

Psychoanalytic work in today's world: what would Freud think?

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It is 2009: 100 years since Freud brought psychoanalysis to America delivering his introductory lectures at Clark University. The world has changed vastly since Freud created his baby. What kind of parent would he have been during separation/individuation, adolescence, and adulthood? And, just what is psychoanalytic work in today's world? This paper touches on the some of the developmental difficulties of psychoanalysis, and suggests that, unlike Freud and his disciples, we try to listen to each other with open minds and a learning ears. We must respect the separation/individuation phase and cultivate our acceptance of "the other." Individuation implies autonomy, seemingly at odds with institute life here in America.

Factionalism during what some call the demise of psychoanalysis is suicidal. Listening to like minded individuals is soothing and helpful, but listening as well to those who challenge 'received wisdom' can lead to growth. As for psychoanalytic work – I will talk briefly about how I have evolved from my orthodox roots.

Then and now

In the early days of psychoanalysis, the oedipus complex and drive theory crowded out those analysts with other ideas. An individual's symptoms and disorders were seen as occurring in a self enclosed system. Drives, the unconscious, repression, and later, the structural theory, pretty much ignored the effect of the outside world, focussing on inter and intra systemic conflict. Retrieving repressed memories was the goal of Freud's treatment. Today, with more open minds, and more experience, we speak of the two person model and the analytic dyad with its focus on transference, and, more recently, on relationship. Ogden speaks of the analytic third with projective identification and the individual subjectivities of analyst and analysand subjugated to a co-created third subject of analysis. The job, as I see it, is to use conscious and unconscious communication with the aim of understanding how past affects present and even how this emotional reliving in the present effects perception of the past. What happens in treatment is that the memories of past relationships and the feelings involved gradually come alive in the present connection with the analyst which results in reshaping memory so that new experience is no longer laden with expectations based on old fears.

Along the way, both parties internalize aspects of the other thereby creating expanded senses of self. The analytic stance of listening with sensitivity and benevolent curiosity allows this phenomenon to begin at day one of treatment. Both parties are changed after intense work. This goes on in everyday life when we are exposed to the 'other' – who we tend to try to change so as to fit our perception and to fulfill our wishes and who we hopefully accept and respect as separate from us. But, who they are and who we are changes (minute to minute, year to year, decade to decade)– with some couples even physically resembling each other after long relationships. The need for boundaries plays a large part in relating to others. Keeping our

boundaries makes us feel safe from dedifferentiation, wishes to merge and from fear of losing control. Sporadic intimacy is satisfied by belonging to groups and choosing friends who echo our beliefs while we exclude those who think and sometimes even look differently. But even within self selected groups, close friendships (and I might add marriages) tensions grow between members altering the overall cohesiveness once promised. Ideally we recover from rifts with each other but sometimes – actually oftentimes we do not. Fear of intimacy is fear of losing our boundaries - what I think of as merger anxiety - and causes prejudice and closed minds. It is crucial that we listen to new ideas in order to keep perspective. Cross fertilization of ideas acts against incestuous in-breeding which weakens any tribe.

Perhaps we can make room for as many ideas as there are complexities that make each of us human. It is true that we have progressed in hearing a variety of theorists. When I was studying at NYFS Melanie Klein was considered a heretic. She was not to be mentioned in classes and so was completely ignored, almost like the NYPI ignored those who disagreed with them. *Tod Schweigen*, meaning death by silence in German, was practiced. Karen Horney, in whose auditorium we now sit, and others left the American and even as the mainstream now includes her ideas, there has never been a public apology from the American Psychoanalytic Association for her exclusion. Today we can debate and invite speakers with differing opinions to our meetings. We have better manners than our fathers had.

