak and henpecked father”

The analogous relationship between oedipal defeats or victories in childhood, on the one hand, and the primal events (repeated over millennia), on the other hand, allows us to underscore the evolutionary biological basis of oedipal theory. To this end, let us return to Malinowski’s critique.

In *Sex and Repression in Savage Society*, what Malinowski claimed to have discovered was a different type of a more generally defined “nuclear complex”, the nature of which had to be determined for each particular society: “... I have established a deep correlation between the type of society and the nuclear complex found there.” (1927, p. 82) It could be an Oedipus complex, a matrilineal complex, and, at least theoretically, any number of other possible types of nuclear complex. In a remarkable passage, Malinowski even appears to have engaged in something of a symbolic patricide of his own when he prophesied the end of the British and American patriarchy and, along with it, the extinction of an already endangered Oedipus complex:

“Psychoanalysis cannot hope I think, to preserve its ‘Oedipus complex’ for future generations, who will only know a *weak and henpecked father*. For him the children will feel indulgent pity rather than hatred and fear!” (ibid. p. 27; italics added)

It’s tempting to imagine something of Malinowski’s own oedipal ambivalence in this fantastic conjecture of his. But, more relevantly, it underscores the fact that he never considered the matrilineal complex

to be simply “another version of the Oedipus complex” based on different customs. What becomes clear when we consider Malinowski’s abysmal forecast for the Western father is that he had never viewed the Trobriand *matrilineal complex* as a mere subtype within oedipal theory, some kind of “different Oedipus complex.” Malinowski’s actual view is important to understand because a misrepresentation of his thesis, precisely to this effect, arose in anthropology and psychoanalysis and, as I will argue, continues to be a source of confusion over what constitutes an actual *oedipal* conflict. *A major consequence of this confusion is that it obscures the critical difference in Freudian theory between what causes the Oedipus complex, on the one hand, and what complicates its resolution, on the other.* For this reason, a brief detour to explain this confusion over Malinowski’s thesis will be helpful before we address the greater phylogenetic significance of what actually causes the Oedipus complex.

### Interlude: the myth of a “matrilineal Oedipus complex”

Around the time of the closely coinciding deaths of Freud, Malinowski and Boas (Freud in 1939, both the latter in 1942) this idea that Malinowski had argued for a *type* of Oedipus complex became more common among leading figures in the disciplines. Ironically, Malinowski’s own critique of the universal Oedipus complex came eventually to be misrepresented by anthropologists and psychoanalysts alike as if it had posited a *matrilineal form* of the Freudian Oedipus complex. An illustration of the cross-disciplinary and authoritative reach of this revision in the fate of Malinowski’s very non-oedipal matrilineal complex can be seen in Fenichel’s influential *Psychoanalytic Theory of Neuroses* (1945) where he claimed that Malinowski had argued “...that societies with family configurations different from our own actually have *different Oedipus complexes*.” (p. 97; italics added) Fenichel was describing here what he claimed to be Malinowski’s own conclusion. This was remarkable given that as far as Malinowski was concerned the “different Oedipus complexes” that Fenichel was referring to bore little resemblance to Freud’s oedipal theory.

From anthropology, Kroeber (1939) had largely confused matters six years earlier in a revisitation of his first critique (1920) of *Totem and Taboo*, which had been excoriating in nature. Published two months after Freud’s death, Kroeber’s reappraisal began with no great reconciliation:

“I see no reason to waver over my critical analysis of Freud’s book. There is no indication that the consensus of anthropologists during these twenty years has moved even an inch nearer acceptance of Freud’s central thesis”. (p. 446) Kroeber (1939) went on to rebuke the Freudians for their “all or nothing” attitude, of “partaking of the nature of a religion - a system of mysticism [and possessing] the *qualities of a delusional system*” (p. 451; italics added)—all this for insisting that concepts like the super-ego and the Oedipus complex were defined systematically and would not retain their coherence if decoupled and not taken together. Then, in a strange sleight of hand, Kroeber asserted that Malinowski had “showed that the mechanism [of the Oedipus complex] remained operative even in a changed family situation.” (p. 449); he went on to suggest that Malinowski had argued for Freud’s theory by demonstrating what Kroeber considered to be the “kernel of the Oedipus situation”, which consisted of “the incest drive and incest repression, filial ambivalence, and the like” . (p. 447) Actually, it’s possible that if Malinowski’s own interpretation of his data had found at least these to be true for the Trobriand child between three-to-five years of age then at least *some* of the controversy could have been avoided. But, as we’ll see, wish as Kroeber might, Malinowski had not interpreted his own data in this manner; instead he convinced two generations of anthropologists, and many Neo-Freudian psychoanalysts, that Trobriand boys at this age had *no* triangular filial ambivalence and *no* incest drive toward the mother whatsoever, least of all any that could cause destructive fantasies of eliminating the father, unconscious or otherwise.

A truly matrilineal *form* of the Oedipus complex would have been in complete agreement with Freud and is what oedipal theory would predict. But this was not Malinowski’s thesis. In fact, given the sociopolitical and economic nature of his argument (and, I would argue, *ideology*) he could not have been much clearer:

The complex exclusively known to the Freudian School, and assumed by them to be universal, I mean the Oedipus complex, corresponds essentially to our patrilineal Aryan Family with the developed *patria potestas*, buttressed by Roman law and Christian morals, and accentuated by the modern economic conditions of the well-to-do bourgeoisie. Yet this complex is assumed to exist in every savage or barbarous society. This certainly cannot be correct, and

a detailed discussion of the first problem will show us how far this assumption is untrue. (1927, p. 5)

There would have been no debate with Freud (by proxy, with Jones, Roheim and others) if Malinowski's thesis had determined simply that the Oedipus complex varies in form according to different social structures. Indeed, this was Jones' position in his defense of Freud! Not surprisingly, Jones (1924) was just as clear about Malinowski's position as Malinowski was:

[Malinowski] attempts to modify Freud's theory of the nuclear family complex. As is well known, the latter regards the relationship between father, mother, and son as the prototype from which other more complicated relationships are derived. Malinowski, on the contrary, puts forward the idea that the nuclear family complex varies according to the particular family structure existing in any community. (p.169)

Jones' position remained true to Freud's designation of the Oedipus complex as the universal nuclear complex. Jones correctly showed that Freud's oedipal theory predicted that the oedipal dynamics stemming from the nuclear triangle could be displaced onto any variety of objects according to the given social structures. Jones' argued that,

... the matrilineal system with its avunculate complex arose...as a mode of defense against the primordial Oedipus tendencies....The forbidden and unconsciously loved sister is only a substitute for the mother, as the uncle plainly is for the father...(p.170)

It wasn't just Jones who clarified the terms of the debate. Roheim also took the same theoretical position against Malinowski's matrilineal complex. In his brilliant *The Rise of Anthropological Theory* (1968), Marvin Harris would point out:

Contrary to popular impression, in the argument between Roheim and Malinowski over the effect of the Trobriand matrilineal organization on the Oedipal situation, it is Roheim who holds the trump card. By Malinowski's own admission, the Trobriand child is brought up largely under the influence of the usual nuclear pairs. Mother's brother enters the picture only when the child is seven or

eight years old, an age by which the Oedipal constellation is firmly entrenched. (pp. 428-9)

Once again, there was no confusion about the actual terms of the debate: *the Oedipus complex, as Freud had defined it, was the universal nuclear complex—yes or no.*

It should be clear from the foregoing discussion that Malinowski's argument was never that the nuclear Oedipus complex could manifest in diverse forms according to different customs. Not once in three-hundred pages of *Sex and Repression in Savage Society* did he refer to anything slightly resembling the reinterpretations that others, like Fenichel and Kroeber, applied to his thesis, such as "different Oedipus complexes" or "matrilineal form of the Oedipus complex". Instead, Malinowski refers to "...the matrilineal complex, so entirely different in its genesis and its character from the Oedipus complex..." (p. 83); he exhorts psychoanalysts "...not to assume the universal existence of the Oedipus complex" (p. 81); he claims that with the assumption that the "...Oedipus complex exists in all types of society, certain errors have crept into the anthropological work of psychoanalysts." (p. 6)

The increasing use of oedipal terminology to describe Malinowski's own thesis and critique of Freudian theory was an ironic development, to say the least. The so-called "different Oedipus complex" that Fenichel and others had in mind (i.e., the matrilineal complex) represented a radical undoing of Freudian oedipal theory. Not only was it supposed to have proven that the Oedipus complex was not universal, but it had also redefined it as a pathological symptom of patriarchy. According to Malinowski the Oedipus complex was not a normal developmental conflict in need of resolution but an institutionalized illness in need of a cure. Yet this same thesis, accepted as valid, was now being referred to as though it had confirmed a universal oedipal structure, *of which it was merely a type!* Subsequent generations of pre-eminent anthropologists, such as University of Chicago's Milton Singer (1961) would refer (without questioning the validity of it) to this revisionist idea that Malinowski had argued for "...a matrilineal form of the Oedipus complex among the Trobriand islanders". (p. 10)

### **A possible totemic compromise and the *other* “controversial discussions”**

Arguably, the condensation and decoupling of core psychoanalytic concepts taking place in the course of the debates represented nothing more than a critique from anthropology (and from within psychoanalysis) of oedipal theory, a rhetorical means of refuting Freud’s claims with faint praise and loose appropriations. On the other hand, given the indications of a traumatic element operating in the confrontation, the fact that this rhetorical shift was concurrent with the deaths of Freud, Boas and Malinowski, just as their grieving followers had become wartime allies, also suggests that a wish for some mediating function in the bitter controversy may have begun to surface. In this case, the construct of a “matrilineal Oedipus complex” may also have functioned in a manner similar to that of the “totemic” object as Freud had conceived of this: as a compromise formation, forged out of necessity on behalf of an otherwise warring band of siblings in a time of ambivalent mourning and existential danger. *The fact that during this same catastrophic period of wartime the “controversial discussions” between embattled followers of Anna Freud and Melanie Klein in London were taking place and would lead to a “gentleman’s agreement” at the war’s end (King and Steiner, 1991) is certainly worth examining in this same light.*

Malinowski himself may have originally contributed to the confusion when he claimed that his thesis had confirmed “the main tenet of Freudian psychology.” (1927, p. 82) But this had nothing to do with the Oedipus complex per se. He simply meant that he had “established a deep correlation between the type of society and the *nuclear complex* found there” (ibid; italics added). Given the nature of Malinowski’s critique this certainly did Freud no favors; once again, from the latter’s point of view, it amounted to a rhetorical means of undoing oedipal theory with faint praise. Aside from the fact that Freud never suggested such a watered-down definition of his “main psychological tenet”, the essential point remained that the Oedipus complex was supposed to be universal and Malinowski had found no such complex in the Trobriand Islands.

On the central question of the universality of the Freudian Oedipus complex Malinowski’s position could not have been clearer: the Trobriand

“matrilineal complex” was not a different type of Oedipus complex; *it was a different type of nuclear complex. Therefore the Oedipus complex was not universal.* His entire argument relied explicitly on the assertion that the nuclear complex of Trobriand society was “so entirely different in its genesis and its character from the Oedipus complex...” (1927, p. 83). Indeed, Malinowski’s prediction of an end to the Oedipus complex and Western patriarchy itself with the arrival of a “weak and henpecked father” would have made no sense otherwise.

### **Freud on the fallacy: “there is no room in it for love.”**

With these considerations in mind let’s return now to Malinowski’s prediction that the Oedipus complex would become extinct with the rise of a “weak and henpecked father”. As I’ve said, this idea obscured the distinction between what causes the Oedipus complex and what complicates its resolution. Malinowski’s prediction relied on the premise that the father’s power (or, more accurately, the pathological abuse of it) causes the Oedipus complex. It assumed that in the absence of oppressive patriarchal authority the son’s hostile emotions toward the father associated with sexual rivalry for the mother’s love would not arise. This premise was a reflection of Malinowski’s idiosyncratic rendering of Freudian theory and, upon closer scrutiny, the flaw in the logic of it becomes easy to recognize: it was equivalent to saying that someone competing for sexual love could feel no hostility toward a rival *so long as the rival posed no actual danger or physical threat.* This allowed for no role whatsoever for narcissistic envy or jealous rage directed toward objects perceived merely as competitors or obstacles to love and sexual attachment. The only relevant etiological factor in Malinowski’s formula for the Oedipus complex was oppressive paternal aggression.

This was the same old problem that Freud had identified in his critique of the “Adlerian view of life”, namely that it was a theory “founded exclusively on the aggressive instinct”; as Freud eloquently put it, “*there is no room in it for love.*” (1914, p. 58; italics added) Accordingly, Malinowski’s critique relied on portrayals of the Western-type father and the Trobriand father that from a contemporary perspective appear transparently villainized and romanticized, respectively. Malinowski’s representation of the patriarchal father was so one-dimensionally hostile and aggressive, in fact so much like the tyrannical primal father in *Totem and Taboo*, that one

can appreciate why Malinowski would have wished for his extinction as soon as possible. Ironically enough, the Viennese father of Little Hans - Freud's exemplary case of child phobia in *Totem and Taboo*, bore a closer resemblance to the Trobriand all-loving father depicted by Malinowski! Spiro (1982) documented the problem with these exaggerated representations and explained them in terms of Malinowski's effort to "reinforce his polemical aim of proving that the hostility of the Western son is to be explained...by the father's oppressive authority" (pp. 35-6) rather than by the son's sexual rivalry for the mother's sole affections.

### **The fallacy of pathological patriarchy and sociopolitical ideology**

Psychoanalysts influenced by Marxist theory such as Reich, in the *The Mass Psychology of Fascism* (1933) and *The Sexual Revolution* (1936), or, later, Guattari, in *Anti Oedipus* (1972), took up and amplified the more ideological and socio-political implications of Malinowski's thesis of pathological patriarchy. (see Chasseguet-Smirgel and Grunberger, 1986) Perhaps the most controversial and tragic of these was Wilhelm Reich, who eventually pushed these elements to frankly psychotic extremes. In spite of the psychotic element in Reich's ideological views, however, his ultra-Malinowskian critique of patriarchy gained a great deal of followers. "Right up until the end Reich had many disciples, including medical doctors and scientists." (1986, p. 109) Reich became fascinated with Malinowski's idealized portrayal of Trobriand sexuality and his ideas on patriarchy, repression and totalitarianism. With his amalgam of Freudian and Marxist theories Reich constructed a more explicitly political version of Malinowski's prediction of an extinct Oedipus complex: "The Oedipus complex must disappear in a *socialist* society because its social basis—the patriarchal family—will itself disappear, having lost its *raison d'être*." (quoted in 1986, p. 144; italics added)

Reich seized upon Freud's earlier theory that anxiety results simply from undischarged quantities of libido, and proceeded to reduce "all mental and physical illness to a single cause: sexual stasis." (1986, p. 115) The mentally ill person is simply "constrained by social prohibitions, [and] is unable to abandon himself to orgasm, to discharge sexual energy." (1986, p. 128) Reich further insisted that "the repression of genital tendencies [is what] provokes the eruption of brutality in history." (quoted in 1986,

p. 134) Chasseguet-Smirgel and Grunberger describe this overriding theme in Reich's writings: "[In all of Reich's work] we have a universal evil—sexual stasis, which is responsible for cancer, schizophrenia and Fascism; and, its obverse in a universal panacea—orgasm." (1986, p. 204) Probably it would be more accurate to say that *patriarchy* was the real evil for Reich and his followers and that sexual stasis was merely its effect. As with Malinowski, the symptom may have been a sexual one but the real problem was oppressive paternal authority. Exactly as Fromm and others would claim, Reich maintained that the Oedipus complex was only "a result of the sexual restrictions imposed on the child by society. Yet wholly unconscious of what they are doing, the parents carry out the intentions of authoritarian society." (quoted in 1986, p. 203)

The weaknesses of this argument for pathological patriarchy become clearer when we consider that it allows for no contribution whatsoever from normal maturation and development to the child's aggression, sexual competition, and ambivalent trends in the nuclear relationships. In one form or another, all reflect a perversion of power, structured according to external forces, encoded in repressive institutions, and implemented by pathological parenting. This extreme cultural determinism is entirely inconsistent with the abundant examples of instinctually-driven dominance hierarchies, sexual competition, and bisexual behavior among all of our closest primate relatives. Are we to believe that the instinctual sources of these behaviors were simply erased with human evolution? A common thread that runs from Malinowski through Reich, to later publications like *Anti-Oedipus* and into contemporary psychoanalytic critiques, is the claim that if the Oedipus complex is simply the consequence of culture and oppressive power then the parents (and Freudian psychoanalysts) who reproduce Western society itself are the agents of that pathology. There are ever new examples within psychoanalysis of this old thesis. Here is a recent one:

There is little doubt that the Oedipal complex is culture-specific and an essentially pathological outcome of a male-dominated, class-structured society. The destructive competition with other men, produces distant uncooperative, possibly non-constructive relationships and leads to erotic compulsions that prevent stable, intimate, sexually satisfying marriages alongside intimate, contextualized relationships with other women. (Bhugra and Bhui, 2002, p. 81)

These authors essentially paraphrase Malinowski's original conclusion and write that the Oedipus complex "is not built into the collective mind but is found only under specific historical circumstances, such as societies with patriarchal authorization structures and competition for wealth that stimulate rivalry and hostility." (p. 84) And repeating Reich's objects of blame, the authors insist that parents "as agents of such a social order, who harbour hostile and erotic feelings for their children, bring the Oedipal complex into being where it may not exist." (ibid)

Specifically missing from this thesis is Freud's complementary series. Freud, S. With this formulation Freud repeatedly and explicitly defined the reciprocal relation between innate/biological and experiential/environmental factors operating in the etiology of human motivations. For the same reason it eliminates the weighing of both endogenous and exogenous contributions to bisexual conflicts and *ambivalence* in human psychosexuality. These must all be pathological symptoms of oppressive power relations. Reich was explicit about this, maintaining that "ambivalence in the sense of coexisting reactions of love and hatred is not a biological but a socially conditioned fact..." (quoted in Chasseguet-Smirgel and Grunberger, 1986, p. 197) By definition this argument also pathologizes the *complete Oedipus complex*, with its complementary heterosexual and homosexual dimensions. All of these essential Freudian concepts are simply eliminated and replaced with the same old Malinowskian etiological equation of external patriarchal oppression.

### Freud on Utopia

Freud was clear about his assessment of a utopian dimension to these socio-political critiques of oedipal theory. This particular aspect of the polemic, namely the relation of individual psychology to power and political institutions, was always a part of the debates within and between both anthropology and psychoanalysis over the Oedipus complex. Within psychoanalytic circles alone the relation of theoretical to political differences was complex. On the one hand, Fenichel, himself a Marxist, *disagreed* with Neo-Freudians like Kardiner, Fromm and Horney who insisted that oedipal theory represented a rigid biological determinism that was antithetical to the hope for a malleable human nature and perfectible society. Unlike Fenichel, the neo-Freudians insisted that "the insight into the formative power of social forces upon individual minds"

required changes in Freud's theory of instincts. (Fenichel, 1945, p. 588). On the other hand, Fenichel's ideological perspective, while less revolutionary than Reich's, required a level of optimism for humanity that Freud considered to be unrealistic. Fenichel believed that "wars, misery and neurosis" could one day be fully eliminated with "a more reasonable and less contradictory regulation of social relations". (1945, p. 589) Freud was far more pessimistic about the benefits of state-regulated social relations and the future of mankind.

