

THE SECOND CENTURY OF PSYCHOANALYSIS: EVOLVING PERSPECTIVES ON THERAPEUTIC

ACTION. *Edited by* Michael J. Diamond and Christopher Christian. London: Karnac

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The Second Century of Psychoanalysis is the fourth book in the Confederation of Independent Psychoanalytic Societies series *The Boundaries of Psychoanalysis*. The editors of this volume are members of the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS), the fourth society admitted to the IPA after settlement of the antitrust lawsuit against APsA, the IPA, and the New York and Columbia institutes. That suit reversed decades of exclusion of psychologists from APsA, gaining nonphysicians the right to train in APsA institutes, and non-APsA societies in the United States the right to become societies in the IPA. All of the thirteen contributors are faculty members at LAISPS, and all, with the lone exception of Leo Rangell, are psychologists. American psychoanalysis lost a great deal when it decided to follow A. A. Brill rather than Sigmund Freud in the matter of lay analysis. What is done cannot be undone, but at least the contributions of those once excluded can now be disseminated widely, both in the North American psychoanalytic community and worldwide.

This book, a collection of original papers on the therapeutic action of psychoanalysis, addresses questions often raised but seldom answered satisfactorily, at least not to the point that anything approaching consensus has been reached. In 1920 a prize was offered for the best paper on the topic, but it was never awarded: no paper was deemed good enough. Since then, the discussion has repeatedly become bogged down in false dichotomies, such as the vexed question “Is interpretation or relationship the true curative factor in psychoanalysis?”

In his preface to the volume at hand, Fredric Perlman reframes that question, rendering it far more productive: “How do[es] each of the curative factors interact to promote cure?” He

concludes that “on leaving the volume it, is self-evident that insight and relationship are inseparable, mutually facilitating forces, each potentiating the other, each moving the mind towards awareness of its own operations and towards the recognition of the other as separate and distinct from rigid and preformed representations, and alive with new potential” (p. xv).

It is hard in a review to do justice to a volume as rich as this. But I will begin with Rangell’s “The Aims and Method of Psychoanalysis a Century Later,” because in some ways Rangell exemplifies the path that medical psychoanalysis followed to bring us to where we are today. He was for me a friend, a mentor, a role model, and an adversary. We shared a radical political past and a love of Yiddish. He was a great mime and joke teller, especially of Jewish jokes. A couple of years ago, Arthur Lynch and I wrote a paper presenting an overview of his work, “The Journey of a Developed Freudian” (Lynch and Richards 2010) that was published in *Psychoanalytic Review*. But Rangell was not at first an advocate for lay analysis; on the contrary, he embraced the view that psychoanalysis should remain part of medicine. Still, after settlement of the lawsuit, he accepted without reservation the contributions of nonmedical analysts and forged strong friendships with many. At the end of his life, he and the psychologist Janet Bachant were working together on a book on psychoanalysis for young mental health professionals. About the lawsuit, he wrote there that it resulted in an “influx of multiple societies of analysts such as LAISPS and others which were to enrich psychoanalytic activity, both theory and practice, from a vast nonmedical direction.” In his contribution here, Rangell’s central point is that while the American psychoanalytic mainstream referred to itself as representing ego psychology, in fact it was dedicated to what he calls “total composite theory.” Ego psychology, he says, was really “id-ego-superego-internal world-external-world-psychoanalysis-psychoanalysis psychology” (p. 29). He positions himself as a “developed” Freudian, working

in a theoretical framework in which original discoveries have been added to, not replaced, by subsequent ones, and rejects the idea that there is authoritarianism, hegemony, or arrogance in this view.

I agree with him as far as theory goes. He rests his position on therapeutic action on the contributions of Edward Bibring (p. 31), who referred to five technical procedures and the creative principles corresponding to each: suggestion, abreaction, manipulation, clarification, and interpretation. This is in my view a felicitous typology. But Rangell's disclaimer fails to hold, I think, when it comes to psychoanalytic organizations, particularly our educational gate-keeping bodies. It was arrogance that accounted for APsaA's original position on lay analysis. Richard Simons (2003) wrote in a *JAPA* supplement that it was not antitrust violations but arrogance that caused APsaA to lose (more precisely, to have to settle) the lawsuit (p. 269). And even Rangell himself refers to the "noxious and deeply divisive medical requirement of the American Psychoanalytic Association" (p. 30)].

He has written in painful detail about the theoretical turf wars he has witnessed, from Klein to Kohut to Winnicott to Bion. But he writes from his vantage point in Los Angeles, and it appears to me that theoretical warfare must have been much more personal and acrimonious there than in New York, where most fights have occurred over training analyst appointments (see Kirsner's *Unfree Associations* [2000, p. 324]). How can we account for that fact? My theory is that APsaA institutes in New York have a closer connection to the European analysts who immigrated here in the 1940s and were so influential in the New York Institute. The main theoretical conflicts in New York were not about Klein or Kohut, who never gained much traction, but about Arlow and Brenner's revisionism with regard to Freud's structural model. There was also a political division between the Europeans, many of them Austro-Marxists, and

their American supporters and Americans such as Arlow and Brenner with a more radical Marxist past (Richards, Brent, and Szajnberg 2012).