As a new father Freud protected his baby, keeping strangers out of the nursery. We must wonder, though, whether this protective father would have eventually encouraged separation and individuation, and whether he would have been able to tolerate a rebellious adolescent, finally accepting the multidimensional adult. I like to think that with an analyst helping him explore his preoedipal life, his negative transference, along with an extended period of self-reflection, and a different cultural environment, Freud would have grown along with his creation. I like to imagine that his initial inflexible attitude towards those who offered other ideas would have softened with time. We know that grandparents are often mellower than parents.

Actually, we have no reason to think that Freud would have been more open to his Wednesday night supplicants and his secret committee because they were part of the problem with their wishes to curry favor and to wear the secret ring. They lived in the same culture and wanted to shine in Freud's eyes, hanging on to his coattails. But rivalry and independent thought soon became rampant, fostering new ideas that often clashed with Freud's. Ferenczi, Reich, Alexander, Abraham, Rank, Steckel, Klein, Jung and others all made contributions to understanding the mind and most of these contributors were ousted by Freud or his clones.

Whether one believed in the death instinct or innate sadomasochism; masochism caused by attachment to the punishing object; the libido as pleasure or as object seeking; the pre-oedipal phase; the importance of attachment; and the techniques of strict abstinence and interpretation; relating to the patient as a person or someone to be mirrored; touching the patient; a corrective emotional experience; territorial pride and personal conviction seemed to keep psychoanalysis from coalescing. But, then again, it was in its earliest stages and object constancy was far from being achieved.

I like to think that today, due to a different, less autocratic, more feminist, freedom based

environment, where the individual is seen as unique, Freud and his adversaries would have welcomed a rapprochement, respecting that each idea had a place in understanding the human psyche. But, based on the psychoanalytic climate today, it seems like a naïve wish. Posing the questions 'who is a real analyst?' and 'who can be a training analyst?' drains institutes of the energy needed to continue growing. Here in New York we have 5 IPA institutes, and many independent institutes who rarely come together. One exception is the PEP conference organized by an independent committee representing all institutes. Arguing amongst ourselves in our societies and institutes helps us deny the fragility of our profession. The politics of exclusion must end. I refer not only to the exclusion of people but to the exclusion of ideas. If we analysts could only learn to say “that is an interesting idea! Or “I never thought about this in the way you describe, let me think about it.” Or “Your point of view casts a whole other light on this case.” Or “Your ideas are stimulating.” Or “Let me explain why I find your idea difficult to understand.” We have been too quick to attack those with whom we disagree. The intolerance for diversity of psychoanalytic perspectives originated with Freud himself but we cannot blame him for our behavior anymore.

On one hand, Freud was the proud, courageous, independent, and defiant genius in his scientific explorations, presenting new and challenging ideas. On the other hand, he demanded conformity and was intolerant of divergence from his ideas by his colleagues. What lay beneath this? Was it his personal ambition? Was it his need for control stemming from a traumatic childhood? Was it about his inability to trust, his need for power versus submission, freedom versus merger, loss of self, loss of love, along with the castration anxiety he focussed on?

One can only speculate about the answers to these questions, but we can start by looking at the impact of the family and the environmental context in which Freud lived. The culture in central Europe at the turn of the century was authoritarian. What role could this authoritarian culture have played for Freud and other central European analysts? Did they identify with the aggressor? Did they rebel against authority? Many Freudian scholars continue to search Freud's work in a talmudic fashion instead of finding their own voices. Others spend lifetimes attacking Freud and his theories perhaps due to misplaced anger. What were Freud's concerns about identity?

Dogmatism destroys creativity and suppresses dialogue. Fear of breaking the rules colored classical psychoanalysis. Ideological politics had a large impact. And it is only today that people like Ferenczi, Horney, Klein, Bion, and others have been honored. Things are changing. But they need to change more. Respect for the other must replace the arrogance of certainty.

What about Freud's dogmatic attitude towards the theory he developed, and what about the Berlin influence which cast a growing theory in stone? Jung (1978) offered this thought: "I always recognized Freud's greatness and genius, but he was extremely headstrong. He came out of nowhere and the world was hostile towards him. He had to be obstinate to gain acceptance. Had he not been obstinate, his theory would have remained unknown. Once he said to me: we have to turn the theory of the unconscious into a dogma, to make it immovable. Why a dogma, I replied, since sooner or later truth will have to win out? Freud explained: We need a dam

against the black tide of mud of occultism."