Freud explained his view of utopian plans to rid mankind of its violent tendencies in a famous letter to Albert Einstein, published in *Why War?* (1933) The following passage is especially relevant to the present discussion because while Freud is writing explicitly about the utopian element in critiques of his anthropological theory, he is implicitly referring to Malinowski's Trobriand matrilineal thesis:

"...there is no use in trying to get rid of men's aggressive inclinations. We are told that in certain happy regions of the earth, where nature provides in abundance everything that man requires, there are races whose life is passed in tranquility and who know neither coercion nor aggression. I can scarcely believe it and I should be glad to hear more of these fortunate beings. The Russian Communists, too, hope to be able to cause human aggressiveness to disappear by guaranteeing the satisfaction of all material needs and by establishing equality in other respects among all the members of the community. That, in my opinion, is an illusion." (pp. 211-12)

### What really causes the Oedipus complex

Apart from its utopian implications, perhaps the greatest weakness of the pathological patriarchy critique is that it fails to account for what is possibly one of the most significant and underappreciated features of human evolutionary biology, one which was always at the heart of Freud's oedipal theory. The likely consequences of this feature for individual psychology and human society go virtually unnoticed in critiques of oedipal theory in spite of their central role in the development of that theory. Specifically, Freud maintained that what sets the central oedipal conflicts in motion is neither exclusively externally motivated, nor is it primarily aggression (paternal or otherwise). Rather, it is *the prolonged duration of childhood helplessness and dependency as this gradually*

*becomes inflected through the prism of the distinctly precocious sexual maturation that characterizes our species.* In Freud's (1924) own words, "the Oedipus complex is the psychical correlate of two fundamental biological facts: the long period of the human child's dependence, and the remarkable way in which its sexual life reaches a first climax in the third to fifth years of life." (p. 208)

### Roheim's exegesis: Freud and Bolk

To better understand this feature of Freud's anthropological thinking we can turn to Geza Roheim, the first psychoanalyst-anthropologist and arguably the most eloquent interpreter of this aspect of Freudian theory. Roheim elaborated on the congruence between Freud's formulations and the "fetalization theory" of Dutch anatomist, Luis Bolk. Roheim quotes Bolk:

There is no mammal that grows so slowly as man, and not one in which the full development is attained at such a long interval after birth...What is the essential in Man as an organism? The obvious answer is: The slow progress of his life's course... This slow tempo is the result of a retardation that has gradually come about in the course of ages. (in Roheim, 1950, p. 360)

In the course of hominin evolution individual physical development has been marked by a progressive "retardation" or slowing of its *rate*. Following Roheim's description of this, humans in particular achieve physical maturation "...far more slowly than any other mammal. Most mammals are mature at one year or less. A chimpanzee is mature at about seven years, a human being at about fifteen or more, though growth is not complete until over twenty years and the skull sutures remain open until nearly thirty so that the brain can still grow." (1950, p. 490)

The *maturation* being referred to here would include that of the *ego* of Freudian structural theory and all of what Hartmann (1939) referred to as "inborn ego apparatuses" and the structures of the "conflict-free sphere of the ego" (see also Nagera 1968), such as perception, motility, memory, and the physical structures of the body on which they depend. Hartmann, Kris and Loewenstein (1951) underscored the importance of Roheim's observations on the significance of the retarded development of these structures in humans. "[It] implies the idea not only of the

unique role of the love object in human development but also the extent to which the influence of this object determines later behavior.” (p. 9)

A corollary of this evolutionary slowing of somatic development, or *neoteny*, is the progressive *fetalization* of adult human features relative to our primate relatives and our hominin ancestors. According to Roheim, “human beings have conserved traits in the anatomical structure which makes them comparable to juvenile or foetal anthropoids...” (1950, p. 401) As a result, “We are much more like baby monkeys than adult ones.” (ibid) This remarkable fact can be seen in adult human features—such as flattened face, upright posture, roundness of the skull, and brain size relative to the body—all of which more closely resemble those of the *infant* chimpanzee, who will eventually outgrow them.

Roheim’s synthesis shows that Freud’s observations on the evolutionary significance of delayed development remain perfectly consistent with contemporary evolutionary biology. Stephen Jay Gould (1977) referred to this “paedomorphic theory of human origins [whereby humans] evolved by retaining the juvenile features of our ancestors.” (p. 356) He judged that this neotenus slowing down of human development—and the corollary retention of juvenile traits—“has been a (probably the) major determinant of human evolution.” (p. 9) The selective advantage of this process is evident in the fact that it allowed for the retention into later development of the rapid brain growth rates of the fetus, longer learning and socialization, greater complexity in social behaviour, and more adaptive flexibility due to less over-specialized traits.

### Asynchrony: the ego and the id

The particular relevance of this to the Oedipus complex becomes clearer when we compare the slowed rate of ego development in humans to our separate rate of *sexual drive development*. Over the course of human evolution the rates of these two maturational or developmental lines have become ever more decoupled, divergent, and *asynchronous*. The final adult growth of the ego lags far behind its sexual drive counterparts. Whereas in general among most species sexual development is synchronous with completed physical growth, this is not the case for humans. In Roheim’s description, “*the incidence of the sexual impulse is premature, man is not only slowed down when compared to the animal world but presents a disharmony in his own rate of development.*” (1950, p. 412-13;

italics added) The consequence of this is that “within the frame of our general retardation our sexuality is *relatively precocious*.” (ibid; italics added)

Roheim observed that the “enormous discrepancy in the age of sexual maturity and full growth is striking when we compare man to other mammals.” (1950, p. 400) This holds true even for our closest primate relatives, who in turn display this same asynchrony more so than all other mammals except humans. A remarkable example of this precocious genitality in another primate can be seen among the Bonobo chimpanzees, a species possibly most similar to our pre-human ancestor. Among the Bonobos, genital arousal and stimulation in a variety of modes is utilized nearly indiscriminately, including by juveniles and between the young and adults as a means of modulating aggression, dissipating conflicts, food bartering, and other social purposes. Though not as great as in humans, the asynchronous relationship between sexual development and full physical growth is still quite marked. “Wild females give birth for the first time at 13 or 14 years of age, becoming full grown by about 15.” (De Waal 2006)

### **Asynchrony: the ego defenses**

Roheim elaborated on Freud’s view of the significance of this asynchrony for object-relations in childhood, noting that “since genital libido is present at the time when the child is still dependent ... the prima facie sex object must be the mother.” (1950, pp. 412-13) Intrapsychic conflicts result from the mismatch between the child’s object-related libidinal fantasies and the ability to fully satisfy them in reality. Depending on a multitude of potentially ameliorating or exacerbating internal and external factors (again, in accordance with Freud’s complemental series) these conflicts can result in nothing more than the stage-typical transient nightmares and fears of monsters under the bed; conversely, the conflicts can develop into paralyzing and unresolvable symptoms, such as chronic phobias or crippling inhibitions later in adult relationships. Along with the evolution of this asynchronous differentiation between ego and id, humans have co-evolved psychological mechanisms of defense, such as *projection*, *repression*, *sublimation* and *introjection*, in order to protect the immature ego from being overwhelmed by the precocious drives while the child is still dependent upon the mothering figure. According to Roheim,

“the psyche has to evolve various mechanisms to repress or project or transform the sexual impulse.” (ibid)

### Sociocultural implications

Now I've followed Roheim extensively here in order to clarify Freud's (1924) underappreciated formulation that “the Oedipus complex is the psychical correlate of two fundamental biological facts: the long period of the human child's dependence, and the remarkable way in which its sexual life reaches a first climax in the third to fifth years of life.” (p. 208) Oedipal theory reflects Freud's recognition of the psychological, social and evolutionary implications of this developmental asynchrony. It is this incongruity and the developmental conflicts arising from it—and not paternal aggression—that causes the Oedipus complex and makes it universal.

These considerations serve to further clarify the problem with Malinowski's prediction that the Oedipus complex would become extinct with the “weak and henpecked father”. It assumed that if the average father-figure of a given society were benign or psychologically castrated, then the motivation for jealous hostility toward the father due to sexual competition for the mother's sole affections would be eliminated. As we've seen, even logically this makes no sense. The arousal of such hostility requires nothing more aggressive or violent than the oedipal child's nightly exclusion from the parent's bedroom—to say nothing of the total extrusion of the child from the mother's entire village at weaning and again at puberty, as in the Trobriand case!

In fact, Malinowski had it exactly backwards. Whereas the weak and henpecked father-figure would have little bearing on the actual cause of the Oedipus complex, he would most certainly play a role in its course, intensity, and likelihood of remaining unresolved. As discussed earlier with regard to oedipal victories and defeats, the same would be true in the case of a tyrannical and abusive father. Freudian theory implicates both extremes of over-stimulation or indulgence, on the one hand, and excessive frustration or trauma, on the other, in the wide range of problems that can interfere with a successful resolution of the Oedipus complex. Both extremes can be associated with complications leading to oedipal and pre-oedipal fixation or regression. Likewise, both can interfere with latency and, for this reason, an adequate consolidation of

sexual role identifications and conscience formation going into puberty. Spiro demonstrated this for the Trobriand boy who, so far from having no Oedipus complex, retained the unresolved libidinal attachments to the pre-oedipal and oedipal mother even more intensely than is likely for the Western boy. In Trobriand society, the total extrusions from the mother and her village at the time of weaning, and again at puberty, were necessary precisely in order to facilitate the young boy's identification with his collective fathers and the relinquishment of the still-powerful earlier attachment to the oedipal and pre-oedipal maternal objects.

### Prolonged dependency and the Human family

Freud's recognition of the consequences of prolonged human maturation and dependency provided him with a conceptual link between individual and social psychology and phylogenetic (evolutionary) processes. Freud (1926) realized that it was because of this feature in the mother/infant relationship that "the influence of the real external world upon [the developing infant] is intensified..." (p. 154); it was this factor that "establishes the earliest situations of danger and creates the need to be loved which will accompany the child through the rest of its life." (p.155) The implications of this for the evolution of social structures was not lost on Freud. "In the prolonged symbiosis of the child with his parents we have the reason why human beings live in families and in this prolonged co-existence of two generations we have the biological basis of social life." (Freud, 1924, p. 208) It was on this conceptual foundation that Freud formulated his theory of human culture as a compromise solution to the dynamic conflicts forever arising between the ego and the drives:

And here, the discovery was made that a third and extremely serious part of human intellectual activity, the part which has created the great institutions of religion, law, ethics, and all forms of civic life, has as its fundamental aim of the *enabling of the individual to master his Oedipus complex and to divert his libido from its infantile attachments into the social ones that are ultimately desired.* (ibid; italics added)

The genius of Freud's theoretical integration of individual psychology, social psychology and phylogenetic (evolutionary) processes brings us to a final irony. It was because of Freud's grounding in evolutionary biology that critics ever since Malinowski have continued to accuse him

of postulating a rigid biological determinism or reductionism. Yet nowhere is Freud's insistence on the reciprocal interaction of biological inheritance and developmental experience in human adaptation more elegantly on display than when Freud defined the Oedipus complex in relation to the biological fact of prolonged infant dependency. As we have seen, Freud (1926) recognized that it was precisely for this reason that an "early differentiation between the ego and the id is promoted". (pp. 154-5) A major consequence of this differentiation is the fact that anywhere between twelve and twenty-plus years of enculturation (depending on the given society) will be required of the human ego before it can master the simultaneous demands made upon it from *both* the external environment and the internal drives sufficiently to achieve "adult" status. It is this distinctive feature of our shared evolutionary heritage and developmental biology that ensures, from the beginning to the end of life, the role of learning, culture and adaptation in all human motivation. And it is this differentiation between the ego and the id—and the normal developmental conflicts arising from it—that causes the Oedipus complex and makes it universal.

### Summary and conclusion

I have stressed the fact that prolonged childhood helplessness and dependency is a cross-cultural universal. It is a function of our shared evolutionary heritage as a species. Equally cross-cultural is the fact that roughly between two to five years of age, long before physical maturity and independence is attained, libidinal attachment to the primary caregiver will become inflected through the prism of genitally-dominated object-related impulses, perceptions and fantasies. The dawning recognition at this unique moment in development, "that the young baby and its mother are not alone in the world [and] that the object has its own object, which is not the baby" (Green, 1995, p. 882) triggers an inevitable and more or less painful narcissistic crisis. The normal set of developmental conflicts that flows from this crisis is what Freud called the Oedipus complex.

The achievement among our proto-human ancestors of a means of resolving this Oedipus complex was, in Freud's estimation, as monumental an event for human evolution as it is for each person's individual's development. It is only too easy to forget that Freud's most controversial

conclusion in *Totem and Taboo* was not that all children experience destructive and incestuous wishes in the oedipal triangle or even that the primal deed (either fantasied or real) had occurred. Rather it was Freud's assertion that the distinctly human means of *resolving the Oedipus complex* in both its intrapsychic and cultural dimensions recapitulates primal adaptations made and preserved by some as yet incompletely understood mechanisms of "inheritance". A central theme of this discussion has been that Freud's explanation of this human innovation can only be appreciated in the context of his *etiological formula* of the reciprocal interaction of innate and acquired factors operating in human ontogeny and phylogeny—otherwise known as the *complemental series*.

Finally, as oedipal conflicts must be accounted for regardless of society or culture they must also be accounted for regardless of sex. Much has been written and debated concerning the profound and important differences between the female and male Oedipus complexes. I would argue that these differences were always the more important and fruitful subject for psychoanalysis to grapple with – far more than the question of a non-oedipal nuclear complex. It certainly was for Freud. He grappled a great deal with this question and altered his theory over time to account for it. He also acknowledged his limitations with regard to this subject and recognized the necessary role of women psychoanalysts in answering it. For better or worse, however, the historic controversy that emerged between anthropology and psychoanalysis was not about these differences, nor was it about their profound effects in the adult lives of women and men. The crux of the controversy, rather, was the question of whether or not the Oedipus complex *existed*; specifically, whether it existed in non-Western matrilineal societies. Malinowski's answer was "no", even though he agreed that Freud's oedipal theory was an accurate analysis of the European or Western-type nuclear complex. To this extent, Malinowski's own thesis remains at odds with the more radical rejections of oedipal theory in contemporary psychoanalysis and the "postmodern" rejection of nomothetic or generalizable models altogether. I have tried to demonstrate some of the weaknesses of these trends in psychoanalysis and their historical connections with Malinowski's *Sex and Repression in Savage Society*.

The guiding assumption here has been that an understanding of the evolutionary bases for oedipal conflicts serves the question of their different

manifestations according to sex and a multitude of other variables. Radical versions of cultural determinism would preempt this complementary approach with the claim that sexual differences are purely cultural constructions. Equally extreme versions of biological determinism would also preempt it and the possibility of a psychoanalytically informed critical theory, one which takes into account the role of environmental forces in structuring apperception. (see Whitebook, 1993) By definition, both effectively eliminate Freud's etiological formula of the complementary series. For the same reason, both extremes preempt a balanced understanding of the cross-culturally variable, but universally recognized, boundaries that differentiate the generations (adult from child) and the sexes (male from female). The social structuring of these boundaries, along with those defining exogamous groups, is the collective equivalent of the resolution of the Oedipus complex.

Paradoxically, while it was Freud (1940) who insisted on the "biological fact of the duality of the sexes" (p.188), it was also Freud who confronted our simplistic assumptions about these boundaries, asserting that "no individual is limited to the modes of reaction of a single sex" (ibid) and that "psychological bisexuality, too, embarrasses all our enquiries into the subject and makes them harder to describe." (ibid) And while it took Freud to elucidate the nature of the unconscious forces that drive our creative capacity to transcend boundaries, it was also Freud who described the power of those same forces to undo the boundaries upon which our creativity and culture thrive. While variously drawn, these universal boundaries are the very ones to which every human being must become reconciled in the course of resolving the Oedipus complex and mastering the challenges of life and adult love. Unfortunately, this comes as a painful blow to human narcissism and our childhood fantasies of omnipotence. For this reason the fragile ego is always ready with new resistances to the recognition and acceptance of these universal boundaries. It is a tribute to the power of such resistances that from within anthropology Kluckhohn (1951) would affirm the existence of a *universal culture pattern* and would consider this statement to be a "confession", as though he had told an embarrassing secret. It remains a great irony that seventy years later, and a century after Freud's *Totem and Taboo*, this universal cultural pattern is still being treated like an embarrassing secret within psychoanalysis.

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## Psychoanalysis as Science or Art?

### Psychoanalysis: Science or Art? Science and Art

Rebecca Coleman Curtis

Whether psychoanalysis is a science or not has been a discussion in psychoanalysis itself at least since Adolph Grunbaum (1984) published *The Foundations of Psychoanalysis* and then (1993) *Validation in the Clinical Theory of Psychoanalysis* arguing that psychoanalysis did not meet the criteria for a science put forth by Karl Popper (1959; 1968), most importantly that hypotheses be falsifiable. Psychoanalysis had been under attack in the United States since 1910 (Shakow and Rapaport, 1964) when the opposition to Freud's ideas was reported to be almost a "Who's Who" of neurology and psychiatry in the US.

There are various definitions of science. Most scientists today agree with Popper's criteria and insist that science be more than a systematic body of knowledge. Wikipedia states "Psychoanalysis is a controversial discipline and its validity as a science is contested."

There is probably less of an argument about the practice of psychoanalysis being an art. Most people would agree that any attempt at healing problems of living must include subtle features regarding interpersonal interaction that cannot be laid down in a computer program of rules. In fact, it is impossible to program a computer to deal well with the infinite possibilities of interpersonal interaction.

Freud gave several definitions of psychoanalysis. One of the most explicit definitions is at the beginning of an encyclopedia article written in 1922: "Psycho-analysis is the name (i) of a procedure for the investigation of mental processes which are almost inaccessible in any other way, (ii) of a method (based upon that investigation) for the treatment of neurotic disorders and (iii) of a collection of psychological information obtained along those lines, which is gradually being accumulated into a

new scientific discipline.” The problems arise with the third aspect in regard to “being accumulated into a new scientific discipline.” It is difficult to find the psychological information that has been established by methods that other scientists accept. Some psychoanalysts believe that information established through the psychoanalytic process by the verbalizations of patients is sufficient evidence to support their hypotheses. For this reason, many psychoanalysts have not been supportive of attempts by others to collect systematic empirical data. The problem with this later position is that the public would like to know if psychoanalysis helps, and, if so, if the theory has been scientifically demonstrated according to today’s standards. Because there have been few psychoanalysts in recent years working in psychology departments where empirical research is conducted, it has been difficult for psychoanalysts to collect empirical data from their private offices that are comparable to those of psychologists working in clinics that support research, usually regarding short-term therapies so that the authors can publish their data quickly. Now, however, much evidence is beginning to accumulate from basic research and from research on psychotherapies that supports a scientific grounding for psychoanalytic hypotheses.

Psychoanalysts themselves have many different theories that are not consistent with one another. So let me attempt to state some of the hypotheses that analysts agree on in regard to the mind, defense, and motivation. The reader should be clear that I am not equating psychoanalysis with Freudian theory. Psychoanalysis has evolved considerably since Freud’s formulations, often affected by data especially from psychology and neuroscience.

Psychoanalysts and others over the years have considered various ideas about the mind, personality, and major motivations other than the Freudian ones. Psychiatrist Harry Stack Sullivan (1953) developed his theories influenced by the cognitive science of his day, referring to selective attention, memory, and dissociation, consistent with cognitive theory, instead of the similar ideas such as “repression” that has never been satisfactorily demonstrated in the laboratory (Holmes, 1990). As psychoanalysts began to focus more on interpersonal interactions and relationships rather than only on internal workings of the mind, their ideas became compatible with and overlapping with data not only from cognitive psychology but also from experimental social, developmental,

perceptual, comparative psychologies, and neuroscience.

It is accepted in science that there is often an exploratory stage where hypotheses are generated and a later stage where these hypotheses are tested. This has gone on with psychoanalysis as a treatment generating many hypotheses and basic science now testing out many of these ideas, not always with recognition that they existed in psychoanalysis beforehand. I shall review the scientific evidence regarding the importance of unconscious processes, defense of self and worldviews, the use of transference processes in psychotherapy, the efficacy of psychoanalytic treatments, and aggression as arising from frustration. Again, this is not a review of the support for Freudian theory, as psychoanalysis has advanced far since Freud proposed his theories and since his death many years ago. I shall not dwell on theories of gender or development as much has taken place recently in psychoanalysis and will be beyond the scope of this paper.