Rangell's paper is in the first section of the book, "Conceptualizing Therapeutic Action," which it shares with two other chapters: the editors' "A Brief History of Therapeutic Action: Convergence, Divergence, and Integrative Bridges" and Morris Eagle's "Classical Theory, the Enlightenment Vision, and Contemporary Psychoanalysis." Christian and Diamond recognize that any conceptualization of therapeutic action requires a theory of mind, a theory of pathogenesis, and a theory of development (to which I would add a theory of symptom formation and a theory of cure or change).

They point out that the Dora case was pivotal for Freud because it revealed to him the analysand's experience of transference. (It is noteworthy how much Freud learned from his female patients. Before Dora was Frau Cecilie, whom Freud referred to as his "Lehrmeister," who taught him about the use of the couch and free association.) Then followed the march from id analysis to ego analysis and superego analysis and then to the interaction of all three agencies in the mind of the analysand. Sterba and Strachey came next, Sterba emphasizing the analyst's interpretation of the analyst's observing ego and Strachey emphasizing the superego's role in mutative interpretation leading to change.

Christian and Diamond contrast this view with its old rival: the idea that the curative aspect of psychoanalysis lies in modification of the patient's internal object relations via a new relationship with the analyst. This view, epitomized by Max Gitelson's pronouncement that a human relationship must be established before change through interpretation can occur, is the subject of many of the book's other chapters, and is a source of ongoing controversy in psychoanalysis. (Christian and Diamond consider Gitelson a precursor to Kohut's thinking about

selfobjects and empathic connection between analysand and analyst.)

Christian and Diamond also delineate what they see as the major trends in analysis today. They understand these schools to differ in identifying what they call “nodal points,” by which they mean a school’s characteristic strategies for dealing with anxiety, its understanding of the relative importance of unconscious fantasy as opposed to reality, and how it handles patient resistances to change and countertransference. The task, of course, is to bridge all these approaches and develop integrative models. For Christian and Diamond, that is the challenge of psychoanalysis in the twenty-first century.

Morris Eagle connects the emphasis on the therapeutic action of interpretation with the Enlightenment vision and the admonition to “know thyself.” Certainly the Enlightenment was very much part of Freud’s makeup, from both his German and his Jewish (Haskalah) sides, and he described himself as having submitted his life to the “soft dictatorship of reason.” His commitment to reason and the intellect was central to his secular Jewish identity. I agree with Eagle that it propelled his efforts to understand and advance a theory of therapeutic action and a theory of cure; I also agree that these, along with his theories of development, symptom formation, and pathogenesis, constitute the theoretical edifice of psychoanalysis that remains central today. But as Eagle (and many others) have noted, that is only half of the story. Eagle invokes the postmodernists, particularly Richard Rorty, in support of the idea that truth (that is, interpretation) will not necessarily set one free. But many contributors to psychoanalysis have advanced this view, beginning with Freud himself and continuing through Zetzel, Gitelson, and a host of others; I’m not sure that postmodern philosophy adds much to the argument.

Nonetheless, that half of the story does have to be addressed, and several chapters in this volume do just that, elaborating the idea that the care and concern of the analyst for the

analysis is crucial for a successful therapeutic process. The best account of the therapeutic action of “analytic love” is provided by Peter Wolson in “The Seminal Therapeutic Influence of Analytic Love: A Pluralistic Perspective.” In the book’s third section, “Relational Experience and Mutative Dynamics,” Wolson considers his topic from the standpoint of eight distinct models—topographic, structural, ego psychological, developmental, object-relational (Klein and the British Independents), intersubjective, relational, and self psychological. He maintains that analytic love “pervades everything that an analyst does that is therapeutic,”; (p. 166) he believes strongly “that analysts need to know, accept, and embrace analytic love as a core mechanism of therapeutic action in order to achieve the best results” (p. 184).

Wolson makes the point that it is the analyst’s job to meet the patient’s wish for analytic love. But I would apply two caveats to that assertion. One is that a well-timed and accurate interpretation can also confirm that wish and contribute to the growth of a therapeutic alliance. The other is that some analysts regrettably justify boundary violations as an expression of analytic love, and that therefore any fruitful discussion of analytic love requires close attention to the parameters within which it can be said to exist.

In the book’s second section, “Conflict, Fantasy, and Insight in Therapeutic Action,” Stephen Portuges and Nancy Hollander discuss Paul Gray’s technique in the chapter “The Therapeutic Action of Resistance Analysis.” They point out that Gray argues against an authoritarian analytic stance—a view of the analyst as “the only one who knows.” They quote his caution against using the positive transference “as a vehicle for influencing the patient’s participation in the analytic process . . . [retaining an] authoritarian element” (p. 81). They cite his encouragement that analysts “integrate their own self-reflective observations into their therapeutic practices” (p. 91) and make a strong case for considering the role of social factors

and “social reality” (cultural and ethnic biases) in psychoanalytic investigation.