It is well known that Freud was relational at heart and even in practice, but many of his immediate followers, perhaps due to his dogmatism or their insecurity, became even more strict in their technique.

The sins of our fathers consisted of power politics and exclusionary practices, passed on from the Berlin Society to the New York Psychoanalytic Society where an even more autocratic tone was set. Refugee analysts fleeing the holocaust in Europe settled in the United States and became highly influential educators and training analysts, whose candidate/analysands towed the company line. Having had closer ties to Freud, they were revered by Americans. In the meantime, Freud re-settled in England and seemed to withdraw from politics. His illness required 33 surgical procedures which surely effected his vitality. However, he did take a stand against restricting the practice of psychoanalysis to medical professionals in his paper *The Problem of Lay Analysis* (1926), a stance ignored by Jones, Eitington, AA Brill and his followers. A great disservice was done to the growth and health of the profession due to this exclusion, and it took a law suit lasting 3 years before settlement to insist that psychoanalysis was no longer a medical monopoly. It may have been too late. The medical model has crept into the psychoanalytic ethos in America and the ideas of diagnosis, cure, prognosis, and of course medication, are overused. It took lay analyst, Anna Freud, to point out that only at the end of an analysis could a diagnosis be considered.

Why did Freud avoid preoedipal dynamics. Why did he ignore Breuer's research that showed trauma at the root of hysteria. Looking at Freud's personal life we see early roots that colored his own oedipal development. His first 3 years of life were traumatic. His mother was known as an attractive, narcissistic, controlling, volatile woman who wanted Sigmund to be her 'golden boy.' His father was a failure in business. His younger brother, Julius, died after Freud and his cousin played out the assassination of Julius Caesar. Omnipotence, shame, and guilt due to Julius' death were demons he needed to confront. His harsh tho beloved and sexually provocative nanny, to whom he was closely attached, was caught stealing money by his half-brother, Philip, who had her arrested. Freud must have experienced his nanny's sudden disappearance as a maternal abandonment threatening his survival. He feared that his half brother Philip, probably seen as a rival of his father, might also make his young mother disappear or make her pregnant with yet another rival like Julius. What kind of attention was his mother able give? When Freud was 3 years of age, the family had to move from Freiberg to Leipzig and then to Vienna, resulting in his loss of relationships with his half-brothers and their children. His father could never regain his position as a stable financial provider and protector. Thus, as a young child, Freud suffered considerable early trauma, filled with the anxieties of loss and loss of love. I would speculate that Freud experienced more separation anxiety than castration anxiety. After his father's death, Freud started his self-analysis, with Fleiss as sounding board. This relationship ended badly. Perhaps due to his avoidance of his own early trauma, Freud started psychoanalysis as a discipline demanding strict conformity to the libido theory, with the Oedipus complex at its center.

It took Wilhelm Reich in 1933 and Heinz Kohut in the late sixties, the former introducing character analysis, stressing the interpretation of the negative transference, the

later espousing empathy as curative, that might have helped Freud. Instead of analyzing the negative transference, however, Freud acted it out on his colleagues. Had he been able to explore and analyze his early trauma, a more empathic Freud might have evolved, a Freud who might have modified his purely oedipal focus, a Freud who could understand women, and a Freud who could give up control.

But, Freud's baby has grown up, albeit with its own character, conflicts and developmental lags. What is needed now is an integration of personalities and a more humble approach to the complexities of the human brain/mind.