In regard to Freud's ideas about the self, all theories in psychology describe actual and ideal aspects of the self, as Freud did. The "self," however, as opposed to "Ich" and "Id," no matter how important these ideas have been throughout Western history, as least as far back as Crete in its embodiment of lion, serpent and eagle symbolizing what is on earth, down below and above, has become the dominant focus in research psychology and in psychoanalysis as well. For further discussion of the self, I refer you to Curtis (2009).

In regard to development, I shall say that the ideas of psychoanalyst John Bowlby (1973; 1979; 1990) regarding attachment theory have received so much support from the scientific community that they are hardly a source of controversy. This is not to say that Freudian ideas have nothing worthwhile to say about development. Bowlby's ideas and the research supporting them, however, are accepted as the major theory of development in contemporary relational psychoanalysis. In regard to a baby becoming securely attached, most people would agree that this is an art that is supported by scientific evidence. I would suggest that this same principle applies to the application of psychoanalytic ideas to helping people. Helping others through psychotherapy, regardless the theoretical basis of the therapy, is an art, with some scientific evidence to support its tenets.

### **The Importance of Unconscious Processes,**

In regard to the mind, psychoanalysts, beginning with Freud, have agreed that there are sometimes important forces affecting behavior and feelings that are not conscious. It would be hard to find anyone familiar with recent research in social cognitive neuroscience who does not agree with this point (e.g., Greenwald, 1992; Jacoby, 1991; Kihlstrom, 1987; Roediger, 1990; Schachter, 1987 Gazzaniga, 1985; Kandel, 2006). The importance of unconscious processes might never have become controversial had William James in the US not banned the study of these processes from the new “psychology,” fearing it would turn the field into “a tumbling ground of whimsies” (1890, p. 163). This problem was confounded when behaviorists eliminated the study of mental processes from their understanding of human behavior. Even with the advent of cognitive-behavioral theories, unconscious processes were still banned from professional discussion, but with “implicit processes” becoming acceptable to mention. Still, psychologists went to lengths to explain that they were not speaking of anything like the seething cauldron of Freud. They discovered “clean” unconscious processes, but these did not affect motivation—therefore no sexual or aggressive urges were involved in their theories. Of course, it was very difficult to include powerful forces in studies in the laboratory, conducted usually for no more than one hour. So these studies had no ecological validity. Today as Cramer (2000) notes, “currently, ‘any basis for skepticism in academic psychology regarding the existence of ‘significant unconscious phenomena has crumbled in the face of recent research’ (Greenwald, 1992, p. 773).” And then Bargh and colleagues (Bargh, Gollwitzer & Oettingen, 2010; Bargh & Marsella, 2010) demonstrated that unconscious factors affect motivations, thoughts and behaviors. The cat was out of the bag.

There is an extensive body of evidence showing that memories unavailable to consciousness influence conscious memory and task performance. Such implicit memory is demonstrated in priming experiments, in which the activation of memories outside of awareness subsequently influences conscious recall and judgment (e.g., Cramer, 1965; Marcel, 1983). Schacter (1987) and Roediger (1990) provide extensive reviews of this work. Although some cognitive psychologists are considering how processes such as repression might function (Greenwald, 1992), I (2009) have suggested elsewhere that the term repression be abandoned. By

considering unconscious processes as those that are disconnected or “dissociated” from the conscious processes activated at any given moment, “[p]sychoanalysis can join mainstream neuroscience and scientific psychology by laying the term ‘repression’ to rest and thinking instead in terms of “motivated forgetting” and of threatening experiences as sometimes “dissociated.” It is useful, however, to conceptualize unconscious processes not only as repressed, dissociated, or “adaptive’ (or maladaptive), but as a cauldron of generative experiences—perhaps burning, perhaps murky, but always rumbling in the shadows of the mind” (Curtis, 2009, p. 84) leading to creative processes. I (2009) argued that selective attention and memory best account for the phenomena previously referred to as repression. For a more thorough review of the scientific evidence for unconscious processes, see Westen (1999).

## Defense

Psychoanalysts hold that people defend themselves against unacceptable impulses, feelings, and thoughts. Many psychologists have referred to these processes as coping mechanisms. Considerable systematic empirical research supports the hypothesis that people defend themselves against feelings and thoughts that are inconsistent with their views of themselves, others, and the world. Jacoby, Lindsay, and Toth (1992) stated, “there is now a great deal of support for the notion that an unconscious inference or attribution process underlies the subjective experience of perceiving ... and remembering” (p. 803).

There are two major types of responses to threat—avoidance and hyper-vigilance. Much attention has been given to avoidance or “repression” or what I would prefer to call disconnecting or dissociation. The concept of repression has never been accepted by experimental psychologists, as it has not been shown to exist in the laboratory (Holmes, 1990). But the experiences that are so upsetting that they are not allowed into consciousness cannot ethically be induced in the lab. To insist that phenomena do not exist unless they can be demonstrated in the lab, is scientism, not science. There is evidence for not connecting or avoiding connecting thoughts and feelings.

The avoidance reaction was the one focused on by Freud—a reaction he called repression. For example, Freud (Breuer & Freud, 1959) helped young Katharina on a mountainside when she approached him about

her panic attacks. Through a series of questions she came to realize that these attacks began when she has seen her father in bed with her cousin and subsequently told her mother, leading to a divorce. Katharina also recalled her father approaching her one night at a hotel. The face she was seeing in these panic attacks resembled that of her father when so angry at her that she thought he might kill her. Not avoiding knowing how the attacks began seemed to reduce her symptoms.

The phenomenon of this sort of disconnection or dissociation is accepted by experimental psychologists and also observed in medicine. Schacter (1987) and other cognitive psychologists speak frequently of dissociations, for example between explicit and implicit processes. Although there has been a question about whether memories are “repressed,” the critics of this concept have endorsed the idea that thoughts, motivations, and feelings can be “implicit,” and not connected to explicit consciousness. Selective inattention is also supported. There appear to be failures of encoding, as suggested by Donnel Stern’s (1997) notion of unformulated experience, and also failures in retrieval.

Holmes (1990) also believed the evidence for repression was better explained by attentional processes. Bonanno and Wexler (1992) and Cherry (1953) showed that attention may be divided between stimuli, such that one stimulus is consciously recognized, the other not; such division of attention is the cognitive process that contributes to the defense of dissociation. Further, despite the lack of conscious awareness of the “unattended” stimulus, research shows that both the physical and semantic features of that stimulus are being analyzed (Greenwald, 1992) and that stimuli not attended to influence behavior (Jacoby et al., 1992). This has also been demonstrated in studies of subliminal psychodynamic activation, which have been reviewed by Hardaway (1990) and by Paulhus et al. (1997). In addition, procedures previously requiring attention may become automatized and thus unconscious, in that the person performing them is unaware of their operation (Jacoby et al., 1992; Kihlstrom, 1987). These findings provide an important basis for the study of the cognitive processes that are involved in the functioning of defense mechanisms, to be discussed shortly.

Krohne (1993) has suggested two underlying variables in anxiety—low tolerance of uncertainty—people we might call sensitizers—and low

tolerance of arousal—people we might call “repressors.” Psychoanalysts keep trying to go to the threatening feelings in a safe situation, what McCullough et al. (2003) called affect tolerance. This is similar to the desensitization and prolonged exposure techniques used by behaviorists which have received much empirical support. Wachtel (1977) has long argued that desensitization and exposure in behavioral treatments are what psychoanalysts are doing in their talk therapy, increasingly exposing the patient to threatening material. CBT approaches have developed techniques to deal with the two elements of anxiety described by Krohne—called, not surprisingly, tolerance of uncertainty and distress tolerance. Linehan’s (1993) *Dialectical Behavior Therapy skills manual* includes distress tolerance activities.

Selective recall for non-threatening information. Sedikides and Green (Sedikides, Green, et al. 2016;) have found inferior recall for self-threatening feedback as compared to other kinds of feedback. It is pronounced when the feedback poses high levels of self-threat (i.e., can detect accurately one’s weakness), but is lost when self-threat is averted via a self-affirmation manipulation. This mnemonic neglect is present in recall, but absent in recognition. The researchers found that repressors show enhanced mnemonic neglect.

McCue and Curtis (2009) found an interaction so that only the “repressors” recalled fewer negative and inconsistent feedback about themselves, showing that it is the “repressors” who were accounting for the mnemonic neglect phenomenon. Furthermore, the high anxiety-high defensiveness group displayed the strongest tendency to “remember” negative feedback items that had not been shown to them in the experiment, ultimately a false memory.

Sedikides and Green (2006) had previously found that normal adults recall poorly social feedback that refers to them, is negative, and pertains to core self-aspects. They state that the mnemonic neglect phenomenon is equivalent to inhibitory repression. It is instigated under conditions of high self-threat, it implicates not-thinking during encoding, and it involves memories that are recoverable with such techniques as recognition accuracy. They (Green, Pinter, & Sedikides, 2005) also found that this phenomenon occurred for non-modifiable traits but not for modifiable ones.

I (2009) argued that perception and memory are related to two major goals of people—survival and survival of the meaning-making systems. The meaning-making systems include the views of self, others, the world, and causation. To the extent these goals are activated, the basic psychology of reaction to threats occurs.

Defense in Perception and Memory. How do selective attention and selective memory work? After pre-attentive detection, there is enormous evidence for two primary responses—avoidance and vigilance (Krohne, 1993). For a complete review of the research regarding these two responses, see Curtis (2009). The research referred to as New Look (Bruner & Postman, 1949) and New Look 2 (Allport, 1955; Bruner, 1957; Dixon, 1981; Greenwald, 1992) found that people took longer to look at threatening stimuli, presumably after a pre-attentive evaluative system. This work was discredited when it became apparent that conscious processing as well as a pre-conscious system could account for the data (Eriksen, 1960). Signal detection and behavioral theories gained dominance. Now “preattentional” processes are again accepted, as entry into consciousness appears to be determined by the goals of the person (Bargh, 1997; Ohman, 1992; Williams et al., 1997).

Considerable recent work on “perception without awareness” has demonstrated effects of stimuli not attended to consciously in dichotic listening experiments (Triesman, 1960) showing that information of high relevance is perceived nonetheless (Johnson & Dark, 1986). This work led to a revival of “perception without awareness” (Bornstein & Pittman, 1992; Wegner & Bargh, 1998). Defense is related to our primitive survival system. From an evolutionary perspective, “it follows that the burden for the discovery of threat should be placed on early, rapid and parallel pre-attentive processing mechanisms” (Ohman, 1997, p. 169). Ohman and colleagues have conducted multiple studies (Ohman & Soares, 1994) with angry faces backwardly masked by neutral faces. Responses produce neural activity in the right but not the left amygdala. This demonstrates that the amygdala discriminates between stimuli solely on the basis of their acquired behavioral significance and this response is lateralized.

After a pre-attentive evaluation, people likely either pay additional attention to threatening stimuli, although they do not bring this attention

to conscious control, or avoid them. There is enormous evidence for both types of responses (Curtis, 2009). People, especially anxious people, spend more time looking at negative and threatening information (e.g., Broadbent & Broadbent; Mogg et al., 1992; Ohman, Flykt & Esteves, 2001; Fox, Russo, & Dutton, 2002), take longer to process threatening stimuli, such as on the emotional Stroop test (McKenna & Sharma, 2004) and have poorer recall after such stimuli (Kindt & Brosschot, 1998). In fact, there is an emotional “blink” with people missing a second word when presented very quickly (Chun & Potter, 1995) after being presented with a threatening one. Thus, there is support for avoidance of threatening stimuli, as in the “repressor” personality type and the Cluster A personality types (avoidant and obsessive). There is also a large literature on “selective exposure” in social psychology where people only expose themselves to views consistent with their beliefs (Olsen & Zanna, 1979). There are thousands of studies demonstrating some sort of avoidance.

But arousing stimuli can also lead to greater attention, as is assumed to be the case with the sensitizer personality types, such as histrionic, borderline, and paranoid. In fact, Anderson and Phelps (2002) found a diminishment of the “blink” effect after presenting arousing stimuli. But although anxious people perceive threatening words earlier they may have poorer recall (Williams et al., 1997).

### Defense in Social Psychology

Psychologists in the field of social psychology have continued to (re) discover the existence of processes by which humans deceive themselves, enhance self-esteem, and foster unrealistic self-illusions. These defensive processes have been “re-labeled or rediscovered under the aegis of social cognition or other current theoretical frameworks” (Baumeister, Dale, & Sommer, 1998, p. 1116). One of the main research findings in social psychology, that of cognitive dissonance, is simply a resolution of conflict using the defense of isolation to resolved the conflict (see also Paulhus et al., 1997, p. 563).

Social psychology also took the cognitive processes involved in the defense of projection and studied them under the name of attribution, and, later, the *false consensus effect*. According to the false consensus effect people overestimate the extent to which other people hold their own opinion It differs from projection in that a person does not deny

that he or she also holds that view Undoing has been researched under the name of counter-factual thinking. The defense of displacement formed the basis for early work in scapegoating. A meta-analysis found that the evidence for displaced aggression is strong (Marcus-Newhall, Pedersen, Carlson, & Miller, 2000).

Reaction formation is represented in *self-presentation ploys* associated with counteracting negative attitudes through overly positive behavior. Work on positive illusions (Taylor) is similar to the defense of denial., As noted by Paulhus et al. (1997), “social psychologists have begun to address virtually the full gamut of psychoanalytic defenses, albeit with different labels” (p. 564).

### Defense in Development

Children have been observed after being exposed to emotionally disturbing events. They often provide a positive emotion verbally. But when the self-reported positive emotion is compared with a concurrent assessment of facial expression, there is often a high degree of disagreement. This disjunction between positive verbal and negative facial expression is now understood as being due to “denial as it has been classically defined” (Strayer & Roberts, 1997, p. 641). Laboratory studies have also demonstrated that children who experience failure increase their use of defense mechanisms (Cramer & Gaul, 1988). Children who increase their use of defenses following a traumatic event are then protected from psychological upset, it has been observed clinically (Dollinger & Cramer, 1990).

In regard to moral development, it has been shown in two longitudinal studies that adolescents with strong defense use used lower levels of moral judgment and that early defense use predicts moral judgment both in adulthood (Hart & Chmiel, 1992) and late adolescence (Matsuba & Walker, 1998). Reaction formation is represented in self-presentation ploys associated with counteracting negative traits through overly positive behavior. More recently, aspects of denial (e.g., refusal to recognize reality implications) have been recast as positive illusions, and undoing has been relabeled counterfactual thinking. As noted by Paulhus et al. (1997), isolation appeared as *dissonance reduction*.

## Transferential Phenomena

Psychoanalytic treatments value the use of transferential phenomena. First, what is the evidence that such phenomena actually occur? Most people accept the idea that previous experiences affect expectations in future situations. More specifically, however, Andersen, Baum & Beck (1998) have published more than 30 papers documenting her attempts to understand how transference works in everyday life. Her research conducts preliminary interviews with participants, asking them to focus on a “significant other”—a parent, a relative or a friend. Participants then create lists of descriptive terms about the significant other. They are also presented with a long list of adjectives and asked to choose ones that describes their significant other, others that are the person’s opposite and a final group that is simply “irrelevant.” Two or more weeks later, subjects are contacted and invited back to participate in what they believe is an unrelated study about learning and memory. After the learning phase, the participants are asked to remember the descriptions of all the fictional characters. The subjects tended to attribute traits to the significant-other characters that they had not been told, but that they had earlier used to describe their own real-life significant other. This is what Freud meant by transference—seeing in someone new characteristics the person does not have, but that a previous person did have. By using MRI Gerber and Peterson (2008) examined the parts of the brain that are activated when a person with characteristics similar to the significant others is presented vs. other people without those characteristics.

Other research also demonstrates the generalization of threatening stimuli to new situations. The researchers (Dunsmoor et al., 2017) stated that after Pavlovian conditioning, items highly similar to those from the object category previously paired with shock were mistaken for old items more often than items from the shock-unpaired category. This finding indicated that threat learning promotes generalization of episodic memory and is consistent with the idea that threat generalization is an active process that may be adaptive for avoiding a myriad of potential threats following an emotional experience. Enhanced generalization of aversive episodic memories may be maladaptive, however, when old threat memories are inappropriately reactivated in harmless situations, exemplified in a number of stress- and anxiety-related disorder.

The next issue is whether making transference interpretations is helpful in psychotherapy. This assumption has mixed results, but Hoglend et al. (2011) concluded that transference interpretations improved outcomes with Cluster C personality disorders in a year-long treatment of 46 patients in a randomized control study. Previous studies usually showed that transference interpretations were not helpful in short-term therapy (Hoglend, 2004). Of the eight naturalistic studies, five reported negative correlations, two reported non-significant correlations, and one initial study by Malan reported a positive correlation between frequency of transference interpretations and outcome. In three studies (Malan, 1976; Marzali & Sullivan, 1980; Marzali, 1984), only when the transference interpretations were linked to relations with parents were the interpretations related to a positive outcome. One study found an inverse relationship between simple transference interpretations and improvement in relations with friends and sexual adjustment (Piper, Debbane, Bienvenu, de Carufel, & Garart, 1986). In a follow-up study, a high dosage of transference interpretations was predictive of poorer outcome (Piper, Azim, Joyce, & McCallum, 1991). Although it was possible that therapies with a high dosage of transference interpretations meant fewer “correct” interpretations, another study showed that the high dosage or concentration was not confounded by correctness or lack of correspondence (Piper, Azim, Joyce, & McCallum, 1993). In this study, a high dosage of transference interpretations was related to a positive outcome for patients with a high quality of object relations, but to a poor outcome for patients with a low quality of object relations. Ogrodniczuk and Piper (1999) drew three conclusions in a review of studies of transference interpretations in treatments of patients with personality disorders: (1) a strong therapeutic alliance is necessary for successful exploration of the transference; (2) transference-focused work should be balanced with supportive interventions, and (3) the patient must have a high quality of interpersonal relations. McCullough and her colleagues (1991) compared the effects of transference interpretation, patient-and-significant-other interpretations, and clarifications on patients’ affective and defensive behaviors. Transference interpretations followed by affect were related to favorable outcome, but defensiveness was associated with negative outcomes. Other research has demonstrated that interpretations in accordance with the patient’s unconscious plans are effective, whether or not they are transference interpretations (Fretter et al.,

1994). Obviously, for transference interpretations to be helpful in therapies, they must be used judiciously.

### **Efficacy of psychoanalysis as a treatment**

Many activities are therapeutic. Is psychoanalysis one of them? Psychoanalysis and psychoanalytic psychotherapy have been included in the many studies examining the efficacy of psychotherapy with emotional disorders. The result of these studies is that psychotherapy is helpful (Smith & Glass, 1977). It has also been shown that the major types of psychotherapy all come out as winners—what has been referred to as the “dodo” bird effect.

**Peter Lilliengren (2019) has recently downloaded to researchgate.net a compilation of 245 randomized controlled trials (the “gold” standard of research trials) showing effectiveness of psychodynamic treatments. He excluded interventions that simply might contain psychoanalytic elements, such as Interpersonal Psychotherapy, (<https://www.researchgate.net/publication/317335876>), but were not explicitly psychodynamic. A summary of studies supporting the effectiveness of psychodynamic treatments is also available in *Contemporary Psychoanalysis*, (2014), Vol 50.. Leichenring, Klein, and Salter (2014), for example, showed “there is evidence from RCTs that psychodynamic therapy is efficacious in common mental disorders, that is, depressive disorders, anxiety disorders, somatic symptom disorders, personality disorders, eating disorders, complicated grief, posttraumatic stress disorder (PTSD), and substance-related disorder. These results clearly contradict assertions repeatedly made by representatives of other psychotherapeutic approaches claiming psychodynamic psychotherapy is not empirically supported” p. 89?). Fonagy (2002) had previously collected outcome studies supporting the effectiveness of psychoanalytic treatment.**

### **Frustration and Aggression**

There has been considerable criticism of Freud’s ideas that sexual and aggressive urges were those most likely to influence behavior, especially when these motives did not become under conscious control. Most people would not argue against the idea that sexual urges get many people into trouble when they are not controlled—unwanted pregnancies,

decimation of careers, failure of obligations to others and the wrecking of valued relationships testify to this. In regard to aggression, for Freud, it seemed often that it was an instinct that would be expressed in one way or another, but this idea of his has not been validated by empirical psychological research. Psychologists left theorizing about instincts.