A point here. As I’ve said in other contexts, some of our disagreements over therapeutic action probably have as much to do with analytic personality as with the outcomes of our treatments. The Richards and Richards theory of the theory of technique [Richards and Richards Unpublished] is that a psychoanalyst develops a theory of technique to counter his or her own antitherapeutic proclivities. Freud was an activist and stressed abstinence; Kohut was unempathic and stressed empathy; Kurt Eissler, an interventionist, stressed parameters. The authoritarian Gray wanted to diminish the impact of the superego; the intuitive Arlow looked for evidence. Brenner, who was a very kind man, cautioned that the analyst must not offer condolences. Fenichel, who was something of an obsessional and clearly as much a product of the Central European Enlightenment vision as Freud, stressed in his textbook the centrality of emotion, urging us to “go for the affect.” I have a colleague who was in analysis with Gitelson, the oracle, as I have mentioned, of the importance of establishing a relationship with the patient at the beginning of the treatment. According to my friend, Gitelson did not say a word for the first fifteen sessions.

Christopher Christian’s chapter, “From Ego Psychology to Modern Conflict Theory,” offers an overview of the movement from ego psychology to conflict theory, particularly Brenner’s radical elision of the Freudian structural agencies. Christian writes that Brenner credits Yale Kramer and me with pointing out to him how far he was moving away from the structural model in his views that the id has to do not with drive but with wish, that there are no special ego defenses, and that the superego is a compromise formation. (My statement, for anyone interested, appears in my introduction to the Brenner festschrift, *Psychoanalysis: The Science of Mental Conflict* (1986), which Martin Willick and I edited. Christian’s chapter is an excellent overview

of the structural model and of the way it evolved in Brenner's hands into what Sander Abend has called modern conflict theory. But I fault Christian for what he leaves out—for example, Brenner's view of analytic change, which I find quite useful. According to Brenner, the goal of psychoanalytic treatment is to help the patient achieve better adaptation in his life: that is, to experience less anxiety, aggression, and guilt, and more pleasure. I also wish that Christian had included an explication of the role of unconscious fantasy, particularly as presented by Arlow. Paul Gray and Fred Busch have sometimes called it “deep-sea diving” to offer patients interpretations of unconscious fantasy, considering it too quick a move from the surface. But for Brenner and Arlow such movement is allowed “because it fits in with the proper expert authoritarian role of the analyst” (p. 114). Christian's chapter might also have included some mention of the therapeutic optimism of the modern conflict theory of Brenner and his associates, particularly Arlow, Rangell, and David Beres. When I was a candidate and then a recent graduate at the New York Institute, I was struck by the fact that Brenner and his colleagues rejected a number of concepts that many European analysts and their acolytes understood as realistic limitations of psychoanalysis: for example, developmental deficit, ego weakness, and unanalyzability.

I was pleased to recognize that some of the contributors to this volume are not reluctant to think outside the box and to break new ground. A good example is the chapter by Beth Kalish, “Movement Thinking and Therapeutic Action in Psychoanalysis,” which makes us aware of an important aspect of nonverbal communication: the patient's movements in the session provide clues to what is going on in the patient's mind, and so deserve the analyst's attention.

It is fitting that this volume should end with an interview of Hedda Bolgar, whose life spans almost the entire twentieth century, and who now, well into the twenty-first, is still

vigorous and productive at 102. She was a pioneer, the first candidate without a medical degree to graduate from the Chicago Institute for Psychoanalysis. In Los Angeles she founded the Wright Institute, a nonprofit mental health training and service center. Its Hedda Bolgar Psychotherapy Clinic even now provides low-cost treatment, continuing the early Austro-Marxist psychoanalytic tradition of providing treatment for those who cannot afford private fees. Bolgar shares Rangell's view that new orientations are creative expansions of, rather than replacements for, traditional points of view. At the end of the interview, Michael Diamond, the interviewer, asks her what analysts can most usefully learn and do to become better analysts. Bolgar's response stresses the value of life experience and a liberal arts education, which, she feels, is "really much more important than the medical background" (p. 303). What Bolgar is talking about is *Bildung*, the process of personal and cultural maturation so important to the German view of character development. Freud's cosmopolitan education had given him a much clearer sense of the value of *Bildung* than the more provincial Brill ever had (Wang 2003), and this vision of a fully developed personhood is what American psychoanalysis lost when it narrowed itself and became just another medical specialty.

The papers in this book, and the varied responses to them that its readers are bound to discover in themselves, reflect yet again Ludwik Fleck's idea that science is always influenced by historical, cultural, sociological, and psychological factors (see Richards 2006). There is no immaculate scientific conception. There is no immaculate clinical or technical conception either, a point elaborated by several other contributors to this volume, including Diamond in chapter 10 ("The Impact of the Mind of the Analyst: From Unconscious Processes to Intrapsychic Change") and Peggy Porter in chapter 9 ("The Analyst's Subjective Experience: Holding Environment and Container of Projections").

These observations return me to where I began: celebrating the fact that most of the contributors to this volume are not physicians. It would appear that psychoanalysis is alive and well in the hands of these LAISPS psychoanalysts, and that their future (and ours) is bright as psychoanalysis moves deeper into its second century.

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