Attitude and Technique

In my mind the analytic attitude must change from a strictly scientific endeavor to a humanistic one. The effort to make psychoanalysis into a science was Freud's need and today this effort is driven by the medical model, the insurance industry, and a deep seated conviction among many that science is better than craft and art. Scientific evidence has its merits but may drain important energy. It is one thing to prove that talking regularly to a neutral other is curative, but another to prove that psychoanalysis with all its variables is measurable at the present time. With the interest of neuroscience, someday perhaps scientific data will be available to measure the effect of psychoanalysis proper, but each analytic pair is unique, and I wonder how this can be addressed by research. Also, as Lacan has said, psychoanalysis is an art – a real art which rests on the capacity to accept surprise. Freud was in the position of having to prove the scientific aspect of his creation before science was ready to accept it, and before he had the data.

For instance, the ideas about masochism, originally thought to be a natural developmental phase by Abraham and Freud, were challenged in 1958 by Berliner. Increasing evidence that childhood trauma, including neglect, overstimulation, lack of steady attachment, and other abuses were at the root of masochism challenged the picture of the mind as a closed system and allowed the emergence of the dyad. Today, thanks to Berliner, Smirnoff, Richards, Shengold, and others, we think beyond the closed system. Maltreated children cling to those who maltreated them and perpetuate the abuse throughout their lives. In my experience this perpetuation – this reliving is what psychoanalytic work seeks to change. Yes, oedipal conflicts are important but not exclusively so. Yes, the infant bites and chews and sucks but these inborn behaviors do not need to be labeled sadomasochism. And maybe the infant ideates swallowing the whole object, and on some unprovable level maybe there is a death instinct, but rage at the early abusing object is impossible to express because differentiation has not occurred. Patients harm themselves instead. Pain is familiar. Seeing masochism as solely an expression of oedipal guilt avoids its complexity.

The analytic treatment practiced by the classical analysts, based on the patient's free associations which provide material to interpret, avoided use of countertransference and saw it as problematic. This method has become known as a one-person model of analytic treatment with the objective analyst acting like a mirror to the patient, as opposed to a so called two-person model introduced by Gill in 1979 and the relationists who followed. More importantly in the United States, Loewald (1960) opened the door to thinking about the analyst as new object. In his paper *The Therapeutic Action of Psychoanalysis* he carefully reiterated the need

for the analyst's objectivity but went on to say: "This objectivity cannot mean the avoidance of being available to the patient as a new object." For me, Loewald stood at the crossroads between orthodoxy and reform. True to Freud's efforts, he expanded and deepened concepts of how and why to work with transference. But his reference to the analyst as potential new object heralded the blossoming of object relations theory in my institute years.

Preceding Loewald, on another continent, far from the maddening crowd and perhaps sheltered from it in Scotland, Ronald Fairbairn was planting the seeds of object relations theory. On the basis of his writings he became an associate member of the British Psychoanalytical Society in 1931, and a full member in 1939. Fairbairn, who spent his entire career in Edinburgh had a profound influence on British object relations and the relational schools to come. He was one of the theory-builders for the Middle Group (now called the Independent Group) of psychoanalysts. The Independent Group contained analysts who identified with neither Melanie Klein nor Anna Freud, being more concerned with the relationships between people than with the "drives" within.

One of the most important contributions of Fairbairn to the psychoanalytic paradigm was proposing an alternative viewpoint regarding the libido. Unlike Freud, Fairbairn thought of the libido as object and not pleasure seeking. Sex took a back seat to connection. Through diverse forms of contact between the child and his parents, a bond between them is formed and a strong attachment is created. This early relationship shapes the emotional life of the child and determines the emotional experiences that the child will have later on in life, because the early objects become the prototypes for all later experience of connection with others. Shengold's observations that people traumatized in childhood cannot let go of their abusive or neglectful parents echoes Fairbairn. Not only does this herald the relational school of today, but also supports Berliner's thesis that masochism is caused by maltreatment in childhood.

The Process

The analytic process had been authority laden, with the patient literally at the feet of the wise and all knowing analyst. Both abstinence and neutrality were practiced strictly so that the transference neurosis could form. It was thought that any information about the analyst would contaminate the formation of a true transference neurosis. Many of these ideas remain part of the orthodox analyst's practice to this day. In fact, this is the public perception of the classical analyst, frequently displayed in the *New Yorker* magazine cartoons.