It was psychoanalysts after Freud who first hypothesized clearly that aggression in most people arises from anxiety and frustration. The psychoanalyst Fairbairn had already stated in his 1932 address “The Psychopathology of Aggression:” “Aggression is the instinctive reaction to frustration; and frustration is particularly bitter when it originates in those whose love and affection are most eagerly sought” (1995., p. 255). He had stated, however, consistent with Freud’s thinking:” Unless, therefore, the conception of instinct is to be abandoned altogether, it seems necessary to recognize the instinct of aggression as one of the best established and one of the most important instinctive tendencies” (1995b, p. 148). So for Fairbairn, aggression was not an instinct that had to be expressed, but that was expressed in reaction to frustration. Fairbairn, of course, is one of the first analysts to focus on object relations – relations with internalized images of other people as opposed to primarily conflicts between instincts and their expression or lack of expression.

In their book, researchers Dollard, Miller, Doob, Mowrer, & Sears (1939) attributed their formulation of the frustration-aggression hypothesis to Freud. Although they cited a number of psychoanalysts other than Freud—Abraham, Aichhorn, Erickson, and Fenichel, their work did not seem to be influenced by Fairbairn who was not widely known at the time. It was Fairbairn, however, who first made the most explicit statement about aggression stemming from frustration.

Dollard et al (1939) stated that their book illustrated following a procedure of inquiry that is well known but seldom used in the social sciences. The problem of aggressive behavior is here advanced one step along this road which all social inquiry that aspires to become truly scientific must eventually follow. This step has consisted partly in a more systematic formulation and further elaboration of the Frustration-Aggression hypothesis that had already been stated by Freud and others. Dollard had studied psychoanalysis at the Institute in Berlin and Miller at the Institute of Psychoanalysis in Vienna. They were eager to combine psychoanalysis with learning theory.

A whole program of research investigated the “frustration-aggression” hypothesis. It turned out that the aggression of angry people often arose from frustration, but that frustration did not always lead to aggression. The frustration–aggression hypothesis, sometimes known as the frustration–aggression–displacement theory was further developed by Neal Miller (1941) and Leonard Berkowitz (1969). The hypothesis attempts to explain why people scapegoat. It attempts to give an explanation as to the cause of violence. According to Dollard and colleagues, frustration is the “condition which exists when a goal-response suffers interference,” while aggression is defined as “an act whose goal-response is injury to an organism (or an organism surrogate).” The theory says that frustration causes aggression, but when the source of the frustration cannot be challenged, the aggression gets displaced onto an innocent target. This theory is also used to explain riots and revolutions, which both are believed to be caused by poorer and more deprived sections of society who may express their bottled up frustration and anger through violence.

While some researchers criticized the hypothesis and proposed moderating factors between frustration and aggression, several empirical studies were able to confirm it as is. In 1989, Berkowitz expanded on the hypothesis by showing that negative affect and personal attributions play a major role in whether frustration instigates aggressive behavior.

## Conclusions

What is referred to as “psychoanalysis” is a wide body of theories often contradictory with one another in offering differing explanations of events. Some psychoanalysts have argued that psychoanalysis is a form of hermeneutics, not of science and should not aim to be a science. Until certain hypotheses receive broad acceptance, it can hardly be called a science. Yet there appear to be a number of ideas that are agreed upon and that have received support from accepted procedures in the scientific community. These are 1) the importance of unconscious factors in influencing thought, feelings and behaviors; 2) the role of defense in preserving views of self and others such that perception and memory are selective; 3) a role for transferential processes in psychotherapy with the value of analyzing these processes with various patients and various disorders still undergoing investigation; and 4) the frustration-aggression hypothesis. The vocabulary used by most psychoanalysts does

not lend itself to systematic empirical research, yet psychologists and others have been able to investigate these ideas using other terms and formulating falsifiable hypotheses. Furthermore, more researchers are investigating psychoanalytic tenets and practices nowadays. It would be quite a mistake to assume that unless something has been demonstrated by accepted scientific practices, it does not exist. Furthermore, it would be a mistake to think that all of the ideas embraced by psychoanalysts hold up under intense scrutiny of the evidence. It is a benefit for all trying to understand the human condition and its variances to investigate processes by all methods, by all ways of knowing, available. To this end, the scientific status of various hypotheses put forth by those listening to people talk freely for long periods of time will continue to be evaluated as we study more about human psychology. To answer the question posed for this article, no doubt the practice of psychoanalysis is an art, and some of its tenets are supported by empirical research according to today's scientific standards, making some of psychoanalytic ideas a part of the growing science of psychology.

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**Art and Science. Infantile Sexuality and the Oedipus Complex. A Discussion of Rebecca Coleman Curtis's article, "Psychoanalysis: Science or Art? Science and Art."**

**Michael J. Poff**

**I**n previous publications Rebecca Coleman Curtis has elaborated on empirical evidence for the efficacy of psychoanalysis and dynamically oriented therapies across the currently diverse universe of psychoanalytic orientations (2014). She has been a champion for the importance of “new experiences” as a source of healing and for creative flexibility in theory and technique as the optimal setting for such healing (2012). A most recent publication stands in elegant service of encouraging analyst and analysand alike to confront “the infiniteness and limitations of knowing” in the psychoanalytic process (2019). In the present contribution, all of these themes recur either explicitly or between the lines in the course of her answer to the polemic at hand. Spelled out most succinctly in the second half of her article’s title (...Science and Art) she concludes that psychoanalysis is—indeed, must be—a creative enterprise (especially in its therapeutic aspect) and that “some of psychoanalytic ideas [form] a part of the growing science of psychology” (my italics). At least in the present article, Coleman Curtis does appear to stop short, however, of saying outright that “psychoanalysis is a science”—be it one of the natural, human, hermeneutic or any other kind.

In the present contribution, Coleman Curtis offers a sometimes densely packed exploration, which, given its stated objective, succeeds as an incisive reminder of both the continuing limitations and the moments of scientific solidity achieved in the psychoanalytic enterprise, now almost a century and a quarter old. The major thrust of her discussion unfolds as a brief survey or sampling of scientific evidence for a circumscribed set of central psychoanalytic concerns: unconscious processes, psychological defenses, transference processes, the question of efficacy, and

the relation of aggression to frustration. Interestingly, the subject of *defenses* is expanded into four separate sections (“Defense”; “Defense in Perception and Memory”; “Defense in Social Psychology”; “Defense in Development”) and forms the largest part of her survey. (It would be interesting to know to what extent this corresponds to the relative proportion of the various psychoanalytic concepts researched to date.)

We are reminded here that an ever-growing body of evidence exists to support scientific credibility for each of the five (or eight) conceptual categories. Beyond the essential corpus of psychoanalytic case studies, the survey draws from research conducted in cognitive psychology, experimental social, developmental, perceptual, comparative psychologies, and the neurosciences. (I will add cultural anthropology to this list of disciplines.) We are also wisely reminded of the fact that no longer is there any good reason for psychoanalysis to depend solely upon data derived from the psychoanalytic encounter itself to argue its case.

To do justice to Coleman Curtis’s scholarship, I shall do my level best to devote the majority of my comments to those that might supply the greatest grist for the dialectics of difference. As such, I shall focus as much on what is absent from Coleman Curtis’s article as on what is present.

### **Art, Science, Infantile sexuality and the Oedipus complex.**

Coleman Curtis devotes minimal attention to exploration of the exact nature of art or the philosophy of science and epistemology, per se, although the latter is referenced in passing in introductory references to the modern debates stimulated by Grunbaum 1984, Popper 1959, 1968, Shakow and Rapaport 1964. (We will return to this and to Freud’s own thoughts on it below.) Coleman Curtis is also intentional in choosing to exclude the subjects of *development* and *gender* from her main survey of evidence, although development is discussed briefly in relation to Bowlby’s attachment theory, as we will see.

Unfortunately, the omission of development and gender from Coleman Curtis’s main survey of evidence mirrors a more general disappearance from contemporary psychoanalytic literature of the two specific causes of arguably the greatest controversy over the last century: *infantile sexuality* and the *universality* of the Oedipus complex.

I am among those who believe that the steady neglect and uncoupling of these theoretical issues in the contemporary literature remains a significant problem for psychoanalysis. As I have underscored elsewhere (2018a), what Loewald (1979) called a “waning” four decades ago in his now classic paper on the Oedipus complex, has gradually become a complete “effacing” (Adler 2010) in some corners of psychoanalysis. This is certainly the case within psychoanalytic intersubjectivity theory, according to Adler’s recent appraisal given at a conference for contemporary perspectives on the Oedipus complex. In his paper “The Effacing of the Oedipus Complex,” Adler lamented that his own intersubjectivist text (1998) included no indexed reference to the Oedipus complex. He expressed special concern about one particular aspect of this effacing, *the elimination of the role of infantile sexuality in child development*:

That these [inter-subjectivist] perspectives ignore, or outright reject the role of infantile sexuality in development, further tends to dilute and obscure the place of the Oedipus complex in our contemporary discourse. ... [I]t is frequently uncoupled from the psychosexual dynamism that gives it its crucial significance as a developmental event that organizes gender identity and superego structure. (2010, p. 545)

Other authors (e.g., Green, 1995) have drawn attention to this shift away from childhood sexuality and this decoupling of psychosexual dynamism from oedipal theory. Of course, this trend is as old as the original opposition to Freud’s views on infantile sexuality. It was the object of Freud’s objections in 1914 to the “view of life reflected in the Adlerian system [which] is founded exclusively on the aggressive instinct” (1914, p. 58). It was present in Jung’s “pushing into the background of the sexual factor in psychoanalytic theory” (ibid).

Ironically, just as Freud’s coupling of infantile sexuality (i.e., its multi-flourous ‘components,’ beyond mere genitality) with the triangular intra- and inter-psychic conflicts of childhood (i.e., the ‘dynamism’ of the *infantile neurosis*) has been increasingly effaced within psychoanalysis it has been steadily rediscovered (e.g., Powell, 1957, Fox, 1967, 1980, Spiro, 1982, Paul 1976, 2010) within anthropology—the very discipline from which the most influential 20th century critique of Freud’s oedipal theory arose: Malinowski’s *Sex and Repression in Savage Society*. (1927;

see Wallace 1983, a brilliant account of Freud's anthropological formulations and still my favorite narrative of the debates between psychoanalysis and anthropology stimulated by them.) I have argued (2018a, 2018b) that contemporary psychoanalysis minimizes the concept of a universal Oedipus complex at the expense of its own legitimacy and at the expense of its clinical effectiveness; Freud's formulations on infantile sexuality and the Oedipus complex were most solidly grounded in his neurological and evolutionary biological thinking; it is precisely in these areas that some of the most relevant developments for psychoanalysis are now occurring, advances which Freud anticipated but were nonetheless unavailable to him in his time.

It is also noteworthy that Coleman Curtis does not explicitly address the more extreme manifestations of postmodern critical theory as these have emerged in the hermeneutic turn within psychoanalysis, particularly in Intersubjectivity and Relational Psychoanalysis. Wallerstein (1986) referred to this ““new challenge” to our accustomed willing conception of our discipline as properly a science” (p. 419). Blass (2010) referred to this “perspective which puts in question the very existence of an internal reality such as the unconscious” (p. 91). However much these trends may have served as a useful corrective to procrustean dogmatisms (perhaps most often directed toward institutionalized elements within American Ego Psychology) they have likely also represented a significant obstacle to the scientific standing of psychoanalysis. At moments in her language (though not in her actual documentation of research) Coleman Curtis appears indeed at pains to spread out the credit for scientific credibility far across the broad panoply of divergences from classical or Freudian approaches; at moments I could not help but wonder whether she runs the risk of glossing over the fact that some of those latter directions have been avowedly *anti-scientific* in the broadest sense and would not even want psychoanalysis to be identified with science at all, let alone *scientism*. Given the nature of her repeated reminders to the reader that her evidentiary net is cast well beyond the Freudian or classical waters, I began to wonder if Coleman Curtis was arguing that, excepting the few lucky cases, the scientific gains of psychoanalysis have been achieved *in spite of* its foundation in Freud's theorizing over the course of half a century, rather than *because of it*.

Some cases in point:

“As psychoanalysts began to focus more on interpersonal interactions and relationships rather than only on internal workings of the mind, their ideas became compatible with and overlapping with data not only from cognitive psychology but also from experimental social, developmental, perceptual, comparative psychologies, and neuroscience.”

One might argue—in fact, as we have just seen, some have—that with the relational and intersubjectivist turn in psychoanalysis it became, at least in some respects, *less* compatible with the more rigorous methods in the sciences—some of which are now providing support for a number of Freud’s basic concepts and even his metapsychology. For example, from within the new discipline of *Neuropsychanalysis*, Solms (2018) defined what he considers to be the three major scientific premises of Freudian psychoanalysis that can now be demonstrated conclusively to have definite neurobiological underpinnings: 1) contra the “blank slate” theory, human infants enter the world with innate, biologically-determined needs; 2) mental development unfolds epigenetically in the service of meeting these needs—thus, mental illness reflects a failure to achieve this task; and 3) perhaps most interestingly and most definitively Freudian—“most of our methods of meeting our emotional needs are executed unconsciously, which requires us to return them to consciousness in order to change them.” (p. 2) These psychoanalytic claims are robustly scientific in the sense of being testable and falsifiable and all three represent classically articulated Freudian concepts. Granting that substantial developments have indeed resulted from the relational turn in contemporary psychoanalysis, it would nevertheless be a stretch to claim that any of the aforementioned core premises arose from its focus on the “interpersonal interactions and relationships rather than only on internal workings of the mind”

Coleman Curtis repeats her point: “I am not equating psychoanalysis with Freudian theory. Psychoanalysis has evolved considerably since Freud’s formulations, often affected by data especially from psychology and neuroscience.” And yet again “...this is not a review of the support for Freudian theory, as psychoanalysis has advanced far since Freud proposed his theories and since his death many years ago.” This occurs again in a reference to Bowlby and attachment theory, the brief but by

no means insignificant moment when Coleman Curtis does discuss the subject of development:

“In regard to development, I shall say that the ideas of psychoanalyst John Bowlby (1973; 1979; 1990) regarding attachment theory have received so much support from the scientific community that they are hardly a source of controversy. *This is not to say that Freudian ideas have nothing worthwhile to say about development.*” (my italics)

Whereas it is certainly true that Bowlby encountered opposition from within the British Freudian community on theoretical matters, it is also likely that much of what has been demonstrated definitively by rigorous scientific methods in Bowlby’s formulations is Freudian in nature, certainly this is especially the case with regard to the most general reference “to a baby becoming securely attached” made by Coleman Curtis. Ironically, it was the Kleinian dogmatic technical divergences from the more Freudian (ala Anna Freud) attention to the vulnerability of the ego in early development, the immediacy of the role of the actual parental objects in the child’s life (and by necessity, her treatment), and the technical necessity of educational and developmentally supportive interventions as opposed to early and deep interpretations in child analysis, that Bowlby rejected. Despite the substantive theoretical differences that eventually emerged between Bowlby and the Freudians, it’s certainly arguable that the central concepts upon which his attachment theory is based could not have been more specifically and classically Freudian. As such, the italicized portion of the above quote struck me as something of a non-sequitur.

Coleman Curtis continues by reporting that “Bowlby’s ideas and the research supporting them, however, are accepted as the major theory of development in contemporary relational psychoanalysis.” However true this statement is, in so far as it goes, some elaboration would be helpful to determine to what extent the specific ideas of Bowlby that Coleman Curtis has in mind here, and which have empirical “research supporting them”, are not themselves specifically Freudian. Absent this, one might expect some acknowledgement that there are certainly many ideas shared alike by most contemporary relational psychoanalysts - just as there are among Freudians—that, in and of themselves, remain to be determined in the strictly scientific sense.

Of course, undoubtedly with Coleman Curtis one would be preaching to the choir to say that broad acceptance, per se, should not itself be the criterion on the basis of which something acquires scientific credibility. Consensus in science is associated with experimental replicability, regardless of the varying methods determined by the unique subject matter of each discipline. Nothing could be farther from the idea of science than “acceptance”, however broad, without this. Popular opinion is a phenomenon that science is uniquely designed to critique by means of testing and validating or disconfirming hypotheses, and the power of this process to produce further useful hypotheses. Coleman Curtis’s own observation about William James and the shunning of research on unconscious processes is an excellent example of this problem. Within Anthropology, Malinowski’s *Sex and Repression in Savage Society* had the same impact on generations of anthropology students regarding the idea that a “matrilineal nuclear complex” in the Trobriand Islands had been discovered and constituted proof that Freud was wrong about the universality of the Oedipus complex. It remains one of the most fascinating anomalies of 20th century social science that Malinowski’s matrilineal thesis could have been accepted within anthropology “with almost no skepticism or critical inquiry for fifty years.” (Spiro, 1982, p. 175)

Putting the dialectical method aside, I am struck by the power of Coleman Curtis’s contributions here and elsewhere toward a fresh reunion of creativity and rigor, clinician and researcher, *Art and Science*. In fact, I am reminded by her advocacy of this integration in our psychoanalytic work of Freud’s (1933) own beautiful description of the scientist/artist:

*“Moreover, there is a good deal of exaggeration in this criticism of science. It is not true that it staggers blindly from one experiment to another, that it replaces one error by another. It works as a rule like a sculptor at his clay model, who tirelessly alters his rough sketch, adds to it and takes away from it, till he has arrived at what he feels is a satisfactory degree of resemblance to the object he sees or imagines.”* (p. 174).

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**Oedipus Today: Reply to Michael Poff**

Rebecca C. Curtis

**T**he observation that the Oedipal theory of Freud has become less of a focus today of scientific research and psychoanalytic practice, without the importance of Freud's ideas being abandoned, is correct. The interpretation now of the Oedipus myth as one of the power of unconscious self-fulfilling prophecies (or expectancy confirmation processes) has become more prevalent, not only in relational and many other psychoanalyses, but in all therapies that are not exclusively behavioral. Considerable research supports the existence of such expectancy confirmation processes (Curtis, 1989; Darley & Fazio, 1980). It is Freud's contribution that what is not remembered is repeated, or that what is not conscious is enacted without awareness, that has gained prominence over the detection of specific unconscious impulses in the therapeutic treatments that have ensued.

Bernard Knox (cited in Curtis, 1989), the noted Hellenic scholar, suggested that the Oedipus myth came about when the prophecies of Gods were being questioned. Indeed, people were beginning to feel more control over their "destinies." The psychologist Julian Jaynes hypothesized that people were becoming aware that they were hearing their own minds think, that they were not hearing the voices of gods as earlier homo sapiens believed, a conclusion Jaynes reached on the basis of a comparison of literatures before the common era. So Freud's profound insights into *how* people might come to "know themselves" has gained broader intellectual acceptance than the particulars of what they will learn. The power of the Oedipus myth today has become the knowledge of the tragedies that occur when people, in desperately trying to avoid their worst fears, actually, unknowingly, fulfill them.

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## “As-If Countertransference: A Chinese Experience”<sup>1</sup>

Yikun Wu

Nathan M. Szajnberg

### Abstract:

In a prospective China-based study of early phase analysis, we report a case after two years’ treatment to demonstrate As-If personality traits, which we suggest is a form of a False-Self. The countertransference enactments revealed the underlying diagnosis. As-If features escaped the initial assessment and manifested itself via projective identification in the analyst’s dreams and personal life. This case adds countertransference to complement Deutsch’s “As-If” and integrates this concept within the developmental framework of false self (Winnicott, 1965) Giovacchini, 2000). We contribute to 1) diagnosis using the countertransference, and 2) As-If’s childhood developmental antecedents.

### “Attachment and False Self: When As-Ifness Creeps into the Analyst”: A Chinese Experience

In 1942, Helena Deutsch described several patients who presented with an emotional relationship to “the outside world and to his own ego [*which*]<sup>2</sup> appears impoverished or absent.” (Deutsch, 1942 p. 301). She called this character deficit in object relatedness, “As-If.” She continued publishing about this clinical presentation for decades, distinguishing this from impostership or hysterical defensive blocking of affect. *The three component characteristics she identified include: 1. emptiness; 2. a passive/automaton quality of relatedness (suggestibility); 3. aggressiveness masked by passivity, a “mild amiability...convertible to evil.”* Deutsch defined the qualities of the three cases she presents including being unaware of a “lack of emotional bonds and responses” that others notice or a “transitory sense of emotional defect.” The disturbance, we might say today, is projected. Of her three cases, the *first* is of a “girl... something is wrong with her” who readily orients to new professional

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<sup>1</sup>We present this disguised case with written permission of the analyst and analysand. They agreed that disguised material could be used for research purposes. (Gabbard, 1997).

<sup>2</sup>Authors’ addition.

techniques, but has a “real loss of cathexis,” and instead has a capacity for mimicry or imitativeness; *the second*, a woman with a “monkey-like imitation of her brother” in childhood, and others later; *the third*, a thirty-five year old woman with “many concurrent identifications,” who responded rapidly in treatment in the first six months, then plateaued when the patient decided to become an analyst, then after being rejected by an Institute, “disintegrated.” Deutsch called this a weakness of the ego.<sup>3</sup> Paradoxically for a psychoanalytic paper, *Deutsch presented minimal clinical material*, often offering material from outside the analysis. She even described engaging in extra-analytic frame “parameters” (such as arranging for a job for a patient with an acquaintance) (Kris, 1956). Nor did she offered substantial developmental precursors nor countertransference responses.<sup>4</sup> And, she admitted that treatment outcomes were at best modest.

Her as-if paper might have remained an account of a rare phenomenon. But, Winnicott, in a now well-regarded and later paper, described a similar clinical picture, but with far more analytic and developmental material: a patient analyzed by a colleague whom Winnicott knew and respected presented stating that she did not feel better, although she thought well of her previous analyst. Winnicott, listening carefully, found that the patient and her analyst unconsciously had analyzed a False Self, in part to protect her True Self. Giovacchini developed and expanded this concept further, suggesting that there is a continuum of false/true self in any character structure and therefor the possibility of degrees of pathology (1965).<sup>5</sup> Giovacchini suggested the phrase false

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<sup>3</sup>Deutsch titled the paper suggesting that As-If might involve some schizophrenic process. But, today and after seven decades of research, we would not use this term, schizophrenic, to describe these patients.

<sup>4</sup>We are not criticizing Deutsch for not including countertransference responses: her paper was published almost fifteen years before Racker’s seminal paper (1956) on using countertransference in treatment.

<sup>5</sup>These cases share at least phenomenologically a chameleon-like quality with the Monica case described in the 1950’s by Engel and Fleischman, later joined by Viederman (1979). Here, a young woman, who as a young child required gastric feeding because of esophageal atresia, developed an ability to get others to aid her (such as in removing her coat) without asking. She could position herself to get assistance. And those who did so (as demonstrated on film), did so without awareness and also without resentment.

*social* self to clarify that this is adaptation to the external world. That is, we all have (false) social selves—as teachers or analysts or citizens—that distance others (and ourselves) from our private selves. The mark of a pathological “false self” (and one specific manifestation of this, the as-if) is that there is a split, a lack of integration with a true self, a cutting off (Giovacchini, 2000).

Grinker and colleagues published the only book empirically comparing Borderline to As-If character disorders (1965). For As-If, he cites the quality of “*complementarity*” as central, even pathognomonic: phenomenologically, patients appear driven to complement the interests or leanings of significant others (such as the analyst). In addition, this As-If group is *affectless and defended* (unlike the classically Borderline Personality). Psychiatrically, these patients are the emotional equivalent of Woody Allen’s Zelig, that character who increasingly took on even the physical qualities of those to whom he was drawn (Zelig, 1983). Grinker was able to distinguish Borderline pathology with excellent interrater reliability from As-If.

But since the era of Grinker’s more phenomenological approach, Deutsch’s phenomenological and symptom-centered approach, analysts have increasingly relied on countertransference to aid diagnosis, particularly in character disorders.<sup>6</sup> In this paper, we will emphasize the analytic diagnosis of the countertransference phenomenon: noting the analyst’s responses to the As-If patient’s relatively rapid adaptation to the analytic setting, followed by the patient’s specific difficulty with free-association, and ultimately in a sense that there is no significant

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<sup>6</sup>We note here that “countertransference” has taken on multiple meanings not only very different than Freud’s (1910. 1915), but also more varied than Heimann (1950) or Racker’s (1956). early use of the term. We use it here in terms of feelings and thoughts evoked in the analyst via the predominately nonverbal communication of the patient.(Giovacchini,). In any case, our paper underlines Heimann’s statement and emphasizes its application to a diagnosis that can be elusive, like As-If: “...the analyst’s emotional response to his patient within the analytic situation represents one of the most important tools for his work. The analyst’s counter-transference is an instrument of research into the patient’s unconscious.” (Heimann, 1950).

improvement that is not attributed to some sort of imitation or mimicry.<sup>7</sup> The *analyst* expected something more, resulting in an unspoken impasse (Schlesinger, 2014, 2015).

The case we present is unique in at least two dimensions, beyond its being a cross-cultural study. First, prospectively, we have attachment assessments on both patient and analyst at the beginning of treatment, along with anamneses. Second, we have chronic and acute crises (or impasses) in treatment (Schlesinger, 2014, 2015), with the analyst feeling out of sorts with herself later in the treatment, experiencing dreams that seemed unconnected with her inner life (but in retrospect, very connected to the patient) and ultimately acting-out in her intimate life in such a manner that the analyst herself, her supervisor, her own analyst, and her boyfriend felt that she was “not herself” (Giovacchini, 1990). Ted Jacobs (1973) has written about how his own psychomotor reactions (touching his wedding ring; fingering his ear) were countertransference reactions to the patient’s material. Giovacchini has written about how a patient invades the analyst’s dreams as part of the treatment (1990). Searles (1979) was a pioneer in recognizing both how the analyst may feel the patient’s symptoms impinging and how the patient may have non-human transferences towards the analyst, such as treating the analyst as if she were a tree, or rock, immovable, indestructible. While these phenomena can be understood as manifestations of projective identification (Klein, 1946; Schafer, 2009), our research and life-history material gives additional information on how this manifests in treatment.

### Case:

Ms. O. is a 27-year-old single, Chinese eternal graduate student at a prestigious Chinese University, in an esoteric field of the humanities. One of her remarkable talents is to learn foreign languages, parroting her teachers, but unable to initiate independent conversations in that language. This served her well in reading texts, translating professionally and taking tests. This treatment took place in China and in

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<sup>7</sup>The latter may be considered a form of Sandler’s role-responsiveness, a rather specific analytic reaction (not identical with countertransference per Sandler) that is “a *compromise* between his own tendencies or propensities and the role-relationship which the patient is unconsciously seeking to establish” (Sandler, J. 1976).

Mandarin. The analyst, Dr. X., was in analytic training. Because Ms. O. came to the University clinic, she was initially evaluated by the clinic director, who was analytically-oriented and knew that Dr. X was in analytic training. Therefore, the director assigned Ms. O. to Dr. X. as a case after initial evaluation. Dr. X. also discussed the patient's suitability as a control case with her supervisor, a training analyst, who was trained in the West. Both the director and the analytic supervisor agreed: this patient was a straight-forward success neurosis with some Oedipal issues around mother's affair and father's involvement. Because this was at the University clinic, it was very low fee.

Ms. O. came to treatment initially complaining that her mother had been having an affair. Ms. O. felt oppressed and embarrassed by this. The supervisor and therapist felt that Ms. O. was analyzable given her apparent ego strengths, including completing her bachelor's degree at a competitive University, her multilingual talents and her acceptance into a prestigious, demanding, graduate program. The initial evaluation raised concerns about Ms. O.'s lack of interest in intimacy (including apparent disinterest in sex) and as was learned later, her difficulty completing academic tasks. But, her initial presentation of apparent competence later became a central characteristic of how she could present herself to the world: as others expected or hoped her to be.

The analyst had agreed to participate in a research study of the development of the analytic relationship (organized by the two authors). She was interviewed and she agreed to ask one of her early cases to be interviewed also. The patients were not told that the analysts were also interviewed. The analyst interview included the Adult Attachment Pictures (AAP)<sup>8</sup> and an anamnesis; the patient interview included the AAP, an anamnesis, the SCL-90 and after several months, the analyst completed the Shedler-Weston assessment of character of the patient.<sup>9</sup> As with any

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<sup>8</sup>The AAP was chosen in lieu of the AAI at the suggestion of Carol George, who helped design both measures. The AAP has the same validity and reliability as the AAI, yet takes less time, is based more on projective (rather than question/answer as in the AAI) and is more easily used in cross-cultural, cross-linguistic settings (George and West, 2012)

<sup>9</sup>Since this patient was in the pilot study, she completed only the AAP, an anamnesis, but the analyst completed the Shedler-Weston.

such research, both analyst and patient gave informed consent, and were told only that this was a study of what features facilitate or inhibit analysis. The participants were not told that the AAP assessed attachment.

Ms. O initially explained that mother asked the father to take a business trip for a few months. When the father tried to call his wife in the evening, and nobody answered the phone, he phoned the patient who lived living in a different city, asking her to phone her mother and to find out if she knew where her mother was. Of course, the patient couldn't reach the mother either. So the father returned home and found mother *in flagrante*. Paradoxically, after the initial assessment, once treatment began, the patient never pursued this further, instead raising other concerns for treatment.

She now said that her chief concern was that she was unable to complete her Ph.D. thesis and wanted help to finish. She picked this therapist after an internet search, learning that the therapist had completed her graduate work and medical degree at the same university, spoke her native language and was fluent in several others. She also complained of a sense of emptiness, of not knowing who she was.

While clearly very knowledgeable, Ms. O. had been working on her thesis for several years with no end in sight and no sense that she can work productively. Yet, interestingly, in a demanding University and field, she had a thesis advisor and department chair who kept finding ways to keep her on as a student with various fellowships and excuses to the University that she was making progress. When her department pressed her to at least complete a Master's thesis, her supervisor called her *daily* to be sure she was writing this. When she presented the thesis to her supervisor, he read it in Ms. O.'s presence and angrily threw it into the trash stating that this was terrible, unoriginal, and imitative of his own work. Ms. O. silently agreed with him, but stated flatly in treatment, "Of course it was not original; he forced me to do this."

The analyst tried to clarify whether there might be some masochistic submission to the supervisor (submitting to write the thesis so as not

to lose him). But the patient seemed untouched by this interpretation: she explained, as if the analyst were too dense to understand this, *he* wanted a paper, she wrote it and imitated what he had written before, rather than charting new territory, as one would expect in a thesis. She did what she did best, she explained: to conform to what another person needed so that he wouldn't perturb her.

Further, when the student presented and defended her Master's thesis orally, other members of the committee criticized it severely. Then, Ms. O's supervisor rose to her defense, as she sat quietly. When the committee passed her, the patient found it irritating. She complained to her analyst, "Why did they pass my degree thesis? I did a such bad job." This became a repeated theme of her academic life: imitating previous work (without overt plagiarism), being protected by professors or academic administrators (without sexual favors); being kept on as a student and her sense of resentment, even as she didn't want to finish or leave. Also she admitted that she was unhappy when she overheard her supervisor describe her as a "potentially academic woman, if she were diligent." She was afraid that she might become an "academic woman"; it was not her, she insisted. But she couldn't state what kind of "her" she thought herself to be. This became a recurrent theme in treatment also: the patient's overt objection to "changing," becoming healthier. Over time, the patient stated with frustration that the analyst should help her stay the same, while simultaneously asking for help to finish her studies (Schlesinger, 2015).

### Relevant Developmental history:

We select aspects of her history that give a sense of family dynamics.

She was the only child, born after a normal pregnancy. Both parents worked long hours fervently at menial jobs.

When she was 5 or 6 years old, her mother bought an immaculate white scale. Her mother forbade anybody step on it with shoes. One day while her parents were napping, Ms. O. secretly put her father's shoes on the scale. Her mother thought her father violated her rule, became very angry and harangued him for a month. When the analyst explored the element of sneakiness and the possibility of hostility to the father, the patient—as usual, matter-of-factly, with bland affect—intimated that

she knew that her mother didn't want the scale soiled and also that her mother had it in for the father: putting his shoes on the scale, in her mind, served the mother's need to rail at the father. This appears to be an early example of Deutsch's "aggressiveness masked by passivity."

She recalls that as a young girl, her mother told her that she looked ugly and wasn't cheerful. The patient's response was to buy a mirror and practice changing her facial expressions so that she looked cheerful. She succeeded in deceiving her mother by changing her facial expressions. Several years later, in her adolescence, her mother commented that another boy looked ugly and not cheerful. The patient reminded her that mother had said that of patient when she was younger. Mother, shocked, claimed she had never said such a thing.

The patient described a comfortably intimate yet allegedly asexual relationship with her father. For instance, this woman in her mid-twenties continues to sit on his lap, even at some meals, without a sense of sexualization and she denied a history of molestation. Her father in turn, still pays for her expenses and buys her clothes. She said that she couldn't buy clothes for herself, because she relied on her father's taste; specifically, she didn't want to offend him by picking her own style. *In fact, she was at a loss of what was her own style.* She said that she sensed that her father liked her to sit in his lap and that he enjoyed buying her clothes, so she complied with these.

Academically, from early childhood, the patient attracted attention of teachers and school principals, who believed she was very smart and treated her preferentially. One middle school teacher said, "I wish Ms. O were here, then I wouldn't have to do all the teaching." Also her English teacher gave assignments to copy an English text ten times. Ms. O. copied it once and submitted it without signing her name; her teacher never mentioned that she did not finish. One day, the English teacher gave the same assignment to all the students in the class. The teacher came to her secretly and whispered in her ear, "This is the assignment for other kids, you only have to copy once." Her unspoken reaction was "You don't know that I have been doing this all the time?" along with a feeling of surprise and mild disdain for the teacher.

Little more came spontaneously of her childhood history; she showed little curiosity about this part of her life; saw no reason to bring that into treatment.<sup>10</sup>

Medically, her life history had areas of vagueness about medical complaints and multiple, complex assessments with inconclusive results. Yet, Ms. O. showed little concern about these medical symptoms. For instance, Ms. O. said that she had had fainting spells since early childhood to the present. When these spells increased in frequency during the treatment, and no doctor could diagnose these, the analyst offered to review her medical records with her, but the patient said that her father had all the records and she delayed for over a year to retrieve them (and refused permission for the analyst to correspond with the various medical centers nor her neurologists and cardiologists). Therefore, for a significant period of time, the analyst relied on the patient report. Ms. O. said that multiple exams—both cardiological, neurological and sleep studies—could not pinpoint the etiology of her fainting. By Ms. O's report, during these episodes, she at times remained aware of her surroundings, but could not respond (sounding like cataleptic episodes). In light of this, her analyst suggested a sleep study, which the patient never performed, saying, "I'm not in a hurry." Her cardiac studies showed occasional respiratory atrial slowing (a normal variant). When the patient finally agreed to get the records from her father, these confirmed multiple assessments from age five with no definitive diagnosis. In supervision, the analyst and supervisor discussed the analyst's concern about her patient's physical well-being, the patient's apparent *la belle indifférence*, and how this seemed also to derail the pair from intrapsychic and transference/countertransference inquiry. The supervisor initiated concerns about the patient's suitability for analysis, particularly as a first

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<sup>10</sup>André Green stated that he saw an interest in childhood origins of one's ailments, at least towards the middle or end of treatment, as a criterion for calling a process psychoanalysis (personal communication, 2008). While we do not agree that this is a necessary component, we mention his idea in light of this patient's sense that she saw no reason to bother with this material, except insofar as it might pique the analyst's interest. She had read also that childhood material was a component of psychoanalysis, so she was willing to present that.

case for an analytic trainee, a case that may need many years for analytic process, progress and resolution.<sup>11</sup>

The analyst's supervisor raised the possibility of the analyst acting-out by becoming so involved in suggesting medical assessments, even as the analysand kept refusing permission to contact her doctors, yet kept reporting worrisome medical symptoms. When the patient refused to permit contact with other physicians, the patient insisted she wanted to protect her confidentiality.

### Treatment course

The patient was puzzled about free association. She asked the analyst to "teach" her how to do this, to give some examples. When the analyst asked her to say whatever came to mind, the patient responded with a story from childhood exemplifying her inability to move beyond imitation.

As a child, her parents sent her to learn the strategy game, "Go." Yet, her teacher found that Ms. O could not play after the first few steps: one needs to use one's initiative to continue. Also Ms. O found it uncomfortable to finish a teacher's assignment in which the teacher said, "You can write anything related to this article." If told what to write, she could and can do so. As mentioned above, she enjoyed learning foreign languages, provided she could parrot them, and not be required to initiate conversation. She was a valued translator, as she did not have to say things spontaneously, only translate exactly what was said. Even trivial things in her daily life were hard to initiate without someone showing her how to do them, such as swiping her Metro card on a bus. Therefore, being asked to say whatever comes to mind was a particular challenge to her. She asked, "Can you give me an example of what a patient should do?"

Ms. O. had read that one should report dreams in psychoanalysis. So, she did. She reported a recurrent nightmare from five years of age: she is sitting on a bicycle seat as her father is pedaling; then her father disappears and she is left alone on the moving bicycle. She could not give associations. When the analyst explored if she felt she needed direction,

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<sup>11</sup>The supervisor's thoughts are particularly remarkable in that he was renowned for his writings on severe character disorders. That is, he was not someone who would be expected to shrink from treating such cases.

or if she feared her own impulses when left alone, the analyst reacted blandly. Again, as with the lap-sitting, the analyst wondered about possible early trauma and the apparent incestuous quality of the bicycle dream. but the patient denied any such history. Ms. O. didn't know what to do with these interpretations. The analyst had a sense that the patient was trying to be compliant, but unable to say whatever came to her mind, except to respond to the analyst's expectations.

By the second year of treatment, the patient began quietly criticizing the analyst's incompetence, insensitivity, insufficiency. Yet, the patient persisted in treatment and in fact on multiple occasions stated that before session she felt bad, but after session, "felt nothing," a feeling that gave her relief.<sup>12</sup> She also said, without making a connection to the treatment, that she found that she would make other people angry or miserable and she felt better, unburdened when this happened, and also puzzled about why *they* had reacted so negatively.

On occasion, her latent aggression burst more overtly to the surface—one of Deutsch's observations. Early in treatment, after seeing a mother and infant while *en route* to her appointment, Ms. O. arrived, announcing, "When I see glass, I want to break it; when I see a baby, I want to kill it." This was said with no affect. When asked about how this might be related to the work in the office, Ms. O. shrugged and said she saw no connection.

In a complementary manner to the patient's latent aggression, the analyst did note that she felt increasingly irritated by the patient and the lack of progress, even as she could see that the patient did feel better by the ends of sessions. Intellectually and in supervision, she could understand this process as a kind of emptying-out of toxic stuff (David Rosenfeld, 1992). Yet, the analyst felt a chronic sense of strain: that she did not look forward to the sessions, even as she felt obligated to the patient (Flarsheim, 1977). In her own analysis, she could clarify her style of being overly dedicated, persistent, very hard-working; all these were consistent with her culture and family style and were highly adaptive in her being able to succeed in getting advanced degrees.

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<sup>12</sup>This is the opposite of Giovachinni's patient who generated content-less anxiety to avoid feeling dead (2000).