Over the years, patients have not fit the original Freudian model and have been unable or unwilling to undertake a classical analysis. In America, analysts, starting with Kohut and Kernberg, have expanded their vision to include treatment of the narcissistic and so called borderline patients. Since Stone's 1954 paper, *The Widening Scope*, analysts, whether social workers, physicians, psychologists, and others, are treating all kinds of people, not just the so-called normal neurotic. It is interesting to note that most of Freud's patients, whom he used to build and practice his theory, would not be thought of today as so called normal neurotics and many had experienced early trauma.

Heroic work as Stone called it often requires modifications in the traditional models of

psychoanalytic work, although if the therapist can explain to the patient the reason for the frame and all that it includes, most patients I have seen can work with this model. Even those patients who begin by saying they do not want a silent analyst eventually understand the value of free talk and how such talk is what helps us get to know them. Each patient is different in requiring active versus a more passive style and both patient and therapist work out an optimal manner of discourse. Patients often balk at our policies about missed appointments, regularly scheduled appointments, and the length of appointments, however, our conviction about the need for consistency and constancy is what they thrive on. They often test the therapist to determine her steadiness and conviction. When a clinician waffles, the patient usually leaves. Of course, wise flexibility is always necessary. I have also found that most patients deepen what they initially refer to as counseling and what we often refer to as psychotherapy into an intense form of work – often called psychoanalysis. (Hall, 1998)

The Relational School of thinking, begun by Greenberg and Mitchell practices analysis in the here and now, stressing the relationship between patient and analyst as paramount, and doing away with Freudian drive theory. Coming to this way of thinking midway into my career gave me more food for thought and, though at first I wanted to cling to what I thought I knew, I became intrigued by some of the relational reasoning. As already mentioned, Fairbairn (1958) saw the real wish of the patient as connecting to the object and it does seem possible to me that old wine in new bottles is still good wine. When treating patients, relational psychoanalysts stress authentic spontaneity. Some relationally oriented psychoanalysts eschew the traditional Freudian emphasis on interpretation and free association, instead emphasizing the importance of creating a lively, genuine relationship with the patient. I would ask how one creates a lively, genuine relationship with a depressed or fearful patient? This approach seems to trump the listening that I find so valuable. Overall, relational analysts feel that psychotherapy works best when the therapist focuses on establishing a healing relationship with the patient and for the most part ignore the patient's past. They believe that in doing so, therapists break patients out of the repetitive patterns of relating to others that they believe maintain psychopathology. In my experience I find that it is common sense to link present behavior to the past when appropriate. Everyone has a right to understand her/his childhood as contributing to the present – in both positive and negative ways. Intellectual understanding can be just as important as emotional resonance. The understanding that we humans choose partners based on past relationships, and that we tend to repeat our pasts can only be of help. Working through such repetitions is the key to changing them and this happens, in my experience, with the analyst. Studying all theories of technique can only add to our skill as clinicians, for each patient is unique and one size does not fit all.

Frequency and Couch

The debate about psychoanalytic psychotherapy and psychoanalysis proper still goes on. Gediman, Hall and others seeing the two modes on a continuum (Gediman, 1991; (Hall, 1998); with Turo and others believing that these forms of treatment are vastly different (Turo, 2009). Rothstein (1990) sees most patients as candidates for analysis and blames the analyst's countertransference on not recommending analysis. My experience has shown me that each

dyad determines what is best, possible, and appropriate, and that psychoanalytic work goes on, as Merton Gill said, whenever a psychoanalyst is part of the treatment. I continue to strive for optimal frequency and using the couch when appropriate, explaining my reasoning to the patient. There is a freedom that comes with not having to look at each other and there is also a need to see the other. My patient and I explore which mode is preferable. It has been said that Freud did not like being looked at all day and used the couch for that reason but facial expressions can be distracting as well as reassuring and both sitting up and lying down can be explored as avoidances.