Vicissitudes of the treatment arose in supervision, a form of parallel process (Ekstein and Wallerstein, 1959). The therapist and supervisor could not come to a clear sense of the patient's diagnosis, particularly about her character structure. They vacillated between some degree of severe character disorder,<sup>13</sup> but, at moments, wondered to what degree there was a sociopathic quality to her behavior: something more in the realm of conscious use of and manipulation of others. This puzzled both the analyst and her supervisor, as the pathologies lie structurally in different areas of the psyche: sociopathy being primarily a pathology of superego (and consequently a deficit in object relatedness; severe personality disorders (in the borderline—narcissistic continuum (Giovacchini, 2000)) being character deficits involving the ego and object relatedness. But, the supervisor also noted that he generally was not preoccupied with phenomenological diagnoses with patients in analytic work: he explained that at this point, his concern was the patient's suitability for an analytic process, particularly with a young candidate analyst. The supervisor wondered whether it might take many years for this patient to engage in an analytic process, if ever.<sup>14</sup>

In the research interview for attachment, the *analyst* was found to be “secure.”<sup>15</sup> The *patient's* initially rating (done by a trainee who interviewed the patient face-to-face and was still achieving reliability) was “secure.” Yet, when the patient's AAP narrative was later rated by someone fully trained in AAP rating (CG), *but who had not met the patient*, she was found to show a rare form of *Insecure, Disorganized*: these individuals can appear to be securely attached on initial presentation (as was found

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<sup>13</sup>While she did not fit the criteria listed by Kernberg (1995), her ego deficits suggested a severe character disorder.

<sup>14</sup>We recognize that there are schools of thought in analysis that the question of “suitability” for analysis, might be better phrased as suitability with a particular analyst (Giovacchini, 2000). In this sense the supervisor's concern was not whether the patient was suitable for analysis per se; rather how long it would take for an acceptable analytic process, given the analyst's need to have a case that shows progress within an Institute's time-frame.

<sup>15</sup>That is, someone who's working model suggests that when faced with anxiety or fear, the person has an ability to seek both safety and comfort from another. The secure individual also shows good exploration (from a secure base). (Ainsworth, Blehar, Waters, Wall, 1978)

to be the case with the a small number of earlier children rated as secure on the Strange Situation, who were later found to be insecure/disorganized).<sup>16</sup> We will discuss below how this initial “misrating” is consistent with the as-ifness of the patient, specifically her unconscious capacity to “read” and accommodate to the interests of needs of those whom she meets, such as face-to-face contact with an research interviewer. That is, with a face-to-face interview, the interviewer was led by the patient’s chameleon-like accommodation to believe that she had secure attachment: only when the interview was read “blindly” by a very experienced interviewer, did the *insecure* attachment come through.

Another indicator of a problematic treatment was the lack of movement in the treatment (and in the patient’s life), a quality that Schlesinger describes as consistent with chronic impasses (2014). Furthermore, the analyst and supervisor both had the sense that the patient was *comfortably uncomfortable* in her life stasis; while complaining about parents or graduate work, she defended against any possible shifts in her life position; she dug in her heels to remain in place. At one such point, six months into treatment, the patient describes this as “pretending to be dead.”

*A: After six months here... tell me what you want to achieve here.*

*P: (Silent, but appearing blank, removed.)*

*A: What are your thoughts or feelings?*

*P: No thoughts, I am not thinking anything, I am just doing nothing, I call it pretending to be dead.*

*A: Tell me more about “pretending to be dead”*

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<sup>16</sup>Crittenden has postulated a fourth version of insecure attachment with mixed dismissive and disorganized qualities that are manifest in a sociopathic-like picture: these individuals show an ability to read fairly accurately others’ reactions, but then use this knowledge to the individual’s benefit, often to the detriment of the other person (Szajnberg, Crittenden 1997). While this category needs further study, it does capture the puzzling relatedness of an as-if or possibly Deutsch’s impostor but in attachment terms.

*P: From time to time I will get into this state that I am doing nothing, not thinking. Usually when I am taking shower or staying in my bed, until somebody disturbs me.”*

When the analyst followed by asking if the patient felt “disturbed” by the analyst’s questions, the patient blithely said, “No.”

In the second year of treatment, there was a similar, but more detailed exchange: The patient complained that she still could not progress in writing an original work (required for her Ph.D.). The analyst raised this issue with the intent to raise the issue of a similar stasis in her analytic work.

*A: Under what conditions do you think you can work?*

*P: The only way I could work is to trick myself: like I turn on my computer, and tell myself that I am not going to do any work now, I am only going to edit my format, maybe I then accidentally write two or three pages. But as it went on (sic), it became harder and harder to deceive myself.*

*A: You present yourself as a very smart person: I don’t think you can deceive yourself for long.*

*P: That’s the problem. Eventually it won’t work. Then I cannot work.*

...

*A: Sometimes I find that you lead me into a labyrinth. And I feel what you tell me are like red herrings to lead me astray.*

*P: Until you told me I did not realize that. I thought I only did this to other people, not here. I did not intend to do it to you.*

*A: Why do you feel you do it?*

*P: Because it works better. I had a friend who was very nice to me. One day we went shopping together. I told her honestly that I did not like her very much. She burst into tears. So, I decided I just won’t tell her in that way, honestly.*

*But I don’t know how to solve this problem. I might just have gotten used to it, I cannot control it. Some thoughts just come into my head; I have not*

*idea how they came in. And you ask me to say whatever is in my mind, then what I am going to do about this?*

...

*A: I have a feeling that you want to stay the way you are, just as you object to your University and professor trying to help you graduate, become an academic. Yet, treatment is predicated on change. Do you like to try a different way to deal with your issues?*

*P: I agree with you: if I want to enhance my own defense against bad feelings I don't need you.*

*A: But my way of working may result in your experiencing more feeling and emotions. If so, do you want to continue trying?*

*P: I have no choice; I will do as you ask me to do.*

Attempts to connect the patient's sense of stasis in her academic work (and her contradictory protests against finishing her thesis) to her analytic work were met with the patient's agreement in a matter-of-fact manner and her not wanting to pursue this further. She both complained about the analyst's lack of ability to "help her," yet foreclosed possibilities of change in treatment and in herself. It became more evident in the analyst's discussion with her supervisor (discussed further below) that the patient wanted desperately to remain the same.

What Deutsch described as "aggressiveness masked by passivity," is unmasked when two years into treatment, the analyst asks again what the analysand thinks and feels are necessary for her life to change.

*A: Under what condition, you can imagine, that you can move on to your life?*

*P: There is one situation, all the people who know my past have died.*

Of course, the analyst was now in the category of those who know her past. More worrisome, the patient too is someone who (to some degree) knows her past. Yet the patient had a blasé reaction to such attempts at interpretation.

Then, in the course of chronic stasis over two years, two acute crises

occurred: 1) a series of nightmares *in the analyst*; 2) an acting-out *within the analyst's personal life* over two days during which she felt out of sorts with herself (and was identified as inconsistent with *her* analysis and commented on by her boyfriend.) That is, while the patient's life presented as a continuum of tedious sameness and the patient experienced emptiness, the analyst felt acute disturbances associated with the patient and even spilling over into the session.

First, *the analyst's* dreams and associations (We report the associations after both dreams):

*"There is a killer in the town, who kidnaped and killed many people. The police search for and rescue the victims. A woman is "guiding" traffic; she is kidnaped by the two guys, (the killer has transformed into two killers). She is dragged into a car, and brought back to their storage room with many other people they kept.*

*The two killers gave her a knife, and demanded, "Cut yourself, otherwise we will kill you." She cut herself many times as they had instructed. Finally they said, "This will be the last cut: cut your arm in this direction, you might die if the cut is going left, but you might be released if you cut to the right. She cut herself, knowing she might be dead after this one, but the two killers tried to grab her knife and stab her heart. She struggled with them.*

Dream Two:

*There is a group of pupils on an air train. They can see everything outside. The killer has spread the viscera and flesh of his victims on the train track. It is too late to stop the train, all the pupils saw all the terrible scene—body parts over the track. They were scared. They tried to close their eyes, but they knew that the terrible scene was still there.*

*When the pupils were back to school, they are frightened to go out. So they were placed into a secure building, you have to enter the security code to get in. One boy went out, he is walking through a plaza to another building, which looks like a shopping mall. He saw two little kids (one 5 year old and one 3 year old) were outside the building, so he went back to the building door, and entered the code. then he went to another building. Just before he got in, those two kids dragged him out. They beat him noisily,*

so people in the shopping mall went out to see what happened. Then they accused the boy of hitting them.

*The boy was shocked; he did not know how to defend himself. When he returned to his own building, he thought everybody knew what's happened in the lobby, where he changed his shoes. He saw other boys sitting and chatting, and he worried that they might bully him.*

We share the analyst's report of her associations as it is related to this case.<sup>17</sup> She discussed these with both her analyst and her supervisor. First, they had a consensus that the primitivity and harshness of the dreams were inconsistent with her work in her personal analysis (and her sense of self). That is, a characteristic of both dreams was that they *felt out of sorts* with the analyst's sense of herself and her high level of functioning. Second, her associations *began* with talking about this particular patient, also an unusual course in her work: other patients were never brought into the analyst's dream life.

The associations were unique in that for both dreams, she found herself thinking of the patient as a virus and herself as a human cell. The virus association was initially to the second dream—letting two little boys into the lobby of the secure building, who then transform into murderous bullies—but also to the first dream—the killers kidnapping someone who was trying to keep traffic safe, then “forcing” her to mutilate herself under threat of death.

The analyst explained that in her mind, a virus has four characteristics: first, to “disguise” itself in order to use the eukaryotic cell for its own replication, then bursts its host cell's membrane in order to invade others, eventually destroying the organism. Second, the virus is encapsulated, armored, so that it can both invade the cell and also be invulnerable to antibodies and cytoplasmic protections: the invaded cell can't “identify” that there is an invader. Third, viruses multiply only in order to multiply; *they never evolve into a more mature organism, yet are powerful in their simplicity. Fourth, the virus is “dead” inside; it has only the genetic material to replicate by taking over its host. That is, the virus comes truly alive only when it enters its host, then destroys it.* These countertransference

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<sup>17</sup>For confidentiality, the analyst did not report the more personal associations connected with her life outside this patient's treatment.

thoughts relate to Searles' observation that primitive patients may have non-human transferences towards the analyst (Searles, 1960), to which this analyst reacts countertransferentially in a non-human manner.

The analyst reported feeling powerfully impressed with how she associated to this patient as both so primitive and yet also so nefarious; Ms. O. using her character "armor" to disguise herself in order to use the analyst's inner life to replicate, yet Ms. O. remains unchanged. These terms captured the analyst's sense of how she felt about the two years of work with this patient. The analyst was also distressed to find herself thinking of the patient as so primitive, so virulent—like a virus. This was unlike how the analyst thought of other patients. Paradoxically, the analyst felt that this patient was dormant in her daily life (literally secluded to her room, except to shop for food or come to session), yet became lively only in session, but with a sense of destroying the analyst's mind. We will discuss below how this countertransference response captures the third component of Deutsch's brief allusion to the hidden hostility in such patients, an allusion that she does not illustrate fully, but we believe we can with this analyst's reactions.

The analyst was able to recognize how she felt that this patient's destructive aspects had gotten under her skin, insinuated itself into the analyst. This happened incrementally, so that only after two years, did the analyst feel suddenly as if she were about to "burst," as if the viral aspects of the patient had multiplied and were ready to destroy the analyst's "membrane."

But, it was the enactment by the analyst after two unusual, sequential sessions that helped her recognize how she had incorporated the destructive aspects of the process of the treatment.

In one session, the patient arrived on time, then after a few minutes, excused herself to use the restroom, which was near the office. After some twenty minutes, the patient returned, saying, "I had to take time to use the restroom, take a shit." Then, the patient quickly proceeded with other material related to complaints about her parents or her inability to finish her thesis. When the analyst asked about the twenty minute break in session, Ms. O. complained, "Why do you never get to the point? Your questions showed your ignorance. A baby wants a diaper, but you gave

her food.” Her supervisor speculated that the patient both shat on the session and wanted the analyst to clean up her shit.

What happened next in this session was out of the ordinary for this analyst. As the patient was immersed in intense emotions about her various life dilemmas, and the patient was the last person that day, the analyst ran over by twenty minutes, to “make up” (in her later rationalization) for the time the patient was in the toilet. The patient simply expected the analyst to do something like this, and did not find it out of the ordinary. In fact, the patient complained after the added twenty minutes that she hadn’t finished what she was trying to tell the analyst and felt she couldn’t wait two days until the next scheduled session. The analyst responded by offering an additional session the next day, a weekend, again at the end of the day.

The analyst returned home late for a planned dinner with her boyfriend, who was impatiently waiting to leave with her for their reservation. He noted and remarked as she entered that her facial expression was different: she appeared stone-faced, stunned, then she became annoyed, even angry. When he mentioned this to her, the analyst burst into tears, saying that she hadn’t finished her work with her last patient and asked her boyfriend not to holler at her. (The analyst reports in retrospect that he had *not* in fact raised his voice). Both he and she were surprised at the outburst. She explained to him only that there were some exigencies of this particular treatment.

The next day, she mentioned that she would again return home late. When her boyfriend asked if it was because of this same patient, the analyst again did something very out of character for her—she felt she had to keep this “liaison” with this patient secret, so she told her boyfriend it was for another patient.

It was after these two episodes and when she sought further supervision (with one of the researchers/co-author, and after her supervisor’s agreement) that she realized how much the patient had gotten under her skin, how little the patient had improved during the course of two years intensive work, and more specifically, how the analyst had taken in the toxic aspects of the patient, including a sense of secret collusion (with associated guilt) for not having helped Ms. O. sufficiently.

Her analytic supervisor insisted that the case be shifted into supportive psychotherapy, as it would not qualify as a control case. The analyst's reactions were complex and conflicted. On the one hand, she thought that perhaps her taking in what she presumed to be at least some components of the patient's psychopathology *and* to identify the characteristics in her mind that might be enactments of the patient's life, was a major movement forward in working with this patient. On the other hand, she felt relieved not to continue with this patient in analytic work, given that this would not be considered an appropriate case for this training program.

### Discussion.

Deutsch first began writing about as-if in 1934, then published her definitive English version in 1942, later refining the distinction between as-if and imposter in 1954: while both share traits, the impostor feels something is wrong with himself; the as-if does not have this subjective ego dystonic sense, but evokes it in others. Finally, a major panel for Am Psa, (Weiss, 1966) discussed the broader application of As-If.

When Winnicott introduced the concept of False (and True) Self, he did not refer to Deutsch. Yet, False Self and As-if share qualities and may be on a continuum of pathology.<sup>18</sup> Furthermore, Winnicott, unlike Deutsch, gives a sense of how one can adapt technique to successfully treat the False Self. What is missing overtly from Deutsch's account is evidence of a True Self; yet her description of As-If fits those of a False Self. Giovacchini then broadens Winnicott's idea by giving a continuum of character pathology, as well as developmental etiology and how one can use psychoanalytic technique to treat such patients.

But, the first step is to recognize the character pathology as As-If/False Self. To miss this is to be caught up in webs of various shifting diagnoses which speak to how the patient adapts in order to fulfill the expectations of that analyst. In this case, the analyst and supervisor vacillated

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<sup>18</sup>For instance, when writing about the development of a False Self, Winnicott explains, "The mother...is not able to implement the infant's omnipotence... (the mother) substitutes her own gesture *which is to be given a sense of compliance of the infant.*" (DWW, 1960 in *The Maturational Processes and the Facilitating Environment*, p. 145). This infant "compliance" describes the as-if-ness described by Deutsch, also referred to as "complementarity" by Grinker et al. (1968)

between sociopathy and a kind of helpless Borderline (Kernberg, 1995).

This case is further instructive since it was part of a prospective study of attachment in both analyst and analysand. Yet, it also shows the vulnerability of in-person assessment when the pathology involves As-If qualities. The trainee who had administered the patient's AAP—that is, had face-to-face contact—scored it as “secure.” Only later, when the AAP was rated by a trained rater *who was blind to the patient and her history*, did we learn of the Insecure/Disorganized rating. That is, *contact with the patient resulted in an inaccurate attachment rating*; we suspect that the patient was able to “read” the facial expressions or vocal intonations (Ekman, 2007) of the AAP administrator and accommodate to that person's expectation of secure attachment.

But, this paper gives more specific evidence—focussing on countertransference—that was not present in Deutsch's paper, of how the patient's core pathology—having a self that, at some (unconscious) level, presents chameleon-like in response to the outside world's expectations—was taken in by the analyst and manifested itself in dreams and in more intimate behavior that was out-of-sorts with the analyst's fundamental being. We note in particular that Deutsch's remarks about a hidden hostility (without clinical data to portray this) is captured not only in the patient's actions (shitting in session; critiquing the analyst's abilities), but especially in the analyst's countertransference dreams. Deutsch presented her work before the neo-Kleinians, and others (like Giovacchini), fully articulated the phenomenon of projective identification. Giovacchini (2000) describes this in the analytic frame as follows: the analyst's mind is a playground to work out the patient's pathology, with the patient exploring how the analyst can handle aliquots of the patient's pathology. This is simply another specific version of transference (and the corresponding countertransference). But, when the patient's core pathology is to shift surface pathology to accommodate to the perceived interests of the analyst, diagnosis becomes more critical and challenging.

We are given several hints in the treatment about the undiagnosed, underlying as-ifness. First, the analyst and her supervisor kept vacillating through at least two almost contending diagnoses: borderline versus sociopathy (the latter diagnosis containing more conscious intent). Second, the prospective attachment assessment, when scored by the person who

administered the measure, resulted in an inaccurate rating corrected only when re-rated by someone who not only was an expert rater, but also had never met the patient. Third, the sense of chronic impasses in the work, specifically with the patient presenting different, shifting primary complaints (mother's affair, incomplete thesis, finding a mate), added to concern that something was being missed by supervisor and analyst. We recall that Schlesinger finds that in many chronic impasses there exists an unspoken argument between patient and analyst (Schlesinger, 2015). This again highlights Deutsch's remark about "*aggressiveness masked by passivity*," a kind of hidden hostility, which however manifests more overtly in the transference. Overall, the patient demonstrated the three characteristic features of Deutsch's As-If: 1. a sense of emptiness; 2. a passive/automaton relatedness; 3. aggressiveness masked by passivity. Our contribution is to articulate with the analyst's material how the patient's projective identifications<sup>19</sup> are manifested in the countertransference. For the analyst, however, incorporating the patient's pathology into the analyst's dream life, and ultimately family life, brought "alive" the nature of the As-If pathology. That is, for As-If, in relying *only* on the patient alone without examining the interpersonal context, one may miss earlier diagnosis. Including countertransference as a component of diagnosis takes into account how the analyst's needs<sup>20</sup> or wishes result in the patient's complementary adaptations.

The clinical material and the analyst's reactions raise questions about what in the "As-If" structure might affect another analyst's

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<sup>19</sup>Because there are so many varying definitions of "projective identification," we are using the most recent, lengthy and complete definition from Auchincloss and Samberg's (2012) *Psychoanalytic Terms and Concepts* (p. 203-5). They begin by describing "a process whereby unwanted, split-off parts of the self are forced into the object so as to control the object from inside," but they refine this with the lengthy debates, such as Klein and her followers not distinguishing between projection and projective identification, or Ogden's expansion of Bion's work (1979) or Rosenfeld's (1971a, 1971b) distinction between communicative versus evacuative projective identifications. But, as noted earlier, the term projective identification is itself a redundancy, as "a subjective factor is intrinsic to every perception... (and)  $\beta$  involved in all significant object relations." (Giovacchini, 2000, p. 44)

<sup>20</sup>Including the "need" for a "proper" control case as we discuss below.

countertransference (We put aside the more encompassing diagnosis of False Self for the moment.). It is entirely possible that another analyst—with different personality structure, or with greater clinical expertise, or who is not working under the rubric of training and the demands of a control case—might have different reactions. But, this is an empirical question which can be answered by others with similar As-If cases. The intent of this paper, in part, is to pose these questions so that they may be considered by other practitioners. This also is a valid form of psychoanalytic research: encouraging colleagues to think on their own work after description of a relatively rarely reported diagnosis, and one with a long history of unsatisfactory outcomes, even by Deutsch's account. Is this analyst's overall reaction—generally a sense of feeling out-of-sorts with the ways she is dreaming and even acting—a form of enactment of how this patient might have felt as an infant or child—feeling out-of-sorts as she lived and dreamed-out the expectations of her parents? We argue that this may be the central pathognomonic feature of the analyst's reactions: the sense of feeling, thinking and behaving in a manner that seems inconsistent with her core (True) self.

We also, in the previous paragraph, raise questions about the impact being in supervision had on the treatment. The analyst was both employed by the University mental health clinic and in analytic supervision. Of course, the analyst will feel a sense of responsibility and responsiveness to both the clinic director and the supervisor. But this general state of affairs would not explain the specific As-If diagnosis: otherwise we would find a multitude of "As-If" cases in all supervised analyses. We give evidence that this patient's history is consistent with the three criteria that Deutsch articulated for As-If. Our contribution is to ask that the analyst's countertransference also be taken into account to aid in diagnosis not only of the patient, but also of problems in treatment course. One specific effect of supervision upon this particular case is the decision, by the analytic supervisor with the support of the University clinic director, that the treatment be shifted to supportive rather than analytic. One might argue that the analyst's dreams and enactments might have been "break-throughs" for the analytic treatment, which a practitioner in solo practice, and unconcerned about whether the treatment is accepted as a control case, might have chosen to pursue in an analytic treatment. In fact, the analytic countertransference may support Rosenfeld's view that

“the desire to get inside the object becomes very intense (when) the object is felt to be separate from the self and possessed of good and valuable qualities” (Rosenfeld in Auchincloss and Samberg (2013)). This patient may have begun to sense the analyst’s despair that no progress seemed to take place after two years. We do not justify the decision by clinic director and analytic supervisor; we can only state the outcome.

Another complication is the nature of doing research. While we agree that any research can have some effect upon the analytic process, we do not find that this research resulted in a multitude of As-If diagnoses: this case is the only one of twenty such cases. A general discussion of the impact of empirical research upon analyses—a rare enterprise in our discipline (Wallerstein, 2014)—is beyond the scope and space of this case report, but should be pursued further.

There are at least two larger issues raised by this As-If case treated in China: the relationship between mind and society and the cross-cultural value of psychoanalysis; and the nature of psychoanalysis performed in totalitarian or authoritarian societies. These issues are too broad to be discussed fully here, but we refer to a larger body of work on both topics [Cooper and Lausada, RD Laing, Esterson, Ffytche and Pick (2016), Wallerstein (2014), Adorno et al. (1950), Arendt (1951), Showalter (1985), André Green (), Gillian Isaacs Russel (2015)], and make some preliminary remarks based on our experiences.

We suggest considering that there may be an inverse conceptual relationship between As-If and narcissism and related to cultural context. Someone with narcissistic pathology seeks admiration of others, thrives on this (Kohut, 1984; Kernberg, 1995; Giovacchini, 2000; Szajnberg, 2005). The As-If individual seeks a chameleon-like (unconsciously) adaptation to the often-unspoken desires of the other. It is not yet clear what motivates the As-If, although it may be related to our finding of Disorganized Attachment. That is, experiencing a chronic sense of separation anxiety and being without a clear working model of how to achieve safety and comfort, the As-If may have developed an adaptive mechanism of becoming like the other in order to keep that person present. This may explain this patient’s disinterest (not just inability) in finishing her graduate program: her aim is to remain in the presence of her advisors, not to leave them or have them leave her. She also does not

want to be admired by them, nor is she particularly admiring of them. The core issue in As-If is preventing separation and individuation by a chameleon-like imitation.

The second author has been supervising Chinese analytic therapists practicing in China for some four years. There appears to be a prevalence of *forme fruste* character trait—a kind of overcompliance—in many of the adult cases presented. That is, while we have *not* heard of another case with precise As-If diagnosis, we hear elements in the transference of overcompliance with the therapist or analyst, attempts to “read” the expectations of others. Under the rubric of respect for elders (a Confucian concept that was subsumed by the regime under Mao), some patients try to fulfill what they think *the therapist desires*. If an aim of psychoanalysis is greater autonomy (“self-rule,” from the Greek), greater freedom, then these aims can be foreshortened by an attitude (cultural though it may be) of trying to read the expectations, desires of an authority figure and accommodate to these (Gerlach, 2015).

China remains a totalitarian/authoritarian society with increasingly restrictive access to the outside world. In China, “reading” the expectations of a person (or bureaucracy) in power and complying with these are “adaptive” traits.<sup>21</sup> This accommodation to the other has at least two external motivators: first, the long-standing Chinese (and Asian) emphasis on dependence (rather than independence) (Paul, 2013) and saving

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<sup>21</sup>The first author, who is native Chinese, adds some historical evidence to the governmentally-supported adaptation of self for the sake of others. In the 1990’s, the Communist regime permitted only one cartoon to be imported, *Baba*. In brief, this primitively-drawn cartoon from France has a character, *Baba*, who appears like a blob. It cannot talk with clarity. People first are frightened of *Baba* and finally jail it in a zoo. But, *Baba* hears people in distress because of a fire. *Baba* learns that he can transform his shape for the sake of others: for instance, becoming a staircase to save the people in the apartment, or becoming a jail to capture an escaped lion. After this, people value *Baba*. Not only was this cartoon sanctioned by the government, but also she and her peers enjoyed watching this movie. One parent commented that it was important to listen to what the government says to do and to not speak contrary. This vignette shows that in normal development (that is, not necessarily towards As-Ifness), it was encouraged in China to adapt to the needs of others, not to one’s inner life (which is never alluded to in the cartoon, in any case).

face (Loewenberg, 2011); second, the more recent Communist emphasis on adapting to the needs of ideology, of the government. An extreme example of this was the era of the Cultural Revolution.

From a psychoanalytic perspective of increasing autonomy, “self-rule,” and independence by being able to integrate inner and outer worlds, feelings and thoughts, such compliance would be considered maladaptive. We suggest considering that *extreme* compliance/complementarity (or, both reading and bending to the expectations of someone in power) may be both a form of False Self development (including one’s sense of alienation from one’s True Self), and a state of mind and behavior that has conscious, preconscious (such as scanning for other’s emotions) and possibly unconscious components. In this sense, the As-If lies on a continuum of this culture-specific compliance. This is an empirical question to be resolved with further study.<sup>22</sup> Nevertheless, Fromm cautions us about drawing simple lines of causality between a society and personality traits: in *Escape from Freedom*, he argues persuasively, even after achieving external political freedom following the Enlightenment in many Western societies, that many people in these democratic societies “run” from the responsibilities that freedom entails. Bettelheim, in his book on the Concentration Camps, argues, from the other side, the importance of trying to maintain an autonomous mind in a mass age. This paper intends only to raise these questions for further study and discussion.

We present this paper as a cautionary note and to emphasize the importance of accurate diagnosis including countertransferences, particularly for this version of character pathology. We also present this as the first report in a prospective, China-based study of attachment and psychoanalysis.

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## As-If Countertransference: A Chinese Experience”

**Francis Baudry**

**I**wish to compliment the authors on several counts. First, this must be one of the first serious research papers on the Chinese psychoanalytic/psychotherapy experience. Second, the authors tackle a very complex theme adding the possible cultural component as it may affect the analytic process. Third, the authors also suggest some additions to the main theme of the character pathology of the ‘As if’ character structure as described initially by Deutsch in 1942. Fourth, and most important, a relatively inexperienced analyst is willing to expose his technique for all to see and comment upon. This will allow me a rare opportunity to examine the material in detail and focus on very concrete issues, something rare in our literature

I will concentrate on two central points first some problems arising if one uses ‘As if’ structure as a diagnostic organizer and second the nature of the analytic process so candidly described by the author including the nature of the impasses and the supervisory process. As I do not have a complete record of what actually transpired it may well be that some or all the issues I will mention have in fact been tackled and I must apologize if I am repeating some well-known facts.

The problem with the ‘As if’ concept dating from 1942 is that judging from the authors it is purely descriptive in nature and does not include any dynamic or genetic components. As a result, we can see ‘as if’ characteristics in a neurotic, a borderline or even a psychotic organization. This then complicates the choice of a patient for analytic therapy unless one includes the above components to evaluate the fitness for analysis. This was done to some degree by noting her high intellectual functioning

In the case presented, the initial evaluation seemed to confirm the suitability for analytic treatment for this gifted student. Rather quickly some concerns arose. The patient casually mentioned discovering her

mother's affairs yet strangely seemed to have no emotional response to this troubling fact. To my mind this raised a question about the nature of her object relation to her mother or her anger at her or her identification with her behavior.

Very soon her real reason for seeking treatment emerged: her inability to finish her work because she could not allow herself any personal ideas. Instead the patient is bound to copy or follow the professors' own work. At one point she says she was 'forced to do this' almost against her will, indicating the need to externalize in a massive way her inner turmoil. This may even suggest a mildly paranoid stance. This also alerts us to the possibility of a major transference issue which would require very close attention in order to move forward. How to treat a patient who will only blindly follow the therapist's lead and avoid any personal involvement of her 'real self'? The patient also complained of a sense of emptiness and not knowing whom she was. These two are different: emptiness is of potential concern as to the nature of her internal objects, not knowing who she is may be the result of massive repression or of more primitive defenses.

The patient's request that the analyst should help her finish her studies and at the same time allow her remain the same reveals a core conflict. This issue unfortunately was not sufficiently addressed in treatment. The therapist did not address the adaptive nature of her symptoms, i.e., what was the nature of the problems for which copying another person's ideas was a condition for her to survive? There are 2 options: either the 'as if' protected her against a frightening inner world or/and, it was the only viable alternative to avoid emptiness, nonbeing, or psychological death.

Even though the patient's childhood seemed relatively normal I suspect some traumas must have occurred early. The scale incident in which she put her father's shoes on top of the mother's brand-new white scales reveals a great deal which does not seem to have been given the importance it deserves : (1) her sneakiness (2) her anger at her mother and most important (3) her anger at her father. It was surprising to me that she was not caught by either parent and properly punished. Did the mother actually believe the father would have been able of such a brazen disregard of the mother's wishes? If so what does it tell us about the nature of their marriage? Also I would wonder at what age did the 'as if' personality

emerge? It certainly was not present at age 5 or 6.

The relationship to the father was marked by mutual denial. It seems to me most unusual that he allowed his daughter to sit on his lap and bought her clothes until adulthood. In general, this should have been mother's job suggesting the he replaced an absent mother for this patient. Again, we are not sure whether the apparently Oedipal conflict was a thin cover-up for the much more primitive need for a mother. Unfortunately, an overall view of the patient's psychic functioning is not sufficiently spelled out to allow some orienting guidelines in the analysis.

The transference begins to emerge more clearly when the patient refuses permission for the analyst to see her medical records describing the puzzling symptom of fainting, a psychosomatic event. Is this a profound lack of trust or a fear of being discovered? She is most likely trying to hide something. The patient's *belle indifférence* here does not suggest a hysterical element but more the indifference to their bodies found by Marty in psychosomatic patients. The patient's emptiness comes to mind and I am beginning to suspect deeper pathology suggesting a lack of organizing identity themes and stable mental structure.

Here the analytic compliance becomes a real problem in the transference. The patient needs to follow orders in order to survive. It is useless in such a case to look for free associations—again either because they are too frightening or because the mental structure is missing or because the patient will copy her analyst.

By the second year the patient begins finally to criticize the analyst for her incompetence, insensitivity, and insufficiency. Here, again, this does not seem to have been analyzed. I would have first asked the patient, how was the analyst failing, what was the analyst missing? In addition, we are dealing with both a projective identification and a reversal of roles, i.e., the patient may be showing the analyst how she was treated—a primitive sort of object relations. Her statement that *when she sees a baby, she wants to kill it* raises questions. Did the mother have a miscarriage? Was the patient terrified of being replaced, or does the baby represent parts of herself she cannot stand. Her murderous aggression is peeking through. Her pathology is revealed. She does not say 'I have a fantasy I want to hurt it' or 'I feel tempted to kill the baby.' She expresses a murderous

wish with no regret, no guilt or shame. There is here a severe defect in ego ideal and superego. The absence of affect again raises the question of her mental organization. This seems to be part of a disowned psychotic core. The lack of connection and linking also suggest the psychosomatic personality. Bion mentions the lack of linking in borderline or psychotic patients.

The analyst's increasingly irritated attitude towards this patient is multiply determined: in part the patient wants to defeat her, but in part the structure of her personality organization has not been tackled properly. It does not look like the supervisor understood the nature of the pathology or the approach necessary to engage with her. First, one needs to focus on sensory phenomena, on body sensations, and remain at the psychic surface, avoiding deep verbal interpretations that would reveal to the patient what the analyst was thinking, thus fostering her defensive posture. Also not addressed was the desperate nature of the patient's clinging to her character; the choice was to remain empty and disconnected or to destroy the world, including herself.

The analyst's dreams suggest that like certain borderline patients described by the Kleinians, such patients cannot put into words their primitive mental states. They can only evacuate them by putting them in another person. The challenge for the analyst is to be able to contain these states and to convey to the patient something about them, including the massive projective identification.

A few of the actual exchanges between patient and analyst are very revealing. In one example after the analyst tries to explain and cajole the patient into accepting more problematic feelings than she is used to, the patient accedes.

'I have no choice. I will do as you ask me to do.' She did not say, 'I will try,' or 'I accept the challenge.' This leads to as many problems as it tries to resolve.

Again, the analyst did not address this defense. There are however occasional breakthroughs. In one instance the patient tells her analyst that on one occasion she told a friend who was nice to her that she did not like her very much. The latter bursts into tears. Here was an opportunity to point out the danger of being free, and the challenge it might pose for her

in the treatment. Would her analyst also burst into tears, if the patient revealed some negative feelings? As these occasional breakthroughs are rare, they must be exploited like gold. In another instance when the analyst correctly questioned the patient about a 20-minute break she took to go to the bathroom after the start of a session, the patient flew into a rage and said, "Why do you never get to the point? Your questions showed your ignorance. A baby wants a diaper but you gave her food." The supervisor commented that the patient both shat on the session and wanted the analyst to clean up her shit! I would not go so fast. First I would inquire why the analyst's question about the 20-minute break seemed so out of order. Then I would explore the curious metaphor the patient used about diaper and food.

The choice to move to more supportive treatment in this case makes sense.

I have not addressed the cultural issue raised by the authors, since even if present there is no evidence it interfered with the analytic process. I would imagine that the protective stance adopted in order not to challenge an authoritarian state is a conscious phenomenon shared by many. It is not based particularly on unconscious fantasies, even though it may dovetail with some childhood anxieties concerning the danger of rebelling against one's parents.

I very much appreciate the candor of the presented material which allowed me to explore crucial diagnostic and therapeutic challenges in this very difficult patient.

 **As-If Countertransference: A Chinese Experience****Jing Chen, Discussant**

**T**he psychiatric community has been working to establish clear boundaries between different disorders through the revision of diagnostic criteria, while at the same time there have always been clinical phenomena that are difficult to define by the existing clinical diagnostic criteria and thus present ambiguous, paradoxical and changeable characteristics. This paper focuses on this topic. And the theme unfolds through a case study.

The patient was a 27-year-old single, Chinese eternal graduate student. The two years of therapy presented three distinct phases: in the first, she appeared very cooperative, always wanting to respond to the therapist's expectations, but not knowing how to do this. Not only did she have difficulty in free association, but she also could not understand analysts' analytical questions and explanations. At the same time, she also presented difficulties on a series of spontaneous activities. In chess, for example, she doesn't know how to play after completing her initial routine. She can translate between different languages very accurately, but she cannot express herself in words. She can only imitate, not create, in the process of writing her thesis.

At this stage, the patient also showed a drift in treatment goals. Instead of exploring the issue of her mother's affair further in her subsequent therapy, she shifted to two other issues—her being unable to complete her Ph.D. thesis and wanting help to finish it, and her sense of emptiness, of not knowing who she was.

The second phase of treatment repeats the pattern of projective identification. She constantly accuses the analyst of incompetence, insensitivity, insufficiency, and she often finds herself feeling bad, but after the session, feeling nothing, a feeling that gave her relief. She could not understand why she often felt relieved when others were unhappy. At the same time,

the analysts, while aware of the patient's "emptying-out of toxic stuff" process, are unimpressed by the treatment.

In the third stage, her aggression becomes more and more apparent, and at the same time, the treatment reaches an impasse. Although the analysts repeatedly mentioned in the treatment that there was no progress in the treatment and no breakthrough in the paper, the deadlock existed in parallel, but the deadlock was not broken, and the patient presented a state of "pretending to be dead." At the same time, the analyst exhibited a characteristic countertransference.

The clinical characteristics of "as-ifness" were well presented through the development of treatment:

The core pathology of "as-ifness" is the patient's automatic "complementarity" to the often unspoken desires of the other, which is the character of the patient's high suggestibility. This is most directly reflected in the patient's unconscious "chameleon-like adaptation pattern." For example, if different people use the same assessment tool (APP), the assessment results will be totally different depending on the form of assessment (face-to-face direct assessment or indirect assessment). The patient's awareness of the inner desires of her mother and teachers at different times makes for her always being an understanding "good" child and "good" student. That is a way the As-If is different from the narcissistic personality which seeks admiration of others. As-If is affectless, defended (unlike the classically Borderline Personality), and empty.

The patient is passive aggressive. The attacker is passive and submissive, but potentially aggressive. The "white scale incident," the copycat essay writing and the progressive manifestation of aggression at different stages of treatment all showed this characteristic. This aggression is also reflected in the persistence of the therapeutic stalemate, in which the patient repeatedly accuses the therapist, but in a state of "pretending to be dead," in which she persists in not changing as a form of her wish not to separate.

The analyst's countertransference has two distinct characteristics. First, the analyst's dreams repeatedly present deformation and violence. Second, the analyst's life is completely different from his habitual emotions and behaviors. In the analyst's dream association, the

patient-analyst relationship is symbolized as virus cell. The greatest feature of a virus is that it makes use of its host cells to replicate itself and, after a seemingly unchanging incubation period, it accumulates its own number and causes the cells to disintegrate. This association symbolizes not only deformation and passive aggression, but also the defects of the self and the primitive object relationship.

Some clinical phenomena suggest possible, latent “as-ifness.” These clinical phenomena include: the diagnosis is ambiguous, constantly changing and controversial; the same assessment tool presents obvious differences due to the different assessment methods adopted by different assessors; treatment often presents a chronic stalemate; the therapist presents a characteristic countertransference.

In addition, the paper also raises some enlightening questions: based on the “as-ifness,” it discusses the influence of settings and different characteristics of therapists on treatment. From the perspective of culture, this paper gives its own thoughts on the “overcompliance” that is common among Chinese adults.

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 Responses to Dr. Baudry and Jeng Chen

Nathan Szajnberg  
Yikun Wu

**I**t is our privilege to respond to two thoughtful readers.

For Dr. Baudry, we will respond on two of his points: the research and cultural aspects of this paper.

We agree with Dr. Baudry that Deutsch's 1942 As-If paper was predominately *descriptive* with minimal genetic or psychodynamic aspects. Fortunately for us, the journal published it nevertheless. While we also value psychodynamic and genetic viewpoints, these can be heavily theoretically tilted. For instance, today, psychodynamic may mean to account for the "field" aspects of an interaction (which often is presented with little or no genetic component). Some prominent Italian field theorists argue that no one, neither analysand nor analyst, takes responsibility for a parapraxis, as it is something that happens in the "field." The latter stance, in our opinion, profoundly changes the understanding of countertransference and transference. It abrogates responsibility, particularly from the analyst.