The Abused Patient

Many of my patients have had chaotic childhoods with severely little if any capacity for trust. These patients have helped me understand that being attuned to their needs and abilities along with providing consistency within a safe therapeutic environment is the main challenge. In such instances, the therapist's talent in making and maintaining a connection is paramount and cannot be dictated by theories and rules. A frame provides constancy and is probably the first safe situation a patient has experienced although it often takes years to recognize this.

There are important references to working with the more challenging patient and I have been most helped by Shengold's work on what he calls soul murder. He discusses patience: *The emotional connecting necessary for insight is initially more than soul-murdered people can bear. They learned as children that to be emotionally open, to want something passionately, was the beginning of frustrating torment....[These patients] have been abused and neglected and have learned a lesson: If you cannot trust mother and father, whom can you trust? So a really meaningful alliance with the analyst takes a long time to develop....To accept the analyst as a separate person and then as a predominantly benevolent one takes years of seemingly endless repetition and testing. One must never assume that the analyst will be felt by the patient as working for the patient's welfare; even with the "average expectable" patient, these anticipations of benevolence are at best intermittent. The analyst and the patient must be able to last it out. Given enough time, the near delusion that only the worst is to be expected, sometimes initially unconscious, can be modified by the reliability of the analytic situation: a time and place that can be counted on, the dependable, continuing presence of a generally accepting, non punitive parental figure, the persistent attempt to empathize and understand.....Interpreting aggression toward the analyst in such a way that the patient can make use of it requires great skill, perseverance, and (again) patience".*

Many patients have come to my office over the years, functioning on a high level, but unable to form meaningful relationships. Time and again I have learned about these patients' childhoods of abuse and neglect, not enough and too muchness, under-stimulation and over-stimulation, both physical and emotional, emotional and literal abandonment and especially the disappointments that become unbearable and that cause fear of relationship in the present. I have learned from such patients that psychoanalytic treatment must be based on attunement and patience. The techniques learned in orthodox schooling did not prepare me for what I call "patient centered" work. The techniques of tact and timing based mostly on intuition and common sense are the gifts that make a good therapist. But knowledge from experience is

necessary. It is important to know that the abused patient is attached to the abusing parent, both as tormentor and victim, and will engage the analyst in a sadomasochistic struggle in order to maintain the connection. This is challenging work because the patient projects rage and sadism on to the therapist who must struggle with the provocations. With a good enough therapist some of the early damage may be softened. But it is important to have the humility and the ability to tame grandiose fantasies of cure (Hall, 1998).

Changing our thinking is difficult. The tendency to hold onto the familiar is understandable. But in order to walk, one foot must leave the ground and change is inevitable.

Since Freud's Dora case technique shifted from the focus on dream work to the focus on transference. According to Strachey (1934) mutative interpretations occurred only in the transference with the analyst as transference figure. Improvement was expected when transference was analyzed and repressed memories were brought to consciousness using the patient's free associations interpreted according to Freud's theories. Countertransference was considered problematic and more analysis was recommended if the analyst could not overcome *distractions*. Today we use the countertransference to understand the patient. Sandler has written on 'role responsiveness' and what it can teach us. Kleinians have taught us that understanding projective identification and introjective identification are important tools that need to be understood. Lothane speaks of reciprocal free association citing Isakower's analyzing instrument. All of these concepts are paramount in creating an attunement unlike any other; an attunement that is steady and consistent, an attunement that in itself has growth promoting aspects. I think that these phenomena create a co-transference leading to a new relationship that reshapes memory over time. In recent papers Turo has shown that deferred action of memory (acting out) plus retroactive revision act together to describe the bidirectionality of "nachtraeglichkeit." This to and fro, past in present, leads to new meaning within the co-constructed relationship. A new idea: In neuroscience the discovery of the hormone oxytocin (a 9 chain amino acid) is thought to lead to the adolescent's ability to dissolve the bonds to parents when she/he falls in love, thus enabling parenthood. Could it be that what goes on in analysis stimulates this hormone permitting a new object relationship? After all, working with a partner regularly over time really does lead to love, whether expressed or not. The loving relationship between patient and analyst and even the erotic transference which impedes the work may also involve this hormone. Falling in love is a crazy state of mind involving wishes for merger, and does serve to forget the past. I think it also repeats the early excitement of the oedipal period but with less danger. It is said that old connections in the brain do not die but that new connections grow due to brain plasticity – a fairly recent discovery. I liken it to a charcoal drawing that is painted over, smudging the charcoal and resulting in a new picture.

I like what a colleague, Herb Gross, said in a personal communication regarding technique: "Freud was a brilliant thinker in his time but that was not our time." He suggested "We might take our eyes off the rear view mirror and try to look ahead using what has accrued in neighboring disciplines since Freud's era. The interaction in the analytic setting 'gets curiouser and curiouser' as we learn about reciprocal social roles, 'mirror neurons' and the 'non-dynamic' unconscious and so on. Just what and how the analysand elicits a reaction in the

analyst, overt or covert, seems more complex today than it seemed just yesterday.... The real analytic situation has a more powerful and complex influence than we can fathom.”

We have traveled far from these early days of classical analysis, although it is still taught and practiced in many schools. Thanks to M. Klein, Loewald, Mahler, Winnicott, Kernberg, Kohut, Mitchell and Greenberg, Fonagy, Schafer, Aron, Jacobs, the English Middle School, Fairbairn, Bion, Lacan, Modell, and the neuroscientist/analysts like Norman Doidge, David Olds, and many others too numerous to mention, the present day analyst lives in a pluralistic world. Pluralism cannot help but effect our thinking – it is in the air that we all breathe.

My changing perspective over the years seems not so much a matter of conversion, but rather one of evolution. I now see analytic work as a journey with the analyst and patient both exploring familiar and unfamiliar terrain. Each party has unique strengths and weaknesses that when appreciated and tolerated lead to growth as the trip progresses.

Psychoanalytic technique is a subject of constant, worthy debate. Requirements such as using the couch and frequency of sessions must not be written in stone. The clinician must also realize that stages and phases of development, while convenient for theoreticians, are not clear cut and in fact overlap making the individual far more complex than once thought. Institutes must begin to reexamine their requirements and to teach candidates that individuals are unique and require tailor made treatment. Psychoanalysis cannot be taught as a recipe. I prefer to see it as *patient centered work* as opposed to theory centered. In my mind, this is why it is a craft/art and not measurable as a science.

When I was in the institute, Kohut and Kernberg were not in the mainstream as they are today. Nor was relational psychoanalysis, launched by Mitchell and Greenberg as an anti Freudian drive psychology. Kohut was just beginning to attract attention and as I said, Klein was verboten.

Since orthodox psychoanalysis was taught I learned such things as the necessity of four or five times per week, on the couch work. I learned the value of silence and of not answering personal questions, instead deflecting them back to the patient. But this posture had its drawbacks and alienated certain patients. Intuition and learning from mistakes helped me mature. I was not very successful in the diagnosis course as I always experienced patients as complex individuals who did not really fit the categories I was being taught.

As an analyst who continues to attempt integration of both classic and modern trends, (the soprano who learns to sing Aida can also sing Blanche in Street Car Named Desire) I have still not learned what determines analyzability. Unfortunately many analysts, particularly in the institute setting, try to determine during a consultation phase, whether the patient is indeed analyzable. I prefer to assess with each patient what will work best during the consultation period and as treatment progresses. If a person strongly wishes to begin once a week, I agree suggesting that we reevaluate the plan after a period of time. The continuity and consistency that comes with more frequency is valuable to most people and I say that in the beginning. Depending on the patient I mention 3 to 5 times a week work and the possibility of using the couch.