Dr. Baudry raises the issue of age of emergence of "as-if," citing the analysand's memory of tricking both her parents by placing her father's shoes on mother's new scale (when she was a child). This genetic question we hope will be clarified with further inquiry. Our hypothesis is that given that *character* (about which Dr. Baudry has written three classical papers) crystalizes in later adolescence, we would expect the as-if to arise then.

Dr. Baudry states that free association is useless in cases such as this. Yet, Winnicott in his Squiggle book, points out that for this kind of patient, the free association manifests itself defensively as a form of imitation or echoing of the analyst. In Winnicott's case, the boy copied or imitated

Winnicott's squiggles. The analyst was able to interpret this as a form of defensive *keeping the same as the analyst* in order to not reveal one's inner life. This is a way of describing the False Self as presenting in order to protect the True Self from discovery. We suggest that understanding the nature of the transference as a form of "echoing" in order to protect oneself might be technically helpful.

Finally, Dr Baudry recommends in similar cases that one focus on sensory manifestations and psychic surface. We agree. Giovacchini suggested that by doing the latter, and by the analyst incorporating the analysand's projections, the analyst can metabolize these and re-present them to the analysand in a manner he or she will find useful (Giovacchini, 2000).<sup>1</sup>

For the cultural implications of this paper (raised by Dr Baudry), we turn to Dr. Jeng Chen's comments. Ironically, she mentions this in one of her emails to us, but not directly in her comments. She remarked that she and her staff have seen many such cases in their clinic, including *forme fruste* manifestations. These have resulted in clinical consternation. She found our paper useful in clarifying the nature of the diagnosis and possible paths to clinical treatment.

While Dr. Baudry correctly states that the as-ifness as an "adaptive" response to living in an authoritarian or totalitarian state may be a conscious decision, we want to suggest that it may have preconscious elements. Dr. Wu recalls a childhood education (at school, but also at home) of quiet compliance to protect oneself (and one's family). Her point is that such as-ifness or false-self, becomes almost a form of "muscle memory" (like turning the key in your lock at home), not necessarily fully conscious.

In any case, if this is true, the elements of this *forme fruste* cultural version of as-ifness may have at least preconscious qualities.

We thank both Dr Baudry and Dr. Jeng for their comments.

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<sup>1</sup>Giovacchini, P. (2000) *The Impact of Narcissism: the Errant Therapist on a Chaotic Quest*. Aronson.



## Response to Loray Daws' Review of Susan Kavalier-Adler's Book

### "The Klein-Winnicott Dialectic: Transformative Metapsychology And Interactive Clinical Theory"

Susan Kavalier-Adler

**D**r. Loray Daws' review of "The Klein-Winnicott Dialectic..." has a comprehensive view of my work, i.e., the work of Dr. Susan Kavalier-Adler. Dr. Daws indicates the breadth, as well as the depth that the book encompasses, both integrating the historically polarized theories of Melanie Klein and D. W. Winnicott, through looking at the psychobiographical origins of their polarization, and examining the application of their integration to clinical work. Daws has also understood how the controversial metapsychology of the Kleinian death instinct can be brought back to the internal psychic world of Melanie Klein, where a domineering narcissistic mother resides, cloaked in an idealization. As Daws points out, Melanie Klein's splitting off the negative aspects of the mother, and preserving her idealized image takes on the visage of Ronald Fairbairn's "moral defense," where the child preserves the mother's ideal image by blaming the Self, attempting to counteract the perpetual traumatizing damage of Fairbairn's "internal saboteur" and Klein's own Paranoid-Schizoid dynamic internal persecutory object.

Psychobiographic evidence suggests that Klein defended an idealized view of her mother, while splitting off her overwhelming narcissistic qualities, and channeling them into her theory making around the "death instinct."

Daws comprehends the developmental focus of "The Klein-Winnicott Dialectic..." book. He grasps the shift of emphasis in the developmental direction, once a controversial metapsychology of a death instinct (being born with overwhelming hostile compulsions that must be projected outward) becomes transformed into a metapsychology of symbolization.

Further, as Daws notes, this shift towards the developmental highlights the phenomenology of the Paranoid-Schizoid and the Depressive positions as an independent theory of the psyche. Thus, Klein's theory no longer pivots around the death instinct metapsychology, making it more accessible to being blended with the theory of D. W. Winnicott for the most impactful clinical work. Winnicott's focus on the maternal environmental impact is also seen psychobiographically in the book, as Daws notes. With a mother of schizoid depression, rather than narcissistic domination, Winnicott had to mother his mother. Ultimately he became enraged with the enormity of the task of enlivening her. However, somewhat aware of his own environmental influence on nurturing the baby in his mother, he transferred this over to having significant impact with both child and adult patients in his clinical work. He did this first as a Pediatrician, and then later as his own form of psychotherapist. Thus being schooled in his own environmental impact on his mother, he nurtured his own theory of the developmental vantage point in psychoanalysis, even when being forced to nurture his mother through his own aliveness, proved to be exhausting and depleting for him. In an analogy to this, his first marriage (to Alice) led to depletion, in contrast to the energizing inspiration of his second to Claire Winnicott.

Dr. Daws also comments on the integration of the American and British schools of Object Relations theory in this book, and specifically mentions the developmental vantage points of some of the American theories, such as James F. Masterson's "abandonment depression" affect theory and Kavalier-Adler's theory of "Developmental Mourning." He adds in Kavalier-Adler's view of the British Michael Balint's theory of "The Basic Fault." Once Klein's own phenomenology can be seen as tilting a theory that has often been held down by an anchoring in a "death instinct," to the forward flow of a developmental focus, Klein and Winnicott can form a powerful developmental dialectic in clinical practice, such as the integration of Winnicott's view of "object survival" and Klein's view of mourning as the ultimate psychic integration, following the visceral expression of primal rage. Such integration of the two theories overlaps with the other developmental affect theories such as the abandonment depression of Masterson, the "Developmental Mourning" theory of Kavalier-Adler, and the "Basic Fault" theory of Michael Balint.

Daws also emphasizes Kavalier-Adler's reworking of sadomasochistic

reactivity, in both the transference and countertransference, in the Winnicottian realm of the “transitional space,” citing

Kavaler-Adler’s clinical chapters and examples. The expanded view of clinical work in transitional space in this book was also commented on by Dr. Neal Vorus in his review of this “Klein-Winnicott Dialectic...” book in the Division 39 Psychoanalytic Psychology journal in 2017.

Daws writes too of how the Demon Lover Complex in the creative women that Kavaler-Adler has written about in earlier books, such as “The Compulsion to Create: Women Writers and Their Demon Lovers,” and “The Creative Mystique: From Red Shoes Frenzy to Love and Creativity” can be seen in Melanie Klein and in her creative work (also longer clinical cases in “Mourning, Spirituality and Psychic Change...”. He notes that Kavaler-Adler wrote of this in writing of Melanie Klein’s early short stories as well as in her theoretical writing, postulating that Kavaler-Adler saw them both as Klein’s creative work, and essentially as her art, Winnicott also having his art form in his theory.

Dr. Daws can be congratulated for his insightful and elegant book review.

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**Review: The Klein-Winnicott Dialectic:  
Transformative new metapsychology and  
interactive clinical theory. By Susan Kavalier-Adler**

Loray Daws, PhD

**F**or more than four decades, Dr. Susan Kavalier-Adler's clinical practice and academic writing have focused on faithfully integrating British object relations psychoanalysis into the current mainstream American psychoanalytic tradition. More so, as a clinician, writer, and Founder<sup>1</sup>, Executive Director, Senior Faculty, Training Analyst, and Senior Supervisor of the Object Relations Institute for Psychotherapy and Psychoanalysis (ORI), Dr. Kavalier-Adler gives voice to some of the most challenging psychological complexes found in contemporary psychoanalytic treatment. Areas that are explored and uncovered in Dr. Kavalier-Adler's clinical practice and academic writing include the fear of success, paralyzing inhibitions of the Real Self, the demon lover complex that affects many women's creative lives, the theme of creative compulsion versus free motivation, the importance of developmental mourning in the opening of erotic desire and spirituality, and much more. Unique to Dr. Kavalier-Adler's clinical approach is her creative reliance on both autobiographical and biographical work as reflected by the psychoanalytic exploration of the lives and work of such literary luminaries as Charlotte Bronte, Emily Dickinson, Anais Nin, Sylvia Plath, and Edith Sitwell (please see bibliography included). As a prolific author, with over seventy articles and six books, Dr. Kavalier-Adler provides unique psychoanalytic insights into the profound mental anguish and creative achievements of these writers. Dr. Kavalier-Adler's well-known books entitled [The Compulsion to Create: Women Writers and Their Demon Lovers](#) (Routledge, 1993, 2000), [The Creative Mystique: From Red Shoes Frenzy to Love and Creativity](#) (Routledge, 1996), [Mourning, Spirituality and Psychic Change](#) (Routledge, 2003), [The Anatomy of](#)

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<sup>1</sup>With Dr. Robert Weinstein.

Regret (2013), and The Klein-Winnicott Dialectic (2014) achieved not only a National Gradiva Award from the National Association for the Advancement of Psychoanalysis but a further 16 awards on psychoanalytic writing. Dr. Kavalier-Adler can indeed be viewed as a pioneer in object relations psychoanalysis, as well as a seasoned clinician and creative voice in the separation-individuation themes explored in contemporary feminine psychology.

In the current work, Dr. Susan Kavalier-Adler, as theorist, clinician, and integrator, sets out to articulate a long-held vision inherent in her many publications of bringing into psychoanalytic dialogue two very creative and seemingly contradictory giants in British object relations theory, i.e., the work of Melanie Klein and that of Donald W. Winnicott. The integration and contextualization of the conflicting ‘positions’ of both Klein and Winnicott follow different but interweaving contexts, mainly the various institutional schisms within the British Psychoanalytic Society, as well as Ms. Klein’s singular commitment to the death drive/instinct psychology. It is well documented that institutionally the polarization of both Ms. Klein’s and D.W. Winnicott’s views had detrimental effects on not only the reading and articulation of their respective theories by all the schools falling under the umbrella of the British Psychoanalytic Society, but also foreclosed sincere collegial support within divergent theoretical and clinical domains (workable dialecticism). In the written work of Dr. Kavalier-Adler;

“Both the psychoanalytic society camp and the outside ‘revolutionaries’ of the Middle Group have seen themselves as diametrically opposed to one another, and, therefore, have often politicised their theory of clinical technique into polarised statements that have belied the profound degree to which their separate contributions *could be integrated on a phenomenological basis*. I have attempted to integrate their theoretical contributions to clinical practice through the use of the conceptual term ‘dialectic,’ a term that has been formerly utilized in the American scene theorising of Thomas Ogden (1986, 1994) and Sheldon Bach (1985, 1994, 2005).” (p. xiv)(italics added)

Adding to politicised views, according to Dr. Kavalier-Adler, and as mentioned, a major polarizing factor can also be found in the death instinct theorizing of Klein;

“... I have had to make the case in this volume of thinking that the major polarising factor in the contributions of the two camps has been Melanie Klein’s metapsychology of the ‘death instinct,’ rather than Klein’s clinical theory with its brilliant phenomenology. Part of making this case has been to preface my clinical illustrations of the integration of Kleinian and Winnicottian theory from their contrasting, but also complementary, dialectical perspectives with some studies of Klein’s psychobiography.” (p.xiv)

Central here, and in an essential extension of Dr. Kavalier-Adler’s previous work on biography of well-known literary figures (fleshing out the concept of developmental mourning and the demon lover complex), Dr. Kavalier-Adler brings her psychoanalytic biographical method into creative play by thoroughly and sensitively exploring the various developmental challenges both Winnicott and Klein had to endure. In chapters one to five<sup>2</sup>, Dr. Kavalier-Adler describes the different developmental ways Klein’s autochthonous strivings fell victim to a profoundly controlling and narcissistic mother. Dr. Kavalier-Adler also argues that the mother-daughter bond may serve as a reason as to why Ms. Klein so tenaciously clung to her view of the importance of the death drive in psychic development:

“I will try to demonstrate why Klein clung to her ‘death instinct’ metapsychology. I believe that she needed that in order to psychically cling to her mother.... I believe that her resistance to giving it up is, in itself, a diagnostic sign of Klein’s poignant and evocative mourning state. Grosskurth (1986) helps her readers imagine the maternal and fraternal relationships that contributed to this state of mind in Klein.” (p. 3)

Given this endopsychic conflict and unresolved process of mourning, Ms. Klein, like that of the biblical figure Moses, remained unable to enter the promised land so evident in her own psychoanalytic vision;

“It is the story and legend of Melanie Klein, who, I believe, similar to Moses, foresaw the vivid outlines of a promised land, a psychic land, which she herself could not enter or could enter only to a partial degree.” (pp.1-2).

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<sup>2</sup>See especially chapter two entitled “Melanie Klein’s creative writing revealing themes in her life and theorising” (pp. 27-41).

Dr. Kavalier Adler's close reading of especially the work of Grosskurth (1986) supports a sensitive unfolding of Ms. Klein's complicated relationship with not only her narcissistic mother, but also Klein's position in her family of origin, her relationship with her siblings and father (her father-wound), choice of partners in adult life, her approach to being a psychoanalyst, and the development of her unique psychoanalytic vision. During the exploration, the reader is guided to empathically witness and relate to Klein's painful relationship with her mother, children, husband, and colleagues (including Winnicott). For those not familiar with Dr. Kavalier-Adler's previous writing and use of the biographical method psychoanalytically, chapter two entitled "Melanie Klein's creative writing revealing themes in her life and theorizing," will undoubtedly open uncharted vistas in understanding both Ms. Klein's and Dr. Kavalier-Adler's psychoanalytic sensibilities. I leave it to the reader to immerse themselves and come to their own imaginative conclusions as to the immense contribution of an *object-relations informed biographical approach*.

In contrast with the narcissistic mother so evident in Ms. Klein's developmental struggles, Dr. Kavalier-Adler later turns her attention to the work of Winnicott and his unique adaptation to what could be considered a rather schizoid-depressed mother. It is of interest to note that both psychoanalysts suffered from strained if not absent relationships with their fathers (father-wounding). Both fathers were primarily unable to serve as guardians of psychological safety to the pre-Oedipal pressures and conflict narcissistic and schizoid-depressed mothers induce. By treating both Klein and Winnicott as psychoanalytic 'artists,' Dr. Kavalier-Adler allows the reader to intimately engage with the fact that no work of art can exist in isolation from the biographical past of the artist. Valuing the biographical influences of each of the psychoanalytic scholars, the life-experience of both Winnicott and Klein as theorists and practitioners become of immense importance and sheds light on their creativity, their developmental mourning, their unique area of creativity, and singular vision on what makes us truly human.

Given the depth of exploration, as well as the clarity of Dr. Kavalier-Adler's unfolding exposition of both theorists' conflicted childhood development, most would consider this in itself a contribution to our understanding. That is, Dr. Kavalier-Adler's meticulous tracking of both

theorists' developmental conflicts and how developmental mourning limed their creative, if not seemingly polarized traditions of autoplasmic (Klein) and alloplastic (Winnicott) theories, would in itself serve as a valuable contribution. Dr. Kavalier-Adler's conceptualizations continually thicken the reader's understanding of how developmental mourning failure affects the endopsychic processes evident in internal phantasy, paranoid-schizoid adaptation, the depressive/reparative position, the eternal search for good enough mothering, and the transitional world of intersubjective phenomena, and much more. Furthermore, for Dr. Kavalier-Adler as a clinician, another step is always added, i.e., bridging such an approach to the psychoanalyst's day to day clinical chamber. Through various in-depth psychoanalytic cases, from a decade long once a week therapy, to more classic psychoanalytic cases, that is, three to more sessions per week, Dr. Kavalier-Adler clinically explores and illustrates the Klein-Winnicott dialectic and its clinical use with entrenched developmental mourning processes. Dr. Kavalier-Adler's consulting room serves as a psychoanalytic window, enlivening the concepts evident in the Klein-Winnicott dialectic, supporting the unfolding of conflicted inner and interpersonal worlds characterized by paranoid-schizoid conflicts, the lack of transitional space and as such the emergence of sadomasochistic reactivity in the analyst, the analysts silent reworking of such failed transitional space, the impact of paranoid-schizoid conflicts on the analytic pair, and how the dialectic enables the analyst to remain psychologically available to the analysand by reaching detached and warded off states. Dr. Kavalier Adler's use of the 'Klein- Winnicott dialectic' and case material remains in itself an act of psychoanalytic creation. The psychological and developmental traumas evident in delayed developmental mourning written on by theorists such as James F. Masterson (the abandonment depression), Michael Balint (the 'basic fault'), and Ronald Fairbairn (internal saboteur, moral defense) also all come alive in Dr. Kavalier-Adler's work. For psychoanalysts and therapists wishing to read the application of such a dialectism in the therapeutic echo chamber, chapters six onwards allows a profound appreciation of the psychoanalytic complexities found in working within an object relations paradigm, as well as the hopeful vision that the legacies created by both Klein and Winnicott, brought forward in a non-polarized repaired dialecticism by Dr. Kavalier-Adler, can indeed deepen our psychoanalytic journey with our fellow analysands. The Klein-Winnicott Dialectic thus

ultimately succeeds as both a transformative new metapsychology and interactive clinical theory. Dr. Kavalier- Adler is to be congratulated on a psychoanalytic work that is both creative and passionately written.

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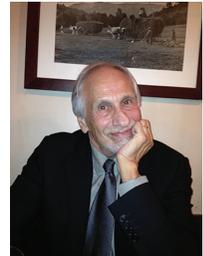
**Francis Baudry, MD**, graduated from the New York University Medical School. Dr. Baudry works in New York, NY and specializes in Psychiatry. Dr. Baudry is affiliated with Mount Sinai Medical Center. Graduate of New York He is the author of numerous psychoanalytic articles and reviews. Among his most recent papers were “Working psychoanalytically with nonneurotic patients: theory and technique (2015)” and “Greenacre’s “The predisposition to anxiety,’ Parts I and II: A review” (2010) and “Absence, ambiguity, and the representation of creativity in Vermeer’s the Art of Painting” (2007) and “Conflict, structure, and absence: André Green on borderline and narcissistic pathology” (2005) with Gail S. Reed.



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**Fred Busch, PhD**, Training and Supervising Analyst at the Boston Psychoanalytic Society and Institute. Dr. Busch has published over 70 articles in the psychoanalytic literature, and four books, primarily on the method and theory of treatment. His work has been translated into ten languages, and he has been invited to present over 160 papers and clinical workshops nationally and internationally. His third book, *Creating a Psychoanalytic Mind: A Method and Theory of Psychoanalysis*, was a finalist for the Gradiva prize. His last book was published by Routledge in March, 2019, *The Analyst's Reveries: Explorations in Bion's Enigmatic Concept*. He has edited a new book, *Dear Candidate: Analysts from around the world write personal letters to candidates*, which will be published in Winter 2020. He has been on numerous editorial boards.



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**H. Shmuel Erlich, PhD**, Training and Supervising Analyst and former President and Chair of the Training Committee of the Israel Psychoanalytic Society. He was Sigmund Freud Professor of Psychoanalysis (Emeritus) and Director of the Sigmund Freud Center at The Hebrew University of Jerusalem. He chaired the IPA Education Committee, served four terms as European Representative on the IPA Board, and is currently Chair of the IPA Institutional Issues Committee. He received the Sigourney Award in 2005. His publications span adolescent development and psychopathology, experiential dimensions of object relations, group and organizational processes, and two books: *The Couch in the Marketplace: Psychoanalysis and Social Reality,* and *Fed with Tears, Poisoned with Milk.* He is in private practice in Tel Aviv.



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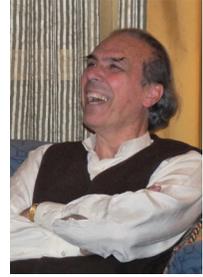
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**Yikun Wu, PhD**, is a native of China and received her PhD in Birmingham, England. She has been a translator for both Anglo and French psychoanalysts.





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