Over the years my repertoire of technique has expanded and includes first and foremost

listening with respect and hearing the patient as an individual. My ability to 'not know' has strengthened. I have seen that patients relive their pasts in some way or shape in the present and that the analyst becomes an amalgamation of earlier perceptions (transference); a vehicle for projection; a new object, and eventually, a unique person. By using explanation (not written about enough), questioning, sharing my own thoughts and associations, reciprocal free association; tolerating a patient's rage, mirroring, confronting, and most importantly, by being genuine, all the while not taking sides, I have found many troubled people who can take the analytic journey.

Each patient must have the freedom to create her own theory and it is the analyst's job to be attuned to what best elicits speaking spontaneously and freely. Listening with the patient in mind and focusing on the way the dyad interacts leads to what I call 'open-minded understanding' as opposed to theory based understanding. New information about child development and the plasticity of the brain (Doidge, 2007) contribute to the analyst's ability to hear more intricate and sophisticated themes. The Oedipus complex as central to neurosis has been challenged. The myth of Persephone (Kulish & Holzman) has been applied to women. The myth of Narcissus has shed light on many patients. The work on mirror neurons challenges analysts to rethink the benefits of the couch with certain patients.

My Personal Analytic Attitude

I am convinced that the success of the psychoanalytic work depends on the relationship between patient and therapist. Regarding psychoanalytic technique Ella Sharpe has been most influential: "The urgency to reform, to correct, to make different, motivates the task of a reformer or educator. The urgency to cure motivates the physician. A deep-seated interest in people's lives and thoughts must in a psycho-analyst have been transformed into an insatiable curiosity which is free in consciousness to range over every field of human experience and activity, free to recognize every unconscious impulse, with only one urgency, namely, a desire to know more and still more about the psychical mechanism involved. When we come to a habit of thought, a type of experience, to which we reply: 'I cannot understand how a person can think like that or behave like this,' then we cease to be clinicians. Curiosity has ceased to be benevolent." (my underlining)

Benevolent curiosity when embraced by the patient eases the superego's burden and allows the ego to take over the work. It is what shapes my work.

The wish on the analyst's part to understand people and what makes them tick is really a calling. A calling, in my mind, is a pull that tugs strongly at the heartstrings – and that keeps you going – no matter what.

Future

Regarding the future of psychoanalytic education, we must strive to broaden our perspectives and empower new practitioners . Terms like 'training analysis' and 'control case' make the education of adults sound both infantilizing and militaristic. Jurgen Reeder has a lot

to say on this matter (Reeder, 2004). The Future of Psychoanalytic Education conferences, held in New York for two consecutive years were ecumenical and provided a platform for exchange of ideas. More obsessive concern about whether we are enforcing the training of candidates who do "real analysis" will definitely do more harm than good. I also think we must acquaint ourselves with neuroscience early in training. Many of our constructs will change as the brain continues to be explored and we must be ready to accept change.

What a rich body of work Freud gave us to ponder. Even his mistakes taught and teach us. I am deeply impressed and respectful of the many theories that have evolved since Freud. The sincere attempts that have led psychoanalysts to understand their patients are truly mind boggling. So, instead of competing with and scoffing at each other, my wish is that we find some way to pool our ideas and to cooperate in helping each other to help our patients. Martin Bergmann gave his students the advice to see something helpful in every paper we read.

Learning the chords to a piece of music gives structure on which to build melodies. I am a melodist at heart. Classical music is written by the composer, read by the performer, and sedately listened to by the attentive audience. Jazz music is improvised by the performers, who know about scales, composition, and theory and who respond to each others' improvisation using the chord structure of a composer, (or free form) and listened to by attentive audiences who often move or even dance as they listen. In this paper I have tried to explore the arc of my experience doing psychoanalysis in terms of how my analytic attitude has changed. My classical roots will always be part of me but the freedom to improvise with my partner as a co-worker has and is still evolving.

Now, what would Freud say to all of this? I leave that question to the audience.

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